![AMREF logo — Better Health for the People of Africa]

DRAFT

"Lasting Health Change for Africa"[1]
"Better Health for Africa"
Improving the health of women and children

Global AMREF Business Plan
October 2011– September 2014

AMREF Taskforce on Prioritization

April 2011

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[1] In the final version only one of the titles will appear

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Abbreviations

AIDS	Acquired-Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
ART	Anti Retroviral Therapy
ARV	Ant-Retroviral
ASRH	Adolescent Sexual and Reproductive Health.
CBHMIS	Community Based Health Management Information System
CCM	Community Case Management
CHWs	Community Health Workers
cIMCI	Community Integrated Management of Childhood Illnesses
CO	Country Office
CP	Country Programme
CSO	Civil Society Organisation
CSS	Community Systems Strengthening
DOTS	Directly Observed Treatment
EU	European Union
FA	Focus Areas
FGC	Female Genital Cutting
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HRH	Human Resources for Health
IB	International Board
IMCI	Community Integrated Management of Childhood Illnesses
ICT	Information, Communication, Technology
IPT	Intermittent Preventive Treatment
ITN	Insecticide-Treated Bed Net
KPIs	Key Performance Indicators
LLI	Long Lasting Insecticide Treated Nets
M&E	Monitoring and Evaluation
MNCH	Maternal, neonatal and Child health
MoU	Memorandum of Understanding
NO	National Offices
PJMS	Project Management Systems
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PMU	Programme Management Unit
RBM	Results Based Management
SD	Strategic Directions
SGBV	Sexual and Gender Based Violence
SMT	Senior Management Team
TB	Tuberculosis
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WASH	Water, Sanitation & Hygiene
WHO	World Health Organisation

1. EXECUTIVE SUMMARY

Based on the AMREF Health Priorities approved by the AMREF International Board in October 2010, the Global AMREF Business Plan has been developed for the period 2011- 2014.

The Business Plan has been developed within the framework of the AMREF Strategy (2007-2017) and focuses on improving the health of women and children based on three health systems building blocks, namely: Human Resources for Health, Community Systems Strengthening and Health Management Information Systems, with a strong focus on advocacy, research and documentation.

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. We celebrate and respect the communities that we work with. They rule. We are there to catalyse the hidden but real energies within communities, to find innovative solutions and to share their stories with others.

Strategic Partnerships are a key element of our approach. We learn from, influence and partner with governments and ministries of health, civil society organisations, research and academic institutions, and bilateral and multilateral donors and UN organisations.

The Business Plan seeks to strengthen AMREF's role as a leading African health development organisation by further defining its health priorities and recognising the anticipated global donor scenario and ever increasing competitive environment. This calls for 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, documentation, and carrying out operational research to explore health care models for replication, to create the evidence for influencing policy and practise and to increase our visibility. Finally, the plan addresses the need to align AMREF's activities globally to address the agreed priorities.

The AMREF Global Business Plan is structured around seven strategic directions of which five are related to health priorities; the sixth addresses research and innovation; and the seventh addresses the institutional strengthening necessary for AMREF to achieve its mission and deliver the results of the 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 disadvantage communities to quality medical, surgical and diagnostic services
- Developing a strong research and innovation base to contribute to health improvement in Africa
- Developing a stronger and unified AMREF that will enable the delivery of our health priorities

Each Strategic Direction has a set of Focus Areas, which are critical for achieving AMREF's health priorities and to enable AMREF to become a stronger and more effective organisation. 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 and gender mainstreaming and male involvement are integrated throughout the Business Plan.

AMREF will use Results Based Management (RBM) to implement its health programmes and institutional strengthening. The business plan will have a detailed monitoring and evaluation(M&E) plan with Key Performance Indicators (KPI), in which AMREF will adopt globally accepted indicators

as well as other indicators specific to AMREF's approach. The business plan will be the basis for developing annual plans and guiding operational and budget planning across AMREF. This annual process will ensure that we are strategic, focused and consistent in the way activities are identified, designed and resourced.

The total estimated budget of the Business Plan for the 3-year period is USD 296 million. The source of funding for the plan will be based on a coherent and well informed fundraising strategy. The strategy will be developed with the objective of changing the mix of sources of funding as well as targeting growth and realignment of programmes to match donor and world trend.

2. INTRODUCTION

Following the approval of the AMREF health priorities 2011-2014 by the AMREF International Board in October 2010, the participatory institutional business planning process for AMREF was initiated with support from Accenture Development Partnerships. The Business Plan seeks to further define the agreed health priorities, embrace new and innovative approaches to sustainable fundraising, and address organisational issues in need of re-alignment. The Business Plan is designed to guide AMREF to be more effective and have a greater impact on the lives of women and children in Africa. The strategic directions and objectives outlined in the Business Plan represent a significant change from the way AMREF currently operates. Together, all AMREF offices participated in developing the Global AMREF Business Plan, which will be used as the basis for developing workplans across different levels of the organisation.

This Global AMREF Business Plan details actions needed to achieve our objective to deliver the desired health outcomes. The Business Plan will influence and guide operational planning across the organisation beginning in financial year 2011-2012 (FY12) and enable AMREF to operate with greater strategic clarity in the diverse context in which it works.

2.1 RATIONALE FOR THE ONE GLOBAL AMREF BUSINESS PLAN

The global donor environment is changing with more global initiatives being initiated with changed priorities and 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 is a precondition. In order for AMREF to further strengthen its position as the leading African health development organization, 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 around shared priorities and agreed plans and procedures.

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

2.2 CRITICAL SUCCESS FACTORS

Table 1 below represents the conditions that are needed for the One Global AMREF Business Plan to deliver on our health objectives over the next three years.

#	Must have conditions	Critical Success Factors	What it means for AMREF
1	**United Organisation**	Implementation of a GLOBAL AMREF (one strategy, one plan and budget , one M&E framework , one brand and one governance & management structure)	- Effective way of working together - Better communication: quality, timely, proactive - Behaviour & communication consistent with AMREF's identity & positioning, to help support fundraising and awareness - More efficient and effective resource mobilisation
2	**Ability of all parts of AMREF to implement the Business Plan**	HQ Directorates, National Offices (NO), Country Offices (CO) to have the required capacity to implement the business plan	- Ability to rely on HQ for support in areas including technical guidance, M&E, quality assurance, proposal development, communication, research, advocacy - Capacity available in COs to develop and implement the country programmes - Capacity available in NOs to fundraise and advocate
3	**Effective Management Structures**	Robust management of the Global Business Plan to monitor and track progress of strategic objectives	- A common Results Based Management Framework across the organisation - Assigned accountabilities for delivery of strategic objectives
4	**Rigorous Monitoring & Evaluation**	Measuring and tracking progress of agreed strategic directions in the Global Business Plan	- Evidence of effective health programming models and health changes - Documented health outcomes and impacts from AMREF programmes - Dissemination and use of quality evidence from field implementation
5	**Technical excellence**	Ability to attract and retain high performing staff across AMREF	New and innovative approaches and quality programmes continuously developed, implemented, researched, documented
6	**Financial Stability**	Secure and diverse funding sources to enable growth of quality programmes while addressing efficiency of all operations. A global AMREF financial framework.	- More efficient and effective centralised resource mobilisation and allocation policies and procedures - Ability to adequately and consistently meet funding requirement

7	**Learning & Improvement**	Creation of a culture that thrives on knowledge generation and sharing, lessons learned and demonstration of best practices that will drive continuous improvement in programming, advocating for change , support and management	- Internal capacity building of staff - Focus on creativity and innovation - Cross-sharing of information and learning - Focusing on continuous improvement, to become an inherent part of AMREF behaviour and culture

Table 1:   **Critical Success Factors for the Global AMREF Business Plan**

2.3 POSSIBLE RISKS

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

Major risks this Plan aims to address are:

The risk of our work not being recognised.
Mitigation strategy: Strengthen AMREF´s niche, measure the impact of AMREF's work through excellent M&E framework, reinforce a focus on results-based management, conduct research, publish and document, present at international meetings, and advocate about AMREF's work.

The risk of over reliance on a few streams of income (i.e. funded projects / specific countries)
Mitigation strategy: Develop a more diversified product mix, plan for growth and diversification of funding sources and markets and coordinated fundraising across AMREF.

The risk of taking on too many things at a time
Mitigation strategy: Establish annual work planning where AMREF will prioritise activities that most strongly deliver on the Business Plan. Strengthen the capacity of country programmes and national offices to meet the rate of growth and manage the expectations arising from the new Business Plan.

The risk of having insufficient human capital and technical expertise
Mitigation strategy: consider the requirements and impacts that activities will have on staff and make sure technical staff of adequate ability and numbers are included in budgets, including health professionals at both HQ and country programme level. Invest in key technical positions. Make use of partners, affiliated universities and other institutions.

The risk of AMREF not scanning the external environment.
External environment means external factors that are difficult for AMREF to control or has no control over, which may affect or deter the implementation of the business plan from meeting the goal. These include the economy, government actions/political-legal, social- cultural, technological, securirty and competition (see competitor analysis below).
Mitigation Strategy: Regular environmental scanning and gatherering of information to asses risks and inform continuous decision making.

Part of our risk analysis include a competitor analysis conducted in the programmes in Africa and offices in Europe and North America. The approach and initial findings are highlighted below.

Competitor analysis

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

1. An in-house survey of all AMREF offices, to gauge which other organizations are active and recognized 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 in late 2011).

This first survey will provide qualitative, on-the-ground information about current and potential competitors as perceived by AMREF's staff in all offices, 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.

The in-house survey of competitors has already been completed. Table 2 shows the current top ten competitors based on the responses from 6 country offices and 6 national offices. These offices identified the top 5 competitors within each health strategic direction, looking at scope of programme, technical competence, reputation, visibility, donor access, recognized 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 identified for its technical competence and advocacy. All national offices list MSF as a competitor. For UNICEF technical competence is mentioned as a key factor as well. MSF appears in 4 out of 5 strategic directions (not in WASH), while UNICEF is dominant in maternal & reproductive health, child health and WASH, and Save the Children in Maternal & Reproductive health and child health. CARE is a competitor in four strategic directions, World Vision in two.
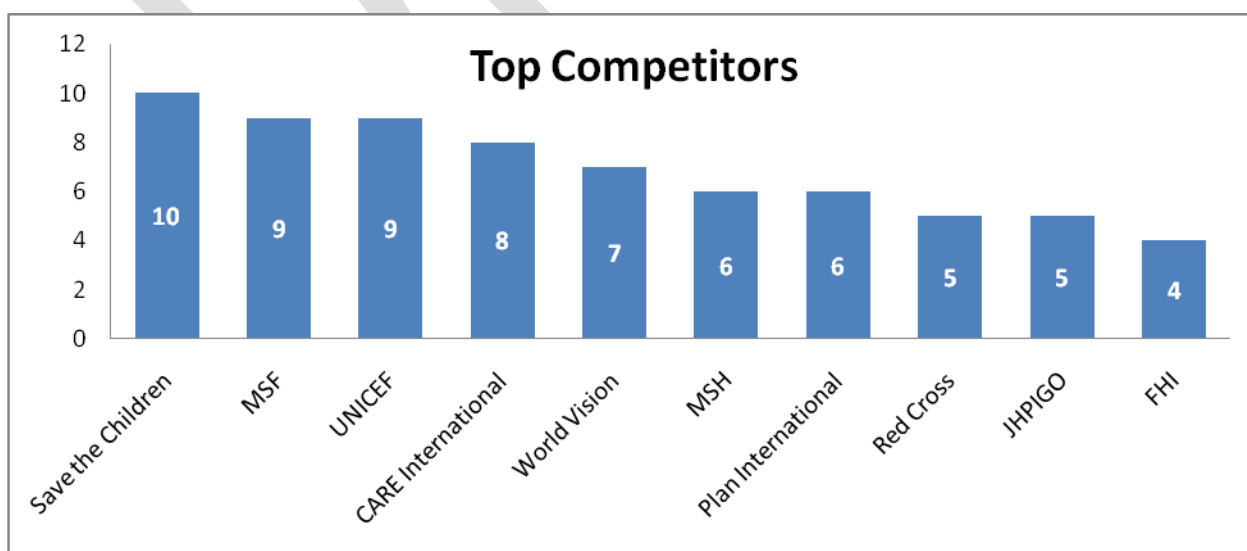

Table 2: The top 10 competitors for AMREF

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 organization(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 diagnostic services, as perceived by national offices. The major American international NGOs such as JHPIEGO and MSH are mentioned by several country programmes.

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, JHPIEGO	4	UNICEF, Plan International	4	MSF	8
MSF, Save the Children	4	CARE International, MSF, World Vision, Plan International	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 direction

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 organizations to join such consortia. The reasons other NGOs seek partnerships with AMREF are that we are a credible international African health organization; we have recognized expertise and experience in community systems strengthening and Human Resource for Health; and we work on the ground in partnership with communities and government institutions, in particular ministries of health.

AMREF are faced with key challenges of which two stands out. One is our limited visibility and insufficient communication and fundraising. The other is our deliberate choice of focusing on long term development and lasting changes instead of more emergency-like short term responses, which often is more attractive to part of the donor segment. We also experience very tough competition in large, highly competitive international RFPs and RFAs, e.g. from USAID and EU. We will address this through strengthened proposal writing competence in all offices, which currently is limited. However, it is important to note that while we strengthen this capacity we must continuously improve our 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. Competition with some of the international organizations is not only related to fundraising but also to our inability to retain staff due to salary levels which will be adequately addressed.

The competition from the UN family, in particular UNICEF, will be addressed through strengthened partnerships. AMREF has signed a MoU with UNICEF laying the foundation for AMREF to be one of its key implementing partners. A similar arrangement is in progress with UNFPA.

Finally, we need to ensure that we deliver high quality work with visible and documented results. Therefore, financial growth must be accompanied by sufficient M&E and other technical staffing 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.

3. POSITION, VISION, VALUES AND APPROACH

3.1 AMREF POSITION, VISION AND VALUES

AMREF considers health as 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

Our organisational values build on:
- The spirit and inherent power of community
- The power of partnership
- Gender Equity
- Non-discrimination
- Trust & transparency
- The realisation of potential
- Innovative solutions
- Professional standards
- Sustainable change

In the coming three years AMREF will focus on the health of women and children (See **Appendix A**).

3.2 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/AIDS, TB and sexually transmitted infections, malaria, safe water, basic sanitation and personal hygiene, and clinical and laboratory services.

Communities are at the heart of AMREF' approach. We reach, respect and become part of communities and support them to make changes from within, building on their own resources and strength. We are there to catalyse the hidden but real energies within communities, to find innovative solutions and to share their stories with others. We champion women who are at the heart of their families' and community's health. However, women currently have relatively fewer resources or negotiation power with which to address their needs. Because of these defined gender roles, we will deliberately engage men and ensure gender mainstreaming throughout the AMREF's health programmes.

Complementing AMREF's strong emphasis on community partnering in health, we also have rich experience in strengthening formal health systems. The foundation for improving women and children's health is a strong health system. In this plan we focus on Human Resources for Health (HRH), Health Managements Information Systems (HMIS) and Community Systems Stregthening (CSS) to address the priority health issues. AMREF has extensive experience and expertise in these areas.

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 generate the necessary evidence through operations research and documentation and by ensuring strong monitoring and evaluation systems in all AMREF's work. We

will continuously build capacity within this area and will 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 strengthen the formal health system by building its capacity.

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, shape and be embedded into local health policies if they are to survive long term.
- Regional Economic Communities (RECs) as a platform for sharing and learning and to support regional policy development based on evidence gathered in countries.
- Other development agencies, e.g. international CSOs, to ensure solutions are holistic and address the breadth of the community's needs, to facilitate scale up of successful approaches and to join effort in advocating for policy and practise change.
- Research and Academic institutions to increase our research capacity and volume.
- 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.

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 continous engagement with strategic partners including positioning the organisation as a technical agency with national governments. The limited revenue generation through the Flying Doctors Emergency Services, consultancies and publication, will be significantly scaled up in the coming 3-year period through the transformation of the Flying Doctor Services to a non profit Business arm of AMREF and through offering technical assistant across the continent. AMREF's successful engagement with the corporate sector will continue and expand as we will explore new innovative ways of fundraising and 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 grantmaking supporting close to 1,000 CSOs will be further developed and expanded across borders.

6. STRATEGIC DIRECTIONS

AMREFs strategic directions have been identified based on the AMREF strategy 2007-2017, the agreed health priorities and business needs for the next three years. Strategic Directions 1 to 5 outline the <u>Health Priorities</u> while Strategic Direction 6 outlines <u>Research and Innovation</u> and Strategic Direction 7 outlines the <u>Institutional Strengthening</u> that will enable AMREF to implement the health priorities.

SD1. **Making pregnancy safe and expanding reproductive health**
SD2. **Reducing morbidity and mortality among children**
SD3. **Scaling up HIV, TB and malaria responses**
SD4. **Preventing and controlling diseases related to water, sanitation and hygiene (WASH)**
SD5. **Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services**
SD6. **Developing a strong research and innovation base to contribute to health improvement in Africa**
SD7. **Developing a stronger and unified GLOBAL AMREF**

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. Where relevant we engage in service delivery as a means for building capacity of health professionals, testing innovative approaches and undertaking operations research. The activities within SD 7 are identified based on an organizational assessment of what is needed in terms of systems, structures and capacities in order to implement the strategic direction 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.

	AMREF Strategic Direction	Focus Area	Key Objectives	Start year	SD Leader
SD1	Making pregnancy safe and expanding reproductive health	Making pregnancy safe	• To increase the number of health centers providing basic emergency obstetric and newborn care • To increase women's access to skilled care • To treat women with obstetric fistulae and reduce incidence of fistula	2012	John Nduba Peter Ngatia
		Supporting reproductive health and rights for women	• To increase coverage of modern contraception among youth, women, men and couples • To increase number of health centers providing post abortion care • To increase the proportion of adolescents with access to reproductive health information and services	2012	John Nduba
		Cervical Cancer prevention for disadvantaged women.	• To increase the number of women and couples seeking cervical cancer prevention and screening services • To increase the number of health facilities that provide cervical cancer prevention and screening services	2013	John Nduba
SD2	Reducing the morbidity and mortality among children	Supporting Implementation of Integrated Management of Childhood Illnesses	• To strengthen linkages between household childcare, community IMCI and health facility child healthcare. • To support the introduction of new childhood disease prevention and management strategies.	2012	John Nduba
		Developing initiatives for improved childhood nutrition	• To ensure that nutrition interventions are integrated in AMREF's children initiatives. • To explore innovative models for improving childhood nutrition	2013	John Nduba
SD3	Scaling up HIV, TB and Malaria responses	PMTCT and HIV/AIDS Prevention, Care, Treatment and Support	• To reduce transmission from mother to child • To support women and men in behavioral	2012	HIV leader

			change		
			• To increase number of people and pregnant women who know their HIV status		
			• To improve ART adherence among PLHIV		
			• To build capacity of CSOs, community, informal & formal health systems to provide quality HIV Prevention, Care, Treatment and Support services		
		TB Diagnosis, Care and Treatment	• To increase TB case detection and treatment completion	2012	HIV leader
			• To increase access to, and utilization of TB diagnostics, care and treatment services among the most at risk and hard to reach population		
		TB/HIV Integration and Collaboration	• To increase HIV testing and ARV treatment among TB patients	2012	HIV Leader
			• To increase TB screening of HIV positive patients		
			• To promote and advocate for the implementation of the 3Is among TB/HIV patients		
			• To advocate for integrated/collaborative management of TB/HIV co-infected.		
		Malaria Prevention and Case Management	• To increase coverage of LLINs/IPT among pregnant women and children under 5	2012	Sylla Thiam
			• To improve diagnosis and malaria case management among women and children		
			• To develop and test models for malaria community case management (CCM).		
SD4	Prevention and controlling of diseases related to water and sanitation and/or hygiene (WASH)	Prevention of WASH related diseases	• To increase access to safe and adequate water	2012	WASH leader
			• To Increase access and use of appropriate sanitation facilities		
			• To promote safe hygiene practices at house level and in schools		
			• To ensure that appropriate policies are in place to support WASH programming		
		Response to selected WASH-related diseases outbreaks, epidemic and emergency contexts	• To contribute to control and prevention endemic WASH-related diseases	2012	WASH leader
			• To respond to selected WASH-related disease outbreaks in AMREF areas of operation		
SD5	Increasing access by disadvantage communities to quality medical, surgical and diagnostic services.	Strengthening health facility services	• To strengthen the capacity of health systems to deliver quality essential clinical and diagnostic services.	2012	Jane Carter
			• Strengthen institutional/partner capacity to coordinate and manage facility-based services		
			• Generate evidence of best practices and improve accessibility and utilization of quality data for planning and managing clinical and diagnostic services		
SD 6	Developing a strong research and innovation base to contribute to	Strengthening research agenda and capacity	• To develop and implement a three year research plan	2012	HPD Director
			• To develop capacity of AMREF staff in		

	health improvement in Africa		operations research • To develop systems for honoring innovation among AMREF staff • To publish research outcomes in peer reviewed journals		
		Strengthening AMREF's advocacy agenda	• To develop AMREF global advocacy agenda • To develop and dessiminate AMREF Policy and Position Ppaers on Priority Areas • To advocate for policy change with key stakeholders	2012	HPD Director
SD7	Developing a stronger and unified "ONE AMREF"	Performance management	• To ensure all AMREF resources and staff contribute to achievement of health priorities • To generate, manage and disseminate quality evidence about impact and outcomes of the health of women and children • To develop a system that gathers, manages and shares AMREF's programming data • To develop a universal planning cycle that will capture the various elements of the ONE AMREF annual planning cycle	2012	Nancy Muriuki Ravi Ram
		Learning and continuous improvement	• To strengthen AMREF's capacity to contribute to women and children's health • To generate, document and share knowledge, enhance best practice and increase visibility • To advocate for policy change based on AMREF's knowledge and successes with key stakeholders and relevant public bodies. • To demonstrate accountability to key stakeholders incl. communities, government and donors • To create and implement management information systems (both formal and informal) to improve and encourage communication and collaboration • Develop a collaborative system for the cross-sharing of information between AMREF's national offices, country offices and HQ • To develop strategic partnership at global and national level for scaled up implementation, operations research and advocacy	2012	Peter Ngatia
		Secure global financial position	• To identify and develop new high potential markets • To diversify and expanded unrestricted funding sources • To ensure the provision of an expanded	2012	Fundrais ing Director

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		pool of funding more aligned to AMREF's health priorities • To develop an integrated strategic approach to donor relationship management		
	Strengthened external communication	• To increase AMREF's visibility at country and global level • To position AMREF as the to-go-to organization for media and others seeking information on women and children's health in Africa • To embed the AMREF positioning internally and communicate it consistently externally	2012	Communication Director
	Support Services for Health Programmes	• To ensure ONE AMREF's support functions work together to add value to health programming • To provide timely, effective and efficient financial management globally • To develop and monitor annual and long term plans and budgets • To implement a common resource allocation framework for management and use of AMREF's global resources • To align financial processes more closely with health programming needs • To improve capacity of all staff (financial and non financial) with respect to financial management and internal controls • To improve compliance with financial, HR, procurement, admin. And IT policies • To provide timely, effective and efficient HR and administration management and support • To develop efficient procurement system	2012	Jenny Panow Nancy Muriuki
	Unified Global Governance Structure	• To provide strategic direction to ONE AMREF and its health priorities • To implement shared governance across AMREF	2013	Teguest Guerma

Table 4:   Strategic Directions, Focus Areas and Key objectives of the business plan

Outlined below are the focus areas of the GLOBAL AMREF Business Plan. Most of the focus areas will start in 2012 and many of the activities will continue in 2013 and beyond. Most of the health focus areas are already ongoing. However, the focus will be to further develop and scale up programmes; continue to test new models and approaches; and increase operations research, documentation and publishing 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 area areas for Health Strategic Directions (SD 1-5):
    1.1 Making pregnancy safer

1.2 Supporting reproductive health and rights for 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 Institution 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 postnatal care services, including care of newborns.

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 the goals
• To increase women's access to skilled care • To increase the number of health centres providing basic emergency obstetric and newborn care • To increase access to fistula prevention and treatment	• Train professional and community midwives • Support community structures for involvement as partners in health service governance and audit of maternal outcomes • Build capacity of Health Workers in FANC, EOC and managing post natal complications • Support community based and formal HMIS to provide accurate information on maternal health for decision making • Formal and on-job training of fistula surgeons • Develop and document models that integrate male

services

- To develop operating guidelines and support for programme development that enable all AMREF programmes to contribute to maternal and child health

involvement in all aspects of maternal and reproductive health
- Health systems (formal and informal) leaders sensitized on issues of maternal health for policy change and roll out
- Improve laboratory screening services at health centre level
- Assist districts to increase support and supervision activities for clinics and health centres
- MNCH planning and training sessions for staff to support programme development

1.2 SUPPORTING REPRODUCTIVE HEALTH AND RIGHTS FOR WOMEN

Key outcomes:
- Reduced unwanted pregnancies and control over women's own fertility
- Reduced unsafe abortion and improved post-abortion care
- Increased acceptance of women's right to control own fertility
- Reduced SGBV/FGC among girls and adolescents

Objectives	Example of activities to achieve the goals
- To increase coverage of modern contraception among youth, women, men and couples. - To increase number of health facilities providing post abortion care. - To increase the proportion of adolescents with access to reproductive health information and services.	- Develop effective referral models between communities and health facilities - Train CHWs on family planning - Train health workers on post-abortion care - Empower women and men to prevent girls against FGC - Facilitate life skills education in schools and communities - Sensitize and capacitate community structures on prevention and management of SGBV - Undertake research and publish findings on specific ASRH issues - Engage in advocacy for women's rights to fertility control

1.3 CERVICAL CANCER PREVENTION FOR DISAVANTAGED WOMEN

Key Outcomes:
- Increased access to CC screening services
- Improved access to basic treatment services
- Improved linkages with referral centres for advanced CC lesions

Objectives	Examples of activities to achieve the goals
▪ To increase the number of women and couples seeking cervical cancer prevention and screening services. ▪ To increase availability of cervical cancer prevention and screening services.	• Train health workers on screening for cervical cancer and treatment of early lesions • Build capacity at facility and community level to develop initiatives for prevention and early detection of cancer • Plan and implement advocacy events to raise awareness on cervical cancer among communities where AMREF operates.

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 the goals
▪ To strengthen linkages between household childcare, community IMCI and health facility child healthcare. ▪ To support the introduction of new childhood disease prevention and management strategies	• Develop, test and document IMCI linkage models (community-health facility) • Build capacity of community health workers and facility based health workers in IMCI incl C-IMCI • Integrate child health information in C-HMIS • Develop diagnostic kits for community and facility level • Advocate for Community Case Management

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 the goals

- Promote appropriate infant feeding throughout AMREF programme areas

- Integrate nutrition in IMCI programmes

- To explore innovative models for reducing malnutrition in communities

- To reduce micronutrient deficiencies among children

- Promote exclusive breastfeeding
- De-worming programmes for young children

- Supporting local health services to increase distribution of micronutrient supplements including zinc, iron, iodine and vitamin A

- Develop, test and document models for improving childhood nutrition incl delivery models for vit. A, ORS, sinc and other nutrititional supplements
- Develop and implement guidelines for integration of nutrition in child health programmes based on government guidelines
- Build capacity of health workers to mainstream weaning and nutrition education in all child care services and community programmes
- Develop and test appropriate systems and training packages to integrate screening for anaemia in child welfare clinics
- Support integration of nutrition relevant data in HMIS/C-HMIS

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
- Community systems (CSOs, CHWs, etc.) and formal health systems provide quality prevention, treatment, care and support.

Objectives	Examples of activities to achieve the goals

- To reduce HIV transmission from mother to child
- To support women and men in behavioural change
- To increase of the number of people who know their HIV status
- To improve ART adherence among PLHIV
- To build capacity of CSOs, community, informal & formal health systems to provide quality HIV Prevention, Care, treatment and support services

- Update the AMREF HIV and AIDS strategy
- Build capacity of community and facility based health workers on tested models for PMTCT services, testing and counselling and ART treatment and support
- Develop and document models for pro-active involvement of men in PMTCT at facility and community level
- Scale up AMREF models on HIV testing and counselling incl both VCT and PICT
- Promote systems to ensure that pregnant women have access to ART
- Develop and test models for ART defaulter reduction on ART
- Strengthen capacity of community structures to provide integrated HIV and AIDS services, incl approaches to reduce stigma and discrimination associated with HIV/AIDS
- Strengthening and expanding the ART knowledge hub

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	Example of activities to achieve the goals
- To increase TB case detection and treatment completion. - To increase access to and utilization of TB diagnostic, care and treatment services among the most risk and hard to reach populations	- Train health professionals on integrated TB detection and management including standardised laboratory and clinical diagnosis, care and treatment, and community DOTS - Support community structures in effective response against TB including defaulter tracing, psychosocial support and contact tracing - Test approaches to improve access to new TB diagnostics for communities where AMREF works - Support national laboratories to develop capacity for testing for MDR and XDR and document incidence

3.3. TB/HIV INTEGRATION AND COLLABORATION

Key Outcomes:

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- 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/HIV integration and collaboration

Objectives	Examples of activities to achieve the goals
▪ To increase HIV testing among TB patients ▪ To promote and advocate for the implementation of the 3Is in TB control interventions. ▪ To advocate for integrated/collaborative management of TB/HIV	• Scaling up HIV testing among TB patients • Train community and health professionals on 3I's • Support ART provision among TB patients • Advocate for integrated management of TB and HIV

3.4.   MALARIA PREVENTION AND CASE MANAGEMENT

Key Outcomes:
- Increased coverage of LLINs/IPT among pregnant women and children under 5 years
- Improved diagnosis and case management of malaria at community level
- Innovative models of community malaria case management documented

Objectives	Examples of activities to achieve the goals
▪ To increase coverage of LLINs/IPT among pregnant women and children under 5. ▪ To improve diagnosis and malaria management among women and children. ▪ To develop and test models for management (CCM).	• Update the AMREF malaria strategy • Develop and test appropriate community case management models • Build capacity of community and facility based health workers in improved approaches and methods for malaria prevention, diagnosis and management • Integrate key malaria data in C-HMIS • Review country strategies and support regional economic communities in harmonization of malaria strategies

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 and use of appropriate sanitation facilities
- Increased usage of safe hygiene practices including handwashing

Objective	Examples of activities to achieve the goals
- To increase access to safe and adequate water - To increase access and use of appropriate sanitation facilities - To promote safe hygiene practices at household level and in schools	- Update the AMREF WASH strategy - Build capacity of communities to construct, operate, manage, conserve and protect water sources and catchment areas and monitor quality - Develop, test and disseminate appropriate models for improving sanitation in rural and urban communities - Refine and publish the AMREF WASH toolkit - 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 - Integrate WASH information in HMIS/CBHMIS

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 protect women and children from WASH related disease epidemics in AMREF's areas of operation.

Key outcomes:
- Increased adoption of safe hygiene and sanitation practices
- Controlling of selected WASH related outbreaks in AMREF programme areas

Objectives	Example of activities to achieve the goals
- To contribute to control and prevention endemic WASH-related diseases - To respond to selected WASH-related disease outbreaks in AMREF areas of operation	- Integrate hygiene, including hand washing, into AMREF water and sanitation projects - Build capacity of communities and health workers to prevent, control and treat endemic WASH related diseases such as malaria, schistosomiasis, diarrhoeal diseases and trachoma - Develop a response model for selected WASH related disease outbreaks

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 Flying Doctor Services and other means.

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

Objectives	Example of activities to achieve the goals
- To strengthen the capacity of health systems to deliver quality essential clinical and diagnostic services. - To strengthen institutional/ partner capacity to coordinate and manage facility-based services. - To generate evidence of best practices and improve accessibility and utilization of quality data for planning and managing clinical and diagnostic services.	- Facilitate provision of specialist care to rural and disadvantage communities - Train health professionals to deliver essential and specialist health care services - Train health facility managers and administrators in leadership, governance and management including HMIS - Establish external quality assessment schemes for essential components of health care delivery - Explore efficient, low-cost referral and advisory systems for patients and specimens, using new appropriate technology - Build capacity of heath workers for response to selected emergencies such as disease outbreaks and medical emergencies - Continuously develop, test and document improved service delivery models

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 the SD 1-5 undertaken, documented and disseminated
- Increased AMREF visibility through number of publications, conference presentations, position papers

Objectives	Example of activities to achieve the goals
To develop and implement a three	Develop the research agenda for the next three years

year research plan
- To develop capacity of AMREF staff to conduct operations research
- To publish in peer reviewed journals
- To develop systems for honouring innovation among AMREF staff

based on health priorities and HSS building blocks
- Develop training modules for various aspects of operations research
- Build the capacity of AMREF staff in conducting and documenting operations research
- Conduct operations research according to plans
- Document and publish research outcomes
- Develop mechanisms for recognising innovation among staff

6.2.   STRENGTHENING AMREF'S ADVOCACY AGENDA

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

Key Outcomes:
- Increased AMREF representation and visibility at the global arena

Objectives	Example of activities to achieve the goals
- To develop AMREF global advocacy agenda - To develop and disseminate AMREF Policy and Position Papers on priority Areas - To advocate for policy change with key stakeholders. .	- Develop 3 year advocacy plans that are revised on an annual basis - Enhance AMREF's and Partners advocacy capacity - Formulate and disseminate AMREF position papers on issues that appertain to AMREF priorities - Integrate policy and practise influencing in programme design

SD 7. DEVELOPING A STRONG UNIFIED ONE AMREF

The activities listed under the following six focus areas are based on an organizational assessment of what is needed in terms of strengthened systems, structures, mechanisms and capacities to implement and expand our 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 be objectively measured and reported.

Key outcomes:
Nancy and Ravi

Objectives	Examples of Key activities to achieve the goals
- To ensure all AMREF staff contribute to achieving the identified health priorities. - To generate, manage and	- Define, prioritize and roll out annual organizational objectives and expected results - Document skill sets and gaps and align with identity, values & health programming priorities

disseminate evidence on impact and outcomes of projects on the health of women and children.
- To develop a system that gathers, manages and shares AMREF's programming data
- To develop a universal planning cycle that will capture the various elements of the GLOBAL AMREF annual planning cycle

- Build capacity to implement health programmes and support services at all levels of AMREF
- Develop & Implement a single Performance Management Framework that aligns with and reinforces the organisational identity, behaviours & values. This includes roll out of project management systems (PJMS)
- Develop and implement a single and integrated AMREF Monitoring & Evaluation Framework for Health Programmes and institutional development that aligns with and reinforces the organisational identity, behaviours & values.
- Implement a universal planning cycle

7.2. <u>LEARNING & CONTINUOUS IMPROVEMENT</u>

A focus on leveraging AMREF's best practices will support the organisation to achieve its objectives. Through ongoing practice, AMREF will continue to improve over time as a learning organization in conducting its operations and hence will become a higher performing organization.

<u>Key outcomes:</u>
- A functional and dynamic Knowledge Management Platform
- Increased AMREF Publications and Priorities
- Increased number of strategic partnerships

Objectives	Examples of activities to achieve the goals
- To generate and share knowledge, enhance best practices, and increase visibility. - To strengthen AMREF's capacity to contribute to children's and women's health - To create and implement management information systems (both formal and informal) to improve and encourage communication and collaboration. - To develop a collaborative system for cross-sharing of information between AMREF's national offices, country offices and HQ. - To develop strategic partnerships at local and global levels	- Document and share best practices across AMREF, partners and stakeholders - Initiate annual review meetings across the organisation - Develop appropriate databases for knowledge sharing - Continuously develop the intranet to share information and learnings effectively and efficiently - Develop new strategic partnerships including MoUs for scaled-up implementation, operations research and advocacy at global and national levels

7.3. <u>FINANCIAL STABILITY FOR AMREF GLOBALLY</u>

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 organization. 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 outcome:
- Increased proportion of unrestricted income sources leading to more descritionary spending
- Increased number of donors giving multi-million grants

Objectives	Example of Activities to achieve the goals
- To identify new high potential markets and their development - To diversify and expand unrestricted funding sources - To ensure the provision of an expanded pool of funding aligned to AMREF's health priorities - To achieve target OH rate - To develop an integrated strategic approach to donor relationship management - To continuously develop present and new revenue streams	- Recruit an International Fundraising Director - Determine investment on current and proposed key fundraising activities - Develop and implement plans for diversification of funding sources and markets - Establish quality proposal writing for institutional and corporate purposes with defined OH generation - Further develop and maintain strong relationships with donors at all levels of the organization - Expand FDES and other revenue streams - Develop clear criteria for expansion - Deliver a plan for growth

7.4. STRENTHENING EXTERNAL AND INTERNAL COMMUNICATIONS

AMREF Communications will enhance the AMREF'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.

Key outcome:
- Increased visibility
- Increased number of request for information on health of women and children in Africa
- AMREF brand and positioning known externall and internally

Objectives	Example of Activities to achieve the goals

• To increase AMREF's visibility at country and global level.	• Develop a set of key messages that support the global identity, positioning and health programming strategy, which will form the foundation for communications across the organization
• To position AMREF as the go-to organisation for media and others seeking information on health development in Africa; particularly women and children's health	• Create materials relevant for public fundraising
	• Build contacts with local and international media
• To build AMREF's positioning internally and externally	• Regularly supply information, data and news on women's and children's health in Africa based on our health priorities
	• Increase the use of social media to bring attention to AMREF's work for lasting health change from within Africa's communities
	• Build internal awareness and assimilation of AMREF's identity, positioning and values
	• Support advocacy at national and global levels, e.g. through opinion editorials
	• Ensure correct and visible branding for all AMREF offices, projects sites and vehicles

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 across the entire ONE AMREF in their support to the implementation of the health programme and to ensure compliance to policy and procedures across the organisation.

Key outcome:
- More efficient and effective global financial operations and management
- More efficient and effective global ICT operations and management
- More efficient and effective global HR and administration management

Objectives	Examples of activities to achieve the goals
▪ To ensure ONE AMREF's support functions work together to add value to health programming ▪ To provide timely, effective and efficient financial management globally. ▪ To develop and monitor annual and long term plans and budgets ▪ To implement a common resource allocation framework for management and use of	▪ Integrate and roll-out common systems for finance, HR, IT, administration and procurement across all AMREF offices ▪ Develop timely global reporting ▪ 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 ▪ Continuously improve systems for recruitment, retention and motivation of staff

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AMREF's global resources
- To improve capacity of all staff (financial and non-financial) with respect to financial management and internal controls
- To improve compliance with financial, HR, procurement, administrative and ICT policies
- To provide timely, effective and efficient HR and administration management globally
- To develop efficient procurement system

- Introduce e-procurement in country offices and at HQ

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 global Business plan.

Objectives	Example of Activities to achieve the goals
• To provide strategic direction to GLOBAL AMREF based on Global Business Plan • To implement shared governance across AMREF	• Monitor the implementation of global plan by all AMREF offices . • Establish an International Board with representations from all parts of AMREF • Provide policy orientation and strategic direction for the organization. • Review and approve the global annual budget and monitor implementation

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 ONE Global 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.
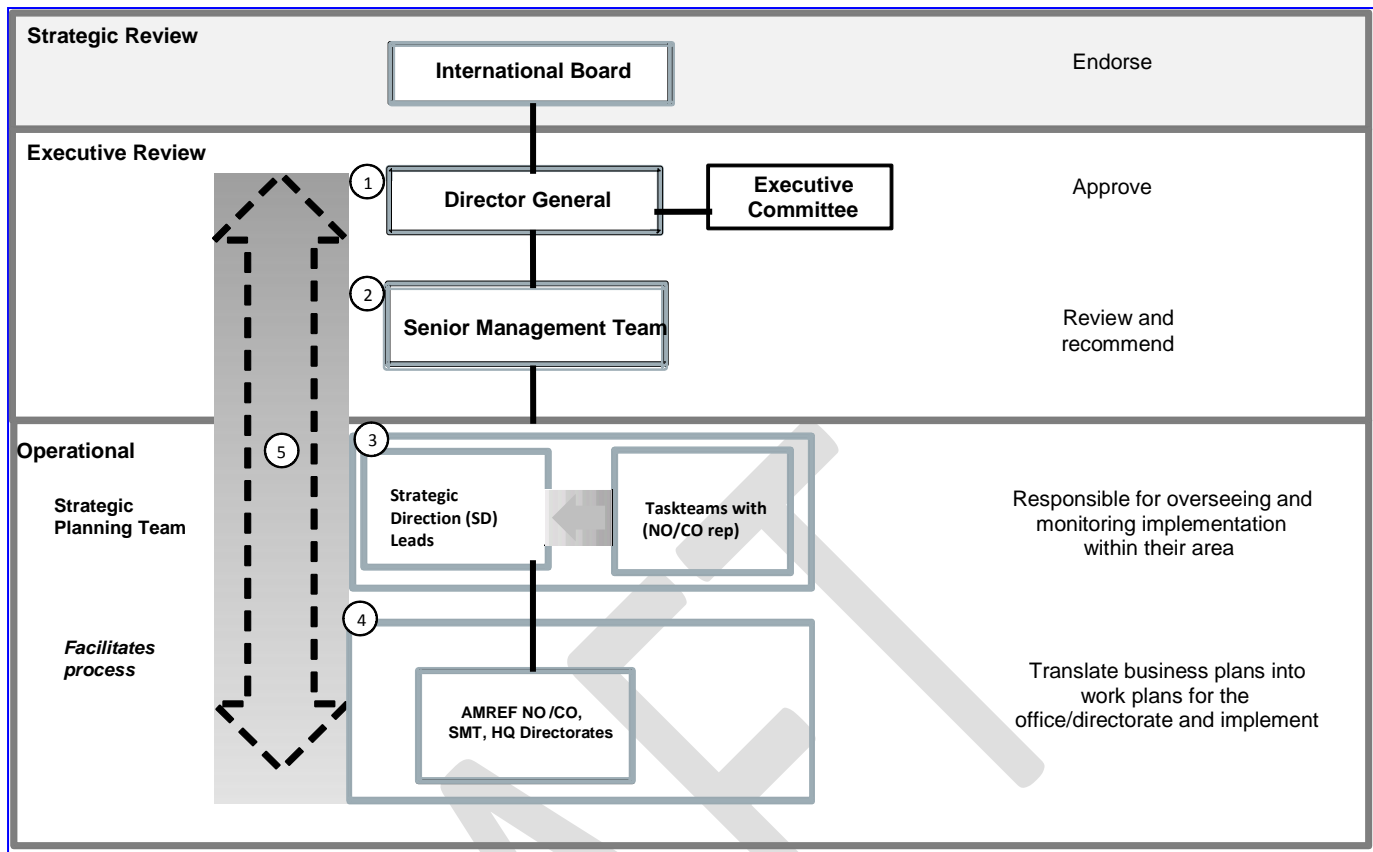
1.   Director General   **Approves**

Supported by the **Executive Committee** the DG is:
- Responsible for endorsing the ONE Global 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
- 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   **Reviews & Implements**

The SD leads are responsible for overseeing all global health and institutional objectives associated with the delivery of agreed health and institutional priorities:
- Reviews recommendations from the country and national offices and HQ directorates.
- Collectively and individually responsible for implementing annual strategic business plans in their areas.
- Initiates project and programme business proposals within their functional area and ensures communication to all offices.
- Reviews progress within their area quarterly (TBA)

Institutional and Health Strategic Directions Leads have been proposed (see **page12-16**)

Small **Taskteams** will be established for each SD with representatives from NOs and Cos. The role of the taskteam 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 from NOs and Cos.

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 global Business Plan.
- ▪ Select focus persons or ambassadors who will lead the various focus areas and ensure communication about progress and challenges.
- ▪ 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.
- • Developing tools and templates.

8.   MONITORING AND EVALUATION

M&E for the Business Plan will provide the information necessary for AMREF leadership to assess progress as ONE AMREF, and will encompass the following:

- • Evidence on 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 AMREF's own institutional growth under this Business Plan will be a new, yet necessary, direction for the institution. 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.

5.1 PRINCIPLES FOR M&E OF THE ONE AMREF BUSINESS PLAN

Key M&E principles that will guide AMREF to measure its progress under this Business Plan are as follows:
- • *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 maximizing 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 toward data that serves no purpose;
- • *Transparency & 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 organization;

- *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 organization;
- *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 & vision, and will link AMREF's work with African communities and health systems and the global north.

5.2. 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 strategic directions in health and ONE 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 organizations and 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 draft set of such health indicators is provided in Annex D. Together with the AMREF health priorities model, the final set of indicators will form the basis for M&E under this business plan.

Strategic direction for institutional development as ONE AMREF
M&E for ONE AMREF's institutional development will be based on key performance indicators (KPI's), drawing from standards in the private sector so as to ensure that AMREF as an institution rigorously channels its resources toward achieving its health priorities and its global mission and vision.

5.3 M&E FRAMEWORK FOR THE BUSINESS PLAN

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

Monitoring and Evaluation – Framework
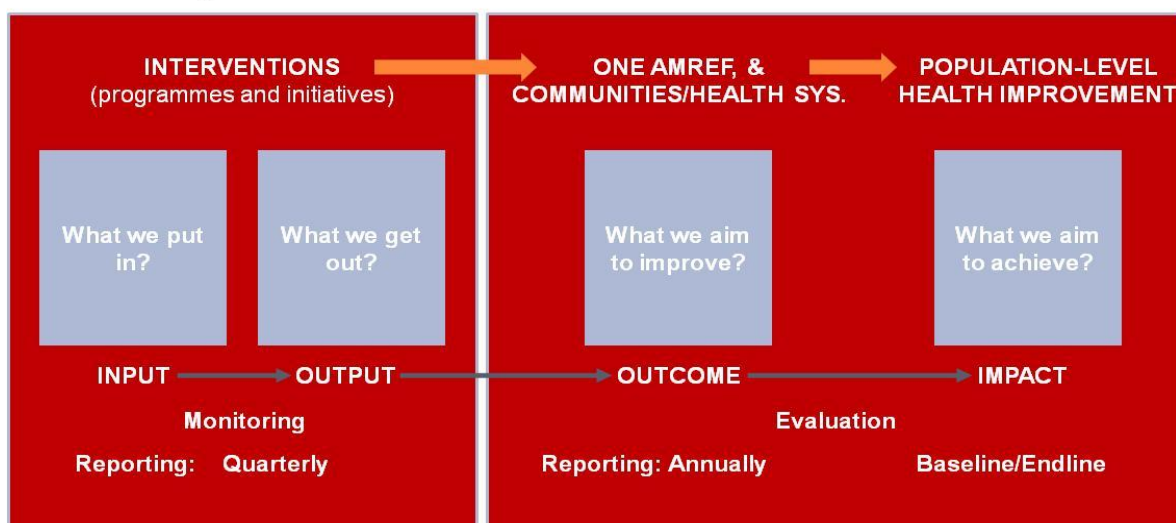
A detailed M&E plan will operationalize the above principles and approaches, and will include frameworks, indicators and tools for use across AMREF. The M&E plan will be developed in a participatory process and rolled-out in advance of the formal start of the Business Plan (October 2011).

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. BUDGET

As can been seen from **Table 5** below, the total budget for the implementation of the three year business plan is USD 296 million with the estimated budget for year one of USD 91 million. The expenditures are broken down by the five major health strategic directions, the strategic direction for Research and Innovation. and the institutional strategic directions.

All figures in the tables are in USD '000.

	AMREF strategic directions	2012	2013	2014	2012-14
SD1	Maternal & reproductive health	14,043	20,382	20,448	
SD2	Child health	3,510	5,284	6,816	
SD3	HIV/AIDS/TB/malaria	27,383	21,892	20,448	
SD4	Water, sanitation, hygiene	8,346	9,436	13,402	
SD5	Clinical & diagnostics	5,617	6,492	6,816	
SD6	Research & innovation	2,946	4,447	6,796	
	Total for SD 1-6	**61,845**	**67,933**	**74,726**	**204,504**
SD7	Programme monitoring & support	7,832	8,143	8,522	
SD7	Communications and fundraising	10,923	11,675	12,540	
SD7	Administration	8,010	8,512	8,765	
SD7	Institutional strengthening	1,950	1,720	2,500	
	TOTAL for SD 7	**28,715**	**30,050**	**32,327**	**91,092**
	Total for Business Plan	**90.560**	**97.983**	**107.053**	**295,596**

Table 5: The budget for 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 our portfolio since 2005 has grown by 150% and while we experienced a decline of 9% for 2010 we have seen a recovery of 24% for the 2011 fiscal year. This reversal of the negative trend and our current discussions with many donors and international partners regarding multi-million grants provides the basis for our growth scenario.

The expenses for SD 7 represent the estimated budget 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.

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 improvements in the health of women and children. Generating evidence through operations research about health and how it may be improved to support advocacy for influencing policy and practice completes the health priority model

==Presentation need to be improved==
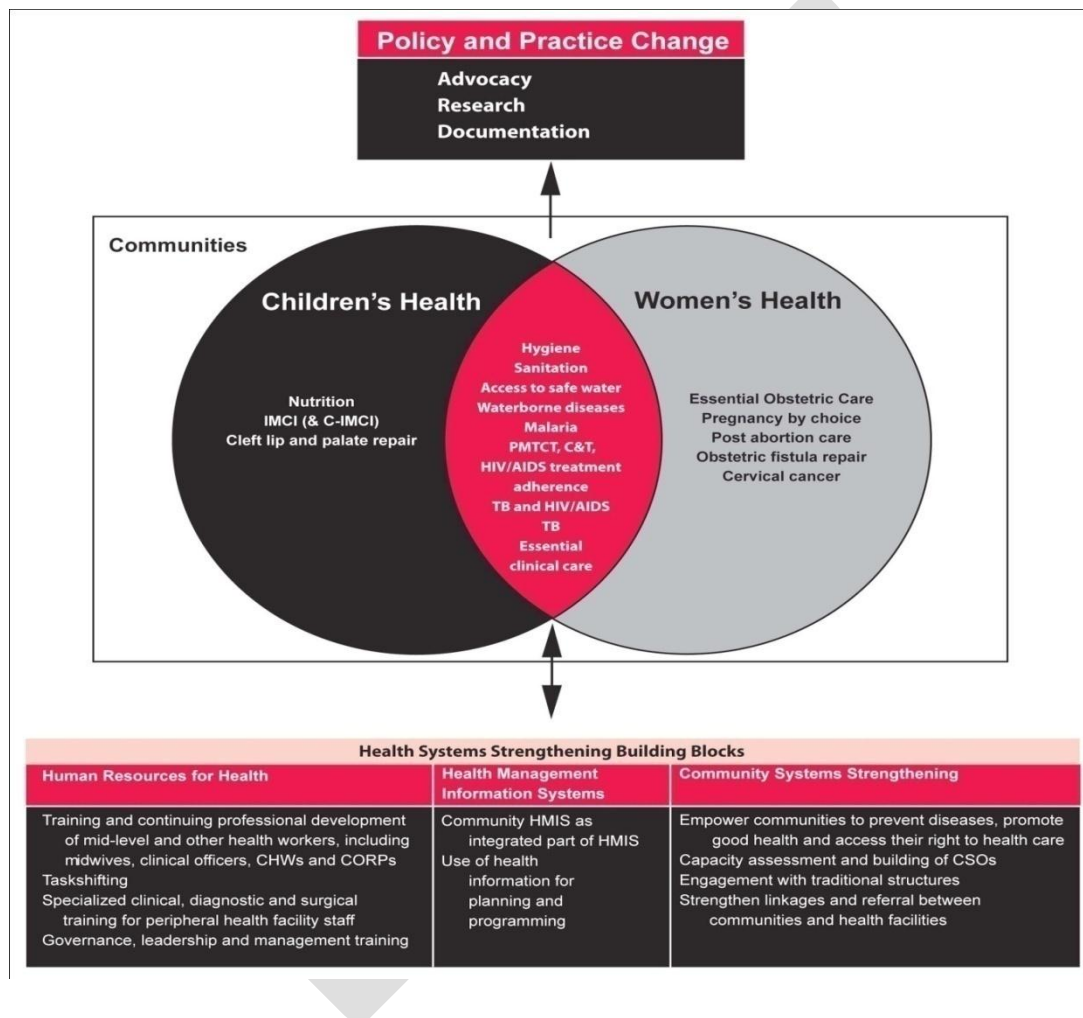
APPENDIX B: GUIDING PRINCIPLES

In line with ONE AMREF's Strategy, these are the Guiding Principles that will drive the development of the One 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 planning cycle as described below are aligned to the AMREF planning cycle and reporting to the Board.

Month	Action	Description	Outputs
October	International Board (IB)	IB reviews and approves new budget and ONE AMREF Annual Workplan	Approved budget and workplan
April	ALL NO CEO, CO and HQ Strategic Direction (SD) Leads	End of April is deadline for 6 month report submission from all offices, directorates and SD Leads	Half year Reports
May	SD Leads	Strategic Planning Team to develop six months report based on input from reports from NO, CO, HQ and SD Leads	Semi-Annual Board Report
April/May	Strategic Planning Team	Facilitates process of adjusting the business plan, mid year based on 6-monthly report and reviews done by Strategic Direction Leads	Templates NO, CO, HQ plans
June	Senior Management Team	Track progress based on semi-annual report. Deals with issues, risk and proposed changes in the plan.	Individual workplans aligned
June/August	Function Offices/Strategic Planning team	Workpland and budget development based on adjusted business plan and input from NO, CO and HQ	ONE Workplan and Budget developed
August	ALL NO, CO and HQ, Strategic Direction (SD) Leads	Deadline for all offices to provide annual report to Strategic Planning Team	Annual Reports
September	Strategic Planning Team	Strategic Planning Team develop annual report based on input from strategic lead and all offices	Annual Reports
October	International Board	IB reviews annual report on business plan and annual workplan. Approval of costed workplan for coming year.	Approved One AMREF Workplan and budget

APPENDIX D: DRAFT INDICATORS FOR THE GLOBAL AMREF BUSINESS PLAN

FOR AMREF HEALTH PRIORITIES AND STRATEGIC DIRECTIONS (SD 1 – 7)

The indicators given below are recognized at global level and were developed by UNAIDS, UNFPA, UNICEF, RBM etc. Where no global indicators exist, specific AMREF indicators have been developed.

For Strategic Directions 6 and 7 (Research & Innovation and Institutional Strengthening), indicators are drawn from KPI's used in private sector environments.

1.	Making Pregnancy Safe for Women in Africa

% 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 4 visits of focused antenatal care

% of pregnant women with gestational anaemia

Neonatal Mortality Rate (% 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

and % of women with major birth or other pregnancy related residual complications who are appropriately managed

2	Supporting reproductive health and rights for women

Contraceptive prevalence rate in programme areas

# of women treated for incomplete abortion in health centres

% of girls experiencing FGC

% of young women reporting unwanted pregnancy

%   of girls reporting non-consensual sex

3	Cervical Cancer prevention for disadvantaged women

% of women (aged 20-69) reporting to have undergone a cervical cancer screening test within the past 2 years

Increased knowledge and awareness in communities of preventable nature of cervical cancer

% of health centres 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

4	Supporting implementation of IMCI

% of children referred to health facilities within 24 hours of onset of illness

% of children with fever receiving an antimalarial drug within 12 hours of onset

% of children receiving ORS and zinc within 12 hours of start of a diarrhea episode and continued feeding

% of children 0 - 59 months sleeping under insecticide treated mosquito nets

% of children aged 12-59 months fully immunized (OPV0-4, DPT0-4, MMR1), by sex

#, % of sick children managed using the Community Integrated Management of Childhood Illnesses (cIMCI) approach, by sex

5	Developing initiatives for improved childhood nutrition

Prevalence of underweight (WAZ<2.0) among children aged 0-59 months, by sex

% of infants exclusively breastfed to 6 months

% coverage with 2 doses of vitamin A per year of children 0 - 59 months in programme areas

% of children 12 - 59 months with anaemia

% of children 6-9 months on breastfeeding and complementary food

6	PMTCT and HIV/AIDS Preevntion, Care, Treatment and Support

% of children aged 18-24 months born to HIV+ mothers who are HIV-positive, by sex (PMTCT success rate)

#, % of women and men aged 15-49 yrs who know their status,

#, % of PLHIV (adults and children) who are adherent ART, by sex or drop-out rate. Ravi to check

#, % of PLHIV(adults and children) who are receiving quality ART, by sex

# of CSOs that provide HIV/AIDS services (Prevention, Care and Support) according to national guidelines

% of community members expressing accepting attitudes towards people with HIV (anti-stigma)

7	TB Diagnosis, Care and Treatment and TB/HIV Integration and Collaboration

#, % of tuberculosis cases detected and completed treatment/cured using Directly Observed Treatment Short course (DOTS), by sex

#, % of TB patients defaulting on treatment, by sex

#, % of HIV/TB co-infected that received treatment for TB and HIV, by sex

% of HIV positive screened for TB

% of TB patients tested for HIV and know their status

8	Malaria Prevention and Case Management

#, % 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

#, % of pregnant women and children U 5 correctly diagnosed and appropriately managed
Ravi add in Sylla's indicators
Prevention of WASH related diseases and response to selected WASH related diseases in endemic, epidemic and emergency context

Ravi

9	Stregthening health facility services

% of facilities providing essential clinical & diagnostic services

% of surgical procedures performed by AMREF trained specialist

% of disadvantaged people receiving specialized services by type, age & gender

% of HMTs integrating clinical & diagnostic programmes in their annual plans

& types of EQA programmes established

% of laboratories participating in EQA schemes with a % score?? Ravi to check with jane/Martin

10	Research, innovation, documentation and advocacy

new publications from AMREF, annually (LCI)

and type of knowledge products produced and disseminated to policy- and decision makers, annually
Ravi to add

11	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)
Avg # days for position vacancies (HR)
Ratio of male:female among staff (HR)
Staff turn-over rate (HR)
%'s of staff annual objectives fulfilled, pending, not done (HR)
Business processes developed by ICT streamlioned and productivity improvements achieved as per individual project (ICT)
Increase positive evaluations of ICT delivery of technology/ICT services(ICT)
Avg # days for capital procurement (Admin)
% project reports submitted to donor by deadline (PM)
% internal result reports submitted on time, via intranet (PM)
% submitted proposals that are funded (PM)
% staff contributing to KM processes, quarterly (LCI)
# AMREF citations in media (LCI)