

# AMREF HEALTH AFRICA

England & Wales · Charity number 261488

## Details

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Other names	AFRICAN MEDICAL AND RESEARCH FOUNDATION LIMITED, AFRICAN MEDICAL AND RESEARCH FOUNDATION LIMITED (UNITED KINGDOM), AMREF, AMREF UK
Status	Registered
Legal form	Charitable company
Company number	<a href="#">00982544</a>
Registered	1970-08-27
Register	<a href="#">View on the Charity Commission register</a>

## Contact

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Website	<a href="http://www.amrefuk.org">www.amrefuk.org</a>

## Activities

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**Objects:** TO SUPPORT AND FOSTER THE INVESTIGATION AND ADVANCEMENT IN AFRICA OF MEDICAL, SCIENTIFIC, EDUCATIONAL AND CULTURAL KNOWLEDGE AND TO APPLY THE KNOWLEDGE DERIVED THEREFROM TO THE CAUSES, PREVENTION, RELIEF AND THERAPY OF HUMAN DISEASES AND MISERY FOR THE RELIEF OF MANKIND IN GENERAL.

**Activities:** Amref Health Africa is Africa's leading health development organisation. Headquartered in Nairobi, we work with some of the most remote and marginalised communities on the African continent, ensuring they can access their right to health. We believe women and girls have the power to effect lasting change in their communities: that's why they're at the heart of everything we do.

## Classification

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- **How:** Makes Grants To Organisations, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty, Overseas Aid/famine Relief, Economic/community Development/employment, Human Rights/religious Or Racial Harmony/equality Or Diversity
- **Who:** Children/young People, Elderly/old People, People With Disabilities, The General Public/mankind

## Geography

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- Burkina Faso
- Cameroon
- Ethiopia
- Kenya
- Senegal
- Tanzania
- Uganda
- Zambia
- Southwark

## Finances

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Period end	Income	Expenditure	Assets	Employees
2024-12-31	£6,116,365	£6,611,722	£4,773,873	18
2023-12-31	£6,474,850	£4,840,070	£5,269,230	16
2022-12-31	£5,105,332	£4,452,361	£3,634,450	18
2021-12-31	£5,150,243	£3,888,777	£2,981,479	17
2020-12-31	£2,650,317	£3,504,881	£1,720,013	13

## Trustees

Name	Role	Appointed
<b>Paul Davey</b>	Chair	2019-11-27
Andrew Tuttle		2024-05-30
Beverley Jewell		2020-08-17
Bridie Layden		2020-08-17
Dr Sally Nicholas		2022-11-18
Dr Tinashe Chandauka		2020-08-17
Jennifer Chimanga		2018-10-05
Jill Anderson		2024-05-30
Navita Yadav		2024-03-21

**AMREF HEALTH AFRICA**

England & Wales - Charity number 261488

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# Accounts

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**Trustees' Annual Report and Financial Statements**  
**For the year ended 31<sup>st</sup> December 2024**

Amref Health Africa

Charity Number: 261488

Company Number: 00982544

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# Reference and Administrative Details

**Patron:** HM The King

## **Board of Trustees:**

### **Chair:**

Mr Paul Davey

### **Treasurer:**

Dr Amanda Caine (stepped down 21 November 2024)

Ms Jill Anderson (from 22 November 2024)

### **Trustees:**

Ms Jill Anderson (joined 30 May 2024)

Dr Tinashe Chandauka

Ms Jennifer Chimanga

Ms Beverley Jewell

Ms Bridie Layden

Dr Sally Nicholas

Mr Andrew Tuttle (joined 30 May 2024)

Ms Navita Yadav (joined 21 March 2024)

## **Internal Key Management Personnel:**

**Chief Executive:** Ms Camilla Knox-Peebles

**Director of Fundraising:** Mr Matt Wenham

**Head of Programmes and Strategic Partnerships:** Dr Aneesa Ahmed

**Head of Finance & Operations:** Ms Helen Blake

**Company Secretary:** Ms Helen Blake

**Charity Number:** 261488

**Company Number:** 00982544

## **Registered Office**

Until 31 October 2024:

7-14 Great Dover Street

London

SE1 4YR

From 1 November 2024:

Canopi

82 Tanner Street

London

SE1 3GN

## **Bankers**

### **C Hoare & Co**

37 Fleet Street

London EC4P 4DQ

### **Barclays Bank**

7th Floor, United Kingdom House

180 Oxford Street

London W1D 1EA

### **CCLA**

Senator House

85 Queen Victoria Street

London EC4V 4ET

## **Auditors**

### **Buzzacott Audit LLP, Chartered Accountants**

130 Wood Street

London EC2V 6DL

## Trustees' Annual Report for the year ended 31st December 2024

The Trustees, who are the Directors for the purposes of company law, present their statutory report together with the financial statements of Amref Health Africa for the year ended 31 December 2024. This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2019.

### Who we are

**Amref Health Africa is the largest Africa-based international health development organisation. We work to bring about lasting health change in Africa.**

Amref Health Africa's Headquarters are in Nairobi and Amref works in 35 countries to improve access to healthcare and to help create an environment that is conducive to good health. Our programmes align with our Global Strategy objectives: to increase primary healthcare access for all, and to address the social determinants of health. These are the factors that influence people's health, from their access to education, to their gender, and their exposure to the impacts of climate change.

Amref's programmes focus on: child health and nutrition; communicable and non-communicable diseases; health financing; family and reproductive health; neglected tropical diseases; sexual and reproductive health and rights; and water and sanitation and hygiene. We develop mobile and online learning solutions that make top-class training available to health workers across the continent. We operate a university that shapes the health workforce of the future. We run the continent's leading air ambulance service. Our reach – and our relationships with the communities we support – is unparalleled.

As the world strives to meet the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030, Amref Health Africa is committed to removing the barriers that impede access to healthcare, ensuring that no-one is left behind. The work of our UK office contributes to this ambitious goal.

### Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of ten offices in Europe and North America that are responsible for mobilising resources to increase the reach and impact of our work in Africa.

Amref Health Africa UK is an independent UK-registered NGO that exists to support the programme and policy activities of Amref Health Africa. With a UK-based Board of Trustees, staff team, office and bank accounts, our main purpose in the UK is to develop and manage partnerships with UK donors who want to support Amref's work in Africa. Our London-based team has skills spanning programme management and technical support, fundraising and supporter engagement, communications, human resources, finance, administration, and governance. With an annual income of around £6 million, we

support a portfolio of innovative health programmes funded by a range of donors and partners including institutions, companies, trusts and foundations, and individual supporters.

**In 2024, Amref Health Africa UK supported 12 programmes in eight countries. We are proud of the progress we have made, collectively, towards expanding access to healthcare for some of Africa's most remote and marginalised communities. We would like to extend our thanks to everyone who has been, and continues to be, a part of this important work.**

## Strategic Focus and Objectives

We embarked on the first year of our new Organisational Strategy period, which runs from 2024 to 2030 and aims for transformational growth in the UK. This growth will support Amref's work to achieve Africa's health transformation.

**We know that building transformational growth requires solid foundations and a bold vision. We are building this with a focus on two clear strategic aims: driving ambitious, but balanced, growth in unrestricted funding; and focussing on value over volume to sustainably grow restricted funding.**

Key to the solid foundations needed to unlock growth in the UK is the investment which the UK office is to receive from Amref HQ to enable the UK office to grow its individual giving donor base. In 2024, Amref UK's Senior Management Team led the development of Amref UK's Fundraising and Organisational Development (FROD) application, working closely with Amref HQ's Fundraising Markets Development (FMD) team. Amref UK presented a case for investment for \$3.4 million (£2.6 million) over four years that will yield ambitious but realistic returns in the medium and longer term and builds on investments made to increase efficiencies by having the right skills and people in place and robust financial and HR systems and processes. In December 2024, our FROD investment was approved and signed off by Amref Health Africa's International Board.

As we developed the FROD, we also developed an Individual Giving growth plan. We launched our first digital acquisition pilot which was followed by a further two tests to gain insights and understanding of our audiences and to set clear targets based on the performance of these tests. You can read more about these digital acquisition initiatives from p. 16 onwards in Our Achievements: Income-Generation.

In addition, as part of our Individual Giving plan, we launched Amref's first-ever Direct Response Television (DRTV) advertisement campaign. Amref UK collaborated closely with the FMD team, and the Individual Giving leads at Amref Netherlands and Amref Italy, to contract a leading DRTV agency to support Amref's research, creative development and the 'go-live' implementation of two DRTV adverts. These adverts – one on our work to end Female Genital Mutilation or Cutting (FGM/C) and the other on maternal health – were both tested in the UK in 2024. More on these new acquisition initiatives can be found on p. 16 onwards in Our Achievements: Income-Generation.

We have closely stewarded our corporate partnerships, including GSK, creating new programmes with them to tackle urgent public health challenges including Antimicrobial Resistance (AMR) and malaria. We have also built new partnerships with corporates and trusts and foundations, receiving unrestricted funds from them. See p. 16 onwards in Our Achievements: Income-Generation for more detail on these highlights.

We renewed partnerships with key trusts and foundations, helping to reach critical impact milestones in the areas of: Human Resources for Health; Family and Reproductive Health; Disease Control and Prevention; WASH; Ending FGM/C. We launched new programmes with our strategic partners, in response to the needs identified by our in-country teams with communities (see Our Achievements: Programme Development and Strategic Partnerships, p. 9).

Amref Health Africa UK has continued to mobilise resources to support the vital work of the wider organisation, as well as provide technical support to programme implementation. We have also

collaborated closely with our colleagues in Nairobi HQ and the FMD to progress our work on ethical storytelling and to embed the guidelines across functions including Programmes, Monitoring, Evaluation and Learning (MEL). This work shapes our approach to content gathering, production and dissemination, to ensure we are amplifying African voices and perspectives to inspire UK supporters to engage with and invest in Amref Health Africa.

In 2024, we invested in staff teams, tools and processes for Amref UK.

We identified a need to realign our management and coordination of workstreams at Amref UK. To that end, we undertook an audit of tools and processes used to manage individual and team workload. This found areas where we could increase efficiency, communication and collaboration by using digital work planning tools. We identified a suitable platform from the Microsoft suite, to ensure full integration with our other tools in use, and built a comprehensive Operational Plan for 2025 that speaks to all in Amref UK.

We continued the work started in late 2023 to migrate our Customer Relationship Management (CRM) platform to another Microsoft suite tool—MS Dynamics—and to set up our Enterprise Resource Planning (ERP) platform to align with centralised tool management at our Nairobi HQ. With the support of the HQ IT team and contracted consultants in the UK, we migrated to the new CRM, named Jumla. The ERP work is ongoing to ensure that we can leverage the technological tools and processes available to us to better integrate with those around the Amref global network.

The investment in ensuring the UK team had the right skills and people included several recruitments to strengthen the Individual Giving team and Programmes and Strategic Partnerships team. Some of the critical roles successfully recruited for in the Individual Giving team were: Fundraising Manager with experience in Individual Giving and a Fundraising Administrator responsible for processing the increased donor acquisition data, as well as a Philanthropy Manager to lead our major giving workstream. We also invested in a formal training scheme – the Level 3 Fundraiser Apprenticeship Programme – for eligible officer-level fundraising staff members.

We also successfully recruited a new Programmes and Strategic Partnerships Manager, to manage the diverse portfolio of restricted programme grants under the direction of the Head of Programmes and Strategic Partnerships.

These roles under the leadership and direction of the Senior Management Team of Amref UK, are instrumental in operationalising our commitment outlined in the 2024-2030 Strategy including to increase the amount of unrestricted funds going to Africa and gradually transferring partner relationship management and stewardship to Africa-based teams.

Amref UK's work is guided by our commitment to Diversity, Equity, Inclusion & Belonging (DEIB), including being an anti-racist organisation. We know this is a journey of ongoing learning, and we continue to take forward the recommendations from our Anti-Racism Review (made in 2022) as well as broader DEIB considerations as we implement our strategy, workplans, budgets and personal development plans.

Amref Health Africa UK ended the year in a strong financial position, thanks to our investment in infrastructure, resources, and the expertise and talent of our team to drive income-generation. The external environment remains uncertain, particularly with predicted and unpredicted budget cuts in

Official Development Assistance (ODA) from the Global North, and we continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.25).

## Statement on Public Benefit

In performing the above activities, the Trustees of Amref Health Africa UK have complied with their duty under section 17 of the Charities Act 2011 to have due regard to public benefit guidance as published by the Charity Commission for England and Wales.

## Our Achievements

### Programme Development and Strategic Partnerships

In 2024, Amref Health Africa UK supported 12 programmes across eight countries.

In line with our strategic objectives, we pursued an ambitious, tightly-focused programmatic agenda, responding to the greatest needs – as identified by our in-country colleagues – and supporting high-impact programmes spanning Human Resources for Health (HRH); Family and Reproductive Health (also referred to as RMNCH and including Sexual and Reproductive Health and Rights (SRHR)); prevention of Female Genital Mutilation and Cutting (FGM/C); Water, Sanitation and Hygiene (WASH); Disease Control and Prevention; and more.

The table below outlines the programmes that were part of Amref UK’s portfolio between 1st January and 31st December 2024. During this period, Amref UK provided support with programme implementation and management as well as partner stewardship.

Country	No. of Programmes	Areas of Activity	Partners/Funders (N.B. Names not aligned with areas of activity)
Ethiopia	1	Disease Control and Prevention WASH	GSK
Kenya	5	Disease Control and Prevention HRH: Health worker training SRHR: Ending FGM/C Adolescent SRHR	Wolfson College, Oxford University The Rabelais Trust Mercury Phoenix Trust The Croda Foundation The SOL Foundation

			People's Postcode Lottery
<b>Tanzania</b>	1	Family & Reproductive Health	Donor preferring to remain anonymous
<b>Uganda</b>	2	Family & Reproductive Health  WASH	Donor preferring to remain anonymous
<b>Regional</b> (Burkina Faso, Cameroon, Ethiopia, Kenya, Zambia, Senegal)	3	HRH – Health worker training  Disease Control & Prevention  SRHR: Ending FGM/C	GSK  UK Government: Foreign and Commonwealth Development Office (FCDO)
<b>TOTAL</b>	12		

Highlighted below are select examples of the work Amref Health Africa UK has supported during the reporting period. All of these programmes are typical of our African-led, community-driven approach to securing lasting health change.

As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent's most remote and marginalised communities.

These are communities that are the most marginalised by the factors that influence health, from access to education, to gender, and their exposure to the impacts of climate change. Together, these continue to create further barriers to access, and deliver, quality health care.

## African Leadership for Antimicrobial Resistance (AMR) Action (Regional—Burkina Faso, Cameroon, Ethiopia, Kenya, Zambia)

In partnership with: GSK

Areas of activity: Disease Control and Prevention



(L) Delegates at the high level session on AMR held at the Conference on Public Health in Africa, Lusaka, Zambia in November 2023, and (R) the report from the high-level roundtable on African Leadership for AMR Action held at the World Health Assembly, Geneva, Switzerland in May 2024.

Amref, in partnership with GSK, implemented an African Leadership for AMR Action initiative, to create a localised multi-stakeholder AMR Action Group in and for the Africa Region to support national and local-level AMR programmes.

AMR is becoming an increasingly significant challenge in the global health sector. AMR occurs when bacteria, viruses, fungi and parasites no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. In 2019, sub-Saharan Africa had the highest rate of AMR-attributed deaths (23.5 per 100,000) compared to other regions in the world and, without intervention, by 2050 sub-Saharan Africa is expected to bear the highest burden of the predicted 10 million annual deaths.

In its exploratory phase (Phase 1), which ran through 2024 and ends February 2025, we reached 4,700 people through research, events and focussed meetings that contributed to our programmatic aims to:

1. Conduct a situation analysis to understand the status of AMR action across Africa;
2. Create an advocacy/messaging framework to support countries;
3. Explore sustainability mechanisms for the delivery phase; and
4. Explore setting up a regional Action Group with key regional stakeholders.

The situation analysis was conducted to identify stakeholders working in the AMR space, their areas of focus aligned with the World Health Organisation's Global Action Plan (GAP) objectives, and opportunities to contribute to AMR mitigation and response efforts in national and regional AMR plans.

We conducted deep-dive research in Zambia, Kenya, Ethiopia, Burkina Faso, and Cameroon. This revealed the presence of relevant state actors and intergovernmental bodies, as well as regional NGOs addressing AMR. Key gaps identified included limited multi-sector collaboration, low AMR knowledge amongst various groups, and insufficient investment in workforce education and training.

A regional advocacy and messaging framework was developed based on findings from the situation analysis. Sustainability mechanisms were explored through the development of investment cases, based on data gathered from the situation analysis. These cases can be adapted and adopted by countries for country-level investment into cost-effective AMR measures.

A regional Action Group was explored with key regional stakeholders to identify and understand how best to improve co-ordination across the region for addressing the AMR burden.

These achievements set the foundation for a second phase, which will focus on addressing key gaps and improving co-ordination for sustained impact.

### **Empowering Women with Obstetric Fistula (Mwanza, Tanzania) and Saving Mothers with Obstetric Fistula (West Nile, Uganda)**

**In partnership with:** Donor who prefers to remain anonymous

**Areas of activity:** Maternal health; SRHR



*Fistula survivor Lucia (R) smiles with members of the Amref Tanzania and Amref UK teams in Geita District, Tanzania ©Amref Health Africa Tanzania*

Obstetric fistula is one of the most serious complications that can occur during childbirth. It is a pregnancy-related condition that develops during prolonged or obstructed labour, causing continuous leakage through an abnormal opening between a woman's urinary tract and/or rectum and the vagina (World Health Organisation (WHO) 2018).

It is estimated that fistula affects around two million of the world's poorest young women, with between 50,000 and 100,000 new cases every year worldwide (WHO, 2018). Without access to urgent medical care, women face debilitating and life-threatening effects including poor mental health, incontinence, infections, and depression. Many women are excluded from family and community life, driving them further into poverty.

Since 2019 Amref, with the support of a trust which prefers to remain anonymous, has delivered an obstetric fistula support project in Uganda and Tanzania. The project has a holistic approach to support, including clinical treatment – reconstructive surgery – as well as livelihoods and psychosocial support (PSS) post-surgery to support survivors to successfully rebuild their lives after periods of social exclusion.

Surgery is transformative, but it's only one element of the support survivors require after such a traumatic experience. Our holistic approach considers the many aspects of survivors' identities and the multiple roles they play in their families and communities – and the impact that living with fistula can have on their different lives. Many suffer from serious social exclusion and need support to rebuild their lives, confidence, and independence as well as reconstructive surgery.

In Mwanza and Geita, sub-regions of Lake Zone, Tanzania, Amref is supporting trained community fistula champions (499 trained in the last reporting year) and facility-based health workers (2 doctors and 6 nurses trained in the last reporting year) to provide fistula repair and support services. In 2024 (to October), 82 women received successful obstetric fistula repair surgery and 106 fistula survivors were reached with psychosocial and livelihoods support.

In West Nile region, Uganda, the project has already trained 180 facility-based health workers, 180 Village Health Team (VHTs - community health workers in Uganda) members, and 150 fistula champions to provide fistula repair and support services. Through 2024 (to October), 137 women received successful fistula repair surgery, and were referred for follow-up per Ministry of Health guidelines. VHTs were engaged to provide psychosocial support for participants and family members at household level to support healing and foster family support for the client.

## Ending FGM/C in Kenya and Senegal

**In partnership with:** The Rabelais Trust, UK Government: Foreign and Commonwealth Development Office (FCDO)

**Areas of activity:** SRHR: Ending FGM/C

Female genital mutilation or cutting (FGM/C) is an umbrella term grouping together a range of procedures involving “the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons”, according to the World Health Organisation.

FGM/C is a violation of a girl's or woman's human rights. It is extremely painful and has no health benefits. In fact, its impact on survivors' physical and mental well-being can be devastating, and life-long. FGM/C can cause severe bleeding, infection, pain during sex, and complications during childbirth. In some cases, it is fatal.



*Girls wait for the Alternative Rites of Passage ceremony in Olgululoi, Kajiado, Kenya in December 2024.  
© Amref Health Africa/Dennis Ochiel*

Amref Health Africa has been working with Maasai communities in Kajiado, Kenya for more than a decade to establish **Alternative Rites of Passage (ARP)** that still celebrate the cultural milestone of entering adulthood, without causing girls physical or emotional harm. This combines community-led interventions to improve water, sanitation and hygiene (WASH) infrastructure and access, with community-led discussions that encourage communities to abandon the practice of FGM/C for alternative rites of passage (ARP).

In 2023, we extended the project for a third phase, which aims to deepen the support to communities in seven villages in Kajiado towards the end FGM/C vision. This includes new drought-resistant WASH interventions such as sand dams, promotion of the community-led Alternative Rites of Passage ceremony and integrated sexual and reproductive health and rights information and education. In December 2024, the community of Olgululoi in Kajiado, Kenya held an Alternative Rite of Passage ceremony which graduated 460 girls to womanhood without the cut of FGM/C.



*Ana Sabally (centre) with her granddaughters. Ana is a former 'cutter' from Kolda, southern Senegal. © Amref Health Africa/Jacques Manga*

**The Girl Generation: Support to the Africa-Led Movement (ALM) to End FGM/C** is an ambitious UK government-funded five-year programme that aims to achieve an accelerated reduction in the practice of FGM/C in Ethiopia, Kenya, Senegal, and Somaliland.

It does this by building and testing girl-centred interventions to learn more about what works to end FGM/C. And, it takes the learning, evidence, stories and activism that the programme generates to extend, or scale, its impact to more girls and their communities.

Our girl-centred programme interventions include:

- Community dialogues that seek to change attitudes, beliefs and behaviour (including inter-generational forums and couples' dialogues)
- Support and training for networks of change agents who conduct awareness-raising at community level: including girls, women, teachers, and health professionals
- School clubs, where boys and girls follow a specially-developed girl-centred curriculum delivered with a special facilitators' guide that covers rights, FGM/C, gender roles, other forms of violence, and protection mechanisms.
- Support for the mental health and well-being of survivors, as well as leadership training
- Support for in-person and digital movement-building, advocacy and campaigning, to create an enabling environment
- Data collection, informing the generation of research and evidence

In 2024 in Kenya, we achieved Proof of Concept meaning we have learned what works best, and are working on scaling strategies to expand our reach. In Senegal, we are working on proving the concept with 'input' activities and adaptations across multiple social levels.

## Our Achievements

### Income Generation

Amref UK raised a total of £2.1 million in unrestricted and £4.0 million in restricted funds in the year 2024. The most significant portion of our income came, as in the previous year, from trusts and foundations, with a number of large grants and donations totalling £2.6 million in 2024.

Our longstanding partnership with GSK continued in 2024, delivering two programmes to address the malaria burden in Kenya and Zambia and strengthen the regional response to Antimicrobial Resistance. The programme to address food insecurity in Ethiopia closed in early 2024 (see Income from Charitable Activities, p.20).

Players of People's Postcode Lottery, Amref's largest unrestricted partner, also continued their generous support of our work. In 2024, we received a Regular Award grant of £0.5 million from the Postcode Global Trust, which was fully unrestricted.

We also saw an increase in unrestricted gifts from major donors through the Big Give Christmas Challenge match-funding appeals, where we reached our fundraising target in just four days.

### Approach and Stewardship

**2024 was a busy year for our income-generating teams at Amref Health Africa UK, with many initiatives continuing and significant investment in launching new tools, processes and initiatives to increase our efficiency and effectiveness.**

This investment included significant time and effort for close collaboration from teams at Amref Health Africa HQ and country offices, Amref's other European and North American offices, and the Board of Trustees. In addition, teams were supported by several volunteers through our partnership with the University of East Anglia. We would like to thank all those who supported Amref UK to deliver these key priorities in our first strategy period year.

Through 2024, Amref UK worked with Amref Health Africa HQ ICT teams to plan and implement a migration to a new Customer Relationship Management (CRM) platform, as part of a wider Amref global network initiative to develop common systems across the Amref network. The Microsoft Dynamics platform provides a globally integrated CRM – named Jumla – which enables a more streamlined data capture, storage and analysis processes for teams around the Amref network. In the UK, the migration is helping to streamline the processing of gifts and improve our stewardship of donors through automated, tailored donor communications, increasing engagement and retention of donors.

We also continued the work with Amref HQ HR, ICT and Finance teams to set up the new Enterprise Resource Platform which will help to streamline HR and Finance processes for Amref UK, integrating with the global Amref systems.

Finally, we invested in the build of an Amref UK Operational Plan for 2025 on Microsoft suite tools. This helped to align workstreams with organisational priorities, and to set up automated processes to track progress, and monitor Key Performance Indicators.

Amref UK renewed its membership with the Fundraising Regulator and attended sector conferences and training to ensure best practice across income-generating activities. The Charity did not receive

any complaints related to fundraising in 2024. There were no reportable data protection breaches, and there were no reported instances of failures to comply with any schemes or standards including those of the Fundraising Regulator.

Treating supporters with respect and dignity remained a key priority in 2024. We reviewed our Privacy Policy and how we use our database as well as how we record and manage consent preferences, and our supporter journeys for individuals. We ensured that the Privacy Policy, Fundraising Regulator logo and other essential statements were displayed in online and printed fundraising materials. We undertook a regular review of our legitimate interest basis for contacting individuals as part of our GDPR compliance early in 2024, taking the appropriate actions, and we were efficient at updating consent preferences and opt-out requests.

Amref UK does not specifically work with children or other vulnerable groups, but we recognise vulnerable individuals will be included within our supporters and our database. We used our Safeguarding Policies to help ensure communications were appropriate and adjusted communications for any individuals who appeared to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2024 was 6, with up to 8 emails for those who had opted into the mailing list. Our digital audience remains highly engaged, with open rates that consistently surpass industry standard. Our communications are designed to inform, inspire, and encourage.

## Supporting Income Generation through Communications

**In the 2024-2030 Strategy, Communications is identified as a critical growth enabler that supports income-generation. In 2024, our communications focussed on building Amref's share of voice on African health and development issues across our communications channels.**

We continued to engage with sector peers and other partners on ethical storytelling, which is central to our anti-racism and ethical communications guidelines. This included securing guest speaker positions in several charitable fundraising and communications sector events and in sector media. The research continues to be organically quoted and referenced in these wider circles, demonstrating the research's value both for sector knowledge and understanding and as a solid reputational asset for Amref.

We continued to profile and amplify the voices of African experts on African health issues. This included in sector events such as the Africa-UK Health Summit held in London in April 2024, where Camilla Knox-Peebles, Chief Executive of Amref UK, was a panellist in a plenary session discussing global health partnerships and collaboration. Additionally, Dr Aneesa Ahmed, Head of Programmes and Strategic Partnerships, spoke on a panel at the East of England Global Health Conference (Cambridge) about Amref's work in health worker training innovations. The presentation focussed on our work to deploy and scale mobile and digital-based training solutions, and their impact particularly for the community health workforce across our 35 countries of operation in Africa.

We also participated in a podcast with partner GSK. Dr Mercy Mwangangi, Global Director of Health Systems Strengthening, took part in a Foreign Policy podcast on the importance of multisectoral partnerships to end epidemics.

We maintained our media visibility through thought leadership and news in key publications – reaching global health and development sector audiences as well as wider individual supporter and

donor audiences. These included a blog series from Maureen Cherongis, Global Media Manager, Amref HQ, on ethical storytelling and representation with Bond.

We also secured UK media coverage for programmatic impact. Dr Stephen Jada, Research Scientific Coordinator at Amref Health Africa in South Sudan, was quoted in a Guardian article on Nodding Syndrome in South Sudan, and Vania Kibui, Regional Policy Advocacy and Capacity Strengthening Specialist at Amref Health Africa contributed to an ITV News segment on the End Femicide Kenya protests.

In line with our commitment to ethical story gathering and storytelling, we worked closely with the Amref Fundraising Markets Development team to amplify voices of community members, health workers and Amref country staff on health challenges and Amref programmes to address them. This content was centred in the UK warm appeals and ongoing external communications through 2024, including the development of the [2023 Impact Report](#).

Our digital channel following across four social media platforms (Facebook, Instagram, LinkedIn, X/Twitter) saw steady growth, with more marked increase in engagement and followers when digital acquisition testing was live on Meta platforms (Facebook and Instagram). Our social and digital platform presence, positioning and programming will continue to be a focus area for 2025 as we continue to invest in individual giving.

## Income from Donations and Legacies

**We raised £1.1 million (£1.0 million unrestricted and £0.1 million restricted) of income from Donations and Legacies in 2024. The majority related to income from individuals, including major donors, and trusts and foundations.**

We aim to rapidly grow funds from Individual Giving to raise £20 million in unrestricted income over the strategic period 2024-2030.

In 2024 we built on the foundations set in digital acquisition testing through Meta (Facebook and Instagram), with the support of specialist fundraising and digital agencies. We implemented three lead acquisition tests in 2024, which aimed to test various creative routes to ask viewers to provide their contact details to receive a free product. These are called value exchanges. Data analysis shows us these are popular with our target audience groups and they enable us to engage with, and secure support from, new sets of individual donors.

These tests are crucial for building our understanding of our existing supporter base, which will form the foundation of our donor acquisition strategy during the new strategy period.

Also in 2024, we collaborated closely with Amref Italy and Amref Netherlands to develop two Direct Response TV (DRTV) adverts (end FGM/C and maternal health) which aired in Italy, the Netherlands, and the UK. This is the first time that Amref Health Africa has tested DRTV as a fundraising channel – anywhere in the world. Initial results from the tests show promise for the effectiveness of the channel for use in lead generation in the UK. In 2025, we will take forward the learnings from the initial tests, to focus on one route and to invest more to broaden our reach across broadcast channel slots.

We know that to rapidly grow these new channels we must have the in-house skills and knowledge to lead these workstreams. In 2024, we recruited and appointed a new Fundraising Manager and new Philanthropy Manager. We also realigned the Supporter Engagement team to create a new

Philanthropy Officer role, promoted an assistant-level staff member to Fundraising Officer, and created a new role – Fundraising Administrator – to handle the increasing data load generated by our acquisition work.

We continued to fundraise from individual donors with £0.4 million being raised in 2024. Our direct mail appeals generally performed well, meeting or exceeding targets and raising a total of £0.1 million. We continued to segment data, offer different gift amounts, and use new case studies and supporting materials to engage our donors. Key to the success of the direct mail appeals was the strategy to segment mid-level donors from the main dataset, and tailor mid-level asks to increase the value of single gifts.

We also engaged with the Big Give Christmas Challenge Platform—a match-funding mechanism—for the third year in a row as this has proven popular with our supporter set. The campaign ran in the first week of December 2024 and focussed on the stories from a remote nomadic community in Afar, Ethiopia, and the Amref mobile clinics which provide them with essential health services. This secured a fantastic £88,000 in donations (including Gift Aid), surpassing the original £80,000 target in just four days of the campaign.

In our new strategy period, we will continue to grow our pipeline of trusts and foundations, mid-level and major donors. In 2024 a core priority was to build supporter engagement journeys tailored to our different donor segments. Through 2024 the team worked to build these based on donor segments; this work was in parallel with the ongoing CRM migration. At the end of 2024, the supporter journeys were tested through our new CRM – Jumla – and we will continue to test and refine them based on engagement.

Gifts from major donors was a priority area in 2024 and we raised a total of £48,000 from around 15 major donors. We secured gifts from existing Mbele Movement members (numbering nine individuals), through events and the Big Give Christmas Challenge.

End of-year income from Individual Sponsorship & Events Donations stood at £16,000, raised by people running the London Marathon in support of Amref. In addition, we were grateful to receive the support of our longstanding community fundraising groups.

The legacy pipeline remains strong, and we recognised £31,000 in 2024. We expect this income stream performance to improve over 2025 and beyond; in 2024 we invested in a strategic partnership with Farewill, a leading Will-writing service, to offer free Will-writing services to our supporters. Through joint marketing initiatives at key moments in the year, we will leverage this partnership to strengthen this income stream in the medium to long-term.

By the end of 2024 we had 49 active unrestricted trusts and foundations exceeding our target of 32 for the year. We received repeat annual gifts of £100-£5,000 from many loyal small trust donors, for which we are very grateful. In addition, we secured gifts of £5,000-£30,000 from mid-size trusts.

Amref Health Africa UK receives on-going and impactful support from players of People's Postcode Lottery who have supported our work since 2018. Thanks to funds raised by players of People's Postcode Lottery, in 2024 Amref received a Regular Award of £500,000 from Postcode Global Trust, which was fully unrestricted. This flexibility is crucially important; it allows us to allocate funds to where they are needed most by communities. We are so grateful for the continued commitment, and trust, the players of People's Postcode Lottery place in Amref to partner with communities across Africa for lasting health change.

## Income from Charitable Activities

We raised £4.9 million (£0.9 million unrestricted and £4.0 million restricted) of Income from Charitable Activities in 2024. Trusts and foundations continued to be a vital source of income for Amref Health Africa with £1.9 million raised. A further £2.0 million was received from GSK.

Our 2024-2030 Strategy details a clear focus on value over volume to secure strategic partnerships that deliver £30m in restricted funding. Through 2024, we focussed efforts on securing one-year and multi-year funding from three major sources: trusts and foundations, corporates and institutions (primarily UK Government and other development agencies).

Several programmes closed in 2024. The Mercury Phoenix Trust-supported project *Imarisha Jamii* closed in April 2024. It aimed to enhance HIV prevention, care, and treatment services for communities in Turkana County, Kenya. With Mercury Phoenix Trust's support, we procured 11,352 Human Immunodeficiency Virus Self Testing (HIVST) kits, surpassing our original target of 4,857, which were distributed to 41 health facilities across the County. By acquiring these additional kits, the project addressed the severe shortage of HIVST kits in Turkana.

The Croda Foundation-funded mobile clinics programme (Kenya) closed in Q1 2024. The mobile clinics programme trained and equipped 1,717 health workers (community and facility-based) to screen, diagnose and treat non-communicable diseases (NCDs) including diabetes, hypertension and asthma. Over the course of the programme which ran February 2023-January 2024, the clinics provided screenings, diagnoses and treatments for NCDs (hypertension, diabetes, cervical cancer, breast cancer) to 45,324 people. Additionally, the health workers staffing the clinics provided 21,826 vaccinations (for COVID-19, HPV, and malaria) and other services (family planning, antenatal care, child welfare consultations, HIV testing) to over 2,000 people.

The GSK-funded programme for urgent lifesaving health assistance to Internally Displaced Persons (IDPs) and host communities in Somali, Ethiopia closed in April 2024. It provided integrated health, nutrition, and WASH interventions to increase access to safe, clean water and nutrition services, to respond to the ongoing drought crisis as a result of climate change. With GSK's support, Amref supplied essential medical supplies to nine health facilities and IDP clinics. We provided basic training in malnutrition management to 27 health workers and 28 Health Extension Workers (HEWs), and 37,545 women and children were screened through outreaches. Additionally, seven breastfeeding corners were established, 50 mothers and caregivers of malnourished children received food item support, and 60 women were engaged in entrepreneurship and nutrition-sensitive agriculture and income generation initiatives.

To increase access to safe and adequate drinking water for IDPs, 25 water storage tankers were distributed, 500 cubic meters of drinking water were supplied via trucking, 40,000 water treatment kits were supplied for IDP households, 3,000 hygiene materials were distributed, and 1,300 dignity kits are supplied to the needy IDP women and children. Additionally, Water, Sanitation and Hygiene (WASH) education campaigns were conducted on all IDP sites.

In 2024, with the support of UK donor grants, we were pleased to continue our programmatic work in Kenya, Uganda, Tanzania, Zambia and Senegal.

This included Phase 2 activities offering holistic support for survivors of obstetric fistula in Geita and Mwanza, Tanzania and West Nile Region, Uganda. We also continued Phase 2 programme activities for the Piwa Maleng ('Our Clean Water') programme in Amuru District, Uganda, and for the SOL Foundation and People's Postcode Lottery-funded Sports for Health programme in Dagoretti and Embakasi East sub-counties in Nairobi, Kenya.

Phase 3 programme activities for the Alternative Rites of Passage / Water, Sanitation and Hygiene project in Kajiado, Kenya also continued in 2024, funded by the Rabelais Trust. Additionally, with the ongoing UK Foreign and Commonwealth Development Office funding to the Girl Generation: Support to the Africa-Led Movement to End FGM/C consortium, in 2024 we started Year 4 implementation of programme activities in Kenya, achieving Proof of Concept for the programme, and Year 3 programme activities in Senegal.

We also continued implementation of two GSK-funded programmes: to address the malaria burden in Kenya and Zambia and to support the strengthening of the regional response to Antimicrobial Resistance (AMR).

You can read more about these programmes on p. 9-15 (Our Achievements: Programme Development and Strategic Partnerships).

## Financial Review

2024 saw a promising start to the delivery of the 2024-2030 strategy with £6.1 million income secured against the £50.0 million target for the seven-year strategic period. Amref Health Africa UK has closed 2024 in a strong financial position being within our free reserves target range and holding robust cash and term deposit levels. This stands us in good stead to navigate the environment of uncertainty that has dominated 2025 so far. We continue to monitor and manage our cost base effectively during this time, adapting to new and unexpected challenges as they arise.

£6.1 million total income was recognised in 2024, £2.1 million of which was unrestricted. Unrestricted income was 7% higher in 2024 compared to the previous period with continued strength in Individual Giving and Trusts and Foundations – of particular note was an unrestricted contribution of £0.5 million from the Postcode Global Trust, a much-valued long-term partner.

Individual Giving income was lower in 2024 compared to the previous year (the 2023 level had been significantly boosted by the Radio 4 Appeal for which there was no current year equivalent). However, important steps were taken in 2024 to invest in regular giving fundraising with a view to generating dividends in the longer-term. Hence the higher fundraising expenditure in 2024 compared to recent years. We collaborated closely with Amref Italy and Amref Netherlands to develop two Direct Response TV (DRTV) adverts (end FGM/C and maternal health) which aired in Italy, the Netherlands, and the UK. This is the first time that Amref Health Africa has tested DRTV as a fundraising channel – anywhere in the world. Initial results from the tests show promise for the effectiveness of the channel for use in lead generation in the UK. In 2025, we will take forward the learnings from the initial tests and refine the route for scaling which is planned for 2025 and beyond.

Legacy income was lower in 2024 compared to 2023 but year-on-year variability is expected with this income stream. However, in 2024, we started to invest in our Gifts-in-Wills programme with a view to developing and strengthening the pipeline in the medium to long-term. Amref UK's expenditure

profile has been kept under continual review, with a particular focus on fundraising investment and a sustained effort to maintain cost recovery levels.

We close the year with an unrestricted surplus of £164,000, the majority of which has been ringfenced in the Individual Giving Growth Designated Fund (IGGDF), as approved by the Board in November 2024, thereby increasing the closing balance on the fund from £200,000 in 2023 to £350,000 in 2024. The level of free reserves, which excludes the IGGDF balance, remains within target range between the midpoint and upper threshold and more detail is provided in the Reserves Policy section below.

£4.0 million restricted income was recognised in 2024 and this included £2.0 million of GSK funding (£1.5 million for an ongoing regional malaria programme, focusing on Kenya and Zambia and £0.5 million for Phase II of a regional Anti-Microbial Resistance (AMR) programme). Due to capacity challenges within the Programmes team earlier in 2024, business development (BD) plans had to be adjusted with no new funders being secured in 2024. However, the BD activities in the latter part of 2024 have borne fruit with two new funders secured in early 2025 which is an excellent achievement given the backdrop of uncertainty during this time.

Restricted expenditure in the period was 49% higher than the previous period. This is predominantly made up of transfers to Africa for programme implementation, the timing of which are determined by delivery progress and burn rate. 2024 saw the acceleration of delivery on a number of programmes which is welcomed and we thank our colleagues at Amref HQ and in the Amref Country Offices in Africa for their continued technical excellence, creative problem-solving and collaboration. This period's restricted deficit of £659,000 primarily reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi. No individual restricted fund has a closing deficit balance.

## Reserves Policy

We end the year with funds of £4.8 million. 68% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress. The remaining 32% is unrestricted with £350,000 of this ringfenced as an Individual Giving Growth Designated Fund. The creation of the fund was approved by the Board in March 2023 to support planned investment in individual giving acquisition and growth. The decision to hold £350,000 in the fund at 31 December 2024 was approved by the Board in November 2024.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures. We also have an element of our free reserves available to enable us to harness opportunities as they arise.

The calculations showed that as of the end of 2024 we should aim to hold £730,000 - £1,265,000 in unrestricted free reserves.

The unrestricted free reserves balance held as of 31 December 2024 was £1,160,000, made up of unrestricted reserves less the net book value of tangible fixed assets, less designated funds. This is within the target range. The unrestricted free reserves levels will continue to be monitored closely.

We will continue to review our reserves policy to ensure it meets the needs of the Charity.

## **Going Concern**

The Trustees have undertaken a detailed review of income, costs, cash flow, reserves and external factors and considered that the Charity is a going concern. The Trustees believe that the Charity has adequate resources to continue in operational existence for the foreseeable future as expected funds receivable are anticipated to be sufficient to fund committed projects. Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements. In the unlikely event of Amref UK no longer operating, any ongoing programmes would be transferred to Amref HQ and Country Offices ensuring that Amref UK's charitable objects continued to be met.

## **Investments**

All funds held in the UK for future use are held in deposit accounts with United Kingdom-based banks. The majority of funds are available on demand but as at 31 December 2024, £0.5 million was held in a 95 Day Notice account. This is shown as a short-term deposit in the financial statements.

## **Related Party Transactions**

As set out in Note 14 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Donations were also received from a number of Trustees and Key Management Personnel.

# Structure, Governance, and Management

## Constitution and Governing Documents

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The members are constituted solely of Trustees and all Trustees are members. The objects of the company, the powers of the Board of Directors and the regulations concerning the appointment of new Directors are set out in the Memorandum and Articles of Association, last amended on 9 June 2023 to better safeguard the key governance mechanisms of the organisation.

Amref Health Africa UK is also registered as a Charity with the Charity Commission in England and Wales, Charity Number 261488. The organisation's Charitable Objects are "to support and foster the investigation and advancement in Africa of medical, scientific, educational and cultural knowledge and to apply the knowledge derived therefrom to the causes, prevention, relief and therapy of human diseases and misery for the relief of mankind in general".

## Governance

The Board of Trustees is responsible for the effective governance of the Charity, guided by the Charity Governance Code. A steady renewal of Directors is provided by the maximum terms of office (three consecutive terms of three years totalling nine years) set out in the Memorandum and Articles. Succession planning arrangements ensure timely replacement of Trustees resigning or reaching the end of their terms of office.

There are two sub-committees of the Board; the Finance Committee and the Governance Committee. Both these sub-committees meet quarterly in advance of the full Board meeting. The Finance Committee's remit includes internal control and risk management systems, financial planning and reporting, financial policies and procedures, fraud and whistleblowing of a financial nature, and external audit. The membership of the Finance Committee is drawn from existing Board members and must include the Treasurer and the Chair. The remit of the Governance Committee includes Board structure, focus and effectiveness, organisational structure and culture, the employment life cycle, policy review, and the broader governance considerations regarding the relationship with Amref Health Africa HQ. The membership of the Governance Committee is drawn from existing Board members and must include the Chair.

In November 2024, Amanda Caine who served as Treasurer, reached the end of her nine-year term. We would like to extend our enormous thanks and appreciation to Amanda for her incredible support and commitment during this period. We acknowledge the time, expertise, engagement and experience that she brought to the organisation. We welcome Jill Anderson, who joined the Board as a Trustee in May 2024, as the new Treasurer and we look forward to working with and learning from Jill in the coming years. New Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers

their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose.

## Pay Policy for Senior Staff

The Board of Trustees, together with the Senior Management Team, make up the key management personnel of the Charity. Trustees give their time freely and details of any expenses and related party transactions are disclosed in the Notes to the Accounts.

Remuneration of all staff including the Senior Management Team follows a clear policy which aims to find a balance between attracting and rewarding our staff for their incredible contribution and ensuring that we are financially responsible with the funding from our donors and supporters. Market data is considered for each individual position to ensure that each salary is set to within the acceptable range around the market median as set out in the policy. A percentage increase was determined for each member of staff based on affordability, the market data for their role as well as their performance for the year in line with the Salary Policy. These increases were applied with effect from 1 January 2024.

## Risk Management Statement

A robust risk management process is underpinned by a quarterly review using a Risk Register approach, involving staff and Trustees, which ensures the monitoring of all risks and identifies those material risks worthy of closer scrutiny. The Board delegates specific responsibility for risk management and mitigation to executive staff.

## Principal Risks and Uncertainties

Amref UK closes 2024 in a strong financial position with a robust level of free reserves and a highly liquid balance sheet. Nevertheless, these financial statements are presented at a time of unprecedented uncertainty in the global geopolitical arena with the International Development sector facing huge challenges as a result of the seismic macro-economic shifts taking place. In recent months, we have seen a freeze on USAID followed by the permanent closure of the majority of USAID funded programmes and any remaining programmes being folded into the State Department. The UK Government has also cut the UKAID budget from 0.5% of Gross National Income (GNI) to 0.3%. This trend of Governments downgrading International Development as a priority area has also been seen in other European countries since the start of 2025.

As a result, the external funding environment is far more competitive than it was with a resultant pressure on restricted income. However, Amref UK has continued to attract and secure new funders

in 2025 and current long-standing funders have reaffirmed their commitment to global health. Furthermore, Amref's focus on local partnerships and community-based solutions could enhance long-term sustainability.

These wider developments within the geopolitical environment also makes our strategy to grow Amref UK's unrestricted individual giving income streams even more urgent and important. The potential inflationary increases from a less open global trade system and the evolving narrative around the deprioritisation of aid could mean that the UK public in general is less receptive to such fundraising efforts. However, we anticipate engagement with our mission to remain high with our key acquisition target audiences.

GSK continues to be a much-valued partner with £2.0 million income recorded in 2024 which equated to 33% of total income. On the face of it, this would seem to indicate a high-risk reliance on GSK as a funder. However, the majority of GSK funding is transferred to the implementing Country Offices, with the element retained by Amref UK to cover programme-related UK costs the more relevant in terms of Amref UK financial exposure. £235,000 of GSK funding was retained by Amref UK in 2024 for related programme costs which equated to 4% of the total income recorded and 13% of total income retained in the UK for UK costs. Decisions around programmatic strategic direction as well as the design and delivery of individual programmes are made at Amref Health Africa HQ and Country Offices by skilled and experienced staff (including health / medical professionals) and are not influenced by GSK hence ensuring autonomy of decision-making by suitably qualified personnel separate to and independent of GSK.

Recruitment, retention and motivation of staff continues to be a key risk against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with competitive benefits. The work around our commitment to Diversity, Equity, Inclusion & Belonging (DEIB) including anti-racism continued into 2024 and beyond. We have also retained a hybrid-working approach which is reaping benefits with the flexibility it offers staff.

Amref UK continues to prioritise safeguarding as an essential part of our work. Risks regarding safeguarding are mitigated by the adoption of best practice policies, mandatory staff and contractor safeguarding training, the appointment of a Trustee safeguarding lead, and regular risk monitoring, including within our work in Africa. We continue to engage with Bond to ensure that we are informed by best practice in the sector.

We continue to monitor risks about the protection of data, in line with the General Data Protection Regulation (GDPR). The main risk identified is that the organisation might inadvertently store data about donors, and the Supporter Engagement team rigorously monitor their systems and records to ensure that no unnecessary or prohibited data is stored.

As the UK office of an African NGO, we are responsible for ensuring that funds sent to our HQ in Nairobi for onward transmission to African country offices are spent well and reported against. We mitigate the risks associated with this through formal agreements with other Amref Health Africa offices, robust internal processes, and regular contact with colleagues across the Amref Health Africa family, including support and monitoring visits by UK staff to the actual programmes.

## Statement of Trustees' Responsibilities

The Trustees (who are also Directors of Amref Health Africa UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

The Trustees are also responsible for keeping proper accounting records that disclose with reasonable accuracy and are sufficient to show and explain the Charity's transactions and the financial position of the Charity at any time to enable the Board members to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware;
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

This report was approved and authorised for issue by the Board of Trustees on 5 June 2025 and signed on its behalf by:



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**Mr Paul Davey, Chair of the Board of Trustees**

# Independent Auditor's Report to the Members of Amref Health Africa

## Opinion

We have audited the financial statements of the Amref Health Africa (the 'charitable company') for the year ended 31 December 2024 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- ◆ give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- ◆ the information given in the trustees' report, which is also the directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- ◆ the trustees' report, which is also the directors' report for the purposes of company law, has been prepared in accordance with applicable legal requirements.

## **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- ◆ adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- ◆ the financial statements are not in agreement with the accounting records and returns; or
- ◆ certain disclosures of trustees' remuneration specified by law are not made; or
- ◆ we have not received all the information and explanations we require for our audit; or
- ◆ the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

## **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

### *How the audit was considered capable of detecting irregularities including fraud*

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charitable company through discussions with management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Charities Act 2011, Companies Act 2006, data protection legislation, employment legislation and safeguarding principles;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies were indicative of potential bias; and
- ◆ used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of trustee meetings;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors (although none was noted as being received by the charitable company).

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

*Buzacott Audit LLP*

Hugh Swainson (Senior Statutory Auditor)  
For and on behalf of Buzacott Audit LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

Date 06 June 2025

**Statement of financial activities (including income and expenditure account) Year to 31 December 2024**

		2024			2023		
	Notes	Unrestricted fund £	Restricted funds £	Total £	Unrestricted fund £	Restricted funds £	Total £
<b>Income from:</b>							
Donations and legacies	1	996,301	67,669	1,063,970	869,448	230,366	1,099,814
Charitable activities	2	953,871	3,959,087	4,912,958	1,041,729	4,284,468	5,326,197
Other trading activities		—	—	—	42	—	42
Investments		139,431	—	139,431	48,794	—	48,794
Other income		6	—	6	—	3	3
<b>Total</b>		<b>2,089,609</b>	<b>4,026,756</b>	<b>6,116,365</b>	<b>1,960,013</b>	<b>4,514,837</b>	<b>6,474,850</b>
<b>Expenditure on:</b>							
Raising funds	3	940,076	123,471	1,063,547	385,431	237,467	622,898
Charitable activities	3	985,877	4,562,298	5,548,175	1,312,140	2,905,032	4,217,172
<b>Total</b>		<b>1,925,953</b>	<b>4,685,769</b>	<b>6,611,722</b>	<b>1,697,571</b>	<b>3,142,499</b>	<b>4,840,070</b>
<b>Net income / (expenditure) and net movement in funds</b>		<b>163,656</b>	<b>(659,013)</b>	<b>(495,357)</b>	<b>262,442</b>	<b>1,372,338</b>	<b>1,634,780</b>
Total funds brought forward		1,359,880	3,909,350	5,269,230	1,097,438	2,537,012	3,634,450
<b>Total funds carried forward</b>	15	<b>1,523,536</b>	<b>3,250,337</b>	<b>4,773,873</b>	<b>1,359,880</b>	<b>3,909,350</b>	<b>5,269,230</b>

All income and expenditure derives from continuing activities.

The statement of financial activities includes all gains and losses recognised during the year.

The notes on pages 41 to 51 form part of these financial statements.

**Balance sheet** 31 December 2024

	Notes	2024 £	2024 £	2023 £	2023 £
<b>Fixed assets</b>					
Tangible fixed assets	8		<b>14,003</b>		14,338
<b>Current assets</b>					
Debtors	9	<b>331,949</b>		394,411	
Current asset investments		—		500,000	
Short term deposits		<b>500,000</b>		—	
Cash at bank and in hand		<b>4,777,178</b>		<b>5,528,778</b>	
		<b>5,609,127</b>		<b>6,423,189</b>	
<b>Liabilities</b>					
Creditors: amounts falling due within one year	10a	<b>(644,257)</b>		<b>(963,297)</b>	
<b>Net current assets</b>			<b>4,964,870</b>		<b>5,459,892</b>
<b>Total assets less current liabilities</b>					
			<b>4,978,873</b>		<b>5,474,230</b>
Creditors: amounts falling due after more than one year	10b		<b>(205,000)</b>		<b>(205,000)</b>
<b>Net assets</b>			<b>4,773,873</b>		<b>5,269,230</b>
<b>Funds</b>					
Unrestricted fund – general	15	<b>1,173,536</b>		1,159,880	
Unrestricted fund – designated	15	<b>350,000</b>		200,000	
Restricted funds	15	<b>3,250,337</b>		<b>3,909,350</b>	
<b>Total funds</b>			<b>4,773,873</b>		<b>5,269,230</b>

The financial statements were approved by the Trustees and authorised for issue on 5 June 2025 and signed on their behalf by:



Paul Davey, Chair

Company number: 00982544

The notes on pages 41 to 51 form part of these financial statements.

**Statement of cash flows** Year to 31 December 2024

	Note	2024 £	2023 £
<b>Net cash (outflow) inflow from operating activities</b>	A	<b>(883,319)</b>	1,908,649
<b>Cash flows from investing activities</b>			
Interest income		139,431	48,794
Purchase of tangible fixed assets		(7,712)	(9,300)
Disposal of tangible fixed assets		—	563
Disposal / (purchase) of current asset investments		500,000	(500,000)
Purchase of short-term deposits		(500,000)	—
<b>Net cash flow provided / (used in) investing activities</b>		<b>131,719</b>	(459,943)
<b>Change in cash and cash equivalents in the year</b>		<b>(751,600)</b>	1,448,706
<b>Reconciliation of net cash flow to movement in net funds:</b>			
<b>Cash and cash equivalents at beginning of year</b>		<b>5,528,778</b>	4,080,072
<b>Cash and cash equivalents at end of year</b>		<b>4,777,178</b>	5,528,778

**A Reconciliation of net movement in funds to net cash flow from operating activities**

	2024 £	2023 £
Net movement in funds (as per statement of financial activities)	(495,357)	1,634,780
Adjustments for:		
Depreciation charge	8,047	5,924
Interest income	(139,431)	(48,794)
Decrease in debtors	62,462	235,544
(Decrease) / increase in creditors	(319,040)	81,195
<b>Net cash (used in) / provided by operating activities</b>	<b>(883,319)</b>	1,908,649

**B Analysis of changes in net debt**

	At 1 January 2024 £	Cash flows £	At 31 December 2024 £
<b>Cash and cash equivalents</b>			
Cash at bank and in hand	5,528,778	(751,600)	4,777,178
<b>Borrowings</b>			
Debt due after one year	(205,000)	—	(205,000)
<b>Total</b>	<b>5,323,778</b>	<b>(751,600)</b>	<b>4,572,178</b>

### **General information and basis of preparation**

Amref Health Africa is a company limited by guarantee registered in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the charity. The address of the registered office is given in the charity information on page 4 of these financial statements. The nature of the charity's operations and principal activities are to engage, inspire, and influence people to invest in lasting health change across Africa.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities SORP (FRS 102)), the Charities Act 2011 and the Companies Act 2006 and UK Generally Accepted Practice.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity, and rounded to the nearest pound.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### **Critical accounting estimates and areas of judgement**

Preparation of the financial statements requires the trustees and senior management to make significant judgements and estimates.

The items in the financial statements where these judgements and estimates have been made include:

- ◆ the estimation of the useful economic life of tangible fixed assets;
- ◆ the estimation of the amount receivable in respect of legacies where the charity has been notified of its entitlement;
- ◆ the estimation of the amounts recognised as donated goods or services as gift in kind income; and
- ◆ the basis on which the support costs are allocated across the various categories of charitable expenditure.

### **Going concern**

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the expected level of income and expenditure for 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

### **Income recognition**

All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

### ***Donations and legacies***

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled. For legacies, income is recognised upon receipt, or before receipt if there is sufficient evidence to provide the necessary certainty that the legacy will be received and the value of the income can be measured with sufficient certainty.

### ***Gifts in Kind***

Donated facilities and donated professional services (Gifts in Kind) which the Charity would otherwise have purchased are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity; that is the amount the charity would be willing to pay in the open market for the equivalent benefit of such facilities and services. A corresponding amount is recognised in expenditure. A threshold of £500 is applied for each facility or service.

No amount is included in the financial statements for volunteer time in line with the Charities SORP (FRS 102).

### ***Charitable activities***

Income from charitable activities includes income earned both from the supply of goods and services under contractual arrangements and from performance-related grants which have conditions that specify the provision of particular goods or services to be provided by the charity. The contracts or performance-related grants have been included as "Income from charitable activities" where these contracts or grants specifically outline the good and services to be provided to the communities we partner which are within the charitable purposes of the charity.

For performance-related grants, where there are no donor-imposed conditions (e.g. in respect of fee-related measurable outputs or the time period over which expenditure of resources can take place) or if there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, income is recognised upon receipt. Where performance conditions including time-related conditions exist, income from such grants is recognised when the charity deems the entitlement criteria is satisfied, which is typically based on the extent of confirmed programme delivery. As such, expenditure incurred to date is seen to be the most reasonable estimate or approximation of the charity's performance and therefore income entitlement. In this case, cash received in excess of expenditure is included as a creditor (deferred income) and expenditure in excess of cash received is included as a debtor (as accrued income).

**Income recognition** (continued)

The charity receives government contract income in respect of its charitable work. Due to its nature, this income is classified as unrestricted and is subject to VAT. There are payment-by-results elements within the contract. Contract income is only recognised when the charity has entitlement and the payment-by-results related income is only recognised once the specific criteria have been met and approved as such by the funder.

**Trading activities**

Income from trading activities relates to income earned from trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

**Other income**

Other unrestricted income includes gains arising from foreign exchange transactions which do not relate to restricted funds. Any material unrealised foreign exchange gains are included below net income and realised gains are included within other income.

**Expenditure recognition**

Expenditure is accounted for on an accruals basis with the exception of expenditure transactions below £500. Expenditure has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- ◆ Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- ◆ Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs. Where there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, grant expenditure is recognised upon payment. Where this precedent does not exist, grant expenditure is recognised once the transferred funds have been spent on the specified programme.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

**Support costs allocation**

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and administrative costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to Costs of Raising Funds and Expenditure on Charitable Activities on a basis consistent with use of the resources. Overheads have been allocated on the basis of staff time. The analysis of these costs is included in note 4.

**Funds**

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. A summary of restricted funds by geographical area is set out in the notes to the financial statements.

Transfers between funds take place in accordance with funding agreements or with the express permission of the funder.

#### **Tangible fixed assets**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Tangible fixed assets which are capitalised are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life which for equipment and computers is three years.

#### **Debtors**

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

#### **Current asset investments**

Current asset investments are held at fair value with movements recognised in the Statement of Financial Activities (SOFA). Any cash investment with a maturity of a year or more is classified as a current asset investment.

#### **Short term deposits**

Any cash investment with a maturity date of more than three months but less than a year is classified as a short term deposit.

#### **Cash at bank and in hand**

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

#### **Liabilities and provisions**

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### **Leases**

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

### **Foreign currency**

Foreign currency transactions are initially recognised using the monthly exchange rate.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate. Gains and losses on exchange are allocated to the appropriate resource.

### **Employee benefits**

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

### **Tax**

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. It therefore does not suffer tax on income or gains applied for charitable purposes.

### **Financial instruments**

The charity only holds basic Financial Instruments. The financial assets and financial liabilities of the charity and their measurement basis are as follows:

**Financial assets** – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 9. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

**Cash at bank** – is classified as a basic financial instrument and is measured at face value.

**Financial liabilities** – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 10. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.

**1. Income from donations and legacies**

	Unrestricted funds £	Restricted funds £	2024 Total £
Individual sponsorship/event donations	15,720	—	15,720
Individual donors	362,167	7,027	369,194
Legacies	28,846	1,862	30,708
Corporate donors	2,454	—	2,454
Trusts and Foundations	586,293	58,780	645,073
Donated services	821	—	821
	<u>996,301</u>	<u>67,669</u>	<u>1,063,970</u>

	Unrestricted funds £	Restricted funds £	2023 Total £
<i>Individual sponsorship/event donations</i>	26,095	—	26,095
<i>Individual donors</i>	393,969	33,600	427,569
<i>Legacies</i>	184,264	11,546	195,810
<i>Trusts and Foundations</i>	197,120	185,220	382,340
<i>Donated services</i>	68,000	—	68,000
	<u>869,448</u>	<u>230,366</u>	<u>1,099,814</u>

**2. Income from charitable activities**

	Unrestricted funds £	Restricted funds £	2024 Total £
<b>Corporates</b>			
GlaxoSmithKline	30,847	2,000,000	2,030,847
ViiV Healthcare	—	28,806	28,806
<b>Total Corporates</b>	<u>30,847</u>	<u>2,028,806</u>	<u>2,059,653</u>
<b>Governments</b>			
FCDO	923,024	—	923,024
<b>Total Governments</b>	<u>923,024</u>	<u>—</u>	<u>923,024</u>
<b>Trusts and Foundations</b>			
Donor wishing to remain anonymous	—	1,386,024	1,386,024
The SOL Foundation	—	260,914	260,914
The Rabelais Trust	—	173,309	173,309
People's Postcode Lottery	—	94,811	94,811
Other Trusts < £15k	—	15,223	15,223
<b>Total Trusts &amp; Foundations</b>	<u>—</u>	<u>1,930,281</u>	<u>1,930,281</u>
	<u>953,871</u>	<u>3,959,087</u>	<u>4,912,958</u>

2. Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	2023 Total £
<b>Corporates</b>			
GlaxoSmithKline	8,205	2,620,703	2,628,908
ViiV Healthcare	—	161,981	161,981
<b>Total Corporates</b>	<b>8,205</b>	<b>2,782,684</b>	<b>2,790,889</b>
<b>Governments</b>			
FCDO	1,033,524	—	1,033,524
<b>Total Governments</b>	<b>1,033,524</b>	<b>—</b>	<b>1,033,524</b>
<b>Other Institutional donors</b>			
Comic Relief	—	3,105	3,105
<b>Total Other Institutional donors</b>	<b>—</b>	<b>3,105</b>	<b>3,105</b>
<b>Trusts and Foundations</b>			
Donor wishing to remain anonymous	—	883,300	883,300
Croda Foundation	—	273,399	273,399
People's Postcode Lottery	—	186,287	186,287
The Rabelais Trust	—	73,920	73,920
The SOL Foundation	—	43,445	43,445
Save the Children	—	18,442	18,442
Other Trusts < £15k	—	19,886	19,866
<b>Total Trusts and Foundations</b>	<b>—</b>	<b>1,498,679</b>	<b>1,498,679</b>
	<b>1,041,729</b>	<b>4,284,468</b>	<b>5,326,197</b>

3. Expenditure

	Raising funds £	Charitable activities £	2024 Total £
Staff costs	518,988	448,647	<b>967,635</b>
Direct costs	441,219	5,015,657	<b>5,456,876</b>
Support costs	103,340	83,871	<b>187,211</b>
	<b>1,063,547</b>	<b>5,548,175</b>	<b>6,611,722</b>
	<b>Raising funds £</b>	<b>Charitable activities £</b>	<b>2023 Total £</b>
Staff costs	345,566	486,357	831,923
Direct costs	168,951	3,624,404	3,793,355
Support costs	108,381	106,411	214,792
	<b>622,898</b>	<b>4,217,172</b>	<b>4,840,070</b>

Direct costs of charitable activities are predominantly £4,936,080 (2023: £3,521,014) made up of grants remitted to Amref HQ for core objectives.

#### 4. Support costs allocation

	Raising funds £	Charitable activities £	2024 Total £
Premises costs	28,838	23,405	<b>52,243</b>
Governance costs	16,415	13,323	<b>29,738</b>
Other office and operational costs	58,087	47,143	<b>105,230</b>
<b>Total</b>	<b>103,340</b>	<b>83,871</b>	<b>187,211</b>

	Raising funds £	Charitable activities £	2023 Total £
Premises costs	26,952	26,462	53,414
Governance costs	39,511	38,793	78,304
Other office and operational costs	41,918	41,156	83,074
<b>Total</b>	<b>108,381</b>	<b>106,411</b>	<b>214,792</b>

#### 5. Governance costs

	2024 £	2023 £
Auditor's remuneration – current period audit fee	<b>17,940</b>	17,100
Strategy development	—	13,247
Legal Fees on governance matters	—	23,114
Trustee recruitment & skills analysis	<b>6,000</b>	23,000
Other costs	<b>5,798</b>	1,843
	<b>29,738</b>	78,304

A total amount of £307 was incurred by the charity for one Trustee during the year for travel and other expenses incurred on the charity's business (2023: £488).

#### 6. Staff costs and numbers

The aggregate payroll costs comprised:

	2024 £	2023 £
Wages and salaries	<b>814,508</b>	651,966
Social security costs	<b>85,435</b>	64,992
Employer's pension costs	<b>57,243</b>	47,190
Other staff costs	<b>10,449</b>	67,775*
	<b>967,635</b>	831,923

\*From January to October 2023, the Head of Programmes & Strategic Partnerships role was vacant but was supported by Amref Health Africa, from Nairobi, during this time. This support was recognised as donated services within income with the corresponding expenditure reflected as part of Other staff costs in 2023. The role was recruited to in November 2023 so corresponding costs since then are reflected in Wages and Salaries.

**6. Staff costs and numbers (continued)**

Average number of staff during the year by function:

	2024		2023	
	Headcount	FTE	Headcount	FTE
Fundraising	7	6.7	5	4.7
Programmes	6	5.1	6	5.7
Governance and administrative support	5	4.1	5	3.8
	<b>18</b>	<b>15.9</b>	16	14.2

The employee benefits for key management personnel, who are detailed on page 3, (including employer's National Insurance costs and pensions contributions) were £381,386 (2023: £263,045).

In the year ended 31 December 2024, there were the following number of employees with remuneration in excess of £60,000:

	2024 No.	2023 No.
£60,001 - £70,000	2	—
£70,001 - £80,000	1	—
£90,001 - £100,000	—	1
£100,001 - £110,000	1	—

During the year, no Trustee received any remuneration (2023: none).

**7. Net (expenditure) income**

Is stated after charging:

	2024 £	2023 £
Auditor's remuneration:		
Current year audit fee	17,940	17,100
Non-audit fees – taxation advice	4,740	5,700
Depreciation of fixed assets	8,047	5,924
Lease rentals	8,041	11,925

## 8. Fixed assets

	Equipment and computers £
<b>Costs</b>	
As at 1 January 2024	33,691
Additions	7,712
Disposals	(108)
As at 31 December 2024	<u>41,295</u>
<b>Depreciation</b>	
As at 1 January 2024	19,353
Charge during the year	8,047
Disposals	(108)
As at 31 December 2024	<u>27,292</u>
<b>Net book value</b>	
As at 1 January 2024	14,338
As at 31 December 2024	<u>14,003</u>

## 9. Debtors

	2024 £	2023 £
Trade debtors	104,064	164,022
Accrued income	165,522	178,701
Prepayments and other debtors	26,093	20,295
Amounts due from Amref HQ	36,270	31,393
	<u>331,949</u>	<u>394,411</u>

## 10.a Creditors: amounts falling due within one year

	2024 £	2023 £
Trade creditors	—	3,022
Taxation and social security	68,312	66,205
Amounts due to Amref HQ	312,046	183,774
Accruals and other creditors	50,541	60,482
Deferred income	213,358	649,814
	<u>644,257</u>	<u>963,297</u>
<b>Deferred income</b>		
Balance brought forward as at 1 January 2024	649,814	523,294
Released in the year	(525,860)	(523,294)
Income received and deferred in the year	89,404	649,814
<b>Balance carried forward as at 31 December 2024</b>	<u>213,358</u>	<u>649,814</u>

Deferred income relates to grant income received before the year-end for programme delivery in 2025 and beyond.

**10.b Creditors: amounts falling due after more than one year**

	2024 £	2023 £
Loan from Amref NL*	<b>205,000</b>	205,000
	<b>205,000</b>	205,000

\*This loan is interest-free and is due for repayment on 31 March 2026. The loan is to be used exclusively for pre-financing the delivery of the “Support to the African Led Movement to End FGM/C” programme.

**11. Reconciliation of funds**

	<i>Unrestricted</i>		<i>Restricted funds</i> £	<b>2024</b> £
	<i>General funds</i> £	<i>Designated funds</i> £		
<b>Analysis of reserves</b>				
Tangible fixed assets	14,003	—	—	<b>14,003</b>
Net current assets	1,364,533	350,000	3,250,337	<b>4,964,870</b>
Creditors of more than one year	(205,000)	—	—	<b>(205,000)</b>
	<b>1,173,536</b>	<b>350,000</b>	<b>3,250,337</b>	<b>4,773,873</b>

	<i>Unrestricted</i>		<i>Restricted funds</i> £	2023 £
	<i>General funds</i> £	<i>Designated funds</i> £		
<i>Analysis of reserves</i>				
<i>Tangible fixed assets</i>	14,338	—	—	14,338
<i>Net current assets</i>	1,350,542	200,000	3,909,350	5,459,892
<i>Creditors of more than one year</i>	(205,000)	—	—	(205,000)
	<b>1,159,880</b>	<b>200,000</b>	<b>3,909,350</b>	<b>5,269,230</b>

During the period, our reserves calculations were updated in line with our policy as detailed in the Trustees’ report. The closing level of unrestricted free reserves is within target range. £350,000 of unrestricted funds has been ringfenced within a designated fund as at 31 December 2024 to ensure sufficient funds are available for the Individual Giving investment in future years. Further information is provided in the Trustees’ Annual Report.

The closing level of restricted reserves reflects the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi.

## 12. Capital and financial commitments

At 31 December 2024, the charity committed to subscribe to a London Marathon Golden Bond during the next year at £2,220 per annum including VAT (2023: £1,980).

At 31 December 2024 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	2024		2023	
	Leasehold property £	Equipment £	Leasehold property £	Equipment £
Within one year	—	—	—	2,274
Between two to five years	—	—	—	4,864

In March 2023, the charity relocated from its former leased property at Lower Ground Floor, White Lion Street, London, N1 9PD to 7-14 Great Dover Street, London, SE1 4YR.

A license to occupy agreement for shared office space has been in effect from 1 March 2023 (7-14 Great Dover Street, London, SE1 4YR up to 31 October 2024 and Canopi, 82 Tanner Street, London, SE1 3GN from 1 November 2024). The license agreement can be terminated with three months written notice and the license fee is to be reviewed on an annual basis. This arrangement is therefore not considered to constitute an operating lease.

The printer lease was terminated in October 2024 and paid off in full upon termination. Lease payments of £8,041 (2023: £11,925) have been recognised as an expense.

There are no contingent liabilities at the end of December 2024.

### 13. Liability of Members

At 31 December 2024 the charity had 9 members (2023: 7 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10. The members are constituted solely of Trustees and all Trustees are members.

### 14. Related party transactions

- a) Amref Health Africa (“Amref UK”) is a national office of the Amref global network, coordinated through a company of the same name based in Nairobi, Kenya (“Amref HQ”).

The arrangement between the two organisations, and the responsibilities of both organisations, is summarised in a written Association Agreement signed by both parties. This does not supersede the respective autonomy of each organisation.

Paul Davey, Chair of Amref UK, also sits on the Amref HQ Board of Trustees.

From January to October 2023, the Head of Programmes & Strategic Partnerships role was vacant but was supported by Amref Health Africa, from Nairobi, during this time. This support was recognised as donated services valued at £51,000 within income with the corresponding expenditure reflected within Other staff costs in 2023.

In 2024, Amref UK received £53,780 of grant funding from Amref HQ to support growth in individual giving fundraising. This is recognised within Donations & Legacies.

The transactions with Amref HQ were as follows:

	2024 £	2023 £
Net balances due from Amref UK at the start of the year	<b>(152,381)</b>	(74,547)
Grants and other payments payable from Amref UK to Amref HQ in the year	<b>(4,936,080)</b>	(3,521,014)
Net payments made from Amref UK to Amref HQ	<b>4,812,685</b>	3,443,180
Net balances due from Amref UK at the end of the year	<b>(275,776)</b>	(152,381)

**14. Related party transactions** (continued)

- b) In 2021, Amref UK received a loan of £205,000 from Amref NL. The loan is on an interest-free basis and is for a 5-year period, payable by 31 March 2026. The loan arrangement is in place to support Amref UK's management of unrestricted cashflow in light of the pre-financing requirements of the contract funding by FCDO.
- c) Jill Anderson, Trustee of Amref UK, joined the Amref UK Board on 30 May 2024. At the time of joining the Amref UK Board, she was Chief Finance Officer, Senior VP, Research & Development, GSK and remained in this role until 31 July 2024. GSK decisions on whether to fund Amref UK are made by the GSK Grants & Donations Committee with proposals submitted by the Global Health unit of GSK which is separate from the Research & Development unit.
- d) During the year, Amref UK recognised £11,613 of previously deferred income from Croda Foundation. Camilla Knox-Peebles, CEO of Amref UK, joined the Board of Croda Foundation as a Trustee & Director in September 2024.
- e) During the year, £7,500 of donations were received from Worldwide People for People, a charity registered in England & Wales. The Worldwide People for People Board is composed of representative from the charities participating in its payroll giving scheme. As such, Matt Wenham, Director of Fundraising of Amref UK joined the Board of Worldwide People for People as a Trustee & Director in February 2024.
- f) During the year, Amref UK held two All Staff meetings at the offices of Clifford Chance LLP at nil cost. This support has been recognised as a donated service valued at £821 (2023: nil). Jennifer Chimanga, Trustee of Amref UK, is also a Partner at Clifford Chance LLP.
- g) Donations from related parties  
£2,490 of donations were recorded from 10 Key Management Personnel, Trustees and their connected entities in the year (£4,745 from 7 Trustees and KMP in 2023).

## 15. Funds

The income of the charity includes both restricted and unrestricted funds. The table below summarises the funds balances held at 31 December 2024.

	1 January 2024 £	Income £	Expenditure £	Transfers £	31 December 2024* £
<b>Restricted</b>					
Ethiopia	174,335	28,806	(203,141)	—	—
Kenya	11,655	547,537	(545,037)	—	14,155
Tanzania	567,162	383,738	(647,087)	—	303,813
Uganda	1,055,495	1,002,285	(1,134,549)	—	923,231
Amref HQ & regional work	2,049,914	2,003,000	(2,049,565)	—	2,003,349
UK office	50,789	58,780	(103,780)	—	5,789
Zambia	—	2,610	(2,610)	—	—
	<u>3,909,350</u>	<u>4,026,756</u>	<u>(4,685,769)</u>	<u>—</u>	<u>3,250,337</u>
<b>Unrestricted</b>					
General	1,159,880	2,089,609	(1,725,957)	(349,996)	1,173,536
Designated**	200,000	—	(199,996)	349,996	350,000
	<u>1,359,880</u>	<u>2,089,609</u>	<u>(1,925,953)</u>	<u>—</u>	<u>1,523,536</u>
<b>Total</b>	<u>5,269,230</u>	<u>6,116,365</u>	<u>(6,611,722)</u>	<u>—</u>	<u>4,773,873</u>

Details of the programmes delivered in the year under our four thematic areas can be found in the table on page 9 of the Trustees' Annual Report.

\*The restricted fund balances held reflect the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi. The sizeable balances held particularly pertaining to Amref HQ and regional work and Uganda, relate to programmes where funds were received and recognised just before 31 December 2024 which are to be spent in the following year.

\*\* Designated Fund relates to the Individual Giving Growth Designated Fund (IGGDF) created in 2023 to support planned investment in individual giving acquisition.

	1 January 2023 £	Income £	Expenditure £	Transfers* £	31 December 2023** £
<i>Restricted</i>					
<i>Ethiopia</i>	3,516	761,981	(587,646)	(3,516)	174,335
<i>Kenya</i>	44,342	521,078	(521,078)	(32,687)	11,655
<i>Tanzania</i>	728,044	397,171	(558,053)	—	567,162
<i>Uganda</i>	1,610,118	523,893	(1,078,516)	—	1,055,495
<i>Amref HQ &amp; regional work</i>	45,992	2,053,373	(85,654)	36,203	2,049,914
<i>UK office</i>	105,000	192,820	(247,031)	—	50,789
<i>Malawi</i>	—	64,521	(64,521)	—	—
	<u>2,537,012</u>	<u>4,514,837</u>	<u>(3,142,499)</u>	<u>—</u>	<u>3,909,350</u>
<b>Unrestricted</b>					
General	1,097,438	1,960,013	(1,611,265)	(286,306)	1,159,880
Designated***	—	—	(86,306)	286,306	200,000
	<u>1,097,438</u>	<u>1,960,013</u>	<u>(1,697,571)</u>	<u>—</u>	<u>1,359,880</u>
<b>Total</b>	<u>3,634,450</u>	<u>6,474,850</u>	<u>(4,840,070)</u>	<u>—</u>	<u>5,269,230</u>

**15. Funds (continued)**

\* The transfer of funds within restricted funds relates to an agreement reached with GSK to reassign and repurpose some funding received in previous financial years for the TB & Malaria programme in Ethiopia and Kenya to support Amref HQ and regional work.

\*\*The year-on-year increase in restricted funds held, particularly pertaining to Amref HQ and regional work, relates to programmes where funds were received and recognised just before 31 December 2023 which are to be spent in the following year.

\*\*\*Designated Fund relates to the Individual Giving Growth Designated Fund (IGGDF) created in 2023 to support planned investment in individual giving acquisition.

**16. Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) funded by UK Government (FCDO)**

In accordance with the contract between Amref UK and Options Consultancy Services Ltd for the Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme funded by the UK Government (FCDO), the following note has been included. The note shows the amounts due to Amref UK in relation to the programme which form part of the trade debtor and accrued income balances in Note 9 as well as the claimable amounts arising and payments received during the year (including VAT where applicable). The VAT elements are included here as part of the total amounts claimed from Options Consultancy Services Ltd and due to Amref UK. The income recognised in Note 2 from FCDO in relation to this programme does not include these VAT elements as they are not considered to be recognisable as such.

	2024 £	2023 £
Balances due to Amref UK at the start of the year	<b>279,572</b>	391,720
Claimable amounts incurred by Amref UK in the year	<b>1,107,629</b>	1,235,706
Payments received by Amref UK in the year	<b>(1,230,048)</b>	(1,347,854)
<b>Balances due to Amref UK at the end of the year</b>	<b>157,153</b>	279,572

**AMREF HEALTH AFRICA**

England & Wales - Charity number 261488

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# Accounts

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**Trustees' Annual Report and Financial Statements**  
**For the year ended 31<sup>st</sup> December 2023**

Amref Health Africa

Charity Number: 261488

Company Number: 00982544

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## Reference and Administrative Details

**Former Patron:** HRH The Former Prince of Wales

### **Board of Trustees:**

**Chair:** Mr Paul Davey

**Treasurer:** Dr Amanda Caine

Ms Jill Anderson (joined 30 May 2024)

Dr Tinashe Chandauka

Ms Jennifer Chimanga

Mr Simon Hammett (stepped down 1 September 2023)

Ms Beverley Jewell

Ms Bridie Layden

Dr Sally Nicholas

Mr Andrew Tuttle (joined 30 May 2024)

Ms Navita Yadav (joined 21 March 2024)

### **Internal Key Management Personnel:**

**Chief Executive:** Ms Camilla Knox-Peebles

**Head of Finance:** Ms Helen Blake

**Head of Supporter Engagement:** Ms Sofeena Lalani (Interim) (until January 2023)

**Director of Fundraising:** Mr Matt Wenham (from March 2023)

**Head of Programmes and Strategic Partnerships:**

- Dr Aneesa Ahmed (from November 2023)

This role was vacant from January to October 2023 but supported by Amref Health Africa, from Nairobi, during this time.

**Company Secretary:** Ms Helen Blake

**Charity Number:** 261488

**Company Number:** 00982544

## **Registered Office**

Until 28 February 2023:

Lower Ground Floor

15-18 White Lion Street

London N1 9PD

From 1 March 2023:

7-14 Great Dover Street

London SE1 4YR

## **Bankers**

### **C Hoare & Co**

37 Fleet Street

London EC4P 4DQ

### **Barclays Bank**

7th Floor, United Kingdom House

180 Oxford Street

London W1D 1EA

### **CCLA**

Senator House

85 Queen Victoria Street

London EC4V 4ET

## **Auditors**

### **Buzzacott LLP, Chartered Accountants**

130 Wood Street

London EC2V 6DL

## Trustees' Annual Report for the year ended 31st December 2023

The trustees, who are the directors for the purposes of company law, present their statutory report together with the financial statements of Amref Health Africa for the year ended 31 December 2023. This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2019.

### Who we are

**Amref Health Africa is the largest Africa-based international health development organisation. We work to bring about lasting health change in Africa.**

Amref Health Africa's Headquarters are in Nairobi and Amref works in 35 countries to improve access to healthcare and to help create an environment that is conducive to good health. Our programmes align with our Global Strategy objectives: to increase primary healthcare access for all, and to address the social determinants of health. These are the factors that influence people's health, from their access to education, to their gender, and their exposure to the impacts of climate change.

Amref's programmes focus on: child health and nutrition; communicable and non-communicable diseases; health financing; family and reproductive health; neglected tropical diseases; sexual and reproductive health and rights; and water and sanitation and hygiene. We develop mobile and online learning solutions that make top-class training available to health workers across the continent. We operate a university that shapes the health workforce of the future. We run the continent's leading air ambulance service. Our reach – and our relationships with the communities we support – is unparalleled.

As the world strives to meet the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030, Amref Health Africa is committed to removing the barriers that impede access to healthcare, ensuring that no-one is left behind. The work of our UK office contributes to this ambitious goal.

### Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of nine offices in Europe and North America that are responsible for mobilising resources to increase the reach and impact of our work in Africa.

Amref Health Africa UK is an independent charity registered in England and Wales that exists to support the programme and policy activities of Amref Health Africa. With a UK-based Board of Trustees, staff team, office and bank accounts, our main purpose in the UK is to develop and manage partnerships with UK donors who want to support Amref's work in Africa. Our London-based team has skills spanning programme management and technical support, fundraising and supporter engagement, communications, human resources, finance, administration, and governance. With an annual income of around £6.5 million, we support a portfolio of innovative health programmes funded by a range of donors and partners including institutions, companies, trusts and foundations, and individual supporters.

**In 2023, Amref Health Africa UK supported 19 programmes in seven countries. We are proud of the progress we have made, collectively, towards expanding access to healthcare for some of Africa's most remote and marginalised communities. We would like to extend our thanks to everyone who has been, and continues to be, a part of this important work.**

## Strategic Focus and Objectives

**We are delighted to have achieved around £6.5 million in income by the final year of our 2020-2023 Organisational Strategy, reaching the target we set out in the strategy.**

This achievement was driven by a sharpened strategic focus on income-generation, with the support of communications and advocacy, as recommended in the Mid-Term Review we carried out in 2021. Our 2023 growth continued from the levels cemented in 2022; our workplans, budgets and monitoring and evaluation were shaped by this tighter focus outlined in the Mid-Term Review, as was our investment in our teams, tools and processes.

In 2023, we continued the work to set the foundations for work to achieve these aims. Specifically, we invested in the infrastructure and resources to build a robust individual giving programme for Amref UK. In March 2023, our new Director of Fundraising joined the Amref UK team, which was followed by the recruitment of a specialist role to support the work on digital acquisition—a Digital Fundraising Officer who joined the team in July 2023. With these appointments, we re-energised the work to build Amref UK’s first digital acquisition programme. You can read more about these initiatives from p. 15 onwards in Our Achievements: Income-Generation.

We have closely stewarded our key corporate partnerships, to launch new programmes and build on our strong relationships to foster new partnerships. Additionally, we continued to nurture our relationships in the strategically important areas of trusts and foundations, both restricted and unrestricted, attracting resources from new partners. See p. 15 onwards in Our Achievements: Income-Generation for more detail on these key highlights.

Support from corporate and trusts and foundations partnerships for existing programmes continued throughout 2023, helping to reach key impact milestones. This included for programmes addressing Human Resources for Health; Family and Reproductive Health; Disease Control and Prevention; WASH; Ending FGM/C. We launched new programmes with our strategic partners, in response to the needs identified by our in-country teams with communities (see Our Achievements: Programme Development and Strategic Partnerships, p. 9).

Amref Health Africa UK has continued to mobilise resources to support the vital work of the wider organisation, as well as providing technical support with programme implementation. We have also collaborated closely with our colleagues in Nairobi Headquarters and the Fundraising Markets Development team to progress our work on ethical storytelling and to embed the guidelines across functions. This work shapes our approach to content gathering, production and dissemination, to ensure we are amplifying African voices and perspectives to inspire UK supporters to engage with and invest in Amref Health Africa.

Throughout 2023, we have worked to determine our direction for the rest of the decade, through a highly collaborative process involving input from the UK Board of Trustees, Amref UK staff, Amref HQ staff, Country Office Directors as well as fundraising colleagues and CEOs of other European and North American offices. This work took place from March 2023 onwards, following the launch of the Amref Global Strategy which lays out the changes needed to realise a transformation of Africa’s health agenda, to create lasting change to improve the health of communities across the continent.

The strategy focusses on two pillars: 1) investment in sustainable primary healthcare; 2) addressing the social determinants of health. These are the factors that influence people’s health, from their access to education, to their gender, and their exposure to the impacts of climate change.

Our UK strategy aims for transformational growth—to raise £50 million from UK donors between 2024 and 2030—to support the work towards Africa’s health transformation. We know that building transformational growth requires solid foundations and ambitious vision. To achieve this, we will focus on two clear aims: 1) Driving bold but balanced growth in unrestricted funding; 2) Focussing on value over volume to sustainably grow restricted funding.

Everything we do is guided by our commitment to being an anti-racist organisation. We know this is a journey of ongoing learning, and we are committed to taking forward the recommendations from our Anti-Racism Review (made in 2022) in the development of our strategy, workplans, budgets and personal development plans. This is explicitly shown in the 2024-2030 Strategy in our plans to transfer partner relationship management and stewardship to Africa-based teams.

Amref Health Africa UK ended the year in a strong financial position, thanks to our investment in infrastructure, resources, and the expertise and talent of our team to drive income-generation. The external environment remains challenging and we continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.24).

## Statement on Public Benefit

In performing the above activities, the Trustees of Amref Health Africa UK have complied with their duty under section 17 of the Charities Act 2011 to have due regard to public benefit guidance as published by the Charity Commission for England and Wales.

## Our Achievements

### Programme Development and Strategic Partnerships

In 2023, Amref Health Africa UK supported 19 programmes across seven countries.

In line with our strategic objectives, we pursued an ambitious, tightly-focused programmatic agenda, responding to the greatest needs – as identified by our in-country colleagues – and supporting high-impact programmes spanning Human Resources for Health (HRH); Family and Reproductive Health (also referred to as Reproductive, Maternal, Neonatal, & Child Health (RMNCH) and including Sexual and Reproductive Health and Rights (SRHR)); prevention of Female Genital Mutilation and Cutting (FGM/C); Water, Sanitation and Hygiene (WASH); Disease Control and Prevention; and more.

The table below outlines the programmes that were part of Amref UK’s portfolio between 1 January and 31 December 2023. During this period, Amref UK provided support with programme implementation and management as well as partner stewardship.

Country	No. of Programmes	Areas of Activity	Partners/Funders (N.B. Names not aligned with areas of activity)
<b>Ethiopia</b>	2	Disease Control and Prevention	ViiV Healthcare Positive Action GSK
<b>Kenya</b>	8	Disease Control and Prevention  HRH: Health worker training  SRHR: Ending FGM/C  Adolescent SRHR	Wolfson College, Oxford University  The Rabelais Trust  Mercury Phoenix Trust  The Croda Foundation  The SOL Foundation  People’s Postcode Lottery

<b>Malawi</b>	2	Adolescent SRHR  Disease Control & Prevention	Comic Relief  People's Postcode Lottery
<b>Tanzania</b>	1	Family & Reproductive Health	Donor wishing to remain anonymous
<b>Uganda</b>	3	Family & Reproductive Health  Disease Control & Prevention  WASH	Donor wishing to remain anonymous  The Croda Foundation
<b>Regional</b>	3	HRH – Health worker training  Disease Control & Prevention  SRHR: Ending FGM/C	GSK  UK Government: Foreign, Commonwealth and Development Office (FCDO)
<b>TOTAL</b>	19		

Highlighted below are four examples of the work Amref Health Africa UK has supported during the reporting period. All four programmes are typical of our African-led, community-driven approach to securing lasting health change.

As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent's most remote and marginalised communities.

These are communities that are the most marginalised in the factors that influence health, from access to education, to gender, and their exposure to the impacts of climate change. Together, these continue to create further barriers to access, and deliver, quality health care.

## Mobile Vaccination Clinics for COVID-19 and Non-Communicable Diseases (NCDs) in Kenya

**In partnership with:** The Croda Foundation

**Areas of activity:** Primary Healthcare; Human Resources for Health

Amref's mobile clinics model provides high-quality NCD healthcare and vaccination services direct to last-mile communities in remote areas that traditionally struggle to access healthcare at the facility level. To respond to urgent health needs and provide sustainable access to health services, the project is focussing on three complementary activities: community vaccination services; NCD screening, diagnosis and treatment; training health workers on NCDs.

The mobile clinics are significantly reducing the high burden that conditions such as hypertension and diabetes cause (NCDs account for 39% of deaths and 50% of all inpatient hospital admissions annually in Kenya), and are delivering lasting benefit for communities, families and individuals.

To date, the project has:

- Trained more than 800 health workers on NCDs, to close skills gaps and improve quality of care;
- Administered over 7,000 vaccinations to community members, including COVID-19, cholera, malaria and HPV, based on community needs and priorities;
- Screened more than 33,000 community members for NCDs (hypertension, diabetes, cervical cancer);
- Provided 500 service contacts of additional health services based on urgent community needs (family planning, HIV testing, child wellness centre outreaches).

The project and mobile clinics approach has received endorsements from several key leaders including the Governor of Homa Bay County, Kenya. The mobile clinics programme has received a no-cost extension to April 2024, to allow for additional time to increase vaccination reach (due to shortage in vaccines supply across Counties of operation). With the proven success of the model, plans are underway to expand the mobile clinics' focus to include cancer screening, particularly for lung cancer, and prioritise HPV vaccinations.



A mobile clinic pictured on the way to a vaccination outreach activity in Nyamira County, Kenya

© AstraZeneca/Amref Health Africa

## Sports for Health: Phase 2

In partnership with: People's Postcode Lottery and The SOL Foundation

### Areas of activity: Adolescent SRHR

The Sports for Health project, now in its second phase, aims to improve the sexual and reproductive health (SRHR) of 4,500 adolescent girls and boys (aged 10-19) in Dagoretti and Embakasi, Kenya. Through integration with local sports clubs (football, taekwondo and volleyball), the project delivers facility and community-based activities for young people on SRHR topics, life skills, and career guidance, to increase their demand for SRHR services and increase their access to personal, educational and employment opportunities.

Since the project commenced in April 2023, we have mapped and enrolled close to 3,000 boys and girls into sports clubs and trained 135 sports club coaches and 150 sports club SRHR Champions, who provide support to adolescents, linking them to SRHR, SGBV, mental health and/or HIV services. In 2024, the project is expanding to include career guidance for adolescent mothers.



Zahara Saidi, 18, started taekwondo in Phase 1 of the Amref Sport for Health programme in Dagoretti, Nairobi and has since fallen in love with the sport. Her dream is to make it her future: “It’s in my blood now! I would like to be in the national team and I would like to be the best coach ever!”

On the sidelines of tournaments and at practice, Zahara and her teammates have access to young people around their age - peer educators - who support them with knowledge about their sexual and reproductive rights. “The SRHR sessions have taught me about my body and reproductive system. Most of the people where I come from don’t have access to this kind of knowledge.”

© Daisy Kiprop/Amref Health Africa

## Piwa Maleng ('Our Clean Water') Phase 2: Water Sanitation and Hygiene for Sexual and Reproductive Health and Rights

**In partnership with: Donor wishing to remain anonymous**

**Areas of activity: WASH and Family and Reproductive Health (SRHR)**

The project aims to reduce rates of teenage pregnancy and improve access to WASH for 39,000 people living in Lamogi and Pabbo sub-counties of Amuru District, Northern Uganda. More than 30% of people in these areas do not have access to a clean water source close to their homes. Girls and women walk an average of three kilometres to fetch water, which places them at high risk of sexual and gender-based violence (SGBV). As a result, teenage pregnancy rates across both sub-counties are the highest in the district.

The project activities include drilling or repairing boreholes, setting up pioneering solar-powered water systems to supply primary schools and villages with safe water, and providing SRHR training for the community, particularly young people, both in and out of school.

This approach will ensure that adolescent girls, women, and their communities can access water safely and equitably, while also gaining a better understanding of their sexual and reproductive rights and how to avoid unwanted pregnancies.

In 2023, the project key achievements include: connecting 4 solar powered mini water systems to production wells; drilling 7 new boreholes; constructing 11 public stand posts in villages; constructing 10 standpipes in schools; supporting school health activities that reached 4,375 pupils; and providing SRHR services for 6,209 young people. Combined with other project activities and achievements, the project has directly reached 24,387 people and 100,833 people indirectly to date. The current project phase will run until 2026.



**A child drinks clean, safe water from a standpipe erected by the Piwa Maleng project in Amuru District, Uganda.**

© Ambrose Watanda/Amref Health Africa

## Emergency Response for Nutrition and WASH in Somali, Ethiopia

**In partnership with: GSK**

**Areas of activity: Maternal, Newborn and Child Health, Nutrition**

The project's main purpose, working closely with the Regional Health Bureau (RHB), is to increase access to safe, clean water and nutrition services for internally displaced persons (IDPs) and host communities in the Somali Region of Ethiopia to respond to the ongoing drought crisis due to climate change, and compounded by the consequences of conflict.

The need for lifesaving health assistance is urgent and is most acute for children under the age of five, pregnant women, and breastfeeding mothers. The project provides integrated health, nutrition and WASH interventions for these priority groups, and the wider community.

In 2023, a rapid assessment was undertaken to assess the latest situation and align need/priorities with the programme interventions. This showed that there was an ongoing, urgent need for nutrition and health services close to the community, especially those to treat severe acute malnutrition (SAM) in children, pregnant women and breastfeeding mothers. Also highlighted was the need for water trucking and water storage tankers to ensure a supply for safe, clean water for communities.

Over the year, the project: trained 56 frontline health workers on malnutrition and stabilisation centre (SC) case management; 100 community volunteers were trained as part of women's groups to support community-level nutrition activities; essential medical supplies and commodities were procured for breastfeeding corners and SCs; breastfeeding corners were set up in health facilities; and water storage tankers were installed to improve access to safe, clean water. The project has to date reached 109,579 people with access to nutrition services and clean, safe water.

## Our Achievements

### Income Generation

Amref UK raised a total of £2.0 million in unrestricted and £4.5 million in restricted funds in the year 2023. A significant portion of our income came, as in the previous year, from trusts and foundations, totalling £1.9 million in 2023.

2023 also marked the 35th year of our partnership with GSK and saw the launch of two new programmes: to address the malaria burden in Kenya and Zambia; and strengthen the regional response to Antimicrobial Resistance. The programme to address food insecurity in Ethiopia continued (see Income from Charitable Activities, p.9).

### Approach and Stewardship

**2023 was a busy and creative year for our income-generating teams at Amref Health Africa UK, with many initiatives continuing to develop as well as new ones launching.**

The teams were supported by several volunteers through our partnership with the University of East Anglia, as well as Amref Health Africa HQ and country offices, Amref's other European and North American offices, and the Board of Trustees.

Amref UK used a range of tools and processes to plan and deliver activities and monitor income and expenditure. Amref is investing in common systems across the global network to support fundraising and we will be migrating our UK supporter data to Microsoft Dynamics in 2024. In 2023, our Amref UK teams started work with Amref Health Africa HQ Information and Communication Technology (ICT) teams to plan and implement a migration to a new Customer Relationship Management (CRM) platform, as part of a wider Amref global network initiative to develop common systems across the Amref network.

This will streamline the processing of gifts and improve our stewardship of donors through automated, tailored donor communications, increasing engagement and retention of donors. Through powerful data analytics, we will be able to identify opportunities and improvements that will increase the effectiveness of our fundraising and control our expenditure appropriately.

The Charity also used internal risk management and key performance indicator documents to ensure we were on track to meet targets as well as complying with internal and external guidance and regulations.

Amref UK renewed its membership with the Fundraising Regulator and attended sector conferences and training to ensure best practice across income-generating activities. The Charity did not receive any complaints related to fundraising in 2023. There were no data protection breaches, and there were no reported instances of failures to comply with any schemes or standards including those of the Fundraising Regulator.

Treating supporters with respect and dignity remained a key priority in 2023. We reviewed our Privacy Policy and how we use our database as well as how we record and manage consent preferences, and our supporter journeys for individuals. We ensured that the Privacy Policy, Fundraising Regulator logo and other essential statements were displayed in online and printed fundraising materials. We undertook a regular review of our legitimate interest basis for contacting individuals as part of our GDPR compliance early in 2023, taking the appropriate actions.

Within working hours, we responded to all supporter queries and requests within 24-48 hours (but often within a couple of hours of receiving the request) and we were efficient at updating consent preferences and opt-out requests.

Amref UK does not specifically work with children or other vulnerable groups, but we recognise vulnerable individuals will be included within our supporters and our database. We used our Safeguarding Policies to help ensure communications were appropriate and adjusted communications for any individuals who appeared to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2023 was 6, with up to 29 emails for those who had opted into the mailing list. Our digital audience remains highly engaged, with open rates that consistently surpass industry standard. Our communications are designed to inform, inspire, and encourage.

## Supporting Income Generation through Communications and Advocacy

In line with the Mid-Term Strategic Review, the Communications function focussed on supporting income-generation through the Supporter Engagement and Programmes and Strategic Partnerships teams. In 2023, our communications focussed on the ethical storytelling of impact, with a sharpened focus on building our digital and social media presence as well as our share of voice on African health and development issues at events and in mainstream media, in partnership with our key donors, to reach existing donors and their networks.

We continued to engage with sector peers and other partners on ethical storytelling, which is central to our anti-racism and ethical communications guidelines. This included securing guest speaker positions in several charitable fundraising and communications sector events and in sector media. The research continues to be organically quoted and referenced in these wider circles, demonstrating the research's value both for sector knowledge and understanding and as a solid reputational asset for Amref.

We continued to profile and amplify the voices of African experts on African health issues. This included in sector events such as the Africa-UK Health Summit held in London in April 2023, where Dr Patrick Kagarusi, Country Director of Amref Uganda, was a panelist in a plenary session discussing health workforce development and digital skills capacity strengthening. We also participated in several podcasts with partners: Peter Claver, Head of Programmes at Amref South Sudan took part in a [podcast on poverty in South Sudan](#) with partner Mission Aviation Fellowship and Diana Mukami, in supporting Amref UK from Amref HQ in Nairobi, remotely recorded a [podcast with GSK and Cognizant on Tech for Good](#) which profiled the Amref/Cognizant/GSK work on digital training platform integrations.

We maintained our media visibility through thought leadership and news in key publications. These included a comment from Dr Githinji Gitahi in the [Financial Times](#) on malaria with partner GSK, and comment in [The Guardian](#) from Caroline Mbindyo, CEO of Amref Health Innovations, on the diabetes burden in Africa. We also secured UK media coverage for programmatic impact; The Girl Generation: Africa-Led Movement to End FGM/C was featured in this article on [Positive News](#) and Diana Mukami was interviewed about the Amref/Cognizant/GSK digital training platform integration project in [Intelligent.Health magazine](#).

In line with our commitment to ethical story gathering and storytelling, we worked closely with the Amref Fundraising Markets Development team to amplify voices of community members, health workers and Amref country staff on health challenges and Amref programmes to address them. This content was centred in the UK warm appeals and ongoing external communications through 2023. In

addition, the UK Communications Manager participated in a content gathering trip to Kenya in July 2023. Alongside partners from GSK communications, we developed and shared powerful stories on the Amref-GSK [35-year partnership](#), and on our work together to address the [TB burden](#). Additionally, we worked with the Amref Health Innovations team to produce a short [mobile clinics documentary \(part 1\)](#) and [stories](#) from the People's Postcode Lottery and SOL Foundation-funded Sport for Health project in Nairobi.

Our digital channel following across four social media platforms (Facebook, Instagram, LinkedIn, X/Twitter) saw steady growth, with more marked increase in engagement and followers during the first digital acquisition test on Meta platforms (Facebook and Instagram). Our social and digital platform presence, positioning and programming will continue to be a focus area for 2024 as we continue to invest in individual giving.

## Income from Donations and Legacies

**Donations and legacies income refers to the income received that is, in substance, a gift made on a voluntary basis. We raised £1.1 million (£0.9 million unrestricted and £0.2 million restricted) of income from Donations and Legacies in 2023. The majority related to income from individuals, including major donors, and trusts and foundations.**

Fundraising from individuals was a key focus in 2023 as it forms the basis of our new strategy. Between 2024 and 2030, we aim to rapidly grow funds from Individual Giving to raise £20m in unrestricted income.

In 2023 we secured the expert support of specialist fundraising and digital agencies to accelerate the development of the acquisition programme. We were pleased to roll out the first digital acquisition test in late 2023, which will be followed by a further two tests in early 2024. The first test provided good quality leads; and the analysis of engagement and response data shows a clear direction for further digital acquisition tests. These tests are crucial for building our understanding of our existing supporter base, which will form the foundation of our donor acquisition strategy during the new strategy period. In 2024, this strategy will expand beyond digital to include Direct Response TV advertising as part of a collaboration with Amref Italy and Amref Netherlands.

Over time, we aim to reduce dependency upon external agencies as we develop the skills and knowledge of the team. We invested in this in 2023 with the recruitment and appointment of a Director of Fundraising and a Digital Fundraising Officer. We aim to further enhance the capacity of the team in 2024.

We continued to fundraise from individual donors with £428,000 being raised in 2023. Our quarterly direct mail appeals generally performed well, meeting or exceeding targets and raising a total of £153,000 from individual donors. We continued to segment data, offer different gift amounts, and use new case studies and supporting materials to engage our donors. Our website continued to be a key platform for information sharing and for donations. In 2023, we raised a total of £10,000 in online donations received through Amref UK's website. This included a range of gift types from quarterly appeal gifts to those made online from major donors.

In March 2023, our BBC Radio 4 Appeal was broadcast, focussing on the story of the Amref mobile clinics bringing non-communicable disease care and essential health services to communities in Kenya. We were pleased to secure Nairobi-born film director, who also lives with Type 2 Diabetes, Gurinder Chadha as our Appeal presenter. This was the fourth time we have participated in this media appeal

platform (a charity is eligible to apply once every four years), and we were delighted to receive generous match funding of £20,000 from the Hermitage Trust in support of this appeal. In total the appeal raised an incredible £115,000, which was one of the highest totals raised for all the BBC Radio 4 Appeals in our quarter cycle.

We also engaged with the Big Give Christmas Challenge Platform—a match-funding mechanism—once again to further encourage supporters to donate to Amref’s ‘Bringing Health Home’ campaign raising funds to support programmes that deliver health services to communities on the frontline of climate crisis. This secured a fantastic £101,000 in online and offline donations. We hosted an event at the Africa Centre, to mark the launch of the Big Give Challenge to engage existing major donors and partners, and to reach new High Net Worth Individuals (HNWIs). We were pleased to have exceeded the previous year’s income from the Big Give Christmas Challenge, and to unlock £15,515 in match funding from a new trust partner—the Aeonian Foundation.

In our new strategy period, we will continue to grow our pipeline of trusts and foundations, mid-level and major donors. In 2023 we started to re-focus resources to build supporter engagement journeys tailored to our different donor segments; this will continue in 2024. Gifts from major donors was a priority area in 2023 and we raised a total of £101,000 from around 20 major donors. We secured gifts from existing Mbele Movement members, through events and the BBC Radio 4 Appeal and the Big Give Christmas Challenge. In 2023, we grew our Mbele Movement major giving circle to ten members.

End of-year income from Individual Sponsorship & Events Donations stood at £26,000, raised by people running the London Marathon in support of Amref. In addition, we were grateful to receive the support of our longstanding community groups, and deepened our partnership with the University of East Anglia Raising and Giving (RAG) Society.

The migration to the Microsoft Dynamics CRM will support us to adopt a more structured approach to prospect and relationship management. This will support us to build supporter engagement journeys tailored to our different donor segments and ensure that we maximise the opportunities to increase Legacy income, among other sources. The legacy pipeline remains strong, and we recognised £196,000 in 2023.

Against the backdrop of an increasingly competitive and shrinking trusts and foundations market, we managed to generate a 97% year-on-year increase in unrestricted gifts from trusts and foundations. By the end of 2023 we had 35 active unrestricted trusts and foundations exceeding our target of 28 for the year. We received repeat annual gifts of £100 - £5,000 from many loyal small trust donors, for which we are very grateful. In addition, we secured gifts of £5,000-£20,000 from mid-size trusts.

Amref Health Africa UK receives on-going and impactful support from players of People's Postcode Lottery who have supported our work since 2018. Thanks to funds raised by players of People’s Postcode Lottery, in 2023 Amref was awarded a Regular Award of £400,000 (of which £220,000 was allocated to the Sports for Health programme in Dagoretti, Nairobi) and an additional one-off Bonus Extra Award of £100,000 by Postcode Global Trust to support our work.

## **Income from Charitable Activities**

Income from charitable activities refers to income from contractual arrangements and performance-related grants which may have conditions that specify the provision of particular goods or services to be provided by Amref UK. We raised £5.3 million (£1.0 million unrestricted and £4.3 million restricted) of Income from Charitable Activities in 2023. Trusts and foundations

**continued to be a vital source of income in this area with £1.5 million raised. A further £2.6 million was received from GSK.**

A key focus for 2023 has been excellent stewardship of existing donors, in line with our fundraising strategy to focus on increasing commitment from existing, loyal trust donors given the current competitive fundraising environment. In our new strategy period 2024-2030 we will continue this focus on value over volume to secure strategic partnerships that deliver £30m in restricted funding over the course of the strategic period between 2024 and 2030. We will continue to focus on one-year and multi-year funding from three major sources: trusts and foundations, corporates and institutions (primarily UK Government and other development agencies) and we will look to diversify our funder base.

2023 marked the 35th year of our partnership with GSK. We secured an additional £5.0 million over three years from GSK to implement two new programmes: to address the malaria burden in Kenya and Zambia and to support the strengthening of the regional response to Antimicrobial Resistance (AMR). These programmes build on the long-term work Amref and GSK have done together aligned with our shared value and strategic priorities to increase access to healthcare.

Several programmes closed in 2023. The ViiV Healthcare Positive Action-funded programme in Ethiopia closed in August 2023, and the Stop the Spread programme funded by the Croda Foundation also closed after a no-cost extension to June 2023.

The Comic Relief-funded project Dance for Change in Mangochi District, Malawi and the People's Postcode Lottery-funded Vaccine Equity project in Mangochi, Machinga and Zomba Districts, Malawi both closed in March 2023 (no-cost extension to Dance for Change January-March 2023). An end-term evaluation of the Dance for Change project showed young people engaged in the project demonstrated an increase in basic SRHR knowledge and an increase in confidence about seeking out SRH services. The Vaccine Equity project built the capacity of 1,570 frontline health workers and 130 influential community leaders on engaging and mobilising communities to get vaccinated. Through multichannel communications in partnership with the Ministry of Health, the project reached over 10 million people with COVID-19 vaccination messaging. The project also supported the administration of COVID-19 vaccines through outreaches and door-to-door campaigns, vaccinating a total of 213,318 people.

In 2023 we were pleased to continue Phase 2 activities for programmes including holistic support for survivors of obstetric fistula in Geita and Mwanza, Tanzania and West Nile Region, Uganda. We also continued Phase 2 programme activities for the Piwa Maleng ('Our Clean Water') programme in Amuru District, Uganda, and for the SOL Foundation and People's Postcode Lottery-funded Sports for Health programme in Dagoretti and Embakasi East sub-counties in Nairobi, Kenya.

Phase 3 programme activities for the Alternative Rites of Passage / Water, Sanitation and Hygiene project in Kajiado, Kenya also commenced in 2023, funded by the Rabelais Trust. Additionally, with the ongoing UK Foreign and Commonwealth Development Office funding to the Girl Generation: Support to the Africa-Led Movement to End FGM/C consortium, in 2023 we started Year 3 implementation of programme activities in Kenya, and Year 2 programme activities in Senegal.

We also started implementation of new programmes in 2023. With £600,000 from GSK, we started implementing an emergency response programme addressing food insecurity and malnutrition in Somali Region, Ethiopia. A Croda Foundation grant of £250,000 enabled Amref to support mobile vaccination clinics in Kenya to reach last-mile communities with COVID-19 vaccinations and NCD prevention, screening and care services. With a £15,000 grant from the Mercury Phoenix Trust, we

started implementation of a programme to provide HIV self-testing kits to communities in Turkana County, Kenya.

## Financial Review

Amref Health Africa UK ends the four-year strategic period from 2020-2023 in a strong financial position. We close 2023 within our free reserves target range, with robust cash levels that stand us in good stead for the delivery of the new strategy from 2024-2030.

In spite of the COVID19 pandemic, the cost-of-living crisis and the effects of conflict and economic uncertainty within the broader global context, we have grown our income to around £6.5 million as set out in the 2020-2023 strategy. We have monitored and managed our cost base effectively over this time, adapting to new and unexpected challenges as they arose.

Unrestricted income was 80% higher in 2023 compared to the previous period with continued strength in Individual Giving and Trusts and Foundations – of particular note was an unrestricted contribution of £100,000 from the Postcode Global Trust, as well as significant legacy receipts in the year. However, the year-on-year increase was primarily due to higher income generated in relation to The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme funded by the UK Government (Foreign, Commonwealth and Development Office – FCDO). Due to the contractual nature of this income, it is classified as unrestricted. Unrestricted expenditure was 75% higher than the previous period primarily due to expenditure relating to The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme. Amref UK's expenditure profile has been kept under continual review particularly in light of the inflationary pressures being experienced and there has been a sustained focus on cost recovery. Although there was a year-on-year increase in unrestricted expenditure, our 2023 investment in individual giving and the digital acquisition programme specifically was not at planned levels. The decision was taken early in the year to focus on developing the capacity of the Supporter Engagement team and bringing in the skills and expertise required to deliver the investment plan as well as addressing challenges around internal systems and online platforms, before investing heavily in acquisition activities.

There was an unrestricted surplus of £262,000 in 2023. £200,000 of unrestricted funds has been assigned to the Individual Giving Growth Designated Fund, created by the Board in March 2023. The effect of the unrestricted surplus is covered in more detail in the Reserves Policy section below.

Our restricted income was 12% higher than the previous period primarily due to £1.5 million of GSK funding being received for a regional malaria programme, focusing on Kenya and Zambia as well as a number of new grants being secured in 2023. GSK continues to be a much-valued partner with £2.6 million income recorded in 2023. Restricted expenditure in the period was 10% lower than the previous period. This is predominantly made up of transfers to Africa for programme implementation, the timing of which are determined by delivery progress and burn rate. However, it also includes the expenditure in individual giving that was covered by the flexible funding secured from the People's Postcode Lottery allowing us to start building the critical infrastructure required to grow this area of income. This period's restricted surplus of £1,372,000 primarily reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi.

## Reserves Policy

We end the year with funds of £5.3 million. 74% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress. The remaining 26% is unrestricted with £0.2 million of this ringfenced within an Individual Giving Growth Designated Fund. The creation of the fund was approved by the Board in March 2023 to support planned investment in individual giving acquisition and growth. The decision to hold £0.2 million in the fund at 31 December 2023 was approved by the Board in November 2023.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures which take account of our regular, more predictable financial activity as well as the current volatility and youth of some of our income streams and the fact that we are now part of a consortium to deliver a payment-by-results contract for the FCDO, the inherent nature of which increases the pressure on working capital of the organisation. We also have an element of our free reserves available to enable us to harness opportunities as they arise.

The calculations showed that as of the end of 2023 we should aim to hold £680,000 - £1,190,000 in unrestricted free reserves.

The unrestricted free reserves balance held as of 31 December 2023 was £1,146,000, made up of unrestricted reserves less the net book value of tangible fixed assets, less designated funds. This is within the target range. The unrestricted free reserves levels will continue to be monitored closely.

We will continue to review our reserves policy to ensure it meets the needs of the Charity.

## Going Concern

The Trustees have undertaken a detailed review of income, costs, cash flow, reserves and external factors and considered that the Charity is a going concern. The Trustees believe that the Charity has adequate resources to continue in operational existence for the foreseeable future as expected funds receivable are anticipated to be sufficient to fund committed projects. Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements. In the unlikely event of Amref UK no longer operating, any ongoing programmes would be transferred to Amref HQ and Country Offices ensuring that Amref UK's charitable objects continued to be met.

## Investments

All funds held in the UK for future use are held in deposit accounts with United Kingdom-based banks. The majority of funds are available on demand but as at 31 December 2023, £0.5 million was held in

a 12-month fixed-term deposit, due to mature in August 2024. This is shown as a current asset investment in the financial statements.

## **Related Party Transactions**

As set out in Note 14 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Donations were also received from a number of Trustees and Key Management Personnel.

# Structure, Governance, and Management

## Constitution and Governing Documents

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The members are constituted solely of Trustees and all Trustees are members. The objects of the company, the powers of the Board of Directors and the regulations concerning the appointment of new Directors are set out in the Memorandum and Articles of Association, last amended on 9 June 2023 to better safeguard the key governance mechanisms of the organisation.

Amref Health Africa UK is also registered as a Charity with the Charity Commission in England and Wales, Charity Number 261488. The organisation's Charitable Objects are "to support and foster the investigation and advancement in Africa of medical, scientific, educational and cultural knowledge and to apply the knowledge derived therefrom to the causes, prevention, relief and therapy of human diseases and misery for the relief of mankind in general".

## Governance

The Board of Trustees is responsible for the effective governance of the Charity. A steady renewal of Directors is provided by the maximum terms of office (three consecutive terms of three years totalling nine years) set out in the Memorandum and Articles. Succession planning arrangements ensure timely replacement of Trustees resigning or reaching the end of their terms of office.

There are two sub-committees of the Board; the Finance Committee and the Governance Committee. Both these sub-committees meet quarterly in advance of the full Board meeting. The Finance Committee's remit includes internal control and risk management systems, financial planning and reporting, financial policies and procedures, fraud and whistleblowing of a financial nature, and external audit. The membership of the Finance Committee is drawn from existing Board members and must include the Treasurer and the Chair. The remit of the Governance Committee includes Board structure, focus and effectiveness, organisational structure and culture, the employment life cycle, policy review, and the broader governance considerations regarding the relationship with Amref Health Africa HQ. The membership of the Governance Committee is drawn from existing Board members and must include the Chair.

One Trustee, Simon Hammett, reached the end of his three-year term. We would like to extend our thanks and appreciation to Simon for his time, active engagement and the experience that he brought to the organisation. New Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose.

## Pay Policy for Senior Staff

The Board of Trustees, together with the Senior Management Team, make up the key management personnel of the Charity. Trustees give their time freely and details of any expenses and related party transactions are disclosed in the Notes to the Accounts.

Remuneration of all staff including the Senior Management Team follows a clear policy which aims to find a balance between attracting and rewarding our staff for their incredible contribution and ensuring that we are financially responsible with the funding from our donors and supporters. Market data is considered for each individual position to ensure that each salary is set to within the acceptable range around the market median as set out in the policy. A percentage increase was applied across all salaries with effect from 1 January 2023 with a one-off discretionary payment being made to eligible staff below manager level at the start of the year in recognition of the pressures faced by our staff during the ongoing cost-of-living crisis.

## Risk Management Statement

A robust risk management process is underpinned by a quarterly review using a Risk Register approach, involving staff and Trustees, which ensures the monitoring of all risks and identifies those material risks worthy of closer scrutiny. The Board delegates specific responsibility for risk management and mitigation to executive staff.

## Principal Risks and Uncertainties

The principal risks for the Charity relate to our planned investment in Individual Giving with a view to enhancing the level of regular, unrestricted income generated in the medium to longer term as well as the payment-by-results contract in which we are a sub-contractor within a consortium delivering The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme, funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO). Whilst this brings a great opportunity for Amref UK and the global Amref family, the inherent nature of such arrangements raises risks regarding unrestricted cashflow management with the need to pre-finance activities and the need to achieve specified milestones and performance levels in order to receive payment in full and as scheduled. Our unrestricted cashflow in particular continues to be monitored extremely carefully.

More generally, the competitiveness of the external funding environment and the resultant pressure on income, particularly unrestricted, is a continued area of risk and uncertainty (as it is for our peers across the UK charity sector). Fundraising from the public, be it mass volume or high-value, is very competitive. Our focus on Trusts and Foundations continues to bring in significant income and as mentioned in the Income Generation section above, there will be continued focus on and investment in developing the Individual Giving and Major Giving income streams in 2024.

GSK continues to be a much-valued partner with £2.6 million income recorded in 2023 which equated to 41% of total income. On the face of it, this would seem to indicate a high-risk reliance on GSK as a funder. However, the majority of GSK funding is transferred to the implementing Country Offices, with the element retained by Amref UK to cover programme-related UK costs the more relevant in terms of Amref UK financial exposure. £91,000 of GSK funding was retained by Amref UK in 2023 for related programme costs which equated to 1% of the total income recorded and 7% of total income retained in the UK for UK costs. Decisions around programmatic strategic direction as well as the design and delivery of individual programmes are made at Amref Health Africa HQ and Country Offices by skilled and experienced staff (including health / medical professionals) and are not influenced by GSK hence ensuring autonomy of decision-making by suitably qualified personnel separate to and independent of GSK.

Recruitment, retention and motivation of staff continues to be a key risk against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with competitive benefits. The work around our commitment to anti-racist values continued into 2023. We know this is a journey of ongoing learning, and we are committed to taking forward the recommendations from our Anti-Racism Review (made in 2022) in the development of our strategy, workplans, budgets and personal development plans. We have also retained a hybrid-working approach which is reaping benefits with the flexibility it offers staff. This also prompted a review of the office space we need as an organisation and the decision was taken in 2022 to relocate in March 2023 to a more flexible, shared working environment. This also has the benefit of delivering better value for money which is aligned with the continuous monitoring of our unrestricted expenditure base against a backdrop of economic uncertainty and high levels of inflation.

Amref UK continues to prioritise safeguarding as an essential part of our work. Risks regarding safeguarding are mitigated by the adoption of best practice policies, mandatory staff and contractor safeguarding training, the appointment of a Trustee safeguarding lead, and regular risk monitoring, including within our work in Africa. We continue to engage with Bond to ensure that we are informed by best practice in the sector.

We continue to monitor risks about the protection of data, in line with the General Data Protection Regulation (GDPR). The main risk identified is that the organisation might inadvertently store data about donors, and the Supporter Engagement team rigorously monitor their systems and records to ensure that no unnecessary or prohibited data is stored.

As the UK office of an African NGO, we are responsible for ensuring that funds sent to our HQ in Nairobi for onward transmission to African country offices are spent well and reported against. We mitigate the risks associated with this through formal agreements with other Amref Health Africa offices, robust internal processes, and regular contact with colleagues across the Amref Health Africa family, including support and monitoring visits by UK staff to the actual programmes.

## Statement of Trustees' Responsibilities

The Trustees (who are also Directors of Amref Health Africa UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

The Trustees are also responsible for keeping proper accounting records that disclose with reasonable accuracy and are sufficient to show and explain the Charity's transactions and the financial position of the Charity at any time to enable the Board members to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware;
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

This report was approved and authorised for issue by the Board of Trustees on 30 May 2024 and signed on its behalf by:



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**Mr Paul Davey, Chair of the Board of Trustees**

# Independent Auditor's Report to the Members of Amref Health Africa

## Opinion

We have audited the financial statements of the Amref Health Africa (the 'charitable company') for the year ended 31 December 2023 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- ◆ give a true and fair view of the state of the charitable company's affairs as at 31 December 2023 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- ◆ the information given in the trustees' report, which is also the directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- ◆ the trustees' report, which is also the directors' report for the purposes of company law, has been prepared in accordance with applicable legal requirements.

## **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- ◆ adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- ◆ the financial statements are not in agreement with the accounting records and returns; or
- ◆ certain disclosures of trustees' remuneration specified by law are not made; or
- ◆ we have not received all the information and explanations we require for our audit; or
- ◆ the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

## **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

### *How the audit was considered capable of detecting irregularities including fraud*

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charitable company through discussions with management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Charities Act 2011, Companies Act 2006, data protection legislation, anti-bribery, employment, safeguarding principles and health and safety legislation;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies (note 1a) were indicative of potential bias; and
- ◆ used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of trustee meetings;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors (although none was noted as being received by the charitable company).

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Hugh Swainson (Senior Statutory Auditor)  
For and on behalf of Buzzacott LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

03 June 2024

**Statement of financial activities** (including income and expenditure account) Year to 31 December 2023

		2023			2022		
	Notes	Unrestricted fund £	Restricted funds £	Total £	Unrestricted fund £	Restricted funds £	Total £
<b>Income from:</b>							
Donations and legacies	1	869,448	230,366	1,099,814	531,771	575,949	1,107,720
Charitable activities	2	1,041,729	4,284,468	5,326,197	543,664	3,443,481	3,987,145
Other trading activities		42	—	42	1,171	—	1,171
Investments		48,794	—	48,794	1,548	—	1,548
Other income		—	3	3	7,737	11	7,748
<b>Total</b>		<b>1,960,013</b>	<b>4,514,837</b>	<b>6,474,850</b>	<b>1,085,891</b>	<b>4,019,441</b>	<b>5,105,332</b>
<b>Expenditure on:</b>							
Raising funds	3	385,431	237,467	622,898	330,958	157,703	488,661
Charitable activities	3	1,312,140	2,905,032	4,217,172	638,527	3,325,173	3,963,700
<b>Total</b>		<b>1,697,571</b>	<b>3,142,499</b>	<b>4,840,070</b>	<b>969,485</b>	<b>3,482,876</b>	<b>4,452,361</b>
<b>Net income and net movement in funds</b>							
		<b>262,442</b>	<b>1,372,338</b>	<b>1,634,780</b>	116,406	536,565	652,971
Transfers between funds	15	—	—	—	6,000	(6,000)	—
<b>Net movement in funds after transfers</b>							
		<b>262,442</b>	<b>1,372,338</b>	<b>1,634,780</b>	122,406	530,565	652,971
Total funds brought forward		1,097,438	2,537,012	3,634,450	975,032	2,006,447	2,981,479
<b>Total funds carried forward</b>	15	<b>1,359,880</b>	<b>3,909,350</b>	<b>5,269,230</b>	<b>1,097,438</b>	<b>2,537,012</b>	<b>3,634,450</b>

All income and expenditure derives from continuing activities.

The statement of financial activities includes all gains and losses recognised during the year.

The notes on pages 40 to 49 form part of these financial statements.

**Balance sheet** 31 December 2023

	Notes	2023 £	2023 £	2022 £	2022 £
<b>Fixed assets</b>					
Tangible fixed assets	8		<b>14,338</b>		11,525
<b>Current assets</b>					
Debtors	9	<b>394,411</b>		629,955	
Current asset investments		<b>500,000</b>		—	
Cash at bank and in hand		<b>5,528,778</b>		4,080,072	
		<b>6,423,189</b>		4,710,027	
<b>Liabilities</b>					
Creditors: amounts falling due within one year	10a	<b>(963,297)</b>		(882,102)	
<b>Net current assets</b>			<b>5,459,892</b>		3,827,925
<b>Total assets less current liabilities</b>			<b>5,474,230</b>		3,839,450
Creditors: amounts falling due after more than one year	10b		<b>(205,000)</b>		(205,000)
<b>Net assets</b>			<b>5,269,230</b>		3,634,450
<b>Funds</b>					
Unrestricted fund – general	15	<b>1,159,880</b>		1,097,438	
Unrestricted fund – designated	15	<b>200,000</b>		—	
Restricted funds	15	<b>3,909,350</b>		2,537,012	
<b>Total funds</b>			<b>5,269,230</b>		3,634,450

The financial statements were approved by the Trustees and authorised for issue on 30 May 2024 and signed on their behalf by:



Paul Davey, Chair

Company number: 00982544

The notes on pages 40 to 49 form part of these financial statements.

**Statement of cash flows** Year to 31 December 2023

	Note	2023 £	2022 £
<b>Net cash inflow from operating activities</b>	A	<b>1,908,649</b>	418,200
<b>Cash flows from investing activities</b>			
Interest income		48,794	1,548
Purchase of tangible fixed assets		(9,300)	(8,874)
Disposal of tangible fixed assets		563	1,078
Purchase of current asset investments		(500,000)	—
<b>Net cash flow (used in) investing activities</b>		<b>(459,943)</b>	(6,248)
<b>Change in cash and cash equivalents in the year</b>		<b>1,448,706</b>	411,952
<b>Reconciliation of net cash flow to movement in net funds:</b>			
<b>Cash and cash equivalents at beginning of year</b>		<b>4,080,072</b>	3,668,120
<b>Cash and cash equivalents at end of year</b>		<b>5,528,778</b>	4,080,072

**A Reconciliation of net movement in funds to net cash flow from operating activities**

	2023 £	2022 £
Net movement in funds (as per statement of financial activities)	1,634,780	652,971
Adjustments for:		
Depreciation charge	5,924	4,477
Interest income	(48,794)	(1,548)
Decrease / (increase) in debtors	235,544	(274,706)
Increase in creditors	81,195	37,006
<b>Net cash provided by operating activities</b>	<b>1,908,649</b>	418,200

**B Analysis of changes in net debt**

	At 1 January 2023 £	Cash flows £	At 31 December 2023 £
<b>Cash and cash equivalents</b>			
Cash at bank and in hand	4,080,072	1,448,706	5,528,778
<b>Borrowings</b>			
Debt due after one year	(205,000)	—	(205,000)
<b>Total</b>	<b>3,875,072</b>	<b>1,448,706</b>	<b>5,323,778</b>

### **General information and basis of preparation**

Amref Health Africa is a company limited by guarantee registered in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are to engage, inspire, and influence people to invest in lasting health change across Africa.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities SORP (FRS 102)), the Charities Act 2011 and the Companies Act 2006 and UK Generally Accepted Practice.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity, and rounded to the nearest pound.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### **Critical accounting estimates and areas of judgement**

Preparation of the financial statements requires the trustees and senior management to make significant judgements and estimates.

The items in the financial statements where these judgements and estimates have been made include:

- ◆ the estimation of the useful economic life of tangible fixed assets;
- ◆ the estimation of the amount receivable in respect of legacies where the charity has been notified of its entitlement; and
- ◆ the estimation of the amounts recognised as donated goods or services as gift in kind income;
- ◆ the basis on which the support costs are allocated across the various categories of charitable expenditure.

### **Going concern**

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the expected level of income and expenditure for 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

### **Income recognition**

All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

### ***Donations and legacies***

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled. For legacies, income is recognised upon receipt, or before receipt if there is sufficient evidence to provide the necessary certainty that the legacy will be received and the value of the income can be measured with sufficient certainty.

### ***Gifts in Kind***

Donated facilities and donated professional services (Gifts in Kind) which the Charity would otherwise have purchased are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity; that is the amount the charity would be willing to pay in the open market for the equivalent benefit of such facilities and services. A corresponding amount is recognised in expenditure. A threshold of £500 is applied for each facility or service.

No amount is included in the financial statements for volunteer time in line with the Charities SORP (FRS 102).

### ***Charitable activities***

Income from charitable activities includes income earned both from the supply of goods and services under contractual arrangements and from performance-related grants which have conditions that specify the provision of particular goods or services to be provided by the charity. The contracts or performance-related grants have been included as "Income from charitable activities" where these contracts or grants specifically outline the good and services to be provided to the communities we partner which are within the charitable purposes of the charity.

For performance-related grants, where there are no donor-imposed conditions (e.g. in respect of fee-related measurable outputs or the time period over which expenditure of resources can take place) or if there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, income is recognised upon receipt. Where performance conditions including time-related conditions exist, income from such grants is recognised when the charity deems the entitlement criteria is satisfied, which is typically based on the extent of confirmed programme delivery. As such, expenditure incurred to date is seen to be the most reasonable estimate or approximation of the charity's performance and therefore income entitlement. In this case, cash received in excess of expenditure is included as a creditor (deferred income) and expenditure in excess of cash received is included as a debtor (as accrued income).

**Income recognition** (continued)

The charity receives government contract income in respect of its charitable work. Due to its nature, this income is classified as unrestricted and is subject to VAT. There are payment-by-results elements within the contract. Contract income is only recognised when the charity has entitlement and the payment-by-results related income is only recognised once the specific criteria have been met and approved as such by the funder.

**Trading activities**

Income from trading activities relates to income earned from trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

**Other income**

Other unrestricted income includes gains arising from foreign exchange transactions which do not relate to restricted funds. Any material unrealised foreign exchange gains are included below net income and realised gains are included within other income.

**Expenditure recognition**

Expenditure is accounted for on an accruals basis with the exception of expenditure transactions below £500. Expenditure has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- ◆ Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- ◆ Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs. Where there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, grant expenditure is recognised upon payment. Where this precedent does not exist, grant expenditure is recognised once the transferred funds have been spent on the specified programme.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

**Support costs allocation**

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and administrative costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to Costs of Raising Funds and Expenditure on Charitable Activities on a basis consistent with use of the resources. Overheads have been allocated on the basis of staff time. The analysis of these costs is included in note 4.

**Funds**

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. A summary of restricted funds by geographical area is set out in the notes to the financial statements.

Transfers between funds take place in accordance with funding agreements or with the express permission of the funder.

#### **Tangible fixed assets**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Tangible fixed assets which are capitalised are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life which for equipment and computers is three years.

#### **Debtors**

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

#### **Current asset investments**

Current asset investments are held at fair value with movements recognised in the Statement of Financial Activities (SOFA). Any cash investment with a maturity date of more than three months but less than a year is classified as a short term deposit, whilst any cash investment with a maturity of a year or more is classified as a current asset investment.

#### **Cash at bank and in hand**

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

#### **Liabilities and provisions**

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

#### **Leases**

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

**Foreign currency**

Foreign currency transactions are initially recognised using the monthly exchange rate.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate. Gains and losses on exchange are allocated to the appropriate resource.

**Employee benefits**

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

**Employee benefits** (continued)

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

**Tax**

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. It therefore does not suffer tax on income or gains applied for charitable purposes.

**Financial instruments**

The charity only holds basic Financial Instruments. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

**Financial assets** – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 9. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

**Cash at bank** – is classified as a basic financial instrument and is measured at face value.

**Financial liabilities** – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 10. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.

**1. Income from donations and legacies**

	Unrestricted funds £	Restricted funds £	2023 Total £
Individual sponsorship/event donations	26,095	—	<b>26,095</b>
Individual donors	393,969	33,600	<b>427,569</b>
Legacies	184,264	11,546	<b>195,810</b>
Trusts and Foundations	197,120	185,220	<b>382,340</b>
Donated services	68,000	—	<b>68,000</b>
	<b>869,448</b>	<b>230,366</b>	<b>1,099,814</b>
	Unrestricted funds £	Restricted funds £	2022 Total £
<i>Individual sponsorship/event donations</i>	<i>22,205</i>	<i>—</i>	<i>22,205</i>
<i>Individual donors</i>	<i>394,664</i>	<i>—</i>	<i>394,664</i>
<i>Legacies</i>	<i>3,743</i>	<i>—</i>	<i>3,743</i>
<i>Corporate donors</i>	<i>5,960</i>	<i>—</i>	<i>5,960</i>
<i>Trusts and Foundations</i>	<i>100,199</i>	<i>265,000</i>	<i>365,199</i>
<i>Donated services</i>	<i>5,000</i>	<i>310,949</i>	<i>315,949</i>
	<b>531,771</b>	<b>575,949</b>	<b>1,107,720</b>

**2. Income from charitable activities**

	Unrestricted funds £	Restricted funds £	2023 Total £
<b>Corporates</b>			
GlaxoSmithKline	8,205	2,620,703	<b>2,628,908</b>
ViiV Healthcare	—	161,981	<b>161,981</b>
<b>Total Corporates</b>	<b>8,205</b>	<b>2,782,684</b>	<b>2,790,889</b>
<b>Governments</b>			
FCDO	1,033,524	—	<b>1,033,524</b>
<b>Total Governments</b>	<b>1,033,524</b>	<b>—</b>	<b>1,033,524</b>
<b>Other Institutional donors</b>			
Comic Relief	—	3,105	<b>3,105</b>
<b>Total Other Institutional donors</b>	<b>—</b>	<b>3,105</b>	<b>3,105</b>
<b>Trusts and Foundations</b>			
Donor wishing to remain anonymous	—	883,300	<b>883,300</b>
Croda Foundation	—	273,399	<b>273,399</b>
People's Postcode Lottery	—	186,287	<b>186,287</b>
The Rabelais Trust	—	73,920	<b>73,920</b>
The SOL Foundation	—	43,445	<b>43,445</b>
Save the Children	—	18,442	<b>18,442</b>
Other Trusts < £15k	—	19,886	<b>19,886</b>
<b>Total Trusts &amp; Foundations</b>	<b>—</b>	<b>1,498,679</b>	<b>1,498,679</b>
	<b>1,041,729</b>	<b>4,284,468</b>	<b>5,326,197</b>

2. Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	2022 Total £
<b>Corporates</b>			
<i>GlaxoSmithKline</i>	—	761,085	761,085
<i>ViiV Healthcare</i>	—	131,920	131,920
<b>Total Corporates</b>	—	893,005	893,005
<b>Governments</b>			
<i>FCDO</i>	543,664	—	543,664
<b>Total Governments</b>	543,664	—	543,664
<b>Other Institutional donors</b>			
<i>The National Lottery Community Fund</i>	—	210,646	210,646
<i>Comic Relief</i>	—	5,758	5,758
<b>Total Other Institutional donors</b>	—	216,404	216,404
<b>Trusts and Foundations</b>			
<i>Donor wishing to remain anonymous</i>	—	1,776,024	1,776,024
<i>Croda Foundation</i>	—	179,288	179,288
<i>People's Postcode Lottery</i>	—	178,901	178,901
<i>The Rabelais Trust</i>	—	146,451	146,451
<i>The Schroder Foundation</i>	—	25,000	25,000
<i>The Waterloo Foundation</i>	—	24,770	24,770
<i>The SOL Foundation</i>	—	588	588
<i>Other Trusts &lt; £15k</i>	—	3,000	3,000
<b>Total Trusts and Foundations</b>	—	2,334,072	2,334,072
	543,664	3,443,481	3,987,145

3. Expenditure

	Raising funds £	Charitable activities £	2023 Total £
Staff costs	345,566	486,357	<b>831,923</b>
Direct costs	168,951	3,624,404	<b>3,793,355</b>
Support costs	108,381	106,411	<b>214,792</b>
	622,898	4,217,172	<b>4,840,070</b>
	Raising funds £	Charitable activities £	2022 Total £
<i>Staff costs</i>	305,903	456,608	762,511
<i>Direct costs</i>	87,462	3,406,297	3,493,759
<i>Support costs</i>	95,296	100,795	196,091
	488,661	3,963,700	4,452,361

Direct costs of charitable activities are predominantly £3,521,014 (2022: £3,257,116) made up of grants remitted to Amref HQ for core objectives.

#### 4. Support costs allocation

	Raising funds £	Charitable activities £	2023 Total £
Premises costs	26,952	26,462	<b>53,414</b>
Governance costs	39,511	38,793	<b>78,304</b>
Other office and operational costs	41,918	41,156	<b>83,074</b>
<b>Total</b>	<b>108,381</b>	<b>106,411</b>	<b>214,792</b>

	Raising funds £	Charitable activities £	2022 Total £
Premises costs	36,292	38,386	74,678
Governance costs	9,360	9,900	19,260
Other office and operational costs	49,644	52,509	102,153
<b>Total</b>	<b>95,296</b>	<b>100,795</b>	<b>196,091</b>

#### 5. Governance costs

	2023 £	2022 £
Auditor's remuneration – current period audit fee	<b>17,100</b>	15,480
Auditor's remuneration – audit fee in respect of prior years	—	(600)
Strategy development	<b>13,247</b>	—
Legal Fees on governance matters	<b>23,114</b>	—
Trustee recruitment & skills analysis	<b>23,000</b>	2,400
Other costs	<b>1,843</b>	1,980
	<b>78,304</b>	19,260

£488 was reimbursed or paid by the charity for one Trustee during the year for travel and other expenses incurred on the charity's business (2022: £108).

#### 6. Staff costs and numbers

The aggregate payroll costs comprised:

	2023 £	2022 £
Wages and salaries	<b>651,966</b>	628,116
Social security costs	<b>64,992</b>	65,117
Employer's pension costs	<b>47,190</b>	46,554
Other staff costs	<b>67,775*</b>	22,724
	<b>831,923</b>	762,511

\*From January to October 2023, the Head of Programmes & Strategic Partnerships role was vacant but was supported by Amref Health Africa, from Nairobi, during this time. This support has been recognised as donated services within income with the corresponding expenditure reflected here as part of Other staff costs.

**6. Staff costs and numbers (continued)**

Average number of staff during the year by function:

	2023		2022	
	Headcount	FTE	Headcount	FTE
Fundraising	5	4.7	5	4.2
Programmes	6	5.7	7	6.2
Governance and administrative support	5	3.8	6	4.6
	<b>16</b>	<b>14.2</b>	18	15.0

The employee benefits for key management personnel, who are detailed on page 3, (including employer's National Insurance costs and pensions contributions) were £263,045 (2022: £286,014).

In the year ended 31 December 2023, there were the following number of employees with remuneration in excess of £60,000:

	2023 No.	2022 No.
£60,001 - £70,000	—	1
£80,001 - £90,000	—	1
£90,001 - £100,000	1	—

During the year, no Trustee received any remuneration (2022: none).

**7. Net income**

Is stated after charging:

	2023 £	2022 £
Auditor's remuneration:		
. Current year audit fee	17,100	15,480
. Audit fee in respect of prior years	—	(600)
Non-audit fees – taxation advice	5,700	2,980
Depreciation of fixed assets	5,924	4,477
Lease rentals	11,925	52,982

## 8. Fixed assets

	Equipment and computers £
<b>Costs</b>	
As at 1 January 2023	82,989
Additions	9,300
Disposals	<b>(58,598)</b>
As at 31 December 2023	<b>33,691</b>
<b>Depreciation</b>	
As at 1 January 2023	71,464
Charge during the year	5,924
Disposals	<b>(58,035)</b>
As at 31 December 2023	<b>19,353</b>
<b>Net book value</b>	
As at 1 January 2023	<b>11,525</b>
As at 31 December 2023	<b>14,338</b>

## 9. Debtors

	2023 £	2022 £
Trade debtors	164,022	315,408
Accrued income	178,701	128,936
Prepayments and other debtors	20,295	7,080
Amounts due from Amref HQ	31,393	178,531
	<b>394,411</b>	<b>629,955</b>

## 10.a Creditors: amounts falling due within one year

	2023 £	2022 £
Trade creditors	3,022	799
Taxation and social security	66,205	53,644
Amounts due to Amref HQ	183,774	253,078
Accruals and other creditors	60,482	46,487
Deferred income	649,814	523,294
Leasing liability	—	4,800
	<b>963,297</b>	<b>882,102</b>
<b>Deferred income</b>		
Balance brought forward as at 1 January 2023	523,294	613,058
Released in the year	<b>(523,294)</b>	<b>(613,058)</b>
Income received and deferred in the year	649,814	523,294
<b>Balance carried forward as at 31 December 2023</b>	<b>649,814</b>	<b>523,294</b>

Deferred income relates to grant income received before the year-end for programme delivery in 2024 and beyond.

**10.b Creditors: amounts falling due after more than one year**

	2023 £	2022 £
Loan from Amref NL*	<b>205,000</b>	205,000
	<b>205,000</b>	205,000

\*This loan is interest-free and is due for repayment on 31 March 2026. The loan is to be used exclusively for pre-financing the delivery of the “Support to the African Led Movement to End FGM/C” programme.

**11. Reconciliation of funds**

	<i>Unrestricted</i>		<i>Restricted funds</i> £	<b>2023</b> £
	<i>General funds</i> £	<i>Designated funds</i> £		
<b>Analysis of reserves</b>				
Tangible fixed assets	14,338	—	—	<b>14,338</b>
Net current assets	1,350,542	200,000	3,909,350	<b>5,459,892</b>
Creditors of more than one year	(205,000)	—	—	<b>(205,000)</b>
	<b>1,159,880</b>	<b>200,000</b>	<b>3,909,350</b>	<b>5,269,230</b>

	<i>Unrestricted</i>		<i>Restricted funds</i> £	2022 £
	<i>General funds</i> £	<i>Designated funds</i> £		
<i>Analysis of reserves</i>				
<i>Tangible fixed assets</i>	11,525	—	—	11,525
<i>Net current assets</i>	1,290,913	—	2,537,012	3,827,925
<i>Creditors of more than one year</i>	(205,000)	—	—	(205,000)
	<b>1,097,438</b>	<b>—</b>	<b>2,537,012</b>	<b>3,634,450</b>

During the period, our reserves calculations were updated in line with our policy as detailed in the Trustees’ report. The closing level of unrestricted free reserves is within target range. £200,000 of unrestricted funds has been ringfenced within a designated fund as at 31 December 2023 to ensure sufficient funds are available for the Individual Giving investment in future years. Further information is provided in the Trustees’ Annual Report.

The closing level of restricted reserves reflects the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi.

## 12. Capital and financial commitments

At 31 December 2023, the charity committed to subscribe to a London Marathon Golden Bond during the next year at £1,980 per annum including VAT (2022: £1,980).

At 31 December 2023 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	2023		2022	
	Leasehold property £	Equipment £	Leasehold property £	Equipment £
Within one year	—	2,274	11,767	2,115
Between two to five years	—	4,864	—	6,640

In March 2023, the charity relocated from its former leased property at Lower Ground Floor, White Lion Street, London, N1 9PD to 7-14 Great Dover Street, London, SE1 4YR.

A license to occupy agreement for shared office space within the building at 7-14 Great Dover Street, London, SE1 4YR was signed in January 2023 and took effect from 1 March 2023. The license agreement can be terminated with three months written notice and the license fee is to be reviewed on an annual basis. This arrangement is not considered to constitute an operating lease.

Lease payments of £11,925 (2022: £52,982) have been recognised as an expense.

There are no contingent liabilities at the end of December 2023.

## 13. Liability of Members

At 31 December 2023 the charity had 7 members (2022: 8 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10.

## 14. Related party transactions

- a) Amref Health Africa (“Amref UK”) is a national office of the Amref global network, coordinated through a company of the same name based in Nairobi, Kenya (“Amref HQ”).

The arrangement between the two organisations, and the responsibilities of both organisations, is summarised in a written Association Agreement signed by both parties. This does not supersede the respective autonomy of each organisation.

Paul Davey, Chair of Amref UK, also sits on the Amref HQ Board of Trustees.

From January to October 2023, the Head of Programmes & Strategic Partnerships role was vacant but was supported by Amref Health Africa, from Nairobi, during this time. This support has been recognised as donated services valued at £51,000 within income with the corresponding expenditure reflected within Other staff costs.

#### 14. Related party transactions (continued)

The transactions with Amref HQ were as follows:

	2023 £	2022 £
Net balances due (from) / to Amref UK at the start of the year	(74,547)	55,438
Grants and other payments payable from Amref UK to Amref HQ in the year	(3,521,014)	(3,257,116)
Net payments made from Amref UK to Amref HQ	3,443,180	3,127,131
Net balances due from Amref UK at the end of the year	(152,381)	(74,547)

- b) In 2021, Amref UK received a loan of £205,000 from Amref NL. The loan is on an interest-free basis and is for a 5 year period, payable by 31 March 2026. The loan arrangement is in place to support Amref UK's management of unrestricted cashflow in light of the pre-financing requirements of the contract funding by FCDO.
- c) During the year, £nil (2022: £174) was spent on coffee beans with Capital Coffee Roasters Ltd., a company owned by the parents of one of the Key Management Personnel (until August 2022). There was no balance due at the year end. Amref UK has also entered into a loan agreement without charge with this company for the provision of a coffee machine. However, this arrangement came to an end in March 2023.
- d) Donations from related parties  
£4,745 of donations were recorded from 7 Key Management Personnel, Trustees and their connected entities in the year (£2,809 from 8 Trustees and KMP in 2022).

#### 15. Funds

The income of the charity includes both restricted and unrestricted funds. The table below summarises the funds balances held at 31 December 2023.

	1 January 2023 £	Income £	Expenditure £	Transfers* £	31 December 2023** £
<b>Restricted</b>					
Ethiopia	3,516	761,981	(587,646)	(3,516)	174,335
Kenya	44,342	521,078	(521,078)	(32,687)	11,655
Tanzania	728,044	397,171	(558,053)	—	567,162
Uganda	1,610,118	523,893	(1,078,516)	—	1,055,495
Amref HQ & regional work	45,992	2,053,373	(85,654)	36,203	2,049,914
UK office	105,000	192,820	(247,031)	—	50,789
Malawi	—	64,521	(64,521)	—	—
	2,537,012	4,514,837	(3,142,499)	—	3,909,350
<b>Unrestricted</b>					
General	1,097,438	1,960,013	(1,611,265)	(286,306)	1,159,880
Designated***	—	—	(86,306)	286,306	200,000
	1,097,438	1,960,013	(1,697,571)	—	1,359,880
<b>Total</b>	3,634,450	6,474,850	(4,840,070)	—	5,269,230

**15. Funds (continued)**

Details of the programmes delivered in the year under our four thematic areas can be found in the table on page 9 of the Trustees' Annual Report.

\*The transfer of funds within restricted funds relates to an agreement reached with GSK to reassign and repurpose some funding received in previous financial years for the TB & Malaria programme in Ethiopia and Kenya to support Amref HQ and regional work.

\*\*The year-on-year increase in restricted funds held, particularly pertaining to Amref HQ and regional work, relates to programmes where funds were received and recognised just before 31 December 2023 which are to be spent in the following year.

\*\*\* Designated Fund relates to the Individual Giving Growth Designated Fund (IGGDF) created in 2023 to support planned investment in individual giving acquisition.

	1 January 2022	Income	Expenditure	Transfers*	31 December 2022**
	£	£	£	£	£
<i>Restricted</i>					
<i>Ethiopia</i>	400,000	131,920	(528,404)	—	3,516
<i>Kenya</i>	239,046	697,038	(886,742)	(5,000)	44,342
<i>Tanzania</i>	—	939,164	(211,120)	—	728,044
<i>Uganda</i>	1,260,354	1,251,625	(901,861)	—	1,610,118
<i>Amref HQ &amp; regional work</i>	107,047	525,034	(586,089)	—	45,992
<i>UK office</i>	—	290,000	(184,000)	(1,000)	105,000
<i>Malawi</i>	—	184,660	(184,660)	—	—
	<u>2,006,447</u>	<u>4,019,441</u>	<u>(3,482,876)</u>	<u>(6,000)</u>	<u>2,537,012</u>
<b>Unrestricted</b>					
<i>General</i>	975,032	1,085,891	(969,485)	6,000	1,097,438
	<u>975,032</u>	<u>1,085,891</u>	<u>(969,485)</u>	<u>6,000</u>	<u>1,097,438</u>
<b>Total</b>	<u>2,981,479</u>	<u>5,105,332</u>	<u>(4,452,361)</u>	<u>—</u>	<u>3,634,450</u>

\*The charity has reassessed the purpose of funding and this presentation better presents the way in which the charity is able to use the funds.

\*\*The year-on-year increase in restricted funds held, particularly pertaining to Tanzania and Uganda, relates to programmes where funds were received and recognised just before 31 December 2022 to be spent in the following year.

**16. Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) funded by UK Government (FCDO)**

In accordance with the contract between Amref UK and Options Consultancy Services Ltd for the Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme funded by the UK Government (FCDO), the following note has been included. The note shows the amounts due to Amref UK in relation to the programme which form part of the trade debtor and accrued income balances in Note 9 as well as the claimable amounts arising and payments received during the year (including VAT where applicable). The VAT elements are included here as part of the total amounts claimed from Options Consultancy Services Ltd and due to Amref UK. The income recognised in Note 2 from FCDO in relation to this programme does not include these VAT elements as they are not considered to be recognisable as such.

	2023 £	2022 £
Balances due to Amref UK at the start of the year	<b>391,720</b>	102,419
Claimable amounts incurred by Amref UK in the year	<b>1,235,706</b>	656,920
Payments received by Amref UK in the year	<b>(1,347,854)</b>	(367,619)
<b>Balances due to Amref UK at the end of the year</b>	<b>279,572</b>	391,720

**AMREF HEALTH AFRICA**

England & Wales - Charity number 261488

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# Accounts

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**Trustees' Annual Report and Financial Statements**  
**For the year ended 31<sup>st</sup> December 2022**

Amref Health Africa

Charity Number: 261488

Company Number: 00982544

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## Reference and Administrative Details

**Former Patron:** HRH The Former Prince of Wales

### **Board of Trustees:**

**Chair:** Mr Paul Davey

**Treasurer:** Dr Amanda Caine

Dr Tinashe Chandauka

Ms Jennifer Chimanga

Mr Simon Hammett

Ms Sue Hunt (stepped down 23 October 2022)

Ms Beverley Jewell

Ms Bridie Layden

Dr Sally Nicholas (joined 18 November 2022)

### **Internal Key Management Personnel:**

**Chief Executive:** Ms Camilla Knox-Peebles

**Head of Finance:** Ms Helen Blake

**Head of Supporter Engagement:**

- Mrs Katie Greywood (left August 2022)
- Ms Sofeena Lalani (Interim) (from September 2022 to January 2023)

**Director of Fundraising:** Mr Matt Wenham (from March 2023)

**Head of Programmes and Strategic Partnerships:** Mr Steve Murigi (left December 2022)

**Company Secretary:** Ms Helen Blake

**Charity Number:** 261488

**Company Number:** 00982544

### **Registered Office**

Until 28 February 2023:

Lower Ground Floor

15 - 18 White Lion Street

London N1 9PD

From 1 March 2023:

7-14 Great Dover Street

London

SE1 4YR

## **Bankers**

### **C Hoare & Co**

37 Fleet Street

London EC4P 4DQ

### **Barclays Bank**

7th Floor, United Kingdom House

180 Oxford Street

London W1D 1EA

### **CCLA**

Senator House

85 Queen Victoria Street

London EC4V 4ET

## **Auditors**

### **Buzzacott LLP, Chartered Accountants**

130 Wood Street

London EC2V 6DL

## Trustees' Annual Report for the year ended 31st December 2022

The trustees, who are the directors for the purposes of company law, present their statutory report together with the financial statements of Amref Health Africa for the year ended 31 December 2022. This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2019.

### Who we are

**Amref Health Africa is Africa's leading health NGO. Our vision is of a world where everyone has access to high-quality, affordable healthcare. We know that if change is to be lasting, it must be driven and owned by communities.**

We started life in 1957 as the Flying Doctors of East Africa. More than six decades later, we work in 35 countries, partnering with communities to sustainably strengthen health systems and improve access to high-quality healthcare. We develop mobile and online learning solutions that make top-class training available to health workers across the continent. We operate a university that shapes the health workforce of the future. We run the continent's leading air ambulance service. Our reach – and our relationships with the communities we support – is unparalleled.

As the world strives to meet the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030, Amref Health Africa is committed to removing the barriers that impede access to healthcare, ensuring that no-one is left behind. The work of our UK office contributes to this ambitious goal.

### Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of nine offices in Europe and North America that are responsible for mobilising resources to increase the reach and impact of our work in Africa. Our London-based team has skills spanning programme management and technical support, fundraising and supporter engagement, communications, human resources, finance, administration, and governance. With an annual income of around £5 million, we support a portfolio of innovative health programmes funded by a range of donors and partners including institutions, companies, trusts and foundations, and individual supporters.

**In 2022, Amref Health Africa UK supported 20 programmes in five countries. We are proud of the progress we have made, collectively, towards expanding access to healthcare for some of sub-Saharan Africa's most remote and marginalised communities – in a year where climate change, conflict, global crises and the ongoing effects of COVID-19 have deeply impacted communities across the continent. We would like to extend our thanks to everyone who has been, and continues to be, a part of this important work.**

## Strategic Overview

**2022 was a year of transition around the world as collectively we moved from a second to a third pandemic year. Amref Health Africa focused on integrating the learnings from our role as a leader in the COVID-19 response in Africa into ongoing programmes. From innovation in programme delivery to cross-sector partnerships, this work builds towards our mission to sustainably strengthen health systems across the continent – itself an essential step towards preparing for future public health emergencies.**

Africa faces a 'triple burden,' says our Group Chief Executive Dr Githinji Gitahi. An increasing burden of endemic diseases, rising incidence of non-communicable diseases (NCDs) and re-emerging and newly emerging diseases is worsening barriers to access essential health services. This is particularly acute for those living in poverty, who already face severe financial constraints.

Faced with these increasingly prominent and interconnected challenges to health systems in Africa, we need solutions that focus on equity, innovation and partnerships to futureproof the rights of people to health and their access to healthcare across the continent.

While launching new programmes to support communities affected by COVID-19 and to encourage widespread uptake of the COVID-19 vaccine in Kenya, Malawi and Uganda, we adapted our existing programmes to ensure the continued availability of health services and support for communities (see Our Achievements: Programme Development and Strategic Partnerships, p. 12). This was especially true of the programmes addressing the health challenges worsened by the effects of the COVID-19 pandemic. These include programmes on maternal and neonatal care, routine childhood immunisation, the screening and treatment of non-communicable diseases as well as for infectious diseases such as tuberculosis and malaria, and the prevention of sexual and gender-based violence including female genital mutilation or cutting (FGM/C).

Amref Health Africa UK has continued to mobilise resources to support the vital work of the wider organisation, as well as providing technical support with programme implementation.

We celebrated a new partnership with Cognizant, brokered by our long-standing partner GSK, which integrated three mobile and digital learning platforms into a new platform to better track and analyse the impact of training for health workers. Our GSK-funded programme to improve the prevention, diagnosis and management of tuberculosis (TB) and malaria in Ethiopia and Kenya trained frontline health workers, supported health facilities, strengthened quality diagnostic services and improved awareness within the community. In Kenya, as a result of our programme, 97% of health workers and in Ethiopia 93% of health workers can now effectively diagnose and manage TB and malaria.

We entered the second year of implementation of the ambitious UK government-funded 'Support to the Africa-led Movement to End FGM/C' programme and in addition to ongoing work in Kenya, we started implementing activities in Senegal. Thanks to our strong working relationship with a major anonymous trust, we were pleased to launch a second phase of the programmes to support obstetric fistula survivors in Tanzania and Uganda. We also reached a new milestone in our relationship with People's Postcode Lottery; Amref UK was named a Regular Awardee, with a commitment of £400,000 flexible funding for our work in 2022/2023. You can read more about these initiatives from p.12 onwards in Our Achievements: Programme Development and Strategic Partnerships.

Amref Health Africa UK ended the year in a strong financial position, thanks in part to funds raised in support of our COVID-19 response work. The external environment remains uncertain, and we continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.27).

## Strategic Focus

Our 2021 Trustees' Annual Report included an outline of Amref Health Africa UK's Mid-Term Review of the 2020–2023 Organisational Strategy. The Review's recommendations were to tighten our focus to Strategic Aim 1: income-generation, with Strategic Aims 2 (communications) and 3 (advocacy) realigned as supporting functions to income-generation. Specifically, the Review recommended sharpening the income-generation focus to individual giving, in line with the revised target to increase the proportion of unrestricted income from 10% to 30% of total income. The Review recommendations included investment in the infrastructure and resources to build a robust individual giving programme for Amref UK.

Our ultimate ambition – to increase the reach and impact of our work in Africa – is unchanged.

Through 2022 we have incorporated this new, tighter focus into our budgets, workplans, and monitoring and evaluation as well as through investment in our teams, tools and processes.

- We have invested in bringing in Individual Giving skills and knowledge to the Supporter Engagement Team with an Individual Giving Manager and a realigned leadership role in the recruitment of a new Director of Fundraising (started in March 2023).
- We have invested resources in developing the building blocks for a digital acquisition programme which aims to double the total number of regular donors we have by the end of 2023, and to double individual giving income by the end of 2023. In the year ahead, we will continue to invest in this programme towards these aims.
- We continued to nurture our relationships in the strategically important areas of trusts and foundations, both restricted and unrestricted, attracting in resources from new partners.
- Similarly, we have closely stewarded our key corporate partnerships and have successfully leveraged these relationships to foster new ones.
- Although the UK institutional funding landscape is challenging, we are exploring some new opportunities in the UK and wider in the Republic of Ireland.
- Our work on ethical storytelling forms the basis of our external engagement. We have continued to produce communications that inspire UK supporters to engage with and invest in Amref Health Africa by amplifying African voices and perspectives. As we have in 2022, we will continue to use our power to convene and create space for important conversations.

Following the Anti-Racism Review consultation process in 2021, the recommendations report was published in May 2022. Amref UK undertook feedback processes on the recommendations report with Amref UK staff, trustees, and global colleagues—a process which is ongoing in 2023. The report recommendations have informed immediate operational actions in 2022 including reviewing and revising organisational policies, and in the longer term, Amref UK is working with staff to integrate actions from the report recommendations into workplans, staff annual review processes and in future strategic planning.

## Looking forward: Global Corporate Strategy 2023-2030 and Amref UK Strategy 2024-2030

At the time of writing, the new Global Corporate Strategy 2023-2030 has been approved and formally launched. This strategy is closely aligned to the UHC2030 agenda and aims to address a holistic set of social determinants of health to ensure we are creating lasting health change for people in Africa.

In the year ahead, as Amref UK reaches the last year of its current strategy, we will be developing our own 2024-2030 Strategy to complement the global strategy. Our aim remains consistent: to ensure that an increased number of people in sub-Saharan Africa have access to high-quality health services every year as a result of Amref UK's support.

Throughout 2022, despite extremely challenging circumstances, we have maintained our commitment to creating sustainable, community-led health change. We were able to do this thanks to our strong financial position, a skilled staff team, and our dedicated supporters and partners.

Although the situation continues to evolve – and although the UK fundraising landscape remains uncertain – we enter 2023 determined to build on our successes, learn from the challenges we have encountered, and, as always, take the lead from our colleagues in Africa and the communities we serve.

# Key 2022 Highlights

## February

- Amref Health Africa was selected by the Africa Centres for Disease Control and Prevention (Africa CDC) as a **key partner in efforts to set up and manage COVID-19 Vaccination Centres (CVCs)** in 24 countries (Eastern and Southern Africa) across the continent. Helping states to set up CVCs, providing infrastructure, training vaccinators, recruitment, training and deployment of additional CVC support staff, improving data management and analysis.
- We established a **new unrestricted trust relationship with the Jusaca Trust**.

## March

- Amref Health Africa UK was named a **People's Postcode Lottery Regular Awardee** and we received our first tranche of regular funding of £400,000 for 2022/23.

## April

- **The 'Who Owns the Story?' study was published.** In this study, the researchers aimed to explore how UK audiences respond financially and emotionally to stories of poverty developed and told directly by the image 'subject' in their own words, as opposed to fundraising materials designed by the charity. The research by the University of East Anglia (UEA) and University of the Arts London (UAL) was conducted in partnership with Amref Health Africa, and found that fundraising appeals led by the people they intend to help can raise more money and be more effective than those created by the charity itself.
- The **ALM programme** entered its second year of implementation. Following an initial challenging year of programme cuts (2021) the FCDO confirmed a renewed commitment to the programme's original vision and budget. With this commitment, Amref was delighted to welcome a second ALM delivery country to the consortium of partners. Over the year ahead Amref Senegal and Kenya have delivered a holistic programme of interventions accelerating positive changes in social attitudes towards ending FGM/C, within a broader vision of a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence.
- Amref began a **new partnership with Cognizant**, brokered by GSK, to integrate Amref's three digital health platforms (Jibu, Leap and M-Jali). Health workers play a crucial role in primary health care, but the effectiveness of this is dependent on high quality and relevant training. Amref has over 200,000 health workers using its existing digital learning tools, but these lack reliable data capture and integration which is needed for us to become more effective and efficient with health worker training. In partnership with Cognizant who provided £311,000 in pro-bono services, and with £211,000 funding from GSK – who brokered the relationship - we implemented a programme to deliver a solution to this problem, in order to improve data reliability for decision-making and understand how to maximise the performance of health workers
- Amref began implementing a **£240,000 12-month vaccine equity programme in Malawi with flexible funding from the People's Postcode Lottery**. Malawi is one of the least vaccinated countries against COVID-19 with only 2.7% of the population being vaccinated, highlighting

the global disparity in vaccine access and uptake. This programme aims to address the inequity by increasing the readiness of communities to increase demand and access to vaccines across three counties in Malawi. Towards this goal, we trained 1,570 community health workers on vaccines, vaccination protocols and how to engage communities, shared messages within communities to address barriers to COVID-19 vaccine uptake, and supported data capture and management for vaccination coverage. In the first 6 months, the project vaccinated 98,060 people against COVID-19 – of which 42% were first doses, 41% were second doses and 17% were booster doses.

## May

- Amref [UK responded](#) to the long-awaited publication of the new **UK International Development Strategy**.
- We established a **new unrestricted trust relationship with the Mark Anthony Trust**.

## July

- Amref Health Africa Global CEO, **Dr Githinji Githahi**, visited the UK and engaged with key donors, supporters and stakeholders.

## August

- As a long-term way to ensure sustainability and participation by locals, legal specialists and the County leadership, the **national Anti-FGM policy** was reviewed and adapted to the context of Narok County. The process began in 2020 November with support from stakeholders which include Forum Civ, Amref Health Africa, World vision, COVAW, County department of Gender and Social Services, judiciary and Linda Arts. The resulting taskforce was comprised of both national government, County Government, religious leaders, elders, youth, women, FGM survivors and CSO's representing a holistic cross section of the community. The journey took the team 1 year and 9 months to have the policy document in place, which was launched on 4th of August 2022 at the County headquarters. The main aim of the Anti FGM policy is to trigger political goodwill, promote inclusivity and multisectoral approaches in addressing FGM and promoting sustainability by meaningfully engaging youth and seeking financial support from the county government for Anti-FGM programmes.
- With the support from the **Mercury Phoenix Trust**, **Amref aimed to directly supply 4,000 people with HIV/AIDS Self-Testing kits (HIVST kits)**, particularly targeting men and youth within communities living in Kibera and Turkana County, to respond to the impact of COVID-19 and ultimately strengthen community access to HIV/AIDS treatment services. In August this project ended having distributed over 7,000 HIVST kits, exceeding our initial goal, all of which we distributed to 2,842 men and 2,058 women in Kibera in 2021 and 1,071 men and 1,047 women in Turkana County in 2022. Thanks to the success of this project, Amref was invited to submit a new project proposal that will continue our partnership with the Trust.

## September

- From January 2021 – September 2022, Amref implemented a programme to **combat tuberculosis (TB) and malaria in Ethiopia and Kenya**. These diseases cause millions of preventable deaths globally, and the African region bears the greatest burden. The £2.2 million programme was funded by our long-standing partner, GSK, and aimed to improve the prevention, diagnosis and management of these diseases to contribute to national strategies for TB and malaria. Over 21 months, the programme trained 5,877 frontline health workers, supported 370 health facilities, strengthened quality diagnostic services and improved awareness within the community. In Kenya (for regions where the programme was implemented), 97% of health workers can now effectively diagnose and manage TB and malaria compared to 70% before the project began. There has also been an increase in the number of health facilities with adequate supplies to manage the diseases, from 50% to 65%. Similarly, in Ethiopia (for regions where the programme was implemented), 93% of health workers can manage and diagnose these diseases compared to 63% at the beginning. There has also been an increase in community level detection for TB and malaria, from 53% to 63%. Our work in Ethiopia was integrated into a larger USAID-funded programme focussing on maternal and child health, so our activities specifically targeted mothers and children. Since October 2022, we have also been implementing integrated HIV interventions with support from ViiV Healthcare Positive Action. This £334,000 integrated project is particularly important given the strong links between TB and HIV, the benefits of which are already being seen. For example, mothers are able to attend a single ANC appointment and receive a comprehensive service including ultrasounds, HIV tests and TB/malaria screening.

## November

- In December 2021, Amref successfully closed phase 1 of our innovative Sports for Health programme, which empowered 3,000 girls in Nairobi, Kenya, to understand and claim their Sexual and Reproductive Health and Rights (SRHR) and access vital services. Building on the success of Phase 1, in November 2022 we **secured funding from an existing supporter that will enable us to provide a Phase 2 of this project in 2023 and 2024**. Phase 2 will continue to support existing beneficiaries from Phase 1, and incorporate adolescent boys as well as girls for the time. In total, we expect to reach 4,500 girls and boys across the next two years, using sports to engage communities on SRHR, increase access to personal education and employment opportunities for adolescents, and integrate essential youth services into the community.
- We raised an incredible £89k both online and offline through the **Big Give Christmas Challenge**. Amref's 'Health Begins with Her' campaign raising funds to train midwives so that they can learn new life-saving skills and gain confidence to better support their communities. We hosted an event in partnership with the fashion designer Jenny Packham and Amref supporter and 'Casino Royale' actress, Caterina Murino, to mark the launch of the Big Give appeal to reach new HNWI's. Through the campaign we secured gifts from existing and new major donors, trusts and corporates.

## December

- Amref secured funding from Croda Foundation to support our **Mobile Vaccination Clinics work in Kenya**. This 12-month programme will support 3 existing clinics to reach last-mile communities with COVID-19 vaccinations and NCD prevention, screening and care services. This builds upon our wider work with the clinics in Kenya, and will contribute to the long-term goal of using the clinics to improve primary health care access for rural, hard-to-reach communities.
- Amref's work to **end Female Genital Mutilation/Cutting in Kajiado County, Kenya** hit the landmark of **graduating 1,000 girls** through a community-driven-and-led Alternative Rites of Passage (ARP) ceremony. Through the ARPWASH phase II project, Amref's ARP model maintains the significance of cultural rituals and celebrations during the transition to womanhood while removing the harmful 'cut' for girls.
- In 2022, we supported an **emergency COVID-19 response in Uganda**. With funding from the Croda Foundation (total award of £214,000 with £179,000 recognised in 2022), Lord Deedes Charitable Trust (£5,000) and the Waterloo Foundation (total award of £75,000 with £25,000 recognised in 2022) these projects aimed at developing the capacity of frontline and village health teams to protect themselves and community members against COVID-19 and strengthen the continuity of other health services. By the end 2022, these projects trained over 15,000 health workers, who are expected to serve and improve health access for over 700,000 community members.

## Statement on Public Benefit

In performing the above activities, the Trustees of Amref Health Africa UK have complied with their duty under section 17 of the Charities Act 2011 to have due regard to public benefit guidance as published by the Charity Commission for England and Wales.

## Our Achievements

### Programme Development and Strategic Partnerships

In 2022, Amref Health Africa UK supported 20 programmes across five countries.

In line with our strategic objectives, we pursued an ambitious, tightly-focused programmatic agenda, responding to the greatest needs – as identified by our in-country colleagues – and supporting high-impact programmes spanning Human Resources for Health (HRH); Maternal, New-born and Child Health (MNCH); Sexual and Reproductive Health and Rights (SRHR), including the prevention of Female Genital Mutilation and Cutting (FGM/C); Water, Sanitation and Hygiene (WASH); and more. In parallel, we continued to respond to the COVID-19 emergency as well as adjusting existing programmes to reflect the pandemic's impact on other health services.

The table below outlines the programmes that were part of Amref UK's portfolio between 1st January and 31st December 2022. During this period, Amref UK provided support with programme implementation and management as well as partner stewardship.

<b>Country</b>	<b>No. Programmes</b>	<b>Areas of Activity</b>	<b>Partners/Funders</b> (N.B. Names not aligned with areas of activity)
<b>Ethiopia</b>	2	Disease Control and Prevention	ViiV Healthcare Positive Action GlaxoSmithKline
<b>Kenya</b>	8	Disease Control and Prevention  HRH: Health worker training  SRHR: Ending FGM/C	GlaxoSmithKline  Veta Bailey Charitable Trust,  Kilpatrick Fraser Charitable Trust  Wolfson College, Oxford University  The Rabelais Trust  Mercury Phoenix Trust
<b>Malawi</b>	2	Adolescent Sexual & Reproductive Health & Rights	Comic Relief  People's Postcode Lottery
<b>Tanzania</b>	2	Reproductive, Maternal, Neonatal & Child Health	The National Lottery Community Fund  Anonymous Donor
<b>Uganda</b>	4	Reproductive, Maternal, Neonatal & Child Health  Disease Control & Prevention  WASH	Anonymous Donor  The Souter Trust  The Croda Foundation  Lord Deedes Charitable Trust  The Waterloo Foundation
<b>Regional</b>	2	HRH – Health worker training  SRHR: Ending FGM/C	GlaxoSmithKline  UK Government: Foreign, Commonwealth and Development Office (FCDO)
<b>TOTAL</b>	20		

Highlighted below are four examples of the work Amref Health Africa UK has supported during the reporting period. All four programmes are typical of our African-led, community-driven approach to securing lasting health change.

As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent's most remote and marginalised communities: those who, in many cases, were hit hardest by COVID-19 and continue to struggle with the repercussions which have created further barriers to care.

### **Empowering Women with Obstetric Fistula through Treatment, Psychosocial Support and Livelihoods Opportunities in Tanzania, Phase I; &**

### **Saving Mothers with and at Risk of Obstetric Fistula in the West Nile Region of Uganda, Phase I**

**In partnership with:** Anonymous Donor and National Lottery Community Fund

**Areas of activity:** Reproductive, Maternal, Neonatal & Child Health

Amref Health Africa has supported women living with obstetric fistula in Tanzania and Uganda since 2019, with the support of a major anonymous trust and the National Lottery Community Fund. Women are provided with surgery, tailored psychological support, and entrepreneurship training so that they can start up small businesses. An estimated two million women around the world are living with fistula, an abnormal opening between a woman's genital tract and her urinary tract or rectum. This is a debilitating condition that results in the leakage of faeces, urine or both, often meaning women who experience the condition are unable to participate fully in society and in many cases unable to earn a living, increasing their risks of poverty, marginalisation, and social vulnerability.

Amref's programmes in Tanzania and Uganda aim to reduce the medical, social and economic burden for women living with fistula. Both programmes have three intervention areas: life-changing restorative surgery; psychosocial support; and livelihood opportunities, while also adapting their approaches to the unique requirements of the communities where we work.

Our approach goes beyond fistula surgery, also incorporating activities that support the whole family, challenge community attitudes and break down the social barriers preventing survivors from reintegrating. The entrepreneurship skills training for income generation and support helps survivors become more resilient and able to resume their social and economic lives. The training of fistula ambassadors has helped improve community knowledge and recognition of fistula signs and symptoms. The ambassadors also have a strong link with their supervisors – Ward Executive Officers - and health facilities which has helped to establish a locally owned network focused on identifying and referring fistula cases for treatment.

In July 2022, the Phase 1 intervention in the West Nile region of Uganda ended. In total, we helped 415 women and girls recover from the medical and financial consequences of obstetric fistula. In September 2022, we closed the Phase 1 intervention in Tanzania. In total, the project reached 199 fistula survivors in Mwanza and Dar es Salaam with a package of holistic care along with poverty reduction initiatives that surpassed our original goal of 180 women.

Amref started a second three-year phase of work in November 2022, helping local health authorities in Tanzania and Uganda to build networks and capacities to provide holistic obstetric fistula care. By continuing our partnership with leaders, health workers, and decision makers in the community our new phase will connect and share the responsibility of getting treatment to fistula survivors more effectively, allowing us to reach 504 women and girls in Arua, Uganda and 249 in Mwanza and Geita in Tanzania.



**Survivor story: Leah Philipo, Mahaha village, Mwanza, Tanzania by Edina Kalikali (participatory photography)**

Leah is 43 years old, an entrepreneur and mother of five. She has lived with fistula for 11 years. During her first pregnancy, she experienced extreme pain but she was unable to get help at the two primary health centres she first visited. When she finally arrived at hospital, she delivered a child who sadly later died.

A day after the delivery, she started to experience uncontrollable urine leakage. She was stigmatised by her friends and relatives. Her in-laws shunned her, and her husband decided to marry another wife. Over time, he was unable to support two wives and Leah was further isolated.

Leah remembers the day she met with Jumanee Charles, a fistula ambassador from her village. Jumanee spoke with Leah, who agreed to travel to Bugando hospital for surgical repair. It was a success; Leah is now back at home and living with her family.

## Digital integration of Jibu, LEAP and M-Jali digital/mobile learning platforms

**In partnership with: Cognizant and GlaxoSmithKline**

**Areas of activity: Human Resources for Health – Health Worker Training**

In April 2022, Amref began a new partnership to integrate Amref’s three digital health platforms into a new platform. Jibu, Swahili for ‘answer,’ is a digital platform for midwife and nurse training; Leap is a mobile learning tool for community health workers, and M-Jali is a data collection tool.

Health workers play a crucial role in primary health care, particularly in low-resource settings where community workers and volunteers augment a sparse professional workforce, but the effectiveness of this is dependent on high quality and relevant training. Amref has over 200,000 health workers using its existing digital learning tools, and COVID-19 highlighted the critical need to reach health workers with the right training to help keep them and the communities they serve safe. While each platform was performing well with its individual focus, we were missing the opportunity to learn more from the data because of a lack of reliable data capture and integration which is needed for us to become more effective and efficient with our training of health workers.

In partnership with Cognizant, who provided £311,000 in pro-bono services, and with £211,000 funding from GSK – who brokered the relationship - we implemented a programme to deliver a solution to this problem, in order to improve data reliability for decision-making and understand how to maximise the performance of health workers.

The project integrated the platforms into one single pane of glass so that we could understand the end-to-end perspective of training. This allowed us to better track the journey from what content was being provided to health workers on various health topics through Leap and Jibu, to how they were using that new knowledge in their service delivery to communities and how that was reflected in the household and community-level health data being collected through M-Jali.

The integration of these multiple, complex legacy tools into a single digital platform means so much more than health worker training and collecting data. It is about making the services that the newly trained health workers provide to millions of people across the region better by ensuring they are focussing on giving the communities that need the most help the right sort of help at the right time. This is moving us forward, towards our vision of lasting health change in Africa.

## **The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C)**

**In partnership with: UK Government: Foreign and Commonwealth Development Office (FCDO)**

**Areas of activity: Sexual and Reproductive Health and Rights: End FGM/C**

In April 2022, the Support to the African-Led Movement programme entered its second year of implementation.

Following an initial challenging year of programme cuts in 2021, the FCDO confirmed a renewed commitment to the programme's original vision and budget. With this commitment, Amref was delighted to welcome a second delivery country—Senegal—to the consortium of partners and to begin implementation activities. In 2022, Amref Senegal and Kenya have delivered a holistic programme of interventions accelerating positive changes in social attitudes towards ending FGM/C, within a broader vision of a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence.

In August 2022, the programme consortium and stakeholders officially launched the adoption of the Kenyan National Anti-FGM Policy by Narok County. This process began in November 2020, with a taskforce comprising of national and county government, religious leaders, elders, youth, women, FGM survivors and CSOs representing a holistic cross-section of the community. The main aim of the Anti-FGM policy is to trigger political goodwill, promote inclusivity and multisectoral approaches in addressing FGM. By meaningfully engaging youth and seeking financial support from the county government for Anti-FGM programmes, the policy also promotes sustainability and participation by the local community.

This is possible through initiatives including holistic intergenerational dialogues. These champion-led rights-based community dialogues target various groups in the community including girls, women, men, boys, couples and age-set leaders. The intervention aims to drive social diffusion within the community as participants systematically cascade learned information through existing social networks.

In December 2022, a critical piece of research was conducted in Senegal which is considered to be key to determining the driving factors which contribute to incidents of cross border FGM/C. The objective of the research was to identify the levels of incidence and the factors that cause FGM/C in the two regions of Kolda and Sédhiou and in relation to cross-border actions, map the main stakeholders involved and produce recommendations for Amref Senegal for its activities in the ALM programme. Given the significant lack of recent research in this area, it is anticipated the research will be formative to both the ALM programme and key sector stakeholders in the region at large.



**Chief rallies community to end FGM/C and child marriage: Dansen Saruni Reason, Chief Enosupukia Location, Suswa Division, Narok County**

Reson, a local chief born and raised in the area to a family with nine stepmothers, has become a champion against FGM/C. He has supported the Girl Generation programme to gain community buy-in from families, youth, and former cutters to lead the change against the practice in his Eseneto village.

“To my fellow administrators, the societal pressure to maintain status quo on harmful traditional practice will always be there. However, we need to stand steadfast and conduct our jobs in adherence to the national laws and policies. There is no need for any girl to undergo the cut. It is a serious human rights abuse, and a form of gender-based violence and child abuse. We need to be at the forefront to inspire change in our Maasai community.”

## **Integration of tuberculosis and malaria and HIV interventions in Ethiopia**

**In partnership with: GlaxoSmithKline and ViiV Healthcare Positive Action**

**Areas of activity: Disease Control and Prevention**

Amref is implementing a programme (October 2021—August 2023) in the Afar and Gambella regions of Ethiopia to improve the prevention of mother to child transmission (PMTCT) of HIV, through a grant of £334,000 from ViiV Healthcare Positive Action.

Given the well-established links between HIV and other disease such as tuberculosis (TB), as well as the commonly targeted group of mothers and children, the programme was integrated with other Amref programmes in order to align and maximise its impact. These were a USAID-funded Transform Health in Developing Regional States programme (T-HDR) focussed on improving essential maternal and child health (MCH) services, and a GSK-funded TB & malaria programme (TB/malaria) focussed on improving the diagnosis and management of these diseases amongst mothers and children.

The TB/malaria programme, funded by GSK, was implemented in Afar and Somali and aimed to improve the prevention, detection, and treatment of these two diseases among women and children. The £600,000 programme was implemented from January 2021 to September 2022. Due to a conflict and security issues in the Afar region, all developmental work was suspended at the end of 2021, so activities for the programmes were integrated from March 2022 (when work re-commenced) until September 2022 (when other projects ended). In Afar, the programmes were integrated in a total of 14 health facilities – 10 facilities integrated all 3 programmes and 4 facilities integrated PMTCT and T-HDR programmes.

By aligning geographically, both health workers and patients benefitted from comprehensive training and services respectively. For example, health workers must be trained in Basic Emergency Obstetric and Neonatal Care (BEMONC) before being eligible to receive PMTCT training. By aligning geographically, this meant many health workers were already trained through the T-HDR programme in BEMONC and therefore did not miss out on the opportunity to increase their skills/knowledge.

The primary beneficiaries for all three programmes were mothers and children, which meant these groups benefitted from increased access to quality comprehensive services as well as saving costs and time. For example, mothers saved approximately £8 per visit which would be the cost of additional trips to access other services. The availability of a comprehensive service also increased the likelihood that mothers will attend appointments, which is a challenge in these regions due to it being a rural, pastoralist community.

To assess the effectiveness of integration on beneficiaries, the number of eligible women using antenatal care (ANC), PMTCT, and TB/malaria services was analysed after integration and compared to before integration. In Afar, the integration resulted in a reported increase shown in health facility data of the number of women accessing ANC, PMTCT and TB/malaria services. Overall, there was an increase in eligible women attending these services from 55-60% to 75-80%.



### **Integrated services for pregnant women in Afar, Ethiopia**

Astede is a 30-year-old pregnant woman who visited Telalak Health Centre in July 2022 for an ANC appointment. She says: *“I am happy today, I get many tests and screenings in today’s visit, these helped in knowing my health status and health of my conceived baby with minimum energy and cost.”*

Hana, a midwife who has received training from the three programmes, says *“Astede is one of my clients who follows ANC and in her visits we provide her with medical check-*

*ups, HIV testing, and screening for malaria and TB and other infections in a single visit in our unit. Now she has been diagnosed positive for malaria and we are currently treating her in this unit.”*

## Our Achievements

### Income Generation

Amref UK raised a total of £1.1 million in unrestricted and £4.0 million in restricted funds in the year 2022. The most significant portion of our income came, as in the previous year, from trusts and foundations, with a number of large grants and donations totalling £2.7 million in 2022. 2022 also marked the 34th year of our partnership with GSK and saw the close of our TB/malaria programme and, at the end of the year, the start of a new programme to address food insecurity in Ethiopia (see Income from Charitable Activities, p.22). We also saw a substantial increase in unrestricted gifts from major donors.

### Approach and Stewardship

In line with section 144(2) of the Charities Act 2011, the charity is required to disclose its approach to fundraising.

2022 was a busy and creative year for our income-generating teams at Amref Health Africa UK, with many initiatives continuing to develop as well as new ones launching. The teams were supported by several volunteers through our partnership with the University of East Anglia, as well as Amref Health Africa HQ and country offices, Amref's other European and North American offices, and the Board of Trustees.

Amref UK used a range of tools and processes to plan and deliver activities and monitor income and expenditure. In particular, the Raiser's Edge database was used to store all personal data as well as information on gifts and consent preferences, and to analyse donors and data. The Charity also used internal risk management and key performance indicator documents to ensure we were on track to meet targets as well as complying with internal and external guidance and regulations.

Amref UK renewed its membership with the Fundraising Regulator and attended sector conferences and training to ensure best practice across income-generating activities. The Charity received one complaint related to fundraising in 2022, which was escalated according to the complaints procedure and resolved. There were no data protection breaches, and there were no reported instances of failures to comply with any schemes or standards including those of the Fundraising Regulator. In the 2022 financial year, Amref UK worked with a telemarketing agency on preparatory work for implementation of a lead generation programme at a later date, which forms part of the foundations set in place in 2022 for the wider digital lead acquisition programme.

Treating supporters with respect and dignity remained a key priority in 2022. We reviewed our Privacy Policy and how we use our database as well as how we record and manage consent preferences, and our supporter journeys for individuals. We ensured that the Privacy Policy, Fundraising Regulator logo and other essential statements were displayed in online and printed fundraising materials. We undertook a regular review of our legitimate interest basis for contacting individuals as part of our GDPR compliance early in 2022, taking the appropriate actions.

Within working hours, we responded to all supporter queries and requests within 24-48 hours (but often within a couple of hours of receiving the request) and we were efficient at updating consent preferences and opt-out requests. Amref UK does not specifically work with children or other vulnerable groups, but we recognise vulnerable individuals will be included within our supporters and

our database. We used our Safeguarding Policies to help ensure communications were appropriate and adjusted communications for any individuals who appeared to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2022 was four, with up to 20 emails for those who had opted into the mailing list. Our digital audience remains highly engaged, with open rates that consistently surpass industry standard. Our communications are designed to inform, inspire, and encourage.

## Supporting Income Generation through Communications and Advocacy

In line with the Mid-Term Strategic Review, the Communications function focussed on supporting income-generation through the Supporter Engagement and Programmes and Strategic Partnerships teams. We continued to produce compelling, tailored content that inspires our key audiences—existing donors and partners, and their networks—to engage with Amref Health Africa.

The 'Vaccine Solidarity with Africa' campaign ran to the end of 2022; we produced a campaign end report for key supporters of the campaign which was well-received. Amref Health Africa's response to COVID-19 programmes helped to fully vaccinate a total of 13.3 million people across sub-Saharan Africa, trained 334,987 health workers on COVID-related topics, and provided more than 164,000 health workers with Personal Protective Equipment (PPE). Alongside the full report, which is available on Amref UK's website, we produced social media materials to amplify the impact stories from our COVID programmes, which were shared on Amref UK social media channels.

In March 2022, we officially published and promoted the '*Who Owns the Story?*' research study in partnership with the University of East Anglia (UEA) and University of the Arts London (UAL). The [online launch event](#), hosted by Bond, was attended by almost 300 people from around the world. We secured multiple pieces of coverage for the launch in the fundraising, third sector and communications sector press in the UK and the US. The researchers and Amref UK and Kenya staff have also presented the project at several UK and international communications and fundraising conference and platforms, including: [The Social Change Agency](#) DevComms Network; [Bond's Responsible Fundraising series](#), which was also written up [in this blog](#); the [International Broadcasting Trust's Decolonisation Workshop](#); [Bond's 'Power in Development' Conference](#) as part of a session about who should be telling a community's story; the [Fundraising Space](#); and at the [International Fundraising Congress \(IFC\)](#), a high-profile, global fundraising conference held in the Netherlands. Coverage of the research continues, which has helped to establish Amref as a leader in the ethical storytelling space.

We continued to profile and amplify the voices of African experts on African health issues, including around the visit of Dr Githinji Gitahi to the UK in July 2022. During the visit we hosted a series of engagement events at Amref UK President the Duke of Richmond's Goodwood House and Wolfson College, Oxford, to give supporters an opportunity to meet with Dr Gitahi, including existing and potential major donors, trusts and foundations, and key corporate partners. It was also an opportunity to engage with the UK policymakers at the launch of the APPG for Global Health's report on the future global role of health workers, held at the House of Commons.

We maintained our media visibility through thought leadership and news in key publications, including The Lancet, Devex, PLOS Global Health, and Tech for Good, on vaccine inequity and decolonising global health, bylined by Dr Githinji Gitahi and Amref UK Head of Programmes and Strategic Partnerships Steve Murigi, as well as focussing on key programmatic successes from the Cognizant-GSK digital integration project.

Our digital channel following across four social media platforms (Facebook, Instagram, LinkedIn, Twitter) grew to 120,490—an increase of 35% on 2021 figures. The largest following remains on LinkedIn, where we see significant opportunity to engage current and potential trusts and foundations and corporate donors, as well as new audience groups including UK health workers. This presents a focus area for 2023 as we continue to invest in individual giving.

In 2023, our communications focus remains on the ethical storytelling of impact, with a sharpened focus on building our digital and social media presence as well as our share of voice on African health and development issues in mainstream media, in partnership with our key donors, to reach existing donors and their networks.

## Income from Donations and Legacies

We raised £1.1 million (£0.5 million unrestricted and £0.6 million restricted) of income from Donations and Legacies in 2022. The majority related to income from individuals, including major donors, and trusts and foundations.

Fundraising from individuals was a key focus in 2022 as it forms the basis of our strategy for the next few years. We saw 2022 as a year to keep doing what we do well, and to pilot new activities aligned to this strategic aim. We continued to fundraise from individual donors with £0.4m being raised in 2022. Through 2022, we laid the building blocks for the digital acquisition programme, while continuing to minimise attrition—meeting the 3% target—and maximise organic recruitment of new donors meaning that the majority of individual donor income came from our regular givers. Our investment in the digital acquisition programme in 2022 was not at planned levels due to challenges around building the capacity of the Supporter Engagement team and bringing in the skills and expertise required to deliver the investment plan as well as hurdles around internal systems and online platforms. We will be working hard to overcome these challenges in 2023 and beyond.

We also fundraised from individuals through direct mail appeals; these generally performed well, meeting or exceeding targets and raising a total of £53,080. We continued to segment data, offer different gift amounts, and use new case studies and supporting materials to engage our donors.

We also engaged with the Big Give Christmas Challenge Platform—a match-funding mechanism—once again to further encourage supporters to donate to Amref’s ‘Health Begins with Her’ campaign raising funds to train midwives so that they can learn new life-saving skills and gain confidence to better support their communities. This secured a fantastic £89,000 in online and offline donations. We hosted an event in partnership with the fashion designer Jenny Packham and Amref supporter and Casino Royale actress, Caterina Murino, to mark the launch of the Big Give Challenge to reach new HNWI. Through the campaign we secured gifts from existing and new major donors, trusts and corporates.

Following the website redesign, a new and improved donate page was a key platform for our quarterly appeals fundraising. We raised a total of £22,000 in online donations. This is marginally lower than online donations in 2021 and included a range of gift types from quarterly appeal gifts to those made online from major donors.

Gifts from major donors was a priority area in 2022 and we raised a total of £80,000 from around 30 donors. We secured gifts from existing Mbele Movement and Development Council members, through events and the Big Give Christmas Challenge (with over £10k in funding from our anonymous

Big Give Champion). In 2022, we grew our Mbele Movement major giving circle to eight members, with one more supporter committing to join in Q1 2023.

The Development Council has continued to play a key role in introducing new High-Net-Worth Individuals to Amref's work and members have been crucial to the success of our milestone events. In particular, Amref's 65<sup>th</sup> anniversary event at Goodwood House, hosted by our President the Duke of Richmond and our global CEO Dr Githinji Gitahi, where we were joined by many new and existing supporters. This event raised £16,000, recruiting one new regular giver and two new supporters committing to joining our major donor giving circle, the Mbele Movement.

End of-year income from Individual Sponsorship & Events Donations stood at £22,000. Key events included the London Marathon and Royal Parks Half Marathon. In addition, we promoted our own event, the Move for Midwives Step Challenge in Q3, and deepened our partnership with the University of East Anglia Raising and Giving (RAG) Society.

The nature and size of our database means that legacy and in memoriam income is always difficult to predict. Following a strong 2021, we recognised £4,000 in 2022. This is lower than previous years, but the legacy pipeline is healthy and we expect this income stream performance to improve over 2023 and 2024.

Against the backdrop of an increasingly competitive and shrinking trusts and foundations market, we managed to generate a 31% year-on-year increase in unrestricted gifts from trusts and foundations. By the end of 2022 we had 35 active unrestricted trusts and foundations exceeding our target of 28 for the year. We received repeat annual gifts of £100 - £5,000 from many loyal small trust donors, for which we are very grateful. In addition, we secured gifts of £5,000-£30,000 from mid-size trusts.

In addition, we recognised £260,000 in income related to the flexible funding grant from the People's Postcode Lottery, which supported core costs in 2022.

## **Income from Charitable Activities**

We raised £4.0 million (£0.5 million unrestricted and £3.5 million restricted) of Income from Charitable Activities in 2022. Trusts and foundations continued to be a vital source of income for Amref Health Africa with £2.3 million raised. A further £0.8 million was received from GSK.

A key focus for 2022 has been excellent stewardship of existing donors, in line with our fundraising strategy to focus on increasing commitment from existing, loyal trust donors given the current competitive fundraising environment.

Several major restricted projects funded by trusts and foundations came to an end in 2022, including our obstetric fistula programmes in Tanzania and Uganda and the GSK-funded TB/malaria programme. We were pleased to share new proposals for the Sports for Health programme in Kenya, the obstetric fistula programmes in Tanzania and Uganda, and successfully secured funding for Phase 2 programmes from the donors who funded Phase 1 projects through 2021.

Significant new grants secured in 2022 included £3 million over three years from a major trust supporter, wishing to remain anonymous, to extend our work in Geita and Mwanza, Tanzania and West Nile Region, Uganda on holistic support for survivors of obstetric fistula; £600,000 from GSK, for an emergency response programme addressing food insecurity and malnutrition in Ethiopia; £400,000 from the SOL Foundation for the second phase of our Sports for Health programme in Kenya, to scale

up previous work in Dagoretti and Embakasi East Sub Counties to reach more young people with SRHR education/services, using sports as an entry point; and £250,000 from Croda Foundation to support mobile vaccination clinics in Kenya to reach last-mile communities with COVID-19 vaccinations and NCD prevention, screening and care services.

Following our submission of a People's Postcode Lottery flexible grant application, we were delighted to be named a Regular Awardee. This longer-term partnership model means we are able to apply to the People's Postcode Lottery for £400,000 each year from 2022 to 2024. The income from this partnership will support both UK core costs and programmes in Africa.

## The GSK Partnership

2022 marked the 34th year of our partnership with GSK and saw the close of our £2.2 million programme addressing TB and malaria in Ethiopia and Kenya between 2021 and 2022. As a result of our programme in Kenya, 97% of health workers can now effectively diagnosis and manage TB and malaria compared to 70% before the project began. There has also been an increase in the number of health facilities with adequate supplies to manage the diseases, from 50% to 65%. Similarly, in Ethiopia, 93% of health workers can manage and diagnose these diseases compared to 63% at the beginning. There has also been an increase in community level detection for TB and malaria, from 53% to 63%.

The ViiV Healthcare Positive Action-funded programme in Ethiopia is ongoing, and from March to September 2022 was integrated with the GSK-funded TB/malaria programme in Afar region, Ethiopia. This integrated project is particularly important given the strong links between TB and HIV, the benefits of which are already being seen. For example, mothers are able to attend a single ante-natal care appointment and receive a comprehensive service including ultrasounds, HIV tests and TB/malaria screening.

Our work with Cognizant, brokered and funded by GSK, started in March and concluded in October 2022. This project integrated digital tools to improve the effectiveness of digital health worker training. After review and internal testing, the final dashboards were made 'live' and roll-out has commenced for different user levels, including five colleges in Zambia, four Jibu courses, two Leap/M-Jali projects, and one M-Jali project.

## Financial Review

Amref Health Africa UK has been continuing to implement its four-year strategy over this reporting period, and adapting accordingly in light of the findings of the Mid-Term Strategy Review undertaken in 2021 with a strong performance in financial terms.

Unrestricted income was 33% higher in 2022 compared to the previous period with continued strength in Individual Giving and Trusts and Foundations. The year-on-year increase was primarily due to higher income generated in relation to The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme funded by the UK Government (Foreign, Commonwealth and Development Office – FCDO). Due to the contractual nature of this income, it is

classified as unrestricted. We also saw an increase in our income from major donors with the expansion of our Mbele Movement giving circle boosted by the Big Give Christmas Challenge. Unrestricted expenditure was 53% higher than the previous period primarily due to expenditure relating to The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme. Amref UK's expenditure profile has been kept under continual review particularly in light of the inflationary pressures being experienced and there has been a sustained focus on cost recovery. Although there was a year-on-year increase in unrestricted expenditure, our 2022 investment in individual giving and the digital acquisition programme specifically was not at planned levels and the investment that was made during the year was largely covered by the flexible funding secured from the People's Postcode Lottery which is classified as restricted. Individual giving expenditure was lower than planned due to challenges around building the capacity of the Supporter Engagement team and bringing in the skills and expertise required to deliver the investment plan as well as hurdles around internal systems and online platforms. There was an unrestricted surplus of £122,000 driven largely by the lower-than-planned individual giving expenditure. The unspent investment from 2022 will be required in future years and if the growth plan for individual giving is to be successful, it is critical that sufficient funds are ringfenced. As such, £300,000 of unrestricted funds will be assigned to a newly created Individual Giving Growth Designated Fund, approved by the Board in March 2023. The effect of the unrestricted surplus is covered in more detail in the Reserves Policy section below.

Our restricted income was 7% lower than the previous period primarily due to a high proportion of income for the GSK funded programme addressing TB and malaria in Kenya and Ethiopia being recognised at the initial stages of the programme in 2021 compared to 2022. A number of new grants were secured in 2022 with continued success into the first quarter of 2023. Restricted expenditure in the period was 7% higher than the previous period. This is predominantly made up of transfers to Africa for programme implementation, the timing of which are determined by delivery progress and burn rate. However, it also includes the expenditure in individual giving that was covered by the flexible funding secured from the People's Postcode Lottery allowing us to start building the critical infrastructure required to grow this area of income. This period's restricted surplus of £531,000 primarily reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi.

## Reserves Policy

We end the year with funds of £3.6 million. 70% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress. The remaining 30% is unrestricted with £0.3 million of this to be ringfenced within an Individual Giving Growth Designated Fund, approved by the Board in March 2023.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures which take account of our

regular, more predictable financial activity as well as the current volatility and youth of some of our income streams and the fact that we are now part of consortium to deliver a payment-by-results contract for the FCDO, the inherent nature of which increases the pressure on working capital of the organisation. We also have an element of our free reserves available to enable us to harness opportunities as they arise.

The calculations showed that as of the end of 2022 we should aim to hold £658,000 - £990,000 in unrestricted free reserves.

The unrestricted free reserves held as of 31 December 2022 were £1,086,000, made up of unrestricted reserves less the net book value of tangible fixed assets. This is above the target range and has largely arisen due to the investment in Individual Giving not being at planned levels in 2022. This investment is still required in future years, hence the creation of the Individual Giving Growth Designated Fund in 2023. The unrestricted free reserves levels will continue to be monitored closely.

We will continue to review our reserves policy to ensure it meets the needs of the Charity.

## **Going Concern**

The Trustees have undertaken a detailed review of income, costs, cash flow, reserves and external factors and considered that the Charity is a going concern, in spite of the Covid pandemic from March 2020, the impact of the war in Ukraine and the wider worldwide economic uncertainty. The Trustees believe that the Charity has adequate resources to continue in operational existence for the foreseeable future as expected funds receivable are anticipated to be sufficient to fund committed projects. Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

## **Investments**

All funds held in the UK for future use are held in deposit accounts available on demand with United Kingdom-based banks.

## **Related Party Transactions**

As set out in Note 14 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Transactions were also undertaken with one company owned by the parents of one of the Key Management Personnel (KMP). Donations were also received, and Christmas cards bought, by a number of Trustees and KMP.

# Structure, Governance, and Management

## Constitution and Governing Documents

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The members are constituted solely of Trustees and all Trustees are members. The objects of the company, the powers of the Board of Directors and the regulations concerning the appointment of new Directors are set out in the Memorandum and Articles of Association, last amended on 26 May 2021 to better reflect the reality of Directors being appointed for a three-year term with the option of serving two further, consecutive three-year terms.

Amref Health Africa UK is also registered as a Charity with the Charity Commission in England and Wales, Charity Number 261488. The organisation's Charitable Objects are "to support and foster the investigation and advancement in Africa of medical, scientific, educational and cultural knowledge and to apply the knowledge derived therefrom to the causes, prevention, relief and therapy of human diseases and misery for the relief of mankind in general".

## Governance

The Board of Trustees is responsible for the effective governance of the Charity. A steady renewal of Directors is provided by the maximum terms of office (three consecutive terms of three years totalling nine years) set out in the Memorandum and Articles. Succession planning arrangements ensure timely replacement of Trustees resigning or reaching the end of their terms of office.

There are two sub-committees of the Board; the Finance Committee and the Governance Committee. Both these sub-committees meet quarterly in advance of the full Board meeting. The Finance Committee's remit includes internal control and risk management systems, financial planning and reporting, financial policies and procedures, fraud and whistleblowing of a financial nature, and external audit. The membership of the Finance Committee is drawn from existing Board members and must include the Treasurer and the Chair. The remit of the Governance Committee includes Board structure, focus and effectiveness, organisational structure and culture, Human Resources-related areas such as performance, reward and recognition, policy review, and the broader governance considerations regarding the relationship with Amref Health Africa HQ. The membership of the Governance Committee is drawn from existing Board members and must include the Chair.

One Trustee, Sue Hunt, reached the end of her nine-year term. We would like to extend our thanks and appreciation to Sue for her time and commitment and for the expertise, knowledge and leadership that she brought to the organisation. We are also pleased to welcome Sally Nicholas to the Board. Sally brings a wealth of experience and expertise in global health system strengthening and increasing access to healthcare. We are very excited to be working with her. New Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose and conducive to the hybrid working environment that is now in place.

## **Pay Policy for Senior Staff**

The Board of Trustees, together with the Senior Management Team, make up the key management personnel of the Charity. Trustees give their time freely and details of any expenses and related party transactions are disclosed in the Notes to the Accounts.

Remuneration of all staff including the Senior Management Team follows a clear policy which was updated during 2022 and aims to find a balance between attracting and rewarding our staff for their incredible contribution and ensuring that we are financially responsible with the funding from our donors and supporters. Market data is considered for each individual position to ensure that each salary is set to within the acceptable range around the market median as set out in the policy. A percentage increase was applied across all salaries with effect from 1<sup>st</sup> January 2022 with a one-off discretionary payment being made to eligible staff other than Key Management Personnel part way through the year in recognition of the pressures faced by our staff during the current cost-of-living crisis.

## **Risk Management Statement**

A robust risk management process is underpinned by a quarterly review using a Risk Register approach, involving staff and Trustees, which ensures the monitoring of all risks and identifies those material risks worthy of closer scrutiny. The Board delegates specific responsibility for risk management and mitigation to executive staff.

## **Principal Risks and Uncertainties**

The principal risks for the Charity relate to our planned investment in Individual Giving with a view to enhancing the level of regular, unrestricted income generated in the medium to longer term as well as the payment-by-results contract in which we are a sub-contractor within a consortium delivering The Girl Generation: Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme, funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO). Whilst this brings a great opportunity for Amref UK and the global Amref family, the inherent nature of such arrangements raises risks regarding unrestricted cashflow management with the need to pre-finance activities and the need to achieve specified milestones and performance levels in order to receive payment in full and as scheduled. Our unrestricted cashflow in particular continues to be monitored extremely carefully.

More generally, the competitiveness of the external funding environment and the resultant pressure on income, particularly unrestricted, is a continued area of risk and uncertainty (as it is for our peers across the UK charity sector). The process of 'localisation' (whereby institutional donors choose to fund local or national organisations within the countries where the work is being undertaken), while a positive and most welcomed development, continues to affect our income. Fundraising from the public, be it mass volume or high-value, is also very competitive. Our focus on Trusts and Foundations continues to bring in significant income and as mentioned in the Income Generation section above, there will be continued focus on and investment in developing the Individual Giving and Major Giving income streams in 2023.

Recruitment, retention and motivation of staff continues to be a key risk against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with competitive benefits. The work around our commitment to anti-racist values will continue in 2023 and remains a priority for the whole organisation. We have also adopted a hybrid-working approach which is reaping benefits with the flexibility it offers staff. This has also prompted a review of the office space we need as an organisation and the decision was taken in 2022 to relocate in March 2023 to a more flexible, shared working environment. This also has the benefit of delivering better value for money which is aligned with the continuous monitoring of our unrestricted expenditure base against a backdrop of economic uncertainty and high levels of inflation.

Amref UK continues to prioritise safeguarding as an essential part of our work. Risks regarding safeguarding are mitigated by the adoption of best practice policies, mandatory staff and contractor safeguarding training, the appointment of a Trustee safeguarding lead, and regular risk monitoring, including within our work in Africa. We continue to engage with Bond to ensure that we are informed by best practice in the sector.

We continue to monitor risks about the protection of data, in line with the General Data Protection Regulation (GDPR) which came into force in May 2018. The main risk identified is that the organisation might inadvertently store data about donors, and the Supporter Engagement team rigorously monitor their systems and records to ensure that no unnecessary or prohibited data is stored.

As the UK office of an African NGO, we are responsible for ensuring that funds sent to our HQ in Nairobi for onward transmission to African country offices are spent well and reported against. We mitigate the risks associated with this through formal agreements with other Amref Health Africa offices, robust internal processes, and regular contact with colleagues across the Amref Health Africa family, including support and monitoring visits by UK staff to the actual programmes.

## Trustees' Responsibility Statement

The Trustees (who are also Directors of Amref Health Africa UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards, including FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

The Trustees are also responsible for keeping proper accounting records that disclose with reasonable accuracy and are sufficient to show and explain the Charity's transactions and the financial position of the Charity at any time to enable the Board members to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware;
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

This report was approved and authorised for issue by the Board of Trustees on 9 June 2023 and signed on its behalf by:

A handwritten signature in black ink, appearing to read 'Paul Davey', is written over a light grey rectangular background.

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**Mr Paul Davey, Chair of the Board of Trustees**

# Independent Auditor's Report to the Members of Amref Health Africa

## Opinion

We have audited the financial statements of the Amref Health Africa (the 'charitable company') for the year ended 31 December 2022 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- ◆ give a true and fair view of the state of the charitable company's affairs as at [date] and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- ◆ the information given in the trustees' report, which is also the directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- ◆ the trustees' report, which is also the directors' report for the purposes of company law, has been prepared in accordance with applicable legal requirements.

## **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- ◆ adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- ◆ the financial statements are not in agreement with the accounting records and returns; or
- ◆ certain disclosures of trustees' remuneration specified by law are not made; or
- ◆ we have not received all the information and explanations we require for our audit; or
- ◆ the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

## **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

### *How the audit was considered capable of detecting irregularities including fraud*

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ we identified the laws and regulations applicable to the charitable company through discussions with management, and from our commercial knowledge and experience of the sector;
- ◆ we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Charities Act 2011, Companies Act 2006, data protection legislation, anti-bribery, employment, safeguarding principles and health and safety legislation;
- ◆ we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- ◆ identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions;
- ◆ assessed whether judgements and assumptions made in determining the accounting estimates set out in the accounting policies (note 1a) were indicative of potential bias; and
- ◆ used data analytics to identify any significant or unusual transactions and identify the rationale for them.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ agreeing financial statement disclosures to underlying supporting documentation;
- ◆ reading the minutes of trustee meetings;
- ◆ enquiring of management as to actual and potential litigation and claims; and
- ◆ reviewing any available correspondence with HMRC and the company's legal advisors (although none was noted as being received by the charitable company).

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in black ink that reads "Buzzacott LLP". The signature is written in a cursive, flowing style.

Hugh Swainson (Senior Statutory Auditor)  
For and on behalf of Buzzacott LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

12 June 2023

**Statement of financial activities** (including income and expenditure account) Year to 31 December 2022

		2022			2021		
	Notes	Unrestricted fund £	Restricted funds £	Total £	Unrestricted fund £	Restricted funds £	Total £
<b>Income from:</b>							
Donations and capital grants	1	531,771	575,949	1,107,720	567,026	30,500	597,526
Charitable activities	2a	543,664	3,443,481	3,987,145	240,756	4,310,534	4,551,290
Other trading activities	2b	1,171	—	1,171	1,372	—	1,372
Investments		1,548	—	1,548	55	—	55
Other income		7,737	11	7,748	—	—	—
<b>Total</b>		<b>1,085,891</b>	<b>4,019,441</b>	<b>5,105,332</b>	<b>809,209</b>	<b>4,341,034</b>	<b>5,150,243</b>
<b>Expenditure on:</b>							
Raising funds	3	330,958	157,703	488,661	511,967	19,289	531,256
Charitable activities	3	638,527	3,325,173	3,963,700	122,055	3,235,466	3,357,521
<b>Total</b>		<b>969,485</b>	<b>3,482,876</b>	<b>4,452,361</b>	<b>634,022</b>	<b>3,254,755</b>	<b>3,888,777</b>
<b>Net income and net movement in funds</b>		<b>116,406</b>	<b>536,565</b>	<b>652,971</b>	<b>175,187</b>	<b>1,086,279</b>	<b>1,261,466</b>
Transfers between funds	15	6,000	(6,000)	—	89,102	(89,102)	—
<b>Net movement in funds after transfers</b>		<b>122,406</b>	<b>530,565</b>	<b>652,971</b>	<b>264,289</b>	<b>997,177</b>	<b>1,261,466</b>
Total funds brought forward		975,032	2,006,447	2,981,479	710,743	1,009,270	1,720,013
<b>Total funds carried forward</b>	15	<b>1,097,438</b>	<b>2,537,012</b>	<b>3,634,450</b>	<b>975,032</b>	<b>2,006,447</b>	<b>2,981,479</b>

All income and expenditure derives from continuing activities.

The statement of financial activities includes all gains and losses recognised during the year.

The notes on pages 43 to 51 form part of these financial statements.

**Balance sheet** 31 December 2022

	Notes	2022 £	2022 £	2021 £	2021 £
<b>Fixed assets</b>					
Tangible fixed assets	8		<b>11,525</b>		8,206
<b>Current assets</b>					
Debtors	9	<b>629,955</b>		355,249	
Cash at bank and in hand		<b>4,080,072</b>		3,668,120	
		<b>4,710,027</b>		4,023,369	
<b>Liabilities</b>					
Creditors: amounts falling due within one year	10a	<b>(882,102)</b>		(840,296)	
<b>Net current assets</b>			<b>3,827,925</b>		3,183,073
<b>Total assets less current liabilities</b>					
			<b>3,839,450</b>		3,191,279
Creditors: amounts falling due after more than one year	10b		<b>(205,000)</b>		(209,800)
<b>Net assets</b>			<b>3,634,450</b>		2,981,479
<b>Funds</b>					
Unrestricted fund – general	15	<b>1,097,438</b>		975,032	
Restricted funds	15	<b>2,537,012</b>		2,006,447	
<b>Total funds</b>			<b>3,634,450</b>		2,981,479

The financial statements were approved by the Trustees and authorised for issue on 9 June 2023 and signed on their behalf by:



Paul Davey, Chair

Company number: 00982544

The notes on pages 43 to 51 form part of these financial statements.

**Statement of cash flows** Year to 31 December 2022

	Note	2022 £	2021 £
<b>Net cash inflow from operating activities</b>	A	<b>418,200</b>	1,440,999
<b>Cash flows from investing activities</b>	B		
Interest income		1,548	55
Purchase of tangible fixed assets		(8,874)	(5,202)
Disposal of tangible fixed assets		1,078	—
<b>Net cash flow (used in) investing activities</b>		<b>(6,248)</b>	(5,147)
<b>Change in cash and cash equivalents in the year</b>		<b>411,952</b>	1,435,852
<b>Reconciliation of net cash flow to movement in net funds:</b>			
<b>Cash and cash equivalents at beginning of year</b>		<b>3,668,120</b>	2,232,268
<b>Cash and cash equivalents at end of year</b>		<b>4,080,072</b>	3,668,120

**A Reconciliation of net movement in funds to net cash flow from operating activities**

	2022 £	2021 £
Net movement in funds (as per statement of financial activities)	<b>652,971</b>	1,261,466
Adjustments for:		
Depreciation charge	4,477	3,001
Interest income	(1,548)	(55)
Increase in debtors	(274,706)	(227,080)
Increase in creditors	37,006	403,667
<b>Net cash provided by operating activities</b>	<b>418,200</b>	1,440,999

**B Analysis of changes in net debt**

	At 1 January 2022 £	Cash flows £	At 31 December 2022 £
<b>Cash and cash equivalents</b>			
Cash at bank and in hand	3,668,120	411,952	<b>4,080,072</b>
<b>Borrowings</b>			
Debt due after one year	(209,800)	4,800	<b>(205,000)</b>
<b>Total</b>	<b>3,458,320</b>	<b>416,752</b>	<b>3,875,072</b>

### **General information and basis of preparation**

Amref Health Africa is a company limited by guarantee registered in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are to engage, inspire, and influence people to invest in lasting health change across Africa.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities SORP (FRS 102)), the Charities Act 2011 and the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity, and rounded to the nearest pound.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### **Critical accounting estimates and areas of judgement**

Preparation of the financial statements requires the trustees and senior management to make significant judgements and estimates.

The items in the financial statements where these judgements and estimates have been made include:

- ◆ the estimation of the useful economic life of tangible fixed assets;
- ◆ the estimation of the amount receivable in respect of legacies where the charity has been notified of its entitlement; and
- ◆ the estimation of the amounts recognised as donated goods or services as gift in kind income;
- ◆ the basis on which the support costs are allocated across the various categories of charitable expenditure.

### **Going concern**

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the expected level of income and expenditure for 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

### **Income recognition**

All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

#### *Donations and legacies*

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled. For legacies, income is recognised upon receipt, or before receipt if there is sufficient evidence to provide the necessary certainty that the legacy will be received and the value of the income can be measured with sufficient certainty.

#### *Gifts in Kind*

Donated facilities and donated professional services (Gifts in Kind) which the Charity would otherwise have purchased are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity; that is the amount the charity would be willing to pay in the open market for the equivalent benefit of such facilities and services. A corresponding amount is recognised in expenditure. A threshold of £500 is applied for each facility or service.

No amount is included in the financial statements for volunteer time in line with the Charities SORP (FRS 102).

#### *Charitable activities*

The charity receives grants in respect of its charitable work from governments, corporate donors, institutions, trusts & foundations. Income from government and other grants is recognised at fair value when the charity has entitlement, it is probable that the income will be received and the amount can be measured reliably. If entitlement is not met then these amounts are deferred. Where there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, income is recognised upon receipt.

The charity receives government contract income in respect of its charitable work. Due to its nature, this income is classified as unrestricted and is subject to VAT. There are payment-by-results elements within the contract. Contract income is only recognised when the charity has entitlement and the payment-by-results related income is only recognised once the specific criteria have been met and approved as such by the funder.

#### *Trading activities*

Income from trading activities relates to income earned from trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

**Income recognition** (continued)

*Other income*

Other unrestricted income includes gains arising from foreign exchange transactions which do not relate to restricted funds. Any material unrealised foreign exchange gains are included below net income and realised gains are included within other income.

**Expenditure recognition**

Expenditure is accounted for on an accruals basis with the exception of expenditure transactions below £500. Expenditure has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- ◆ Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- ◆ Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs. Where there is sufficient precedent for the charity to assume that the funder in question is likely to approve the reallocation of any unspent funds, grant expenditure is recognised upon payment. Where this precedent does not exist, grant expenditure is recognised once the transferred funds have been spent on the specified programme.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

**Support costs allocation**

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and administrative costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to Costs of Raising Funds and Expenditure on Charitable Activities on a basis consistent with use of the resources. Overheads have been allocated on the basis of staff time. The analysis of these costs is included in note 4.

**Funds**

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. A summary of restricted funds by geographical area is set out in the notes to the financial statements.

Transfers between funds take place in accordance with funding agreements or with the express permission of the funder.

### **Tangible fixed assets**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Tangible fixed assets which are capitalised are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life which for equipment and computers is three years.

### **Debtors**

Debtors are recognised at the settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid.

### **Cash at bank and in hand**

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Any cash investment with a longer maturity is classified as a short term deposit.

### **Liabilities and provisions**

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

### **Leases**

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

### **Foreign currency**

Foreign currency transactions are initially recognised using the monthly exchange rate.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate. Gains and losses on exchange are allocated to the appropriate resource.

### **Employee benefits**

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

**Tax**

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. It therefore does not suffer tax on income or gains applied for charitable purposes.

**Financial instruments**

The charity only holds basic Financial Instruments. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

**Financial assets** – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 9. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

**Cash at bank** – is classified as a basic financial instrument and is measured at face value.

**Financial liabilities** – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 10. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.

**1. Income from donations and legacies**

	Unrestricted funds £	Restricted funds £	2022 Total £
Individual sponsorship/event donations	22,205	—	22,205
Individual donors	394,664	—	394,664
Legacies	3,743	—	3,743
Corporate donors	5,960	—	5,960
Trusts and Foundations	100,199	265,000	365,199
Donated services	5,000	310,949	315,949
	<b>531,771</b>	<b>575,949</b>	<b>1,107,720</b>

	Unrestricted funds £	Restricted funds £	2021 Total £
<i>Individual sponsorship/event donations</i>	20,038	—	20,038
<i>Individual donors</i>	379,116	—	379,116
<i>Legacies</i>	58,025	500	58,525
<i>Corporate donors</i>	23,083	—	23,083
<i>Trusts and Foundations</i>	76,764	30,000	106,764
<i>Donated services</i>	10,000	—	10,000
	<b>567,026</b>	<b>30,500</b>	<b>597,526</b>

**2.a Income from charitable activities**

	Unrestricted funds £	Restricted funds £	2022 Total £
<b>Corporates</b>			
GlaxoSmithKline	—	761,085	761,085
ViiV Healthcare	—	131,920	131,920
<b>Total Corporates</b>	—	893,005	893,005
<b>Governments</b>			
FCDO	543,664	—	543,664
<b>Total Governments</b>	543,664	—	543,664
<b>Other Institutional donors</b>			
The National Lottery Community Fund	—	210,646	210,646
Comic Relief	—	5,758	5,758
<b>Total Other Institutional donors</b>	—	216,404	216,404
<b>Trusts and Foundations</b>			
Donor wishing to remain anonymous	—	1,776,074	1,776,074
Croda Foundation	—	179,288	179,288
People's Postcode Lottery	—	178,901	178,901
The Rabelais Trust	—	146,451	146,451
The Schroder Foundation	—	25,000	25,000
The Waterloo Foundation	—	24,770	24,770
The SOL Foundation	—	588	588
Other Trusts < £15k	—	3,000	3,000
<b>Total Trusts &amp; Foundations</b>	—	2,334,072	2,334,072
	<b>543,664</b>	<b>3,443,481</b>	<b>3,987,145</b>

**2.a Income from charitable activities (continued)**

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>2021 Total £</i>
<b>Corporates</b>			
<i>GlaxoSmithKline</i>	—	1,650,000	1,650,000
<i>ViiV Healthcare</i>	—	5,607	5,607
<b>Total Corporates</b>	—	1,655,607	1,655,607
<b>Governments</b>			
<i>FCDO</i>	240,756	—	240,756
<b>Total Governments</b>	240,756	—	240,756
<b>Other Institutional donors</b>			
<i>The National Lottery Community Fund</i>	—	178,038	178,038
<i>Comic Relief</i>	—	2,482	2,482
<b>Total Other Institutional donors</b>	—	180,520	180,520
<b>Trusts and Foundations</b>			
<i>Donor wishing to remain anonymous</i>	—	1,728,570	1,728,570
<i>Croda Foundation</i>	—	—	—
<i>People's Postcode Lottery</i>	—	220,000	220,000
<i>The Rabelais Trust</i>	—	164,184	164,184
<i>The Schroder Foundation</i>	—	25,000	25,000
<i>The Waterloo Foundation</i>	—	47,727	47,727
<i>The SOL Foundation</i>	—	179,460	179,460
<i>James Percy Foundation</i>	—	82,227	82,227
<i>Other Trusts &lt; £15k</i>	—	27,239	27,239
<b>Total Trusts and Foundations</b>	—	2,474,407	2,474,407
	240,756	4,310,534	4,551,290

**2.b Income from other trading activities**

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<b>2022 Total £</b>
<i>Christmas cards</i>	1,171	—	<b>1,171</b>

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>2021 Total £</i>
<i>Christmas cards</i>	1,372	—	1,372

### 3. Expenditure

	Raising funds £	Charitable activities £	2022 Total £
Staff costs	305,903	456,608	<b>762,511</b>
Direct costs	87,462	3,406,297	<b>3,493,759</b>
Support costs	95,296	100,795	<b>196,091</b>
	<b>488,661</b>	<b>3,963,700</b>	<b>4,452,361</b>

	Raising funds £	Charitable activities £	2021 Total £
Staff costs	390,540	358,315	748,855
Direct costs	49,960	2,911,675	2,961,635
Support costs	90,756	87,531	178,287
	<b>531,256</b>	<b>3,357,521</b>	<b>3,888,777</b>

Direct costs of charitable activities are predominantly £3,257,116 (2021: £2,899,471) made up of grants remitted to Amref HQ for core objectives.

### 4. Support costs allocation

	Raising funds £	Charitable activities £	2022 Total £
Premises costs	36,292	38,386	<b>74,678</b>
Governance costs	9,360	9,900	<b>19,260</b>
Other office and operational costs	49,644	52,509	<b>102,153</b>
<b>Total</b>	<b>95,296</b>	<b>100,795</b>	<b>196,091</b>

	Raising funds £	Charitable activities £	2021 Total £
Premises costs	38,770	37,393	76,163
Governance costs	7,840	7,561	15,401
Other office and operational costs	44,146	42,577	86,723
<b>Total</b>	<b>90,756</b>	<b>87,531</b>	<b>178,287</b>

### 5. Governance costs

	2022 £	2021 £
Auditor's remuneration – current period audit fee	<b>15,480</b>	15,180
Auditor's remuneration – audit fee in respect of prior years	<b>(600)</b>	—
Other costs	<b>4,380</b>	221
	<b>19,260</b>	15,401

£108 was reimbursed or paid by the charity for one Trustee during the year for travel and other expenses incurred on the charity's business (2021: £nil).

## 6. Staff costs and numbers

The aggregate payroll costs comprised:

	2022 £	2021 £
Wages and salaries	628,116	626,342
Social security costs	65,117	64,333
Employer's pension costs	46,554	47,198
Other staff costs	22,724	10,982
	<b>762,511</b>	<b>748,855</b>

Average number of staff during the year by function:

	2022		2021	
	Headcount	FTE	Headcount	FTE
Fundraising	5	4.2	5	5.1
Communications	—	—	2	2.0
Programmes	7	6.2	5	4.7
Governance and administrative support	6	4.6	5	3.9
	<b>18</b>	<b>15.0</b>	17	15.7

The employee benefits for key management personnel, who are detailed on page 3, (including employer's National Insurance costs) were £286,014 (2021: £373,109).

In the year ended 31 December 2022, there were the following number of employees with remuneration in excess of £60,000:

	2022 No.	2021 No.
£60,001 - £70,000	1	—
£80,001 - £90,000	1	1

During the year, no Trustee received any remuneration (2021: none).

## 7. Net income

Is stated after charging:

	2022 £	2021 £
Auditor's remuneration:		
. Current year audit fee	15,480	15,180
. Audit fee in respect of prior years	(600)	—
Non-audit fees – taxation advice	2,980	600
Depreciation of fixed assets	4,477	3,001
Lease rentals	52,982	53,424

## 8. Fixed assets

	Equipment and computers £
<b>Costs</b>	
As at 1 January 2022	85,117
Additions	8,874
Disposals	<u>(11,002)</u>
As at 31 December 2022	<u>82,989</u>
<b>Depreciation</b>	
As at 1 January 2022	76,911
Charge during the year	4,477
Disposals	<u>(9,924)</u>
As at 31 December 2022	<u>71,464</u>
<b>Net book value</b>	
As at 1 January 2022	8,206
As at 31 December 2022	<u>11,525</u>

## 9. Debtors

	2022 £	2021 £
Accrued income	444,344	148,486
Prepayments and other debtors	7,080	5,323
Amounts due from Amref HQ	<u>178,531</u>	201,440
	<u>629,955</u>	<u>355,249</u>

## 10.a Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	799	656
Taxation and social security	53,644	28,821
Amounts due to Amref HQ	253,078	146,002
Accruals and other creditors	46,487	46,959
Deferred income	523,294	613,058
Leasing liability	<u>4,800</u>	4,800
	<u>882,102</u>	<u>840,296</u>
<b>Deferred income</b>		
Balance brought forward as at 1 January 2022	613,058	558,704
Released in the year	<u>(613,058)</u>	(558,704)
Income received and deferred in the year	523,294	613,058
<b>Balance carried forward as at 31 December 2022</b>	<u>523,294</u>	<u>613,058</u>

Deferred income relates to grant income received before the year-end where the conditions for recognition have not been met as at the year end.

### 10.b Creditors: amounts falling due after more than one year

	2022 £	2021 £
Leasing liability	—	4,800
Loan from Amref NL*	<b>205,000</b>	205,000
	<b>205,000</b>	209,800

\*This loan is interest-free and is due for repayment on 31 March 2026. The loan is to be used exclusively for pre-financing the delivery of the “Support to the African Led Movement to End FGM/C” programme.

### 11. Reconciliation of funds

	Unrestricted		Restricted funds £	2022 £
	General funds £	Designated funds £		
<b>Analysis of reserves</b>				
Tangible fixed assets	11,525	—	—	<b>11,525</b>
Net current assets	990,913	300,000	2,537,012	<b>3,827,925</b>
Creditors of more than one year	(205,000)	—	—	<b>(205,000)</b>
	<b>797,438</b>	<b>300,000</b>	<b>2,537,012</b>	<b>3,634,450</b>

	Unrestricted		Restricted funds £	2021 £
	General funds £	Designated funds £		
<i>Analysis of reserves</i>				
<i>Tangible fixed assets</i>	8,206	—	—	8,206
<i>Net current assets</i>	1,176,626	—	2,006,447	3,183,073
<i>Creditors of more than one year</i>	(209,800)	—	—	(209,800)
	<b>975,032</b>	<b>—</b>	<b>2,006,447</b>	<b>2,981,479</b>

During the period, our reserves calculations were updated in line with our policy as detailed in the Trustees’ report. The closing level of unrestricted free reserves is above target range due to Individual Giving investment not being at planned levels in 2022. £300,000 of unrestricted funds will be ringfenced within a designated fund in 2023 to ensure sufficient funds are available for the Individual Giving investment in future years. Further information is provided in the Trustees’ Annual Report.

The closing level of restricted reserves reflects the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi.

## 12. Capital and financial commitments

At 31 December 2022, the charity committed to subscribe to a London Marathon Golden Bond during the next year at £1,980 per annum including VAT. No such commitment was made as at 31 December 2021.

At 31 December 2022 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	2022		2021	
	Leasehold property £	Equipment £	Leasehold property £	Equipment £
Within one year	11,767	2,115	47,069	2,115
Between two to five years	—	6,640	11,767	8,641

A ten year agreement for the leasehold property (Lower Ground Floor, White Lion Street, London, N1 9PD) started in March 2013 and was renegotiated in April 2018. This leasehold arrangement came to an end in March 2023. The property was vacated and the charity relocated to 7-14 Great Dover Street, London, SE1 4YR.

A license to occupy agreement for shared office space within the building at 7-14 Great Dover Street, London, SE1 4YR was signed in January 2023 to take effect from 1 March 2023. The license agreement can be terminated with three months written notice and the license fee is to be reviewed on an annual basis.

Lease payments of £52,982 (2021: £53,424) have been recognised as an expense.

There are no contingent liabilities at the end of December 2022.

## 13. Liability of Members

At 31 December 2022 the charity had 8 members (2021: 8 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10.

## 14. Related party transactions

- a) Amref Health Africa (“Amref UK”) is a national office of the Amref global network, coordinated through a company of the same name based in Nairobi, Kenya (“Amref HQ”).

The arrangement between the two organisations, and the responsibilities of both organisations, is summarised in a written Association Agreement signed by both parties. This does not supersede the respective autonomy of each organisation.

The transactions with Amref HQ were as follows:

	2022 £	2021 £
Net balances due to Amref UK at the start of the year	55,438	8,924
Grants and other payments payable from Amref UK to Amref HQ in the year	(3,257,116)	(2,899,471)
Net payments made from Amref UK to Amref HQ	3,127,131	2,945,985
Net balances due (from) / to Amref UK at the end of the year	(74,547)	55,438

**14. Related party transactions** (continued)

- b) In 2021, Amref UK received a loan of £205,000 from Amref NL. The loan is on an interest-free basis and is for a 5 year period, payable by 31 March 2026. The loan arrangement is in place to support Amref UK's management of unrestricted cashflow in light of the pre-financing requirements of the contract funding by FCDO.
- c) During the year, £174 (2021: £72) was spent on coffee beans with Capital Coffee Roasters Ltd., a company owned by the parents of one of the Key Management Personnel. There was no balance due at the year end. Amref UK has also entered into a loan agreement without charge with this company for the provision of a coffee machine.
- d) Donations from related parties  
Unrestricted donations and Christmas card sales of £2,809 were recorded from 8 KMP, Trustees and their connected entities in the year (£10,214 from 8 Trustees and KMP in 2021).

**15. Funds**

The income of the charity includes both restricted and unrestricted funds. The table below summarises the funds balances held at 31 December 2022.

	1 January 2022 £	Income £	Expenditure £	Transfers* £	31 December 2022** £
<b>Restricted</b>					
Ethiopia	400,000	131,920	(528,404)	—	<b>3,516</b>
Kenya	239,046	697,038	(886,742)	(5,000)	<b>44,342</b>
Tanzania	—	939,164	(211,120)	—	<b>728,044</b>
Uganda	1,260,354	1,251,625	(901,861)	—	<b>1,610,118</b>
Amref HQ & regional work	107,047	525,034	(586,089)	—	<b>45,992</b>
UK office	—	290,000	(184,000)	(1,000)	<b>105,000</b>
Malawi	—	184,660	(184,660)	—	<b>—</b>
	<u>2,006,447</u>	<u>4,019,441</u>	<u>(3,482,876)</u>	<u>(6,000)</u>	<u><b>2,537,012</b></u>
<b>Unrestricted</b>					
General	975,032	1,085,891	(969,485)	6,000	<b>1,097,438</b>
	<u>975,032</u>	<u>1,085,891</u>	<u>(969,485)</u>	<u>6,000</u>	<u><b>1,097,438</b></u>
<b>Total</b>	<u>2,981,479</u>	<u>5,105,332</u>	<u>(4,452,361)</u>	<u>—</u>	<u><b>3,634,450</b></u>

Details of the programmes delivered in the year under our four thematic areas can be found in the table on page 13 of the Trustees' Annual Report.

\*The charity has reassessed the purpose of funding and this presentation better presents the way in which the charity is able to use the funds.

\*\*The year-on-year increase in restricted funds held, particularly pertaining to Tanzania and Uganda, relates to programmes where funds were received and recognised just before 31 December 2022 which are to be spent in the following year.

15. Funds (continued)

	1 January 2021 £	Transfers* £	Transfers** £	Income £	Expenditure £	31 December 2021 £
<i>Restricted</i>						
<i>Ethiopia</i>	11,685	2,478	200,000	405,606	(219,769)	400,000
<i>Kenya</i>	370,840	(213,723)	(33,435)	1,836,883	(1,721,519)	239,046
<i>Tanzania</i>	10,364	(217)	—	260,266	(270,413)	—
<i>Uganda</i>	362,536	(30)	—	1,776,297	(878,449)	1,260,354
<i>Amref HQ &amp; regional work</i>	239,229	215,225	(244,784)	2,000	(104,623)	107,047
<i>UK office</i>	3,733	(3,733)	—	57,500	(57,500)	—
<i>Malawi</i>	—	—	—	2,482	(2,482)	—
<i>Namibia and Botswana</i>	10,883	—	(10,883)	—	—	—
<i>Unrestricted</i>	710,743	—	89,102	809,209	(634,022)	975,032
<b>Total</b>	<b>1,720,013</b>	<b>—</b>	<b>—</b>	<b>5,150,243</b>	<b>(3,888,777)</b>	<b>2,981,479</b>

*\*The charity has reassessed the geographical classification of funding and this presentation better presents the way in which the charity is able to use the funds.*

*\*\*In 2021, agreement was reached with GSK to reassign and repurpose some funding received in previous financial years, the majority of which originally related to the ten-year GSK 20% Frontline Health Worker Training Programme. £200,000 was reassigned to the GSK TB & Malaria programme in Ethiopia and £89,102 was released to unrestricted, shown here as transfers between funds.*

16. Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) funded by UK Government (FCDO)

In accordance with the contract between Amref UK and Options Consultancy Services Ltd for the Support to the African-Led Movement to End Female Genital Mutilation / Cutting (FGM/C) programme funded by the UK Government (FCDO), the following note has been included. The note shows the amounts due to Amref UK in relation to the programme which form part of the accrued income balance in Note 9 as well as the claimable amounts arising and payments received during the year (including VAT where applicable).

	2022 £	2021 £
Balances due to Amref UK at the start of the year	102,419	—
Claimable amounts incurred by Amref UK in the year	656,920	278,041
Payments received by Amref UK in the year	(367,619)	(175,622)
<b>Balances due to Amref UK at the end of the year</b>	<b>391,720</b>	<b>102,419</b>

**AMREF HEALTH AFRICA**

England & Wales - Charity number 261488

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# Accounts

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# **Trustees' Annual Report and Financial Statements**

**For the year ended 31<sup>st</sup> December 2021**

**Amref Health Africa UK**

**Charity Number: 261488**

**Company Number: 00982544**

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# Reference and Administrative Details

**Patron:** HRH The Prince of Wales

## **Board of Trustees:**

- **Chair:** Mr Paul Davey
- **Treasurer:** Dr Amanda Caine
- Dr Tinashe Chandauka
- Mr Simon Hammett
- Ms Sue Hunt
- Ms Beverley Jewell
- Ms Bridie Layden
- Ms Jennifer Mbaluto

## **Internal Key Management Personnel:**

- **Chief Executive:** Ms Camilla Knox-Peebles
- **Head of Finance:** Ms Helen Blake
- **Head of Fundraising:**
  - Ms Sheena Bourke (maternity cover until December 2021)
  - Mrs Katie Greywood (on maternity leave until December 2021)
- **Head of Programmes and Strategic Partnerships:** Mr Steve Murigi
- **Communications Manager:** Ms Rachel Erskine
- **Company Secretary:** Ms Helen Blake

**Charity Number:** 261488

**Company Number:** 00982544

## **Registered Office**

Lower Ground Floor  
15 - 18 White Lion Street  
London N1 9PD

## **Bankers**

### **C Hoare & Co**

37 Fleet Street  
London EC4P 4DQ

### **Barclays Bank**

7<sup>th</sup> Floor, United Kingdom House  
180 Oxford Street  
London W1D 1EA

### **CCLA**

Senator House  
85 Queen Victoria Street  
London EC4V 4ET

## **Auditors**

### **MHA MacIntyre Hudson, Chartered Accountants**

6<sup>th</sup> Floor  
2 London Wall Place  
London EC2Y 5AU

This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2019.

## Trustees' Annual Report for the year ended 31<sup>st</sup> December 2021

### Who We Are

**Amref Health Africa is Africa's leading health NGO. Our vision is of a world where everyone has access to high-quality, affordable healthcare. We know that if change is to be lasting, it must be driven and owned by communities.**

We started life in 1957 as the Flying Doctors of East Africa. More than six decades later, we work in 35 countries, partnering with communities to sustainably strengthen health systems and improve access to high-quality healthcare. We develop mobile and online learning solutions that make top-class training available to health workers across the continent. We operate a university that shapes the health workforce of the future. We run the continent's leading air ambulance service. Our reach – and our relationships with the communities we support – is unparalleled.

As the world strives to meet the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030, Amref Health Africa is committed to removing the barriers that impede access to healthcare, ensuring that no-one is left behind. The work of our UK office contributes to this ambitious goal.

### Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of nine offices in Europe and North America that are responsible for mobilising resources to increase the reach and impact of our work in Africa. Our London-based team has skills spanning programme management and technical support, fundraising and supporter engagement, communications, human resources, and finance, administration, and governance. With an annual income of between £3 and £5 million, we support a portfolio of innovative health programmes funded by a range of donors and partners including institutions, companies, trusts and foundations, and individual supporters.

**In 2021, Amref Health Africa UK supported 19 programmes in five countries. We are proud of the progress we have made, collectively, towards expanding access to healthcare for some of sub-Saharan Africa's most remote and marginalised communities – in a year when the positive trends of recent decades have been jeopardised by the COVID-19 pandemic. We would like to extend our thanks to everyone who has been, and continues to be, a part of this important work.**

### Our Strategic Objectives

**2021 was defined by the COVID-19 pandemic, ongoing at the time of writing. The reporting period saw Amref Health Africa continue to play a leading role in the COVID-19 response in East, West, and Southern Africa, including a shift towards supporting the continent's vaccination drive.**

As well as launching new initiatives to support communities affected by COVID-19, we adapted our existing programmes to ensure the continued availability of vital care and services (see Our Achievements: Programme Development, p.8). This has required us to think creatively, deploy our full range of mobile and digital tools, and develop innovative cross-sector partnerships, all in close collaboration with the rest of the Amref family.

As of mid-May 2022, around 17% of Africa’s population was fully vaccinated. Amref Health Africa is working to close the current gap, in partnership with international institutions, regional bodies including the Africa CDC and WHO AFRO, national governments, local authorities, health workers, and communities across the continent. In parallel, we are advocating at the highest levels for the equitable distribution of COVID-19 vaccines, and for policy change to enable the continent to manufacture its own supplies.

Africa is experiencing what our Group Chief Executive Dr Githinji Gitahi has described as a “dual catastrophe”. Vaccine scarcity means that ending the pandemic remains a distant prospect. While it continues, other health services – among them ante-natal care, routine child immunisation, and the testing and treatment of malaria and tuberculosis, and the prevention of sexual and gender-based violence, including female genital mutilation, or cutting (FGM/C) – are under huge pressure. The consequences of these trends will outlast the pandemic. In fact, COVID-19 has created an increased need for Amref’s unique expertise: not just in responding to the current crisis, but in strengthening health systems across the continent in a sustainable way – itself an essential step towards preparing for future public health emergencies.

2021 was therefore a challenging but busy year for Amref Health Africa UK, which continued to mobilise resources to support the vital work of the wider organisation, as well as providing technical support with programme implementation. We celebrated a new partnership with ViiV Healthcare Positive Action, which aims to reduce pregnant mother-to-child transmission (PMTCT) of HIV in Ethiopia; the latest iteration of our long-standing partnership with GSK, which seeks to improve the prevention, diagnosis and management of tuberculosis and malaria in Kenya and Ethiopia; as well as the launch of the ambitious UK government-funded ‘Support to the Africa-led Movement to End FGM/C’ programme. Our relationship with a major anonymous trust evolved and together we launched a second phase of the innovative Piwa Maleng (“Our Clean Water”) programme in Uganda. We also reached a new milestone in our relationship with People’s Postcode Lottery, who granted Amref UK a Special Award of £100,000 on top of their existing support. You can read more about these initiatives from p.8 onwards in Our Achievements: Programme Development.

Amref Health Africa UK ended the year in a comparatively strong financial position, thanks in part to funds raised in support of our COVID-19 response work. The external environment remains uncertain, and we continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.21)

## Mid-Term Strategy Review

Our 2020 Trustees’ Annual Report included an outline of Amref Health Africa UK’s 2020 – 2023 Organisational Strategy, which is anchored around three Strategic Aims:

- 1) Mobilise resources by developing partnerships and engaging supporters,
- 2) Inspire others through strong stories of impact,
- 3) Drive change through advocacy.

We are aiming to ensure that by the end of 2023, an increased number of people in sub-Saharan Africa have access to high-quality health services every year as a result of Amref UK’s support. In order to reach that goal, we are aiming to increase our income from 2019 levels by around 50% to £6.5 million a year by the end of 2023.

When we finalised the Strategy in early 2020, we committed to conducting a Mid-Term Review at the 18-month mark, i.e. summer 2021. The review was spearheaded by our Interim Head of Fundraising, Sheena Bourke, with input from across the organisation and pro bono strategic support from fundraising consultancy Roots + Wings. Together they assessed each of the three Strategic Aims, looking at progress made to date, challenges encountered, and prospects for future growth in terms of both income and the impact of our programme work.

The key recommendations of the Review were as follows:

- We will **tighten our focus to Strategic Aim 1**, i.e. income-generation. Strategic Aims 2 (communications and storytelling) and 3 (advocacy and influencing) are still in place, but they are in the service of Strategic Aim 1.
- We will aim to increase the proportion of our income that unrestricted funding represents from 10% to around 30%. This means focusing on, and investing in, the **tailored supporter care** we know our community appreciates, as well as in **attracting new supporters**: particularly regular givers, whose support enables us to plan ahead with confidence.
- We will aim to **double the total number of regular donors we have by the end of 2023**, and to **double individual giving income by the end of 2023**.
- We will continue to **nurture our relationships in the strategically important areas of trusts and foundations, corporate partnerships, and institutional funding** – and, where possible, leverage these relationships to foster new ones.
- We will remain true to our ethos: we are African-led, community-centred, and impact-driven.
- **Strong, ethical storytelling will remain the bedrock of our engagements** with supporters, partners, and other key stakeholders. We will continue to produce communications that inspire UK supporters to engage with and invest in Amref Health Africa. We will take every opportunity to amplify African voices and perspectives, using our power to convene to create space for important conversations.
- **We will not undertake targeted policy advocacy work** before the end of the current Strategy period. However, some aspects of advocacy will continue to exist across multiple roles within the organisation – pivoting on opportunities as they present themselves.

Our ultimate ambition – to increase the reach and impact of our work in Africa – is unchanged. The most significant outcome of the Mid-Term Review relates to our approach to mobilising the resources that will enable us to meet that ambition in a sustainable way.

The next step in the process is to incorporate this new, tighter focus into our budgets, workplans, and monitoring and evaluation for the remainder of the initial Strategy period. In order to achieve our ambitions, we will need to invest in our teams, our tools, and our processes. At the time of writing, internal operations are being reviewed and adjusted in light of the outcomes of the review; we will provide a more detailed update on any changes implemented in the 2022 edition of this report.

## Looking forward

Throughout 2021, despite extremely challenging circumstances, we have maintained our commitment to creating sustainable, community-led health change. We were able to do this thanks to our strong financial position, a skilled staff team, and our dedicated supporters and partners.

Although the situation continues to evolve – and although the UK fundraising landscape remains uncertain – we enter 2022 determined to build on our successes, learn from the challenges we have encountered, and, as always, take the lead from the communities we serve. Everything we do will be grounded in, and guided by, our newly-focused 2020 – 2023 Organisational Strategy.

In performing the above activities, the Trustees of Amref Health Africa UK are satisfied that the Charity has met the Charity Commission’s requirements on public benefit.

## Our Achievements: Programme Development

In 2021, Amref Health Africa UK supported **19 programmes across five countries**.

In line with our strategic objectives, we pursued an ambitious, tightly-focused programmatic agenda, responding to the greatest needs – as identified by our in-country colleagues – and supporting high-impact programmes spanning Human Resources for Health (HRH); Maternal, New-born and Child Health (MNCH); Sexual and Reproductive Health and Rights (SRHR), including the prevention of Female Genital Mutilation and Cutting (FGM/C); Water, Sanitation and Hygiene (WASH); and more. In parallel, we continued to respond to the COVID-19 emergency as well as adjusting existing programmes to reflect the pandemic's impact on other health services.

NB. The reduction in Amref UK’s geographical footprint as compared to previous years is due to the (planned) end of the decade-long Frontline Health Worker Partnership, funded by GSK. Amref UK’s relationship with GSK continued to evolve in 2021, and they are now funding an ambitious programme that seeks to address TB and malaria in both Ethiopia and Kenya, both high-burden countries that have seen significant damage to routine services as a result of the pandemic. See p.16 for more details on our evolving relationship with GSK.

The table below outlines the programmes that were part of Amref UK’s portfolio between 1<sup>st</sup> January and 31<sup>st</sup> December 2021. During this period, Amref UK provided support with programme implementation and management as well as partner stewardship.

<b>Country</b>	<b>No. programmes</b>	<b>Areas of activity</b>	<b>Partners / Funders</b> (NB. names not aligned with areas of activity)
<b>Ethiopia</b>	3	Disease Control and Prevention  HRH: COVID-19 Emergency Response  HRH: Health Worker Training	GSK  ViiV Healthcare Positive Action  Waterloo Foundation
<b>Kenya</b>	7	Disease Control and Prevention  HRH: COVID-19 Emergency Response  HRH: Health Worker Training  SRHR	Clifford Chance Foundation  GSK  Kilpatrick Fraser Charitable Trust  The Mercury Phoenix Trust  People’s Postcode Lottery  Rabelais Trust

		WASH and SRHR (Ending FGM/C)	The SOL Foundation Veta Bailey Charitable Trust Wolfson College, Oxford University
<b>Malawi</b>	2	SRHR	Allan and Nesta Ferguson Charitable Trust Comic Relief
<b>Tanzania</b>	2	HRH Livelihoods MNCH SRHR	A major anonymous trust supporter James Percy Foundation The National Community Lottery Fund
<b>Uganda</b>	4	HRH Livelihoods MNCH WASH	A major anonymous trust supporter Souter Charitable Trust
<b>Regional</b>	1	SRHR (Ending FGM/C)	UK government: Foreign, Commonwealth and Development Office (FCDO)
<b>Total</b>	<b>19</b>		

Highlighted below are four examples of the work Amref Health Africa UK has supported during the reporting period. All four programmes are typical of our African-led, community-driven approach to securing lasting health change. As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent's most remote and marginalised communities: those who, in many cases, have been hit hardest by COVID-19.

## Ethiopia and Kenya: Combatting Tuberculosis and Malaria

**In partnership with: GSK**

**Areas of activity: Disease Control and Prevention; Human Resources for Health (Health Worker Training)**

Since January 2021, Amref UK has been implementing a programme to combat tuberculosis (TB) and malaria in Ethiopia and Kenya. Every year, high-impact communicable diseases such as these cause millions of preventable deaths worldwide. The African region bears the greatest burden, and the COVID-19 pandemic was expected to

exacerbate this, with fewer people accessing health services and seeking diagnosis/treatment as well as the redirection of already scarce health resources to pandemic response.

To address this, Amref is implementing a 20-month £2.2 million project, funded by our long-standing partner GSK. The programme aims to improve prevention, diagnosis and management of TB and malaria through training health workers, improving diagnosis of these diseases at health facilities, increasing community awareness, and strengthening data for high-level decision-making.

During the project's first year in Kenya, we adapted TB and malaria curriculums, trained approximately 2,000 frontline health workers (face-to-face and/or digitally) across six counties on disease management, and trained health managers on supply chain management. We also supported county management teams in various ways including mentorship and with leadership training, and provided data training for TB and malaria co-ordinators at the county level to improve data use.

In Ethiopia, we are working in two regions, Afar and Somali. Over the first year of the project, we trained approximately 300 health workers on TB and malaria. To improve diagnosis of these diseases, we also trained laboratory technicians, and supported quality testing in 25 health facilities and 60 community health posts. At the community level, we trained 134 volunteers on case detection and screened 300 people for TB through outreach services.

Our work in Ethiopia is integrated into a larger USAID-funded programme focussing on maternal and child health services, so our activities are focused on tackling TB and malaria in mothers and children. Towards the end of 2021, we also secured £334,000 funding from ViiV Healthcare Positive Action to integrate HIV interventions into the GSK and USAID projects over an 18-month period. This new project aims to contribute to the prevention of mother-to-child transmission of HIV, and this alignment is particularly important given the well-established links between TB and HIV.

## Malawi: Dance for Change

**In partnership with: Comic Relief**

**Area of activity: Sexual and Reproductive Health and Rights**

In 2021, Amref UK began implementing a new 18-month project in Mangochi District, Malawi. The project supports teenage girls aged between 15 and 19. We have chosen to focus on this group because teenage pregnancy and child marriage rates in Malawi remain some of the highest worldwide.

For girls, marriage at such a young age - often to a much older man - is damaging in several ways. It often limits or prohibits access to education or employment opportunities, can lead to social isolation, and in many cases is accompanied by sexual or domestic violence. Early marriage is closely linked to early pregnancy. When a young girl becomes pregnant, marriage is often viewed as the only option. Girls who are forced to marry early lack the power, resources, and support to decide when to have children, and early pregnancy poses significant risks to their physical and mental wellbeing.

Alongside teenage pregnancy and child marriage, girls and young women in Mangochi face other problems related to their sexual and reproductive health and rights. One in five young women has experienced sexual violence. Often a culture of silence is the norm, so girls suffer in silence and are even labelled as the culprit, responsible for seducing the perpetrator. This can have long-lasting ramifications for girls' mental as well as physical health.

These problems all stem to some degree from a lack of gender equality. Instead, patriarchal beliefs around the inferiority of girls and women prevail, stopping them from fulfilling their potential. This project seeks to challenge

these norms by supporting boys and girls from Mangochi to access the resources and knowledge they need to make informed choices about their reproductive health, contributing to a reduction in teenage pregnancy, early marriage, and sexual and gender-based violence among teenage girls. Using an experiential learning approach that utilises music, dance, and other creative facilitation techniques, young people will be equipped with knowledge and skills to better understand themselves, each other, and the world around them. This project will also strengthen local capacity for ‘sports for change’ approaches.

In total, the project will deliver a participatory music and dance programme to 6,400 boys and girls in Mangochi and will increase knowledge of, and access to, youth-specific SRHR topics and services, in turn helping to reduce cases of teenage pregnancy, early marriage, and sexual and gender-based violence among teenage girls.

## **Kenya: Alternative Rites of Passage (ARP) / WASH Phase II**

**In partnership with: Rabelais Trust**

**Areas of activity: Sexual and Reproductive Health and Rights (Ending FGM/C); Water, Sanitation and Hygiene**

Over the past decade, Amref Health Africa has been working to end Female Genital Mutilation/Cutting (FGM/C) in Kajiado County in Kenya. In 2021, these efforts were re-energised through the implementation of a project that develops a community-driven-and-led initiative using Amref’s Alternative Rites of Passage (ARP) model to work towards ending FGM/C, retaining the significance of cultural rituals and celebrations during the transition to womanhood while removing the harmful ‘cut’ for girls.

Kajiado is home to Maasai communities that maintain FGM/C as an integral part of their way of life, despite the introduction of the Prohibition of Female Genital Mutilation Act in 2011 which effectively banned and criminalised the practice of FGM/C. Because of this, the rate of FGM/C in Kajiado Central Sub-County remains well above the national average at 51%, according to a 2017 study.

An evaluation of Amref’s Community-Led Alternative Rites of Passage (CL-ARP) programming in Kajiado County has shown that CL-ARP plays a decisive role in decreasing FGM/C, as well as child, early and forced marriage. Since Amref began working in the area, FGM/C rates among girls in the region have declined by 24.2%. Girls stayed in school for an average of 2.5 years longer and were more likely to delay marriage and childbirth, with teenage pregnancy declining by 6.3%.

Throughout this second phase of the project, Amref is applying its experience to reach 3,000 individuals with safe water, sanitation, and hygiene (WASH) services, which is an effective entry point into communities, from which, conversations on Sexual Reproductive Health Services and Rights (SRHR) topics among adolescent girls and women of reproductive age develop. By working with the community, Amref develops its ARP approach to prevent 1,500 girls from undergoing FGM/C practices and child marriage in the county. And to ensure skills, knowledge, and capacity to work towards better health in Kajiado continue once the project ends, Amref is also deploying a mixture of in-person activities and its mobile learning platform, Leap, to train 90 Community Health Workers (CHWs) and link them to villages to monitor and track gender-based violence.

## **Uganda: Piwa Maleng (“Our Clean Water”) Phase II**

**In partnership with: A major anonymous trust**

**Areas of activity: Sexual and Reproductive Health and Rights; Water, Sanitation and Hygiene**

In 2021, Amref UK successfully ended the first phase of an 18-month Water, Sanitation and Hygiene (WASH) programme in Amuru District, Northern Uganda. WASH is essential for reducing sanitation-related diseases in women and children, but approximately 31% of people in Amuru do not have access to safe water, lower than the national average. This is due to factors such as non-functional water sources as well as a lack of education about safe water and sanitation.

The first phase of the Piwa Maleng project, funded by a major anonymous trust, aimed to address these challenges by drilling and/or rehabilitating 36 boreholes in villages to improve access to clean and safe water for 10,800 people as well as providing education on sanitation and hygiene.

We surpassed our target and drilled/rehabilitated a total of 49 boreholes, supporting approximately 14,700 people to access a safe water source close to their homes. As a result of this work, we increased the percentage of people accessing safe water from 32% to 98% and reduced the distance to access safe water with 55% of households travelling less than 500 metres compared to 40% of people before the project. We also improved water safety, with a reduction in *E. Coli* contamination from 60% to 30% in a range of water sources. In addition, the programme aimed to improve hygiene and sanitation practices through activities such as community dialogues and radio talk shows. 12 villages were declared open defecation-free. To ensure that the project's successes continued beyond its lifespan, committees and mechanics were trained to be able to operate and repair the boreholes as well as continue to promote hygiene within the communities.

The success of this programme led to the development of a second phase which began in September 2021. Funded by the same anonymous trust, this £2.5 million project is being implemented over five years and builds upon the successes and lessons of the first phase. Like its predecessor, Phase II is also focused on improving access to safe water in Amuru District, but aims to bring water even closer to homes by setting up solar-powered systems to direct water from boreholes to taps in schools and villages. Additionally, the programme will introduce education on sexual and reproductive health and rights (SRHR) and tackle this alongside WASH interventions through joint events and dialogues. The overall aim of this exciting second phase is to reduce the rate of teenage pregnancy and improve access to WASH for 39,000 people living in Amuru.

## Research

Research is a crucial step towards achieving lasting health change in Africa and is a key component of Amref Health Africa's mission. Amref Health Africa aims to embed research within our programmes in order to (1) identify priority areas for programming and (2) provide evidence-based solutions to challenges facing the communities we serve. The overall purpose is to generate evidence in order to transform policies and practices in health development.

At Amref UK, we have been supporting this vision by incorporating research studies into our programmes to inform decision-making for future work, as well as using evidence within the UK to demonstrate the impact of our work and provide thought leadership on health development in Africa.

In 2021, we incorporated research studies into some of our newly-funded programmes to look into:

- The effectiveness of integrating disease control and prevention (DCP) interventions into maternal and child health services
- The effectiveness of malaria community case management
- Mental health issues associated with TB stigma
- The effectiveness of integrating SRHR and WASH interventions

We also published research from previous UK-funded programmes including:

- Kiarie *et al.* (2021) The prevalence and associated factors of undernutrition among under-five children in South Sudan using the standardized monitoring and assessment of relief and transitions (SMART) methodology. *BMC Nutrition* 7:25
- Mulenga D, *et al.* (2020) Adequacy of Prenatal Care and its Association with Low Birth Weight in Ndola and Kitwe, Zambia. *J Preg Child Health* 03:108
- Nyirenda HT, *et al.* (2020) Postpartum Depression among Postnatal Women as a Result of Disrespect and Abuse During Labour and Delivery. *J Preg Child Health* 03:109

Key lessons from these publications can be used for effective programme design. For example, mothers who started prenatal care in the first trimester are more likely to receive all screening tests, so initiation of prenatal care and access to services is important for quality of care (Mulenga *et al.*, 2020). Additionally, disrespect and abuse during labour can lead to depression, so there is a need for respectful maternity care as well as assessing signs of poor mental health for early interventions (Nyirenda *et al.*, 2020).

## Our Achievements: Income-Generation

Amref UK raised a total of £809,000 in unrestricted and £4.3 million in restricted funds in the year 2021. The most significant portion of our income came, as in the previous year, from trusts and foundations, with a number of large grants totalling £2.6 million in 2021. 2021 also marked the thirty-third year of our partnership with GSK and saw the start of an ambitious new 20-month programme with £1.7 million of income received in 2021 (see Income from Charitable Activities, p.15). We also saw a modest but encouraging increase in unrestricted gifts from major donors.

## Approach and Stewardship

2021 was a busy and creative year for our income-generating teams at Amref Health Africa UK, with many initiatives continuing to develop as well as new ones launching. The teams were supported by several volunteers as well as Amref Health Africa HQ and country offices, Amref's other European and North American offices, and the Board of Trustees.

Halfway through the year, we launched our ambitious new fundraising and engagement campaign, 'Vaccine Solidarity with Africa'. This campaign brings together our communications with a clear and cohesive message and provides a tangible and impactful message for donors giving unrestricted funds. It also allows us to integrate our response to the COVID-19 pandemic into our core messaging and fundraising rather than keep it as an add-on and recognises how positively our supporters responded to our emergency appeal in 2020.

To support our unrestricted fundraising, we created a Development Council, with members drawn from the Board of Trustees, existing donors, and new supporters. The goal of the Development Council is to raise funds from major donors, trusts, and companies to support the 'Vaccine Solidarity' campaign.

Amref UK used a range of tools and processes to plan and deliver activities and monitor income and expenditure. In particular, the Raiser's Edge database was used to store all personal data as well as information on gifts and consent preferences, and to analyse donors and data. The Charity also used internal risk management and key performance indicator documents to ensure we were on track to meet targets as well as complying with internal and external guidance and regulations.

Amref UK renewed its membership with the Fundraising Regulator and attended sector conferences and training to ensure best practice across income-generating activities. The Charity received no complaints related to fundraising in 2021, there were no data protection breaches, and there were no reported instances of failures to comply with any

schemes or standards including those of the Fundraising Regulator. In the 2021 financial year, Amref UK did not work with any commercial participators or professional fundraisers on fundraising activities.

Treating supporters with respect and dignity remained a key priority in 2021. We reviewed our Privacy Policy and how we use our database as well as how we record and manage consent preferences, and our supporter journeys for individuals. We ensured that the Privacy Policy, Fundraising Regulator logo and other essential statements were displayed in online and printed fundraising materials. We undertook a review of our legitimate interest basis for contacting individuals as part of our GDPR compliance early in 2021 and will do so again in early 2022, taking the appropriate actions.

Within working hours, we responded to all supporter queries and requests within 24-48 hours (but often within a couple of hours of receiving the request) and we were efficient at updating consent preferences and opt-out requests. Amref UK does not specifically work with children or other vulnerable groups, but we recognise vulnerable individuals will be included within our supporters and our database. We used our Safeguarding Policies to help ensure communications were appropriate and adjusted communications for any individuals who appeared to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2021 was four, with up to 23 emails for those who had opted into the mailing list. We sent significantly more emails in 2021 than in 2020 due to an increased focus on digital communications driven by the pandemic and customer demand. This remains a highly engaged audience, with open rates that consistently surpass industry standard. Our communications are designed to inform, inspire, and encourage.

## **Incoming Resources from Donations and Legacies**

We raised £598,000 (£567,000 unrestricted and £31,000 restricted) of Incoming Resources from Donations and Legacies in 2021. The majority related to income from individuals, including major donors. Fundraising from individuals was a key focus in 2021 as it forms the basis of our strategy for the next few years. We saw 2021 as a year to keep doing what we do well, and to research and plan new activities for the following year.

We continued to fundraise from individual donors with £379,000 being raised in 2021. Once again, we did not invest in regular giving acquisition, but our goal to minimise attrition and maximise organic recruitment of new donors meant that the majority of individual donor income came from our regular givers. We look forward to significantly investing in this area in 2022 in line with our new strategic focus. We also fundraised from individuals through direct-mail appeals; these generally performed well, exceeding targets and raising a total of £66,000. We continued to segment data, offer different gift amounts, and use new case studies and supporting materials to engage our donors. For the 2021 Christmas Appeal, we worked with a designer to give supporters a 'make your own Christmas bauble' to celebrate Amref Flying Doctors and their response to the pandemic. We also used a match-funding mechanism once again to further encourage supporters to donate.

We invested modestly in digital fundraising and online donations, with an improved donation page, online campaign collateral, supporter webinars and a more frequent and timelier e-newsletter. We raised a total of £25,000 in online donations, compared to just over £30,000 the previous year. The drop is mainly due to more major donors giving directly rather than through the website. We also worked closely with the Communications team on the development of a new website and selection of a new online donation provider, which launched in early 2022 and provides a springboard for our investment in digital fundraising.

Gifts from major donors (£5,000 and above) was a priority area in 2021 and we raised a total of £52,000, compared to £18,000 the previous year. We aim to double this again in 2022. Our new giving circle, the Mbele Movement, proved popular with supporters, attracting eight members who have committed major gifts for at least three years. In-person engagement with high-net-worth individuals was limited due to pandemic-related restrictions, and we had

clear feedback from the Development Council that more engagement opportunities are essential if we are to further grow our major giving income; this will be a priority for 2022.

The COVID-19 pandemic continued to affect and disrupt our Community and Events calendar, with several events changed, postponed, or cancelled at short notice and therefore we did not raise as much as we had hoped, with end-of-year income from Individual Sponsorship & Events Donations at £20,000. Key events included the London Marathon, London Landmarks Half Marathon, and Royal Parks Half Marathon – the first time we have had a team compete in this latter event. In addition, we promoted our own event, the Spring Step Challenge, for the second year running.

The nature and size of our database means that legacy and in memoriam income is always difficult to predict. 2021 was a strong year for this income stream, with a total of £59,000 received.

We saw an uplift in unrestricted, flexible gifts from trusts and foundations in 2021 – reflective of the wider sector response to the pandemic and a greater understanding by trusts of the value of flexible funding. We received repeat annual gifts of £100 - £5,000 from many loyal trust donors, for which we are very grateful. In addition, we secured a two-year £50,000 flexible funding grant from a new donor, the Schroder Foundation, prompted by our 'Vaccine Solidarity with Africa' campaign; and £30,000 from People's Postcode Lottery to support our communications activities in the UK, including the revamp of our website.

## **Income from Charitable Activities**

We raised £4.6 million (£0.2 million unrestricted and £4.3 million restricted) of Income from Charitable Activities in 2021. Trusts and foundations continued to be a vital source of income for Amref Health Africa with £2.5 million raised. A further £1.7 million was received from GSK.

A key focus for 2021 has been excellent stewardship of existing donors, in line with our fundraising strategy to focus on increasing commitment from existing, loyal trust donors given the current competitive fundraising environment.

Several major restricted projects funded by trusts and foundations came to an end in 2021, including our 'Uzazi Uzima' (Safe Deliveries) project in Tanzania, the 'Kasisiro Zaabu' (Waste is Gold) waste recycling project in Uganda, and the 'Sport for Health' project in Kenya. We hope to share new proposals with the donors who funded these projects in 2022.

Significant new grants secured in 2021 included £2.5 million over five years from a major trust supporter, wishing to remain anonymous, to extend our work in Amuru District, Northern Uganda through Piwa Maleng Phase II, an integrated WASH/SRHR project; £220,000 from People's Postcode Lottery, representing an extension of its support for our 'Sport for Health' project in Nairobi, Kenya; £75,000 from The Waterloo Foundation, (£48,000 of which has been recognised in 2021) for our COVID-19 response in Uganda; and £214,000 from new partner the Croda Foundation, also for the COVID-19 response in Uganda (programme to start in 2022). Amref UK also brokered and supported an application to Comic Relief which saw £206,000 of income secured for and recognised by Amref Malawi (the programme is managed by Amref Malawi, supported by Amref UK).

At the end of the year we were delighted to work with People's Postcode Lottery to change our partnership to a more long-term model with more flexible funding and submitted an application for a flexible grant of £400,000 in 2022, with the same amount available in 2023 and 2024. The income from this partnership will support both UK core costs and programmes in Africa.

## The GSK Partnership

2021 marked the thirty-third year of our partnership with GSK and saw the start of an ambitious new 20-month programme. Under this renewed partnership, Amref and GSK agreed to deliver a programme addressing TB and malaria in Ethiopia and Kenya between 2021 and 2022. Towards this intervention, GSK will be investing £2,200,000 over the period. Of this income, £1,650,000 was received in 2021.

Under this partnership, GSK also introduced Amref to tech company Cognizant and agreed to fund a £211,000 programme towards improving the effectiveness of digital health worker training. This income will be received in 2022 and the programme will launch in March.

We also renewed our partnership with ViiV Healthcare Positive Action, closely connected to GSK, with a £334,000 HIV programme in Ethiopia. The 18-month programme began in October 2021 and £257,000 of the income was received during the year 2021 (£7,000 of which was recognised in 2021). The Head of Programmes and Strategic Partnerships continues to engage with GSK's leadership as our partnership continues to evolve beyond 2021.

## Our Achievements: Communications

Throughout 2021, the Communications function continued to focus on supporting income-generation through the Fundraising and Programmes teams (as per our 2020 – 2023 organisational strategy), producing compelling, tailored content that inspires our key audiences to engage with Amref Health Africa.

### Campaigns

The key focus of communications activity in 2021 was the 'Vaccine Solidarity with Africa' campaign. Launching in June, this ambitious, integrated campaign will run for a total of two years, aiming to raise £2 million to support vaccination-related programming across the continent. The Communications team took the lead on creative concepts and communications collateral (messaging, visual assets, content). We provided strategic, messaging and design support with various fundraising products and publications as well as coordinating the launch event, which received the highest turn-out to date in our long-running series of supporter webinars. The campaign's timeliness and bold messaging has resonated with a broad range of audiences. The 'Vaccine Solidarity' theme will continue to underpin Amref UK's communications and fundraising activities in 2022.

Another milestone was the UK publication of a memoir written by Amref Health Africa's Global End-FGM/C Advisor Nice Nailantei Leng'ete. We organised an online launch event chaired by Sky News presenter Kimberley Leonard and secured coverage on Sky as well as Times Radio. We had planned to host Nice in the UK for a major donor event in Q4 of 2021, but her travel plans were disrupted by the Omicron variant. We hope to be able to reschedule the event in early 2022.

### Digital Communications

Amref UK's digital community continued to grow in 2021. We began the year with 53,989 followers across four social media platforms (Facebook, Instagram, LinkedIn, and Twitter) and ended it with a combined following of 77,217. The pace of growth has slowed as compared to 2020, which is line with – in fact, slightly better than – our predictions. The substantial increase in our online audience in the past couple of years means we have a solid base on which to build as we begin to scale up digital fundraising, in line with the new strategic focus on individual giving (see p.7).

Our newsletter audience also grew in 2021. This remains a highly engaged audience, with open rates consistently averaging above 50% (against an industry average of around 20%). The ‘Vaccine Solidarity’ campaign sought to capitalise on this engagement, with tailored email journeys specific to segments of the database. We will refine and scale up this approach in 2022 as per our new strategic focus.

Thanks to a generous grant from long-time supporters People’s Postcode Lottery, we were able to embark on a total redesign of our website in early 2021. After a competitive tender process, we commissioned Syndicut to design and build the site. We pursued a persona-driven approach based on audience research conducted over the past several years, testing our assumptions against quantitative data pulled from Google Analytics and social media metrics as well as qualitative data drawn from interviews with real-life users. Decisions about structure and content were based on this research, ensuring we were catering to the needs and motivations of our audiences.

Key intended outcomes of the project were as follows:

- Improved online donation functionality, particularly for those setting up new regular gifts;
- More, and more straightforward, opportunities for users to take action and engage with Amref;
- Integration of the website with Amref UK’s CRM, Raiser’s Edge, as well as payment platforms – enabling the Fundraising team to economise time they would previously have spent on admin and donation processing;
- An all-round superior experience for users of all kinds.

[The new site](#) launched in January 2022, and we are closely monitoring key metrics. As we pursue our new strategic focus, we are treating the site as one element of a broader, integrated digital ecosystem.

## Thought Leadership

Brand recognition continued to grow in 2021, in large part thanks to Amref’s prominent role in the COVID-19 response in Africa. During 2021, Amref Health Africa’s expertise was sought out by a number of high-profile media platforms. Members of the Amref Health Africa family spoke about the topic of vaccine (in)equity on Channel 4 News, CNN International, and Sky News. It is encouraging to see the UK media recognise and seek out African perspectives and expertise. Amref was also asked to comment on cuts to the UK Aid budget by The Financial Times and The Guardian.

The topic of ethical storytelling continued to have traction. 2021 provided several opportunities for Amref UK to showcase its thought leadership in this field, including speaker slots at events organised by Bond, Charity Comms, Charity Digital, and the Resource Alliance. We continued to co-chair Bond’s People in the Pictures working group, which aims to guide and support UK INGOs on ethical approaches to gathering and using images.

Also in 2021, we partnered with researchers at the University of East Anglia and the University of the Arts London on a research project called ‘Who Owns the Story?’, which allows us to take our strategic commitment to ethical storytelling to the next level by live-testing participatory approaches to content production. The project intends to help UK INGOs make evidence-based decisions on ethical approaches to communications and fundraising. The findings will be published in Q1 of 2022, and we hope to secure interest from sector media. We have partnered with Bond to host an online launch, and hope to organise an exhibition of the photos in Nairobi, so the participants – all Community Health Workers operating in Kibera – can showcase their work.

# Financial Review

Amref Health Africa UK has been continuing to implement its four-year strategy over this reporting period, and adapting accordingly in light of the findings of the Mid-Term Strategy Review undertaken in 2021 with a strong performance in financial terms.

Unrestricted income was 89% higher in 2021 compared to the previous period with continued strength in Individual Giving and Trusts and Foundations. The year-on-year increase was, in part, due to the decision to run our COVID-19 response campaign in early 2020 as a restricted rather than an unrestricted appeal whereas all four of our 2021 campaigns were unrestricted. We also saw an increase in our income from major donors with the expansion of our Mbele Movement giving circle as well as more legacy income compared to 2020. Working as part of a consortium of partners, we secured funding from the UK Government (Foreign, Commonwealth and Development Office – FCDO) to support the Africa-led movement to end FGM/C in September 2020. Due to its contractual nature, this funding is unrestricted and 2021 saw the completion of the co-creation phase and implementation underway with a full year of funding in 2021 compared to four months' worth in 2020. Unrestricted expenditure was 23% higher than the previous period primarily due to expenditure relating to the 'Support to the Africa-Led Movement to End FGM/C' programme and a higher staff headcount. Amref UK's expenditure profile has been kept under continual review and there has been a sustained focus on cost recovery. An agreement was also reached with GSK in the year to reassign and repurpose some funding received in previous periods. More detail is provided in Note 16 to the Financial Statements but one of the effects was the releasing of £89,000 to unrestricted, thereby boosting the overall unrestricted position for the year. There was an unrestricted surplus of £264,000. The effect of this is covered in more detail in the Reserves Policy section below.

Our restricted income was 95% higher than the previous period primarily due to the effect of our renewed partnership with GSK with a programme in 2021 addressing TB and malaria in Kenya and Ethiopia as well as year-on-year growth in Trusts and Foundations with new grants with both existing and new funders being secured in 2021. Restricted expenditure in the period was 9% higher than the previous period. This is predominantly made up of transfers to Africa for programme implementation and relates to programme requirements reflecting progress in implementation. This period's restricted surplus of £997,000 reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi.

## Reserves Policy

We end the year with funds of £3.0 million. 67% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures which take account of our regular, more predictable financial activity as well as the current volatility and youth of some of our income streams and the fact that we are now part of consortium to deliver a payment-by-results contract for the FCDO, the inherent nature of which increases the pressure on working capital of the organisation. Given our plans to invest in Individual Giving fundraising to enhance the level of regular, unrestricted income generated, we also have an element of our free reserves available to enable us to harness these opportunities effectively.

The calculations showed that as of the end of 2021 we should aim to hold £590,000 - £895,000 in unrestricted free reserves.

The unrestricted free reserves held as of 31<sup>st</sup> December 2021 were £967,000, made up of unrestricted reserves less the net book value of tangible fixed assets. This is above the target range, and has largely arisen due to the release of £89,000 of GSK funding to unrestricted, unexpected legacy receipts just before the year-end and some key items of expenditure that were originally expected for the final months of 2021 but will now fall in 2022. Although the unrestricted free reserves level is above target range, the ambitious plans for investment in Individual Giving fundraising in 2022 and beyond mean that this level of funds stands the organisation in good stead to manage the associated risks and opportunities accordingly. The unrestricted free reserves levels will continue to be monitored closely to ensure that they are brought back into target range.

Please refer to the COVID-19 section of this report (under Risk Management Statement, p.21) for further information on the potential impact of the pandemic on the Charity's reserves position. We will continue to review our reserves policy to ensure it meets the needs of the Charity.

## **Investments**

All funds held in the UK for future use are held in deposit accounts available on demand with United Kingdom-based banks.

## **Related Party Transactions**

As set out in Note 15 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Transactions were also undertaken with one company owned by the parents of one of the Key Management Personnel (KMP). Donations were also received, and Christmas cards bought, by a number of Trustees and KMP with a further donation from a company for whom one of our Trustees also acts as a Board Advisor.

# **Structure, Governance, and Management**

## **Constitution and Governing Documents**

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The members are constituted solely of Trustees and all Trustees are members. The objects of the company, the powers of the Board of Directors and the regulations concerning the appointment of new Directors are set out in the Memorandum and Articles of Association, last amended on 26<sup>th</sup> May 2021 to better reflect the reality of Directors being appointed for a three-year term with the option of serving two further, consecutive three-year terms.

Amref Health Africa UK is also registered as a Charity with the Charity Commission in England and Wales, Charity Number 261488. The organisation's Charitable Objects are "to support and foster the investigation and advancement in Africa of medical, scientific, educational and cultural knowledge and to apply the knowledge derived therefrom to the causes, prevention, relief and therapy of human diseases and misery for the relief of mankind in general".

## **Governance**

The Board of Trustees is responsible for the effective governance of the Charity. A steady renewal of Directors is provided by the maximum terms of office (three consecutive terms of three years totalling nine years) set out in the Memorandum and Articles. Succession planning arrangements ensure timely replacement of Trustees resigning or reaching the end of their terms of office.

During the reporting period, in addition to the Finance Committee, a second sub-committee, the Governance Committee, was established. Both these sub-committees of the Board meet quarterly in advance of the full Board meeting. The Finance Committee's remit includes internal control and risk management systems, financial planning and reporting, financial policies and procedures, fraud and whistleblowing of a financial nature, and external audit. The membership of the Finance Committee is drawn from existing Board members and must include the Treasurer and the Chair. The remit of the Governance Committee includes Board structure, focus and effectiveness, organisational structure and culture, Human Resources-related areas such as performance, reward and recognition, policy review, and the broader governance considerations regarding the relationship with Amref Health Africa HQ. The membership of the Governance Committee is drawn from existing Board members and must include the Chair.

There were no changes to the Board of Trustees in 2021. However, new Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose and conducive to the remote working environment arising from the COVID-19 restrictions where appropriate.

## **Pay Policy for Senior Staff**

The Board of Trustees, together with the Senior Management Team, make up the key management personnel of the Charity. Trustees give their time freely and details of any expenses and related party transactions are disclosed in the Notes to the Accounts.

Remuneration of all executive staff including the Senior Management Team follows a clear policy: each position level is banded, and market data is considered to ensure that the salary bands reflect the Charity's desire to pay competitively compared to similar organisations in the sector, and that inflation levels are reflected where possible. A percentage increase was applied across all salaries with effect from 1<sup>st</sup> January 2021 which comprised an inflationary increase as well as a performance-related-pay element and a further percentage increase was applied from the start of 2022.

## **Risk Management Statement**

A robust risk management process is underpinned by a quarterly review using a Risk Register approach, involving staff and Trustees, which ensures the monitoring of all risks and identifies those material risks worthy of closer scrutiny. The Board delegates specific responsibility for risk management and mitigation to executive staff.

## COVID-19 and Going Concern

As the COVID-19 pandemic remains with us across the globe, Amref Health Africa UK continues to closely monitor the situation and the risks that it poses to the organisation here in the UK as well as to the communities we support in Africa. Amref UK, having been quick to respond to the emerging crisis in early 2020 with the launch of our urgent 'Stop the Spread' appeal, has continued to adapt to the changing nature and priorities of the pandemic with the launch of our 'Vaccine Solidarity with Africa' campaign in June 2021. We would like to thank our funders and supporters for their positive response to this campaign. We also continue to work closely with our funders and colleagues in-country to manage – and, where possible, minimise – the ongoing impact of the pandemic on existing non-COVID-19 health programmes.

The potential financial impact on Amref UK is being closely monitored, with particular focus on the effect on the organisation's cashflow and free reserves position. To date, we have not needed to draw on the UK Government Coronavirus Job Retention Scheme or any other Government assistance, nor have we had to make any roles redundant as a result of the pandemic. Nevertheless, we will continue to pursue the creative and dynamic approach which allowed us to manage and thrive in 2021 against a backdrop of challenge and uncertainty. As things stand, we are expecting to be able to manage our free reserves position in 2022 and beyond through unrestricted income generation, close management of our unrestricted expenditure base, and the cost recovery built into our restricted funding, which remains strong. As per the three-year Budget for 2022-2024 approved by Trustees at the end of 2021, we are expecting to end 2022, 2023 and 2024 within or above the free reserves target range set out in the Reserves Policy section of this report (p.18). We are also monitoring the organisation's projected cash position and are currently expecting that our cashflows can be managed effectively during this time.

The financial impact of COVID-19 will be monitored on an ongoing basis throughout the financial year and beyond. We have also reviewed our accounting policies and have assessed that no changes are required at this stage. Specifically, we have assessed the Charity's financial position in light of COVID-19 for at least a 12-month period from the date of these accounts being signed. We have concluded that whilst uncertainties exist, these do not represent material uncertainties and as such, the going concern basis, upon which the Financial Statements have been prepared, remains appropriate.

## Principal Risks and Uncertainties

Beyond the risks and uncertainties associated with COVID-19 outlined above, the principal risks for the Charity in 2022 relate to our planned investment in Individual Giving with a view to enhancing the level of regular, unrestricted income generated in the medium to longer term as well as the payment-by-results contract in which we are a sub-contractor within a consortium delivering the 'Support to the Africa-Led Movement to End Female Genital Mutilation or Cutting (FGM/C)' programme, funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO). Whilst this brings a great opportunity for Amref UK and the global Amref family, the inherent nature of such arrangements raises risks regarding unrestricted cashflow management with the need to pre-finance activities and the need to achieve specified milestones and performance levels in order to receive payment in full and as scheduled. Our unrestricted cashflow in particular will be monitored extremely carefully and in early 2021, we secured a £205,000 loan from Amref Netherlands to ease the cashflow pressures over the contract term.

More generally, as mentioned above, the competitiveness of the external funding environment and the resultant pressure on income, particularly unrestricted, is a continued area of risk and uncertainty (as it is for our peers across the UK charity sector). The process of 'localisation' (whereby institutional donors choose to fund local or national organisations within the countries where the work is being undertaken), while a positive evolution in many ways, continues to affect our income. Fundraising from the public, be it mass volume or high-value, is also very

competitive. Our focus on Trusts and Foundations continues to bring in significant income and as mentioned in the Fundraising section above, there will be renewed focus on developing the Individual Giving and Major Giving income streams in 2022.

Retention and motivation of staff continues to be a key risk against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with competitive benefits. We have also developed and are currently trialling a hybrid-working approach which seems to be reaping benefits with the flexibility it offers staff. The work around our commitment to anti-racist values will continue in 2022 and remains a priority for the whole organisation.

Amref UK continues to prioritise safeguarding as an essential part of our work. Risks regarding safeguarding are mitigated by the adoption of best practice policies, mandatory staff and contractor safeguarding training, the appointment of a Trustee safeguarding lead, and regular risk monitoring, including within our work in Africa. We continue to engage with Bond to ensure that we are informed by best practice in the sector.

We continue to monitor risks about the protection of data, in line with the General Data Protection Regulation (GDPR) which came into force in May 2018. The main risk identified is that the organisation might inadvertently store data about donors, and the Fundraising (now Supporter Engagement) team rigorously monitor their systems and records to ensure that no unnecessary or prohibited data is ever stored.

As the UK office of an African NGO, we are responsible for ensuring that funds sent to our HQ in Nairobi for onward transmission to African country offices are spent well and reported against. We mitigate the risks associated with this through formal agreements with other Amref Health Africa offices, robust internal processes, and regular contact with colleagues across the Amref Health Africa family, including support and monitoring visits by UK staff to the actual programmes.

## Trustees' Responsibility Statement

The Trustees (who are also Directors of Amref Health Africa UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

The Trustees are also responsible for keeping adequate accounting records that disclose with reasonable accuracy and are sufficient to show and explain the Charity's transactions and the financial position of the Charity at any time to enable the Board members to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This report of the Board has been prepared taking advantage of the Small Companies exemption to prepare a Strategic Report afforded by Section 415A of the Companies Act 2006.

This report was approved and authorised for issue by the Board of Trustees on 27 May 2022 and signed on its behalf by:

A handwritten signature in black ink, appearing to read 'Paul Davey', is written over a light grey rectangular background.

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**Mr Paul Davey, Chair of the Board of Trustees**

# Audit Report

Independent Auditor's Report to the Members of AMREF Health Africa (Registered company number: 00982544)

## Opinion

We have audited the financial statements of Amref Health Africa (the 'Charity') for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2021 and of
- its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

## Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditors' Report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Opinion on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' Report has been prepared in accordance with applicable legal requirements.

## Matters on which we are required to report by exception

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the Trustees' Report and from the requirement to prepare a Strategic Report.

## Responsibilities of Trustees

As explained more fully in the Trustees' Responsibility Statement, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

## **Auditors' responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:


- Enquiry of management and those charged with governance regarding known or suspected fraud or irregularity and the existence of actual or potential litigation and claims;
- Enquiry of entity staff in finance and management functions to identify any instances of non-compliance with laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness;
- Evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Examining risk management processes and reviewing relevant policies such as anti-fraud, whistleblowing, and bribery;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' Report.

## Use of our report

This report is made solely to the charitable company's Members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's Members those matters we are required to state to them in an Auditors' Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its Members, as a body, for our audit work, for this report, or for the opinions we have formed.



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**Sudhir Singh FCA (Senior Statutory Auditor)**

for and on behalf of

**MHA MacIntyre Hudson**

Statutory Auditor

London, United Kingdom

Date: 1 June 2022

Amref Health Africa Statement of Financial Activities (incorporating an income and expenditure account) for the year ended 31 December 2021

	Note	2021			2020		
		Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
		£	£	£	£	£	£
<b>Income from:</b>							
Donations and legacies	2	567,026	30,500	597,526	402,289	728,184	1,130,473
Charitable activities	3a	240,756	4,310,534	4,551,290	21,978	1,495,103	1,517,081
Other trading activities	3b	1,372	-	1,372	2,216	-	2,216
Investments		55	-	55	547	-	547
<b>Total income</b>		<b>809,209</b>	<b>4,341,034</b>	<b>5,150,243</b>	<b>427,030</b>	<b>2,223,287</b>	<b>2,650,317</b>
<b>Expenditure on:</b>							
Raising funds	4	511,967	19,289	531,256	415,334	7,876	423,210
Charitable activities	4	122,055	3,235,466	3,357,521	97,747	2,983,924	3,081,671
<b>Total expenditure</b>		<b>634,022</b>	<b>3,254,755</b>	<b>3,888,777</b>	<b>513,081</b>	<b>2,991,800</b>	<b>3,504,881</b>
<b>Net income / (expenditure) before other gains</b>		<b>175,187</b>	<b>1,086,279</b>	<b>1,261,466</b>	<b>(86,051)</b>	<b>(768,513)</b>	<b>(854,564)</b>
Other gains		-	-	-	2,321	-	2,321
<b>Net movement in funds</b>		<b>175,187</b>	<b>1,086,279</b>	<b>1,261,466</b>	<b>(83,730)</b>	<b>(768,513)</b>	<b>(852,243)</b>
Transfers to / (from) funds	16	89,102	(89,102)	-	-	-	-
<b>Net movement in funds after Transfers</b>		<b>264,289</b>	<b>997,177</b>	<b>1,261,466</b>	<b>(83,730)</b>	<b>(768,513)</b>	<b>(852,243)</b>
Total funds brought forward		710,743	1,009,270	1,720,013	794,473	1,777,783	2,572,256
<b>Total funds carried forward</b>	12	<b>975,032</b>	<b>2,006,447</b>	<b>2,981,479</b>	<b>710,743</b>	<b>1,009,270</b>	<b>1,720,013</b>

All income and expenditure derive from continuing activities.

The Statement of Financial Activities includes all gains and losses recognised during the year.

The notes on pages 31 to 39 form part of these financial statements.

**Amref Health Africa Balance Sheet as at 31 December 2021**

	Note	2021 £	2020 £
<b>FIXED ASSETS</b>			
Tangible Assets	<b>9</b>	<u>8,206</u>	<u>6,005</u>
<b>CURRENT ASSETS</b>			
Debtors	<b>10</b>	355,249	128,169
Cash at bank and in hand		<u>3,668,120</u>	<u>2,232,268</u>
		4,023,369	2,360,437
<b>CREDITORS</b>			
Amounts falling due within one year	<b>11a</b>	<u>(840,296)</u>	<u>(636,829)</u>
<b>NET CURRENT ASSETS</b>			
		<u>3,183,073</u>	<u>1,723,608</u>
<b>Total assets less current liabilities</b>			
		<u><b>3,191,279</b></u>	<u><b>1,729,613</b></u>
<b>Creditors:</b> amounts falling due after more than one year	<b>11b</b>	(209,800)	(9,600)
<b>Net assets</b>			
		<u><b>2,981,479</b></u>	<u><b>1,720,013</b></u>
<b>FUNDS</b>			
Unrestricted Fund - General	<b>16</b>	975,032	710,743
Restricted Funds	<b>16</b>	<u>2,006,447</u>	<u>1,009,270</u>
<b>Total funds</b>			
		<u><b>2,981,479</b></u>	<u><b>1,720,013</b></u>

These financial statements have been prepared in accordance with the provisions of the Companies Act 2006 applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees and authorised for issue on 27 May 2022 and signed on their behalf by:



.....  
**Paul Davey, Chair**

**Company number: 00982544**

The notes on pages 31 to 39 form part of these financial statements.

**Amref Health Africa Statement of Cash Flows and Analysis of Changes in Net Debt for the year ended 31 December 2021**

**Statement of Cash Flows**

	Note	2021 £	2020 £
Cashflow from operating activities	17	<u>1,440,999</u>	<u>(788,170)</u>
Cashflow from investing activities			
Interest income		55	547
Purchase of tangible fixed assets		(5,202)	(4,121)
Net cashflow from investing activities		<u>(5,147)</u>	<u>(3,574)</u>
Net increase / (decrease) in cash and cash equivalents in year		<u>1,435,852</u>	<u>(791,744)</u>
Cash and cash equivalents at beginning of year		<u>2,232,268</u>	<u>3,024,012</u>
Total cash and cash equivalents at end of year		<u><u>3,668,120</u></u>	<u><u>2,232,268</u></u>

**Analysis of Changes in Net Debt**

	At 1 Jan 2021	Cash Flows	At 31 Dec 2021
<b>Cash and cash equivalents</b>			
Cash at bank and in hand	2,232,268	1,435,852	3,668,120
<b>Borrowings</b>			
Debt due after one year	0	(205,000)	(205,000)
<b>Total</b>	<b>2,232,268</b>	<b>1,230,852</b>	<b>3,463,120</b>

The notes on pages 31 to 39 form part of these financial statements.

## 1 Summary of significant accounting policies

### (a) General information and basis of preparation

AMREF Health Africa is a company limited by guarantee registered in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are to engage, inspire, and influence people to invest in lasting health change across Africa.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity, and rounded to the nearest pound.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### (b) Funds

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The aim and use of each restricted fund is set out in the notes to the financial statements.

Transfers between restricted funds take place in accordance with funding agreements or with the express permission of the funder.

### (c) Income recognition

All incoming resources are included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled.

Donated facilities and donated professional services (Gifts in Kind) which the Charity would otherwise have purchased are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity; that is the amount the charity would be willing to pay in the open market for the equivalent benefit of such facilities and services. A corresponding amount is recognised in expenditure. A threshold of £500 is applied for each facility or service.

No amount is included in the financial statements for volunteer time in line with the SORP (FRS 102) 2015.

For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received. At this point income is recognised. On occasion legacies will be notified to the charity however it is not possible to measure the amount expected to be distributed. On these occasions, the legacy is treated as a contingent asset and disclosed.

Income from trading activities includes income earned from trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

The charity receives government grants in respect of its charitable work. Income from government and other grants are recognised at fair value when the charity has entitlement, it is probable that the income will be received and the amount can be measured reliably. If entitlement is not met then these amounts are deferred.

Other unrestricted income includes gains arising from foreign exchange transactions which do not relate to restricted funds. Any material unrealised foreign exchange gains are included below net income and realised gains are included within other income.

### (d) Expenditure recognition

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

1 Summary of significant accounting policies (continued)

**(e) Support costs allocation**

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and administrative costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to Costs of Raising Funds and Expenditure on Charitable Activities on a basis consistent with use of the resources. Overheads have been allocated on the basis of staff time.

The analysis of these costs is included in note 5.

**(f) Tangible fixed assets**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Tangible fixed assets which are capitalised are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life which for equipment and computers is three years.

**(g) Debtors and creditors receivable / payable within one year**

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

**(h) Provisions**

Provisions are recognised when the charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

**(i) Leases**

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

**(j) Foreign currency**

Foreign currency transactions are initially recognised using the monthly exchange rate.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate. Gains and losses on exchange are allocated to the appropriate resource.

**(k) Employee benefits**

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

**(l) Tax**

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. It therefore does not suffer tax on income or gains applied for charitable purposes.

**(m) Going concern**

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the impact of COVID 19 on the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

**(n) Financial Instruments**

The charity only holds basic Financial Instruments. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

**Financial assets** – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 10. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

**Cash at bank** – is classified as a basic financial instrument and is measured at face value.

**Financial liabilities** – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 11. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.

**Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021**

<b>2 Incoming resources from donations and legacies</b>	<b>2021</b>	<b>2020</b>
	£	£
Individual sponsorship / event donations	20,038	24,244
Individual donors	379,116	349,403
Legacies	58,525	9,637
Corporate Donors	23,083	255,250
Trusts and Foundations	106,764	491,939
Donated Services	10,000	-
	<b><u>597,526</u></b>	<b><u>1,130,473</u></b>
<b>3a Income from charitable activities</b>	<b>2021</b>	<b>2020</b>
<b>Corporates</b>		
GlaxoSmithKline	1,650,000	-
ViiV Healthcare	5,607	-
<b>Total Corporates</b>	<b>1,655,607</b>	<b>-</b>
<b>Governments</b>		
FCDO	240,756	150,100
<b>Total Governments</b>	<b>240,756</b>	<b>150,100</b>
<b>Other Institutional donors</b>		
The National Lottery Community Fund	178,038	247,462
Comic Relief	2,482	-
<b>Total Other Institutional donors</b>	<b>180,520</b>	<b>247,462</b>
<b>Trusts and Foundations</b>		
Donor wishing to remain Anonymous	1,728,570	599,078
People's Postcode Lottery	220,000	250,000
The SOL Foundation	179,460	69,953
The Rabelais Trust	164,184	44,394
James Percy Foundation	82,227	196,884
The Waterloo Foundation	47,727	-
The Schroder Foundation	25,000	-
Other Trusts < £15k	27,239	(40,790) *
<b>Total Trusts &amp; Foundations</b>	<b>2,474,407</b>	<b>1,119,519</b>
	<b><u>4,551,290</u></b>	<b><u>1,517,081</u></b>

\*This balance includes £49,380 of unspent funds returned to a funder due to the planned project not proceeding.

<b>3b Incoming resources from other trading activities</b>	<b>2021</b>	<b>2020</b>
	£	£
Christmas cards	<u>1,372</u>	<u>2,216</u>

## Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021

## 4 Resources Expended

	Expenditure on		
	Raising funds	Charitable activities	2021 total
	£		£
Staff Costs	390,540	358,315	748,855
Direct costs	49,960	2,911,675	2,961,635
Support costs	90,756	87,531	178,287
	<b>531,256</b>	<b>3,357,521</b>	<b>3,888,777</b>

	Expenditure on		
	Raising funds	Charitable activities	2020 total
	£		£
Staff Costs	319,385	387,396	706,781
Direct costs	18,580	2,611,093	2,629,673
Support costs	85,245	83,182	168,427
	<b>423,210</b>	<b>3,081,671</b>	<b>3,504,881</b>

Direct costs of charitable activities are predominantly (£2,899,471 (2021), £2,587,676 (2020)) made up of grants remitted to Amref HQ for objectives.

## 5 Support costs allocation

	Raising funds	Charitable activities	2021 total
	£	£	£
Premises costs	38,770	37,393	76,163
Governance costs	7,840	7,561	15,401
Other office and operational costs	44,146	42,577	86,723
Total	<b>90,756</b>	<b>87,531</b>	<b>178,287</b>

	Raising funds	Charitable activities	2020 total
	£	£	£
Premises costs	56,516	55,149	111,665
Governance costs	9,105	8,885	17,990
Other office and operational costs	19,624	19,148	38,772
Total	<b>85,245</b>	<b>83,182</b>	<b>168,427</b>

## 6 Governance costs

	2021	2020
	£	£
Auditors remuneration - Current period audit fee	15,180	17,820
Auditors remuneration - Audit fee in respect of prior years	-	-
Other costs	221	170
	<b>15,401</b>	<b>17,990</b>

£nil was reimbursed or paid by the charity for Trustees during the year to / for trustee for travel and other expenses incurred on the charity's business (2020 - £nil).

**7 Staff costs and numbers**

	2021 £	2020 £
The aggregate payroll costs comprised:		
Wages and Salaries	626,342	538,311
Social Security Costs	64,333	53,789
Employer's Pension costs	47,198	38,068
Other staff costs	10,982	76,613
	<u>748,855</u>	<u>706,781</u>

Average number of staff during the year by function:

	2021	2020
Fundraising	5	3
Communications	2	2
Programmes	5	4
Governance and Administrative Support	5	4
	<u>17</u>	<u>13</u>

The employee benefits for key management personnel, who are detailed on page 3, (including employer's National Insurance costs) were £373,109 (2020: £342,909).

In the year ended 31 December 2021, there were the following number of employees with remuneration in excess of £60,000:

	2021	2020
£70,000-£79,999	-	1
£80,000-£89,999	1	-

During the year, no Trustee received any remuneration (2020: none).

**8 Net outgoing / (incoming) resources**

	2021 £	2020 £
Is stated after charging:		
Auditors remuneration:		
Current year audit fee	15,180	17,820
Audit fee in respect of prior years	-	-
Non-audit fees - taxation advice	600	1,440
Depreciation of Fixed Assets	3,001	7,199
Lease rentals	<u>53,424</u>	<u>49,524</u>

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021

9 Fixed assets – equipment and computers

	£
Cost brought forward as at 1 January 2021	79,915
Additions	5,202
<b>Cost carried forward as at 31 December 2021</b>	<b>85,117</b>
Depreciation brought forward as at 1 January 2021	73,910
Charge during the year	3,001
<b>Depreciation carried forward as at 31 December 2021</b>	<b>76,911</b>
<b>Net book value brought forward as at 1 January 2021</b>	<b>6,005</b>
<b>Net book value carried forward as at 31 December 2021</b>	<b>8,206</b>

10 Debtors

	31/12/2021	31/12/2020
	£	£
Accrued income	148,486	96,159
Prepayments and other debtors	5,323	4,466
Amounts due from AMREF HQ	201,440	27,544
	<u>355,249</u>	<u>128,169</u>

11a Creditors: amounts falling due within one year

	31/12/2021	31/12/2020
	£	£
Trade Creditors	656	2,046
Taxation & Social Security	28,821	17,639
Amounts due to AMREF HQ	146,002	18,620
Accruals and other creditors	46,959	35,020
Deferred income	613,058	558,704
Leasing liability	4,800	4,800
	<u>840,296</u>	<u>636,829</u>

	£
<b>Deferred Income</b>	
Balance brought forward as at 1 January 2021	558,704
Released in 2021	(558,704)
Income received and deferred in 2021	613,058
<b>Balance carried forward as at 31 December 2021</b>	<b>613,058</b>

Deferred income relates to grant income received before the year-end where the conditions for recognition have not been met as at the year end.

11b Creditors: amounts falling due after more than one year

	31/12/2021	31/12/2020
	£	£
Leasing liability	4,800	9,600
Loan from Amref NL*	205,000	-
	<u>209,800</u>	<u>9,600</u>

\*This loan is interest-free and is due for repayment on 31 March 2026. The loan is to be used exclusively for pre-financing the delivery of the "Support to the African Led Movement to End FGM/C" programme.

12 Reconciliation of funds

	Unrestricted: General Funds	Restricted Funds	2021
	£	£	£
<u>Analysis of Reserves</u>			
Tangible Fixed Assets	8,206	-	8,206
Net Current Assets	1,176,626	2,006,447	3,183,073
Creditors of more than one year	(209,800)	-	(209,800)
	<u>975,032</u>	<u>2,006,447</u>	<u>2,981,479</u>
<u>Analysis of Reserves (Prior Year)</u>			<b>2020</b>
Tangible Fixed Assets	6,005	-	6,005
Net Current Assets	714,338	1,009,270	1,723,608
Creditors of more than one year	(9,600)	-	(9,600)
	<u>710,743</u>	<u>1,009,270</u>	<u>1,720,013</u>

During the course of the period our reserves calculations were updated in line with our policy as detailed in the Trustees' Report. The closing level of unrestricted free reserves above the aimed-for range. Further information is provided in the Trustees' Report.

The closing level of restricted reserves reflects the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi.

**Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021**

**13 Capital and Financial commitments**

At 31 December 2020, the charity committed to subscribe to a London Marathon Golden Bond during the next year at £1,980 per annum including VAT. No such commitment had been made as at 31 December 2021.

At 31 December 2021 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	<b>Leasehold Property £</b>	<b>Equipment £</b>
Within one year	47,069	2,115
Between two to five years	11,767	8,641

A ten year agreement for the leasehold property started in March 2013 and was renegotiated in April 2018.

Lease payments of £53,424 (2020: £49,524) have been recognised as an expense.

There are no contingent liabilities at the end of December 2021.

**14 Liability of Members**

At 31 December 2021 the charity had 8 members (2020: 8 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10.

**15 Related party transactions**

- a) Amref Health Africa ("Amref UK") is a national office of the Amref global network, coordinated through a company of the same name based in Nairobi, Kenya ("Amref HQ").

The arrangement between the two organisations, and the responsibilities of both organisations, is summarised in a written Association Agreement signed by both parties. This does not supersede the respective autonomy of each organisation.

The transactions with Amref HQ were as follows:

	<b>2021 £</b>	<b>2020 £</b>
Balances due to Amref UK at the start of the year	8,924	51,631
Grants and other payments payable from Amref UK to Amref HQ in the year	(2,899,471)	(2,587,676)
Net payments made from Amref UK to Amref HQ	2,945,985	2,544,969
Balance due to Amref UK at end of the year	<b>55,438</b>	<b>8,924</b>

During 2021, Amref UK also acted as agent for the receipt and transfer of £16,555 for Amref HQ. More detail is provided in Note 18.

- b) During the year, Amref UK received a loan of £205,000 from Amref NL. The loan is on an interest-free basis and is for a 5 year period, payable by 31 March 2026. The loan arrangement is in place to support Amref UK's management of unrestricted cashflow in light of the pre-financing requirements of the contract funded by FCDO.
- c) During the year, £72 (2020: £144) was spent on coffee beans with Capital Coffee Roasters Ltd., a company owned by the parents of one of the Key Management Personnel. There was no balance due at the year end. Amref UK has also entered into a loan agreement without charge with this company for the provision of a coffee machine.
- d) Donations from Related Parties  
Unrestricted donations and Christmas card sales of £10,214 were recorded from 8 KMP, Trustees and their connected entities in the year (£4,238 from 6 Trustees and KMP in 2020).

16 Funds

The income of the charity includes both restricted and unrestricted funds. The table below summarises the funds balances held at 31 December 2021.

Country	Brought Forward 01/01/2021 £	Transfers*	Transfers** £	Income £	Expense £	Carried Forward 31/12/2021
<b>Restricted</b>						
Ethiopia	11,685	2,478	200,000	405,606	(219,769)	400,000
Kenya	370,840	(213,723)	(33,435)	1,836,883	(1,721,519)	239,046
Tanzania	10,364	(217)	-	260,266	(270,413)	-
Uganda	362,536	(30)	-	1,776,297	(878,449)	1,260,354
AMREF HQ & Regional Work	239,229	215,225	(244,784)	2,000	(104,623)	107,047
UK office	3,733	(3,733)	-	57,500	(57,500)	-
Malawi	-	-	-	2,482	(2,482)	-
Namibia and Botswana	10,883	-	(10,883)	-	-	-
<b>Unrestricted</b>	710,743	-	89,102	809,209	(634,022)	975,032
<b>Total</b>	<b>1,720,013</b>	<b>-</b>	<b>-</b>	<b>5,150,243</b>	<b>(3,888,777)</b>	<b>2,981,479</b>

Details of the programmes delivered in the year under our four thematic areas can be found in the table on pages 8-9 of the Trustees Annual Report.

\*The charity has reassessed the geographical classification of funding and this presentation better presents the way in which the charity is able to use the funds.

\*\*During the year, agreement was reached with GSK to reassign and repurpose some funding received in previous financial years, the majority of which originally related to the ten-year GSK 20% Frontline Health Worker Training Programme, shown here as transfers between funds. £200,000 was reassigned to the GSK TB & Malaria programme in Ethiopia and £89,102 was released to unrestricted.

Country	Brought Forward 01/01/2020 £	Income £	Expense £	Carried Forward 31/12/2020
<b>Restricted</b>				
Ethiopia	19,207	100,000	(107,522)	11,685
Kenya	629,652	630,937	(889,749)	370,840
Tanzania	26,265	444,353	(460,254)	10,364
Uganda	120,837	983,563	(741,864)	362,536
AMREF HQ & Regional Work	863,291	58,434	(682,496)	239,229
UK office	3,733	6,000	(6,000)	3,733
Malawi	99,913	-	(99,913)	-
Namibia and Botswana	14,885	-	(4,002)	10,883
<b>Unrestricted</b>	794,473	427,030	(510,760)	710,743
<b>Total</b>	<b>2,572,256</b>	<b>2,650,317</b>	<b>(3,502,560)</b>	<b>1,720,013</b>

17 Reconciliation of net movement in funds to net cash flow from operating activities

	2021 £	2020 £
Net movement in funds	1,261,466	(852,243)
Add back depreciation charge	3,001	7,199
Deduct interest income	(55)	(547)
Increase in debtors	(227,080)	(17,526)
Increase in creditors	403,667	74,947
<b>Net cash generated / (used) in operating activities</b>	<b>1,440,999</b>	<b>(788,170)</b>

**18 Agency Arrangements**

**Agency arrangements**

Balance brought forward as at 1 January 2021	-
Amounts received in 2021	16,555
Amounts paid out in 2021	<u>(16,555)</u>
<b>Balance carried forward as at 31 December 2021</b>	<b><u>-</u></b>

In 2021, Amref UK received £16,555 of Comic Relief funding from Amref HQ for Rutgers in the Netherlands for the Dance4Life programme in Malawi. The funds were transferred to Rutgers on the same day as received from Amref HQ. No agency funds were held as at 31 December 2021.

**AMREF HEALTH AFRICA**

England & Wales - Charity number 261488

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# Accounts

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**Report of the Trustees  
and Financial Statements  
For the year ended 31<sup>st</sup> December 2020**

Amref Health Africa  
Charity Number: 261488  
Company Number: 00982544

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## REFERENCE AND ADMINISTRATIVE DETAILS

**Patron:** HRH The Prince of Wales

### **Board of Trustees:**

- **Chair:** Mr Paul Davey (interim from November 2019 and permanent from August 2020)
- **Treasurer:** Ms Amanda Caine
- Dr Tinashe Chandauka (appointed in August 2020)
- Mr Simon Hammett (appointed in August 2020)
- Mrs Sue Hunt
- Mrs Beverley Jewell (appointed in August 2020)
- Ms Bridie Layden (appointed in August 2020)
- Ms Jennifer Mbaluto
- Mr Alistair Smith (resigned in August 2020)

### **Internal Key Management Personnel:**

- **Chief Executive:**  
Ms Camilla Knox-Peebles
- **Head of Finance:**  
Ms Helen Blake (interim from October 2019 and permanent from August 2020)
- **Head of Fundraising:**  
Mrs Katie Greywood (on maternity leave from December 2020)  
Ms Sheena Bourke (maternity cover from December 2020)
- **Head of Operations:** Mr Stephen Hindle (resigned in February 2020 and was not replaced)
- **Company Secretary:**  
Mr Stephen Hindle (resigned in February 2020)  
Ms Helen Blake (took over the responsibility in February 2020)
- **Head of Programmes and Strategic Partnerships:** Mr Steve Murigi (appointed Interim Head of Programmes in February 2020, holding both posts simultaneously since)
- **Communications Manager:** Ms Rachel Erskine (in post since 2017 and joined Senior Management Team in April 2020)

**Charity Number:** 261488

**Company Number:** 00982544

### **Registered Office:**

Lower Ground Floor  
15 - 18 White Lion Street  
London N1 9PD

**Bankers:**

**C Hoare & Co**

37 Fleet Street  
London EC4P 4DQ

**Barclays Bank**

7<sup>th</sup> Floor, United Kingdom House  
180 Oxford Street  
London W1D 1EA

**CCLA**

Senator House  
85 Queen Victoria Street  
London EC4V 4ET

**Auditors:**

**MHA MacIntyre Hudson, Chartered Accountants**

6<sup>th</sup> Floor  
2 London Wall Place  
London EC2Y 5AU

**This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2015.**

# TRUSTEES' ANNUAL REPORT FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2020

## WHO WE ARE

**Amref Health Africa is Africa's leading health NGO. Since our founding in 1957, we have partnered with communities across the African continent to secure lasting health change.**

We believe that access to adequate and affordable healthcare is a human right. Moreover, we believe that healthcare is key to a brighter future: economic empowerment, freedom from poverty, and the fulfilment of the full spectrum of human rights. From our headquarters in Nairobi, we work with some of the most remote and marginalised communities on the African continent, supporting their efforts to transform their health – and their lives.

We believe that meaningful change must be community-led. To this end, we work primarily with women and girls, unlocking their potential to effect lasting change for themselves, their families, and their communities.

As the world strives to meet the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030, Amref Health Africa is committed to removing the barriers that impede access to healthcare, ensuring that no-one is left behind. The work of our UK office contributes to this ambitious goal.

## Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of 11 offices in Europe and North America. Our primary roles are fundraising, advocacy, and building partnerships to support the programmes delivered by our colleagues in sub-Saharan Africa. The UK team includes fundraising, communications, programme management, donor stewardship, and finance, administration, and governance. With an annual income of around £3 million, we support a portfolio of innovative health programmes funded by a range of donors including institutions, corporate partners, trusts and foundations, and individuals.

UK-funded programmes in Africa focus on four thematic areas, all of them vital to achieving Universal Health Coverage: 1) Human Resources for Health (HRH), primarily through Health Worker Training; 2) Reproductive, Maternal and Child Health (RMNCH) and Sexual Reproductive Health and Rights (SRHR); 3) Water, Sanitation and Hygiene (WASH); and 4) Sexual and Gender-Based Violence (SGBV), including Female Genital Mutilation and Cutting (FGM/C). Programme highlights are outlined on p.8 of this report.

**In 2020, Amref Health Africa UK funded 21 programmes in 16 countries. We are extremely proud of the progress we have made, collectively, towards expanding access to healthcare for some of sub-Saharan Africa's most remote and marginalised communities – in a year when progress made in recent decades has been threatened, if not reversed, by the COVID-19 pandemic. Thank you to everyone who has been, and continues to be, a part of this important work.**

## **OUR STRATEGIC OBJECTIVES**

For Amref Health Africa UK, 2020 was defined by the COVID-19 pandemic (ongoing at the time of writing), which has affected all areas of our work in Africa as well as our operations here in the UK. When the scale of the threat became apparent in spring 2020, we launched an urgent appeal to our UK supporters, swiftly raising more than £500,000 to support Amref's COVID-19 response in East, West, and Southern Africa.

As well as launching new initiatives to support communities affected by COVID-19, we adapted our existing programmes to ensure continued availability of vital care and services (see Our Achievements: Programme Development, p.8). This has required us to think creatively, deploy our full range of mobile and digital tools, and develop innovative cross-sector partnerships, all in close collaboration with the rest of the Amref family.

As we were scaling up our work in Africa, the UK team moved quickly to a remote working set-up. Since then, we have welcomed several new staff members remotely, all of whom have adapted admirably to this unusual start. We have continued to update our ways of working to align with public health guidance, and have a robust plan in place to safely revert to office-based working if and when the time comes.

2020 was also punctuated by some significant new programmes and partnerships. Working as part of a consortium of partners, we secured funding from the UK Government (through the Foreign, Commonwealth and Development Office, FCDO) to support the Africa-led movement to end FGM/C. We also renewed our decades-strong partnership with GSK, which enters an exciting new era with a programme tackling tuberculosis (TB) and malaria in Ethiopia and Kenya, both of which have increased since the beginning of the COVID-19 pandemic. This programme began in January 2021, meaning that the income will be reflected in 2021's Annual Accounts. (This timing is a contributing factor to the dip in Amref UK's income as compared to 2019.) We ended the year in a comparatively strong financial position, thanks in part to funds raised in support of our COVID-19 response work. We continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.22).

2020 was also dominated by discussions of race and racism in the UK charity sector, propelled by the wider Black Lives Matter movement. Amref UK engaged with these conversations and took steps to reinforce our broader equality, diversity and inclusion work. Our commitment to anti-racist values is built into our 2020 – 2023 organisational strategy, which is outlined below. This is a piece of work that will continue in 2021 and remains a priority for the whole organisation.

### **A new organisational strategy**

The second half of the year saw us finalise our 2020 – 2023 organisational strategy (this piece of work had been slightly delayed due to changes at senior leadership level in 2019). The strategy aligns with the priorities identified by our colleagues in Africa but is tailored to the UK context. It is focused on moving the organisation to a position of confident, sustainable strength, financially, systemically, and culturally, creating a sound foundation for future growth.

All staff were given the opportunity to contribute to its development through a series of workshops and consultations. Once the strategy was in place, its three pillars guided our work for the remainder of the year:

### **1) Mobilise resources by developing partnerships and engaging supporters**

We are aiming to increase our income to £6.5 million a year by the end of 2023, with a view to increasing the number of people we support through our programme work. We will do this by optimising the three sources that are responsible for the majority of our income. We will further diversify our network of **Trusts and Foundations** and secure more multi-year partnerships. We will build on our expertise delivering **strategic corporate partnerships** to engage with new and varied private sector donors. We will position ourselves as a partner of choice for UK-based INGOs, collaborating on bids for **institutional funding** instead of going it alone.

Securing flexible, unrestricted funding is vital if Amref UK is to grow sustainably and invest in our team and resources. We will be creative in our approach to raising unrestricted funds, focusing on sustainable and innovative concepts across all our income streams. We will continue to strengthen our much-valued existing relationships, investing time and energy in supporter care.

### **2) Inspire others through strong stories of impact**

We will produce communications that routinely inspire UK supporters to engage with and invest in Amref Health Africa. Strong and nuanced storytelling will be the bedrock of everything we do. We will provide evidence of the change our work facilitates. The UK public, and our peers, will perceive us as a leading authority on health in Africa. We will take every opportunity to amplify African voices and perspectives, using our power to convene to create space for important conversations. We will be creative and confident, producing inspiring content that speaks to a range of audiences whose needs we understand.

### **3) Drive change through advocacy**

We will use evidence generated through our programming to influence policy and practice on critical health issues at national and international levels. We will contribute to shared advocacy initiatives through our membership of umbrella organisations and networks, speak in key UK policy fora, feed into research, and share evidence of what works with decision-makers in the UK.

Advocacy is a new area of focus for Amref Health Africa UK – but it is one where we feel we can add value. As the UK arm of Africa’s leading health NGO, we can ensure African voices and expertise are included in key conversations: pushing the needle on the most pressing global health issues.

## **Looking forward**

As Africa’s leading health NGO, Amref Health Africa will be dealing with the ripple effects of COVID-19 for years to come. Throughout 2020, despite extremely challenging circumstances, we have maintained our commitment to creating sustainable, community-led health change. We were able to do this thanks to our strong financial position, a skilled staff team, and our dedicated supporters.

Although the situation continues to evolve – and although the UK fundraising landscape remains uncertain – we enter 2021 determined to build on our successes, learn from the challenges we have

encountered, and, as always, take the lead from the communities we serve. Everything we do will be grounded in, and guided by, our 2020 – 2023 organisational strategy.

**In performing the above activities, the Trustees of Amref Health Africa UK are satisfied that the Charity has met the Charity Commission’s requirements on public benefit.**

## **OUR ACHIEVEMENTS: PROGRAMME DEVELOPMENT**

In 2020, Amref Health Africa UK supported 21 programmes across 16 countries. In line with our strategic objectives, we pursued an ambitious programmatic agenda, responding to the greatest needs and supporting high-impact programmes. The year saw a consolidation of our programmes around four key thematic areas: 1) Human Resources for Health (HRH); 2) Reproductive, Maternal and Child Health (RMNCH) and Sexual Reproductive Health and Rights (SRHR); 3) Water, Sanitation and Hygiene (WASH); and 4) Sexual and Gender-Based Violence (SGBV), including Female Genital Mutilation and Cutting (FGM/C).

In parallel, we put in place a wide-ranging response to the COVID-19 emergency, spanning all four thematic areas and addressing the pandemic itself as well as its many secondary impacts. The table below outlines the programmes supported by Amref UK between 1<sup>st</sup> January and 31<sup>st</sup> December 2020. The majority fall under the four strategic themes listed above; several touch on other themes or take an integrated approach.

<b>Country</b>	<b>Programmes</b>	<b>Areas of activity</b>	<b>Donor income FY 2020</b>  (NB. names of donors not aligned with areas of activity)
<b>Ethiopia</b>	2	HRH: COVID-19 emergency response (Stop the Spread)  SRHR and Livelihoods	The Waterloo Foundation
<b>Kenya</b>	8	HRH: COVID-19 emergency response (Stop the Spread) x 2  HRH: Non-Communicable Diseases and Infectious Diseases	GSK  Wolfson College, Oxford University  Kilpatrick Fraser Charitable Trust

		<p>RMNCH</p> <p>Health Systems Strengthening</p> <p>HRH: Health Worker Training</p> <p>SRHR</p> <p>WASH and SGBV (FGM/C)</p>	<p>Veta Bailey Charitable Trust</p> <p>The SOL Foundation</p> <p>People's Postcode Lottery</p> <p>Clifford Chance Foundation</p> <p>Rabelais Trust</p> <p>Foundation that wishes to remain anonymous</p>
<b>Namibia and Botswana</b>	1	HRH: Non-Communicable Diseases	GSK
<b>Malawi</b>	1	SRHR	Allan and Nesta Charitable Trust
<b>Tanzania</b>	2	<p>RMNCH</p> <p>SRHR</p>	<p>The National Community Lottery Fund</p> <p>James Percy Foundation</p>
<b>Uganda</b>	5	<p>HRH: COVID-19 emergency response (Stop the Spread)</p> <p>RMNCH</p> <p>HRH</p> <p>WASH</p> <p>Livelihoods</p>	<p>UK government / Foreign, Commonwealth and Development Office (FCDO)</p> <p>Foundation that wishes to remain anonymous</p> <p>Souter Charitable Trust</p> <p>Clifford Chance</p> <p>Headley Trust</p> <p>Dulverton Trust</p> <p>The Lord Deedes of Aldington Charitable Trust</p>
<b>Regional</b>	2	HRH: 13 programmes in Angola, Burundi,	UK Government / Foreign,

		Djibouti, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, Zambia  SGBV (FGM/C)	Commonwealth and Development Office (FCDO): Options-led consortium  GSK
<b>Total</b>	<b>21</b>		

Highlighted below are three examples of the work Amref Health Africa UK has supported during the reporting period. All three programmes are typical of our African-led, community-driven approach to securing lasting health change. As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent’s most remote and marginalised communities: those who have been worst affected by COVID-19 and its secondary impact.

### **Frontline Health Worker Training, 13 countries, Eastern and Southern Africa**

In 2020, Amref UK came to the end of a ten-year programme focussing on training frontline health workers in 13 countries across Eastern and Southern Africa. This programme was funded by Amref’s long-standing partner GSK, with the company reinvesting 20% of profits generated in its least developed countries of operation back into strengthening those countries’ healthcare systems.

This multi-country programme, spanning 2010 to 2020, was implemented in Angola, Burundi, Ethiopia, Djibouti, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda and Zambia. It involved seven Amref country offices as well as partnerships with Africare, Adventists Development and Relief Agency (ADRA), Christian Health Association of Lesotho (CHAL), and Society for Family Health (SFH).

A chronic shortage of trained frontline health workers in the world’s least developed countries is recognised as one of the most fundamental constraints on improving access to healthcare. The World Health Organization (WHO) estimates that, worldwide, there is a shortage of 17.4 million health workers. This presents an incredibly complex health challenge affecting the world’s poorest communities, including many of the countries in which our partnership worked. This programme helped plug this gap to ensure communities across sub-Saharan Africa have access to trained health workers, such as Community Health Workers, who are essential to providing frontline care to the most hard-to-reach communities.

The programme supported the training of approximately 25,000 frontline health workers including nurses, midwives, and Community Health Workers. Each country's interventions were tailored to its specific needs, resulting in a range of approaches such as face-to-face teaching for Community Health Workers in rural communities in Zambia, rehabilitating skilled lab rooms for specialised training for midwives in Ethiopia, and introducing a new eLearning upgrading programmes for nurses and midwives in Malawi, Lesotho, Uganda, and Tanzania. The programme also supported crucial activities for long-term sustainability, including sensitising relevant stakeholders (Ministries, institutes, regulatory bodies), upgrading health facilities, equipping training institutions, working with governments at a policy level, and raising awareness in communities on disease prevention and management.

Overall, health workers now have strengthened capacity to manage a range of health issues in some of the hardest-to-reach communities. The introduction of innovative eLearning in some countries means health workers are able to upgrade their qualifications without having to take study leave and be away from their families and jobs. The result is that health workers can develop their skills and gain knowledge without losing income or exacerbating the health worker shortage. Working with governments has led to important policy-level changes in overcoming barriers: for example, in Ethiopia, the introduction of a two-year service agreement will improve retention of health workers in regions. Upgrading health facilities has improved access to health services for rural communities: in Rwanda, the distance to access health services in Nyanza District is now less than 5km.

### **Increasing the Expertise of Nurses and Midwives through eLearning, Uganda**

From December 2019 to November 2020, Amref implemented an eLearning programme in Kampala, Soroti and Masaka Districts to train nurses and midwives in important skills to improve the quality of maternal healthcare. This project was supported with match funding from the Foreign and Commonwealth Development Office (FCDO, formerly DFID, the Department for International Development) raised through Amref Health Africa's first-ever UK Aid Match campaign, Health in Her Hands (which ran from March – May 2019).

In Uganda, maternal healthcare is understaffed and underfunded, particularly in rural areas. Just 58% of pregnant women give birth in health facilities. Those who give birth at home, without the support of a trained health worker, are at far greater risk of complications. The Ugandan health budget has been reducing in the past ten years, with very little allocation for maternal healthcare. There are just 20,000 midwives and nurses serving a population of 33 million in Uganda, and lack of access to continuous development training means that most health workers rely on out-of-date training. Additionally, the Uganda Nursing and Midwifery Council (UNMC) recently introduced a requirement for continuous professional development (CPD) in order to renew licences annually.

This 12-month programme aimed to tackle these issues by offering three online CPD courses to nurses and midwives in Uganda in the following specialised skills: Communication, Basic Emergency and Neonatal Obstetric Care, and the Nursing Process. The courses were developed in collaboration with the Ministry of Health and accredited by the Regulatory Body for Nurses and Midwives. By the end of the programme, a total of 520 nurses and midwives (220 more than the target) from 15 health facilities improved specialised skills including communicating effectively with patients, responding to labour complications (such as haemorrhage, eclampsia and obstructed labour), and

managing patients (such as diagnosis, monitoring and evaluation). The programme also supported the development of a CPD course on pandemics, in light of COVID-19, so that the 520 nurses and midwives were equipped with skills for dealing with the current outbreak as well as future pandemics. To ensure there was sufficient support for midwives and nurses to complete the eLearning courses, the programme supported the training of 36 mentors and tutors as well as providing regular support supervision to nursing schools.

At the end of the programme, the completion of these CPD courses led to an increase in knowledge of nurses and midwives, which has resulted in an improvement in practice in health facilities and subsequent improvement in patient satisfaction at the 15 health facilities.

## **Emergency COVID-19 Response, Eastern and Southern Africa**

Since 2020, Amref has been implementing programmes to provide a coordinated emergency COVID-19 response in Eastern and Southern Africa. These programmes to reduce the spread of COVID-19 have been funded by several partners.

In 2019, a novel coronavirus COVID-19 was identified and became a global pandemic. This reached Africa in 2020 and has put additional pressure on health systems as well as exacerbating existing disease burdens. To reduce the spread, the World Health Organization recommended reducing transmission through several approaches, including training health workers for early detection of suspected cases, diagnosis, and management. Amref Health Africa is implementing a comprehensive response, and one key objective is to train 600,000 health workers in eight priority countries. Training health workers is essential in minimising the impact of COVID-19 on already-fragile health systems.

In Kenya, Amref initially implemented a 3-month rapid response, funded by a foundation that wishes to remain anonymous, to train approximately 29,000 Community Health Workers (CHWs) on key messages such as prevention, managing suspected cases, and social stigma. CHWs then cascaded this information down to approximately one million households. Additionally, a 6-month programme – enabled by funding from GSK – equipped 6,650 frontline health workers with the knowledge and skills to effectively diagnose and manage COVID-19; implement infection, prevention, and control practices; and effectively coordinate Rapid Response Teams. The programme also worked towards tackling the emerging mental health crisis by working with the Ministry of Health to develop a mental health training manual and key messages around issues such as stigma.

In Ethiopia, Amref implemented a programme with support from Waterloo Foundation, to train approximately 6,000 community health workers on key topics such as home-to-home tracking, prevention and control measures and measures to manage outbreaks. The programme also used methods such as radio activities to raise awareness of the training in hard-to-reach regions in order to ensure no region was left behind. After completion of training, health workers demonstrated improved knowledge in key areas such as prevention measures, symptoms of COVID-19, managing suspected cases and high-risk groups.

In Uganda, with support from Headley Trust, Dulverton Trust, Clifford Chance Foundation, and the Lord Deedes of Aldington Charitable Trust, Amref implemented a wide-ranging response to the pandemic. Activities were implemented across four of Kampala's five Divisions, but with an emphasis

on Kawempe, an informal settlement, and the most populated Division, and where Amref has strong relationships and has been present for a long time. This programme directly reached a total of 4,338 people.

## **OUR ACHIEVEMENTS: FUNDRAISING**

Fundraising income at Amref UK continued to grow in 2020, consolidating on 2019 achievements and adding new initiatives while quickly adapting to the new external and internal environment triggered by the coronavirus pandemic. For much of the year, the Fundraising team operated with three team members plus support from volunteers but returned to full strength with four full-time staff and five new volunteers in December 2020. New ways of working between the Fundraising and Programmes teams meant that from Q4 of 2020 onwards, responsibility for the management of relationships with some key donors and supporters – including some corporates and institutions – migrated from the Programmes team to the Fundraising team. We anticipate this change will lead to more efficiency in both new business and account management, and improved donor relationships across the organisation, with both teams able to maximise their expertise.

The Fundraising team raised a total of £404,505 in unrestricted and £1,625,725 in restricted funds in 2020. The most significant growth came, as in the previous year, from trusts and foundations, with multi-year grants commencing, new grants and donors secured, and further income pledged for future years.

As with most other organisations around the world, the biggest change and challenge to our activities was the COVID-19 pandemic. From March 2020, this affected all our fundraising activities. However, by June 2020, it was clear that Amref UK's fundraising would not be as negatively affected as some other UK NGOs: as we do not rely on events or trading for much of our income, we were able to make up any lost income (mostly unrestricted, from challenge events) with new, virtual options. There were some lost opportunities – including a plan to focus more on student fundraising in universities and major donor events – but these were in very early stages at the time of cancellation, so income was not affected.

In fact, as a health charity, we were able to respond quickly to the pandemic and share a strong and compelling appeal with our supporters. This resulted in strong support from individuals throughout the year, including recruiting new regular donors and over-performing in seasonal appeals, as well as a number of new grants from both existing and new corporate and foundation donors. Our existing donors offered increased flexibility and support to Amref, for which we are truly grateful. Our COVID-19 appeal raised over £500,000 in total, in just three months.

In 2020, fundraising activities at Amref Health Africa UK continued to be managed by the Head of Fundraising, in consultation with the Senior Management Team and CEO, and overseen by the Board of Trustees. The team used a number of tools and processes to manage activities, income and expenditure, including the Raiser's Edge database, internal risk management and KPI documents, and regular supervision. Throughout 2020, the Fundraising team ensured compliance with all relevant sector regulations and organisational policies. In particular, the team undertook a review of the Code of Fundraising Practice and of our database system. Amref UK renewed its membership

with the Fundraising Regulator and Institute of Fundraising and attended sector conferences and training to ensure best practice across fundraising activities. The Charity received no complaints related to fundraising in 2020, there were no data protection breaches, and there were no reported instances of failures to comply with any schemes or standards including those of the Fundraising Regulator. In the 2020 financial year, Amref UK did not work with any commercial participators or professional fundraisers on fundraising activities.

Amref UK also continued to ensure supporters were treated with the utmost respect and transparency. We reviewed our Privacy Policy and ensured that key statements related to communications consent were displayed on all fundraising materials. We responded within 48 hours to all supporter queries and requests to opt-out from communications, updating our database immediately. With regard to vulnerable people, we ensured all our fundraising activities abided by our Safeguarding Policy and adjusted communications for any individuals we believed to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2020 was five, with up to 13 emails for those who had opted into the mailing list, an increase from the previous year primarily due to more communications about COVID-19. Our communications are designed to inspire and encourage.

We undertake a review of our legitimate interest basis for contacting individuals as part of our GDPR compliance on an annual basis and take the appropriate actions.

## **Individual Giving, including Major Giving**

All direct-mail appeals performed well, meeting or exceeding targets and raising £84,243 in total. This was supported by investment in a freelance designer (particularly for the Christmas campaign, for which we secured £35,000 of match funding in advance of launch: this funding was unlocked when we raised £35,000 from our UK supporters), a targeted approach to segmentation, and the use of compelling stories and photography.

Regular giving was stable throughout the year and raised a total of £216,175 in 2020. Our target for the year was to break even on cancellations versus recruitment/upgrades of regular donors and we achieved this target, mostly thanks to a regular giving upgrade appeal in the Spring.

2020, like the previous year, was a challenging year for legacy and in memoriam income, with a total of £8,637 received. Due to the unpredictable nature of legacy income, we were unable to take action to make up this shortfall.

Gifts resulting from our e-newsletter contributed to over £30,000 in online donations. We also secured a commitment from a trust partner to fund the development of a new website early in 2021, which will make an essential contribution to future digital fundraising and opportunities.

2020 saw us aim to consolidate the major gifts we received in 2019 and we received a total of £18,000. This was particularly challenging at the beginning of the year as social distancing came into place and meetings and events were cancelled, and we de-prioritised this area for that reason. However, we picked up towards the end of the year and launched our new giving circle, the Mbele Movement, which we hope will generate long-term unrestricted income over the course of our

current strategy and beyond. We brought the Philanthropy Council to an end after two years, but plan to replace it in part with a new Development Council connected to the Board of Trustees.

## **Trusts and Foundations**

We continued to build on the strong performance from the previous year, ending the year with total income of £1,611,708 from trusts and foundations. Of this, £48,039 was unrestricted, slightly reduced from the previous year where the UK Aid Match campaign was a major factor, but still on a strong trajectory.

The majority of the income (£1,563,669) was restricted. Major new grants secured in 2020 include £250,000 from People's Postcode Lottery, which supported our Sport for Health project in Nairobi; £100,000 from Waterloo Foundation for COVID-19 health worker training in Ethiopia; £395,702 over three years (2020: £44,394) from the Rabelais Trust for an integrated water, sanitation and hygiene (WASH) and FGM/C project in Kenya; and three new grants totalling £649,078 from a foundation wishing to remain anonymous, the first supporting a WASH project in Uganda, the second a plastic recycling project in Uganda, and the third training health workers in Kenya on COVID-19 prevention.

In addition to these major grants, we received increased support at the four- and five-figure level, with new grants from The Headley Trust, The Lord Deedes of Aldington Charitable Trust, and Veta Bailey Charitable Trust. We particularly valued the flexibility and quick turnaround from these donors, who were some of the first to respond to our coronavirus appeal, and trusted us to use their gifts to support what was most needed.

In 2020, in addition to securing new grants, we have strengthened stewardship of existing trust supporters, including our collaboration and reporting to the James Percy Foundation, who support the Uzazi Uzima project in Tanzania. This positioned us well for new business from existing donors in 2021, with a concept note (£2.5m over five years) submitted to our anonymous foundation supporter in December 2020 (which was accepted in February 2021), and an invitation to apply for further funding from James Percy Foundation in 2021.

The number of multi-year grants and repeat gifts reflect our emphasis on strong stewardship, accurate reporting, and compelling proposals, all areas we prioritised through the year.

## **Corporate Partnerships**

Like major giving, corporate partnerships was another area of fundraising that was paused for much of 2020 due to other fundraising priorities triggered by the coronavirus pandemic. Towards the end of the year, corporate partnerships (excluding the GSK partnership) moved to sit within the Fundraising team and a new corporate plan was developed for 2021.

We secured two new grants from corporate partners in 2020: a total of £55,000 from the Clifford Chance Foundation and the Apex Foundation. Both gifts were made to our coronavirus appeal.

## The GSK Partnership

2020 marked the 32nd year of our partnership with GSK and saw the completion of the flagship Frontline Health Worker Partnership, implemented over 10 years, and across 17 countries.

2020 also saw us secure a new partnership agreement with GSK (2020 – 2022). Under this renewed partnership, Amref and GSK agreed to deliver a programme addressing TB (tuberculosis) and malaria in Ethiopia and Kenya between 2021 and 2022. Towards this intervention, GSK will be investing £2,200,000 over the period. The first tranche of this income was received in January 2021.

Additionally, Amref also received £200,000 to support the COVID-19 emergency response in Kenya.

The Head of Programmes and Strategic Partnerships continues to engage with GSK's leadership as our partnership evolves beyond 2020.

## Community and Events

The coronavirus pandemic affected the majority of our planned events in 2020, and resulted in the cancellation of both the London Marathon and London Landmarks Half Marathon, as well as the Hungerford Christmas Fair, held each year in aid of Amref. We also had fewer individuals take part in challenge or community events of their own volition, and had to put our plans to invest more in university student fundraising on hold.

Our income for challenge events was impacted as previously stated, coming in at £15,580. But we were able to secure a significant amount of the budgeted income due to much of the challenge event fundraising taking place before the events were cancelled, as well as Amref UK's participation in the 2.6 Challenge, a new event designed to support charities who had lost income due to event cancellations.

We did not deliver any in-person supporter events in 2020 – a planned event at Goodwood with our Patron the Duke of Richmond was cancelled, and social distancing measures meant planning any other events would not have made sense. Instead, we delivered a series of webinars to engage our UK supporters with our coronavirus response and other projects. These were well-attended and we plan to deliver another series of webinars in 2021.

## OUR ACHIEVEMENTS: COMMUNICATIONS

Throughout 2020, the Communications function focused on supporting income-generation through the Fundraising and Programmes teams (as per [our 2020 – 2023 organisational strategy](#)), by producing compelling, engaging content that inspires our key audiences to invest in, or partner with, Amref Health Africa. Brand recognition grew in 2020, in large part thanks to Amref's prominent role in the COVID-19 response in Africa. The year was defined by the pandemic and Amref's response to it; this thread ran through most of our communications outputs from March onwards, and continues to do so at the time of writing.

It is worth noting that the previous reporting period (2019) was dominated by Amref UK's first-ever UK Aid Match campaign, Health in Her Hands, which drove visibility and engagement as well as online giving. We saw these positive trends continue in 2020, even without the aid of a high-profile, integrated campaign.

In line with our commitment to ethical storytelling and representation – enshrined in our organisational strategy – we continued to commission in-country photographers, elevate African expertise, and create opportunities for the people we work with and support to speak directly to UK audiences.

## **Digital Communications**

Amref UK's social media following almost doubled in 2020: we began the year with 27,452 followers across four platforms (Facebook, Instagram, LinkedIn, and Twitter) and ended it with a combined following of 53,989. We can attribute much of the increase to one platform, LinkedIn, where we accrue some 1,500 new followers in an average month. That being so, this is quite remarkable growth – and we achieved it without doing any paid advertising, and without the additional visibility afforded by a high-profile campaign like Health in Her Hands.

2020 also saw a consistent uplift in online engagement. It is very encouraging to see Amref's community growing so steadily: we can infer that our investment in ethical representation and storytelling is resonating with a broad range of audiences. We continue to learn more about these audiences, in order to tailor our outputs to their needs and expectations.

Our website also performed better in 2020 than it did in 2019. The number of users grew by more than 29%, and the number of users coming to the site through social media increased by 21%. We also saw a significant increase (44%) in the number of users accessing the site via mobile phone, which is consistent with the growth in social referral. As noted in the Fundraising section of this report (see p.13), gifts resulting from our e-newsletter contributed to more than £30,000 in donations made online. Despite this, the site is not optimised for online giving, and the donation function remains a 'pain point'.

Given our aspirations to further grow our audience and increase the number and value of donations made online, our current site is no longer an adequate tool. Thanks to a generous grant from one of the trusts that supports Amref UK, we are in a position to embark on a total redesign of the site in early 2021. We laid the groundwork for this strategically important project in Q4 of 2020, putting together a comprehensive brief and launching a call to tender. We plan to begin the project in Q1 of 2021 with a view to the new site going live in early Q3. We will use the extensive data at our disposal to ensure that the decisions we make throughout the project are evidence-based.

## **Press, PR, and Public Speaking**

We secured 25 pieces of earned media coverage in 2020: a 100% increase on our performance in 2019 (and this without the impetus of a high-profile campaign like Health in Her Hands). This encompassed print, digital, TV and radio, and included platforms such as The Guardian, Sky News,

BBC World Service, BBC Africa, and Voice of America. As with our digital presence, our press and PR work has benefited from Amref's leading role in the COVID-19 response. However, we will maintain and nurture these new relationships as the crisis evolves and eventually subsides.

2020 also saw us secure more, and more varied, speaking opportunities for members of the Amref family. Again, many of these were linked to COVID-19: we were able to ensure that African voices and expertise were included in conversations about the pandemic's progression and impact on the continent.

Our Communications Manager speaks regularly on the topic of ethical representation and storytelling and co-chairs Bond's People in the Pictures working group, which aims to facilitate ethical content collection across the sector. With a view to generating much-needed evidence of the positive impact of ethical storytelling, in 2020, we began working with the University of East Anglia and the University of the Arts London on a participatory photography research project. The project was delayed because of COVID-related restrictions on international travel, but is set to take place in Q1 and Q2 of 2021.

## **Advocacy**

One of the pillars of our 2020 – 2023 organisational strategy is to “drive change through advocacy”. Amref UK has not had a dedicated advocacy function for several years. For the time being, advocacy sits with the Communications team (in close coordination with Programmes). With a view to increasing the scale and scope of our advocacy work, we commissioned an independent consultant to conduct a scoping exercise in Q4 of 2020. Through a combination of desk research and key informant interviews with internal and external stakeholders, she identified the gaps that Amref might fill, determined where our expertise could make a tangible difference, and decided which themes and topics we might prioritise in our advocacy work going forward. We will make a decision on the staffing of the advocacy function in the second half of 2021. In the meantime, we are already applying the findings of the scoping exercise in our contributions to sector-wide advocacy initiatives (primarily through our membership of umbrella organisations and networks such as Bond and Action for Global Health).

## **Structure and Staffing**

In April 2020, Kate Morris joined Amref Health Africa as Communications Officer, doubling our Communications capacity. This has enabled us to scale up our digital presence and produce more, and more tailored, content, as well as providing increased support to the Fundraising and Programmes teams. We continue to work with a freelance graphic designer on an ad hoc basis.

## FINANCIAL REVIEW

Amref Health Africa UK has been implementing the first part of its four-year strategy over this period, focusing on moving the organisation to a position of confident, sustainable strength, financially, systematically and culturally, creating a sound foundation for future growth.

Unrestricted income was 36% lower than the previous period. This was, in part, due to the unprecedented success of the Help in Her Hands campaign in the previous year as well as the decision to run our COVID-19 response campaign in early 2020 as a restricted rather than an unrestricted appeal. It is also a reflection of the challenging unrestricted fundraising environment we faced in 2020 due to COVID-19, particularly in the Major Donor and Corporate spheres. However, there was continued strength in Individual Giving and Trusts & Foundations and in 2020, working as part of a consortium of partners, we secured funding from the UK Government to support the Africa-led movement to end FGM/C. Due to its contractual nature, this funding is unrestricted with the co-creation underway and programme implementation due to begin in 2021. Unrestricted expenditure was 14% lower than the previous period. Amref UK's expenditure profile has been kept under continual review and there has been a sustained focus on cost recovery. There was an unrestricted deficit of £84,000 which was within the planned unrestricted deficit for the year. The effect of this is covered in more detail in the Reserves Policy section below.

Our restricted income was 42% lower than the previous period. However, there was year on year growth in Individual Giving and Trusts & Foundations with our COVID-19 response appeal performing well in early 2020 and new grants with both existing and new funders being secured in 2020. 2020 was a period of transition to our renewed partnership with GSK with a new programme addressing TB and malaria in Kenya and Ethiopia starting in 2021. Restricted expenditure in the period was 23% lower than the previous period. This is predominantly made up of transfers to Africa for programme implementation and relates to programme requirements reflecting progress in implementation. This period's restricted deficit of £769,000 reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi, the most significant timing difference relating to the completion of the ten-year Frontline Health Worker programme funded by GSK.

### Reserves Policy

We end the year with funds of £1.7 million. 59% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures which take account of our regular, more predictable financial activity as well as the current volatility and youth of some of our income streams and the fact that we are now part of consortium to deliver a

payment-by-results contract for FCDO, the inherent nature of which increases the pressure on working capital of the organisation. Given our plans to explore new institutional funding opportunities and mechanisms we also have an element of our free reserves available to enable us to harness these effectively.

The calculations showed that as at the end of 2020 we should aim to hold £599,000 - £828,000 in unrestricted free reserves.

The unrestricted free reserves held as at 31<sup>st</sup> December 2020 were £705,000, made up of unrestricted reserves less the net book value of tangible fixed assets. This is within the target range, and the planned unrestricted budget for 2021 projects that the organisation will close 2021 within target range also.

Please refer to the COVID-19 section of this report (under Risk Management, p.22) for further information on the potential impact of the pandemic on the Charity's reserves position. We will continue to review our reserves policy to ensure it meets the needs of the Charity.

## **Investments**

All funds held in the UK for future use are held in deposit accounts available on demand with United Kingdom-based banks.

## **Related Party Transactions**

As set out in Note 15 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Transactions were also undertaken with one company owned by the parents of one of the Key Management Personnel (KMP). Donations were also received and Christmas cards bought by a number of Trustees and KMP.

# **STRUCTURE, GOVERNANCE AND MANAGEMENT**

## **Constitution and Governing Documents**

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The objects of the company and the powers of the Board of Directors are set out in the Memorandum and Articles of Association, last amended on 22<sup>nd</sup> April 2015, as are the regulations concerning the appointment of new Directors.

Amref Health Africa UK is also registered as a Charity with the Charity Commission in England and Wales, Charity Number 261488. The organisation's Charitable Objects are "to support and foster the investigation and advancement in Africa of medical, scientific, educational and cultural knowledge and to apply the knowledge derived therefrom to the causes, prevention, relief and therapy of human diseases and misery for the relief of mankind in general".

## **Governance**

The Board of Trustees is responsible for the effective governance of the Charity. A steady renewal of Directors is provided by the maximum terms of office (nine years) set out in the Memorandum and Articles. Succession planning arrangements ensure timely replacement of Trustees resigning or reaching the end of their terms of office.

During the reporting period, we operated one sub-committee of the Board: the Finance Committee, which met quarterly in advance of the full Board meeting.

This financial year saw the welcome confirmation of Paul Davey as Chair. We also welcomed four new Trustees to the Board: Dr Tinashe Chandauka, Beverley Jewell, Bridie Layden, and Simon Hammett, each of whom brings a wealth of skills and expertise to the strategic oversight of the organisation. We sadly said goodbye to Alistair Smith who resigned after six years on the Board. We very much appreciated Alistair's invaluable input and engagement during his tenure.

New Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose and conducive to the remote working environment arising from the COVID-19 restrictions where appropriate. In 2020, Amref UK Trustees took part in a Familiarisation Session on commercial contracts which focused on the nature of the contract itself and outlined the key differences between restricted grants and payment-by-results commercial contracts, the key risks in this type of contract, and the opportunities it offers. Our four new Trustees underwent a thorough and wide-ranging induction including detailed presentations from the Fundraising, Programmes, Communications and Finance teams as well as time with the CEO and the Chair of the UK Board.

## **Pay Policy for Senior Staff**

The Board of Trustees, together with the senior management team, make up the key management personnel of the Charity. Trustees give their time freely and details of any expenses and related party transactions are disclosed in the Notes to the Accounts.

Remuneration of all executive staff including the senior management team follows a clear policy: each position level is banded, and salary levels are reviewed against market data to ensure that the bands reflect the Charity's desire to pay competitively compared to similar organisations in the sector, and that inflation levels are reflected where possible. A percentage increase was applied across all salaries with effect from 1<sup>st</sup> January 2021 which comprised an inflationary increase as well as a performance-related-pay element.

## **RISK MANAGEMENT STATEMENT**

A robust risk management process is underpinned by a quarterly review using a Risk Register approach, involving staff and Trustees, which ensures the monitoring of all risks and identifies those material risks worthy of closer scrutiny. The Board delegates specific responsibility for risk management and mitigation to executive staff.

### **COVID-19**

As the COVID-19 pandemic remains with us across the globe, Amref Health Africa UK continues to closely monitor the situation and the risks that it poses to the organisation here in the UK as well as to the communities we support in Africa. Amref UK was quick to respond to the emerging crisis and we launched our 'Stop the Spread' urgent appeal in early March 2020. We would like to thank our funders and supporters for their positive response to this appeal and subsequent calls for funding which allowed us to kick-start COVID-19 risk mitigation and response activities in Kenya, Uganda, and Ethiopia. We also continue to work closely with our funders and colleagues in-country to manage – and, where possible, minimise – the impact of the ongoing crisis on existing non-COVID-19 health programmes. At the time of writing, we were preparing to raise funds to support the roll-out of the COVID-19 vaccine(s) across the continent, in which we anticipate Amref will play a pivotal role, particularly at community level.

The potential financial impact on Amref UK is being closely monitored, with particular focus on the effect on the organisation's cashflow and free reserves position. To date, we have not needed to draw on the UK Government Coronavirus Job Retention Scheme or any other Government assistance, nor have we had to make any roles redundant as a result of the pandemic. Nevertheless, at the time of writing, the fundraising environment for unrestricted income remains challenging. We will continue to pursue the creative and dynamic approach which allowed us to manage and thrive in 2020 against a backdrop of challenge and uncertainty. As things stand, we are expecting to be able to manage our free reserves position in 2021 and beyond through unrestricted income generation, close management of our unrestricted expenditure base, and the cost recovery built into our restricted funding, which remains strong. As per the three-year Budget for 2021-2023 approved by Trustees at the end of 2020, we are expecting to end 2021, 2022 and 2023 within the free reserves target range set out in the Reserves Policy section of this report (p.19). We are also monitoring the organisation's projected cash position and are currently expecting that our cashflows can be managed effectively during this time. The financial impact of COVID-19 will be monitored on an ongoing basis throughout the financial year and beyond. We have also reviewed our accounting policies and have assessed that no changes are required at this stage. Specifically, we have assessed the Charity's financial position in light of COVID-19 for at least a 12-month period from the date of these accounts being signed. We have concluded that whilst uncertainties exist, these do not represent material uncertainties and as such, the going concern basis, upon which the Financial Statements have been prepared, remains appropriate.

## Principal Risks and Uncertainties

Beyond the risks and uncertainties associated with COVID-19 outlined above, the principal risk for the Charity in 2021 is navigating our first payment-by-results contract as a sub-contractor within a consortium supporting the African-Led Movement to end Female Genital Mutilation or Cutting (FGM/C) programme, funded by the UK government's Foreign, Commonwealth and Development Office (FCDO). Whilst this brings a great opportunity for Amref UK and the global Amref family, the inherent nature of such arrangements raises risks regarding unrestricted cashflow management with the need to pre-finance activities and the need to achieve specified milestones and performance levels in order to receive payment in full and as scheduled. Our unrestricted cashflow in particular will be monitored extremely carefully and in early 2021, we secured a £205,000 loan from Amref Netherlands to ease the cashflow pressures over the contract term.

More generally, as mentioned above, the competitiveness of the external funding environment and the resultant pressure on income, particularly unrestricted, is a continued area of risk and uncertainty (as it is for our peers across the UK charity sector). The process of 'localisation' (whereby institutional donors choose to fund local or national organisations within the countries where the work is being undertaken), while a positive evolution in many ways, continues to affect our income. Fundraising from the public, be it mass volume or high-value, is also very competitive. Our focus on Trusts and Foundations continues to bring in significant income and as mentioned in the Fundraising section above, there will be renewed focus on developing the corporate partnership and major donor income streams in 2021.

Retention and motivation of staff continues to be a key risk with continued requirements for staff to work remotely against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with and competitive benefits. As mentioned in the Strategic Objectives section above, work around our commitment to anti-racist values will continue in 2021 and remains a priority for the whole organisation.

Amref UK continues to prioritise safeguarding as an essential part of our work. Risks regarding safeguarding are mitigated by the adoption of best practice policies, mandatory staff and contractor safeguarding training, the appointment of a Trustee safeguarding lead, and regular risk monitoring, including within our work in Africa. We continue to engage with Bond to ensure that we are informed by best practice in the sector.

We continue to monitor risks about the protection of data, in line with the General Data Protection Regulation (GDPR) which came into force in May 2018. The main risk identified is that the organisation might inadvertently store data about donors, and the Fundraising team rigorously monitor their systems and records to ensure that no unnecessary or prohibited data is ever stored.

As the UK office of an African NGO, we are responsible for ensuring that funds sent to our HQ in Nairobi for onward transmission to African country offices are spent well and reported against. We mitigate the risks associated with this through formal agreements with other Amref Health Africa offices, robust internal processes, and regular contact with colleagues across the Amref Health Africa family, including support and monitoring visits by UK staff to the actual programmes.

## TRUSTEES' RESPONSIBILITY STATEMENT

The Trustees (who are also Directors of Amref Health Africa UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

The Trustees are also responsible for keeping adequate accounting records that disclose with reasonable accuracy and are sufficient to show and explain the Charity's transactions and the financial position of the Charity at any time to enable the Board members to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This report of the Board has been prepared taking advantage of the Small Companies exemption to prepare a Strategic Report afforded by Section 415A of the Companies Act 2006.

THIS REPORT WAS APPROVED AND AUTHORISED FOR ISSUE BY THE BOARD OF TRUSTEES ON 8 JUNE 2021 AND SIGNED ON ITS BEHALF BY:



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**Mr Paul Davey, Chair**

## **AUDIT REPORT**

Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

## **AUDIT REPORT**

We have audited the financial statements of Amref Health Africa (the 'Charity') for the year ended 31<sup>st</sup> December 2020, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 '*The Financial Reporting Standard applicable in the UK and Republic of Ireland*' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31<sup>st</sup> December 2020 and of;
- Its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

# **AUDIT REPORT**

Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

## **Other information**

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditors' Report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinion on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The Trustees' Report has been prepared in accordance with applicable legal requirements.

## **Matters on which we are required to report by exception**

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of Trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the Trustees' Report and from the requirement to prepare a Strategic Report.

# AUDIT REPORT

Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

## Responsibilities of Trustees

As explained more fully in the Trustees' Responsibility Statement, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

## Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance regarding known or suspected fraud or irregularity and the existence of actual or potential litigation and claims;
- Enquiry of entity staff in finance and management functions to identify any instances of non-compliance with laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Examining risk management processes and reviewing relevant policies such as anti-fraud, whistleblowing, and bribery;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

# AUDIT REPORT

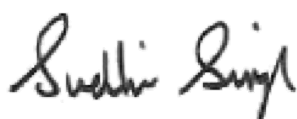
Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' Report.

## Use of our report

This report is made solely to the charitable company's Members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's Members those matters we are required to state to them in an Auditors' Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its Members, as a body, for our audit work, for this report, or for the opinions we have formed.



**Sudhir Singh FCA (Senior Statutory Auditor)**

for and on behalf of

**MHA MacIntyre Hudson**

Chartered Accountants and Statutory Auditor

6th Floor

2 London Wall Place

London

EC2Y 5AU

Date: 25 June 2021

Amref Health Africa Statement of Financial Activities (incorporating an income and expenditure account) for the year ended 31 December 2020

	Note	2020			2019		
		Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
		£	£	£	£	£	£
<b>Income from:</b>							
Donations and legacies	2	402,289	728,184	1,130,473	566,162	269,483	835,645
Charitable activities	3a	21,978	1,495,103	1,517,081	100,000	3,555,924	3,655,924
Other trading activities	3b	2,216	-	2,216	2,467	-	2,467
Investments		547	-	547	1,117	-	1,117
<b>Total income</b>		<b>427,030</b>	<b>2,223,287</b>	<b>2,650,317</b>	<b>669,746</b>	<b>3,825,407</b>	<b>4,495,153</b>
<b>Expenditure on:</b>							
Raising funds	4	415,334	7,876	423,210	523,835	-	523,835
Charitable activities	4	97,747	2,983,924	3,081,671	69,623	3,910,477	3,980,100
<b>Total expenditure</b>		<b>513,081</b>	<b>2,991,800</b>	<b>3,504,881</b>	<b>593,458</b>	<b>3,910,477</b>	<b>4,503,935</b>
<b>Net (expenditure) / income before other gains</b>		<b>(86,051)</b>	<b>(768,513)</b>	<b>(854,564)</b>	<b>76,288</b>	<b>(85,070)</b>	<b>(8,782)</b>
Other gains		2,321	-	2,321	7,100	-	7,100
<b>Net movement in funds</b>		<b>(83,730)</b>	<b>(768,513)</b>	<b>(852,243)</b>	<b>83,388</b>	<b>(85,070)</b>	<b>(1,682)</b>
Total funds brought forward		794,473	1,777,783	2,572,256	711,085	1,862,853	2,573,938
<b>Total funds carried forward</b>	12	<b>710,743</b>	<b>1,009,270</b>	<b>1,720,013</b>	<b>794,473</b>	<b>1,777,783</b>	<b>2,572,256</b>

All income and expenditure derive from continuing activities.

The Statement of Financial Activities includes all gains and losses recognised during the year.

The notes on pages 32 to 40 form part of these financial statements.

**Amref Health Africa Balance Sheet as at 31 December 2020**

	Note	2020 £	2019 £
<b>FIXED ASSETS</b>			
Tangible Assets	<b>9</b>	<u>6,005</u>	<u>9,083</u>
<b>CURRENT ASSETS</b>			
Debtors	<b>10</b>	128,169	110,643
Cash at bank and in hand		<u>2,232,268</u>	<u>3,024,012</u>
		2,360,437	3,134,655
<b>CREDITORS</b>			
Amounts falling due within one year	<b>11a</b>	<u>(636,829)</u>	<u>(557,082)</u>
<b>NET CURRENT ASSETS</b>			
		<u>1,723,608</u>	<u>2,577,573</u>
<b>Total assets less current liabilities</b>			
		<u><b>1,729,613</b></u>	<u><b>2,586,656</b></u>
<b>Creditors:</b> amounts falling due after more than one year	<b>11b</b>	(9,600)	(14,400)
<b>Net assets</b>			
		<u><b>1,720,013</b></u>	<u><b>2,572,256</b></u>
<b>FUNDS</b>			
Unrestricted Fund - General	<b>12</b>	710,743	794,473
Restricted Funds	<b>16</b>	<u>1,009,270</u>	<u>1,777,783</u>
<b>Total funds</b>			
		<u><b>1,720,013</b></u>	<u><b>2,572,256</b></u>

These financial statements have been prepared in accordance with the provisions of the Companies Act 2005 applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees and authorised for issue on 8 June 2021 and signed on their behalf by:



.....  
**Paul Davey, Chair**

**Company number: 00982544**

The notes on pages 32 to 40 form part of these financial statements.

**Amref Health Africa Statement of Cash Flows for the year ended 31 December 2020**

	Note	2020 £	2019 £
Cashflow from operating activities	17	<u>(788,170)</u>	<u>120,585</u>
Cashflow from investing activities			
Interest income		547	1,117
Purchase of tangible fixed assets		(4,121)	-
Net cashflow from investing activities		<u>(3,574)</u>	<u>1,117</u>
Net (decrease) / increase in cash and cash equivalents in year		<u>(791,744)</u>	<u>121,702</u>
Cash and cash equivalents at beginning of year		<u>3,024,012</u>	<u>2,902,310</u>
Total cash and cash equivalents at end of year		<u><u>2,232,268</u></u>	<u><u>3,024,012</u></u>

The notes on pages 32 to 40 form part of these financial statements.

## 1 Summary of significant accounting policies

### (a) General information and basis of preparation

AMREF Health Africa is a company limited by guarantee registered in England. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the Charity. The address of the registered office is given in the Charity information on page 3 of these financial statements. The nature of the Charity's operations and principal activities are to engage, inspire, and influence people to invest in lasting health change across Africa.

The Charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the Charity, and rounded to the nearest pound.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

### (b) Funds

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The aim and use of each restricted fund is set out in the notes to the financial statements.

Transfers between restricted funds take place in accordance with funding agreements or with the express permission of the funder.

### (c) Income recognition

All incoming resources are included in the Statement of Financial Activities (SoFA) when the Charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

For donations to be recognised the Charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the Charity and it is probable that they will be fulfilled.

Donated facilities and donated professional services (Gifts in Kind) which the Charity would otherwise have purchased are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the Charity has control over the item. Fair value is determined on the basis of the value of the gift to the Charity; that is the amount the Charity would be willing to pay in the open market for the equivalent benefit of such facilities and services. A corresponding amount is recognised in expenditure. A threshold of £500 is applied for each facility or service.

No amount is included in the financial statements for volunteer time in line with the SORP (FRS 102) 2015.

For legacies, entitlement is the earlier of the Charity being notified of an impending distribution or the legacy being received. At this point income is recognised. On occasion legacies will be notified to the Charity however it is not possible to measure the amount expected to be distributed. On these occasions, the legacy is treated as a contingent asset and disclosed.

Income from trading activities includes income earned from trading activities to raise funds for the Charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

The Charity receives government grants in respect of its charitable work. Income from government and other grants are recognised at fair value when the Charity has entitlement, it is probable that the income will be received and the amount can be measured reliably. If entitlement is not met then these amounts are deferred.

Other unrestricted income includes gains arising from foreign exchange transactions which do not relate to restricted funds. Any material unrealised foreign exchange gains are included below net income and realised gains are included within other income.

### (d) Expenditure recognition

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

1 Summary of significant accounting policies (continued)

**(e) Support costs allocation**

Support costs are those that assist the work of the Charity but do not directly represent charitable activities and include office costs, governance costs and administrative costs. They are incurred directly in support of expenditure on the objects of the Charity. Where support costs cannot be directly attributed to particular headings they have been allocated to Costs of Raising Funds and Expenditure on Charitable Activities on a basis consistent with use of the resources. Overheads have been allocated on the basis of staff time.

The analysis of these costs is included in note 5.

**(f) Tangible fixed assets**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Tangible fixed assets which are capitalised are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life which for equipment and computers is three years.

**(g) Debtors and creditors receivable / payable within one year**

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

**(h) Provisions**

Provisions are recognised when the Charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

**(i) Leases**

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

**(j) Foreign currency**

Foreign currency transactions are initially recognised using the monthly exchange rate.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate. Gains and losses on exchange are allocated to the appropriate resource.

**(k) Employee benefits**

When employees have rendered service to the Charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The Charity operates a defined contribution plan for the benefit of its employees. Contributions are expensed as they become payable.

**(l) Tax**

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. It therefore does not suffer tax on income or gains applied for charitable purposes.

**(m) Going concern**

The financial statements have been prepared on a going concern basis as the Trustees believe that whilst some uncertainties exist, these do not represent material uncertainties. The Trustees have considered the impact of COVID 19 on the level of funds held and the expected level of income and expenditure for at least 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the Charity to be able to continue as a going concern.

**(n) Financial Instruments**

The Charity only holds basic Financial Instruments. The financial assets and financial liabilities of the Charity and their measurement basis are as follows:

**Financial assets** – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 10. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

**Cash at bank** – is classified as a basic financial instrument and is measured at face value.

**Financial liabilities** – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 11. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.

Amref Health Africa Notes to the Financial Statements (continued) for year ended 31 December 2020

<b>2 Incoming resources from donations and legacies</b>	<b>2020</b>	<b>2019</b>
	£	£
Individual sponsorship / event donations	24,244	44,354
Individual donors	349,403	395,431
Legacies	9,637	1,754
Corporate Donors	255,250	26,767
Trusts and Foundations	491,939	362,107
Gifts In Kind	-	5,232
	<b><u>1,130,473</u></b>	<b><u>835,645</u></b>

<b>3a Income from charitable activities</b>	<b>2020</b>	<b>2019</b>
<b>Corporates</b>		
GlaxoSmithKline	-	2,637,965
<b>Total Corporates</b>	-	<b>2,637,965</b>
<b>Governments</b>		
European Commission	-	48,858
Foreign, Commonwealth & Development Office	150,100 *	20,951
<b>Total Governments</b>	<b>150,100</b>	<b>69,809</b>
<b>Other Institutional donors</b>		
The National Lottery Community Fund	247,462	127,676
Comic Relief	-	115,211
<b>Total Other Institutional donors</b>	<b>247,462</b>	<b>242,887</b>
<b>Trusts and Foundations</b>		
Donor wishing to remain Anonymous	599,078	-
People'sPostcode Lottery	250,000	450,000
James Percy Foundation	196,884	98,273
The Rabelais Trust	44,394	-
The SOL Foundation	69,953	-
The Waterloo Foundation	-	98,000
The Hermitage Trust	-	20,000
Other Trusts < £15k	(40,790) **	38,990
<b>Total Trusts &amp; Foundations</b>	<b>1,119,519</b>	<b>705,263</b>
	<b><u>1,517,081</u></b>	<b><u>3,655,924</u></b>

\*The nature of the funding is outlined in the Programme Development section of the Trustees' Annual Report.

There are no unfulfilled conditions or any other contingencies associated with the Government funded income recognised here.

The Charity has not directly benefited from any other forms of Government assistance.

\*\*This balance includes £49,380 of unspent funds returned to a funder due to the planned project not proceeding.

<b>3b Incoming resources from other trading activities</b>	<b>2020</b>	<b>2019</b>
	£	£
Christmas cards	<u>2,216</u>	<u>2,467</u>

## Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2020

## 4 Resources Expended

	Expenditure on		
	Raising funds	Charitable activities	2020 total
	£		£
Staff Costs	319,385	387,396	706,781
Direct costs	18,580	2,611,093	2,629,673
Support costs	85,245	83,182	168,427
	<b>423,210</b>	<b>3,081,671</b>	<b>3,504,881</b>

	Expenditure on		
	Raising funds	Charitable activities	2019 total
	£		£
Staff Costs	389,578	363,336	752,914
Direct costs	33,497	3,500,422	3,533,919
Support costs	100,760	116,342	217,102
	<b>523,835</b>	<b>3,980,100</b>	<b>4,503,935</b>

Direct costs of charitable activities are predominantly (£2,587,676 (2020), £3,441,266 (2019)) made up of grants remitted to Amref HQ for objectives

## 5 Support costs allocation

	Raising funds	Charitable activities	2020 total
	£	£	£
Premises costs	56,516	55,149	111,665
Governance costs	9,105	8,885	17,990
Other office and operational costs	19,624	19,148	38,772
Total	<b>85,245</b>	<b>83,182</b>	<b>168,427</b>

	Raising funds	Charitable activities	2019 total
	£	£	£
Premises costs	59,157	68,306	127,463
Governance costs	8,133	9,390	17,523
Other office and operational costs	33,470	38,646	72,116
Total	<b>100,760</b>	<b>116,342</b>	<b>217,102</b>

## 6 Governance costs

	2020	2019
	£	£
Auditors remuneration - Current period audit fee	17,820	15,960
Auditors remuneration - Audit fee in respect of prior years	-	-
Other costs	170	1,563
	<b>17,990</b>	<b>17,523</b>

£nil was reimbursed or paid by the Charity during the year to / for Trustee travel and other expenses incurred on the Charity's business (2019 - £1,077 to one Trustee).

**7 Staff costs and numbers**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
The aggregate payroll costs comprised:		
Wages and Salaries	538,311	599,702
Social Security Costs	53,789	59,550
Employer's Pension costs	38,068	43,562
Other staff costs	76,613	50,100
	<u>706,781</u>	<u>752,914</u>

Average number of staff during the year by function:

	<b>2020</b>	<b>2019</b>
Fundraising	3	3
Communications	2	2
Programme Development	4	5
Governance and Administrative Support	4	6
	<u>13</u>	<u>16</u>

The employee benefits for key management personnel (including employer's National Insurance costs) were £342,909 (2019: £287,071).

In the year ended 31 December 2020, there were the following number of employees with remuneration in excess of £60,000:

	<b>2020</b>	<b>2019</b>
£60,000-£69,999	-	-
£70,000-£79,999	1	-

During the year, no Trustee received any remuneration (2019: none).

**8 Net outgoing / (incoming) resources**

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Is stated after charging:		
Auditors remuneration:		
Current year audit fee	17,820	15,960
Audit fee in respect of prior years	-	-
Non-audit fees - taxation advice	1,440	-
Depreciation of Fixed Assets	7,199	8,502
Lease rentals	49,524	61,043
	<u>76,983</u>	<u>85,465</u>

**9 Fixed assets – equipment and computers**

	£
Cost brought forward as at 1 January 2020	75,794
Additions	4,121
<b>Cost carried forward as at 31 December 2020</b>	<b>79,915</b>
Depreciation brought forward as at 1 January 2020	66,711
Charge during the year	7,199
<b>Depreciation carried forward as at 31 December 2020</b>	<b>73,910</b>
<b>Net book value brought forward as at 1 January 2020</b>	<b>9,083</b>
<b>Net book value carried forward as at 31 December 2020</b>	<b>6,005</b>

**10 Debtors**

	31/12/2020 £	31/12/2019 £
Debtors	-	245
Accrued income	96,159	34,413
Prepayments and other debtors	4,466	13,562
Amounts due from AMREF HQ	27,544	62,423
	<u>128,169</u>	<u>110,643</u>

**11a Creditors: amounts falling due within one year**

	31/12/2020 £	31/12/2019 £
Trade Creditors	2,046	8,052
Taxation & Social Security	17,639	-
Amounts due to AMREF HQ	18,620	10,792
Accruals and other creditors	35,020	33,471
Deferred income	558,704	499,967
Leasing liability	4,800	4,800
	<u>636,829</u>	<u>557,082</u>

	£
<b>Deferred Income</b>	
Balance brought forward as at 1 January 2020	499,967
Released in 2020	(499,967)
Income received and deferred in 2020	558,704
Balance carried forward as at 31 December 2020	<u>558,704</u>

Deferred income relates to grant income received before the year-end where the conditions for recognition have not been met as at the year end.

**11b Creditors: amounts falling due after more than one year**

	31/12/2020 £	31/12/2019 £
Leasing liability	9,600	14,400

**12 Reconciliation of funds**

	Unrestricted: General Funds £	Restricted Funds £	2020 £
<u>Analysis of Reserves</u>			
Tangible Fixed Assets	6,005	-	6,005
Net Current Assets	714,338	1,009,270	1,723,608
Creditors of more than one year	(9,600)	-	(9,600)
	<u>710,743</u>	<u>1,009,270</u>	<u>1,720,013</u>
<u>Analysis of Reserves (Prior Year)</u>			
Tangible Fixed Assets	9,083	-	9,083
Net Current Assets	799,790	1,777,783	2,577,573
Creditors of more than one year	(14,400)	-	(14,400)
	<u>794,473</u>	<u>1,777,783</u>	<u>2,572,256</u>

During the course of the period our reserves calculations were updated in line with our policy as detailed in the Trustee's Report. The closing level of unrestricted free reserves is within the aimed-for range.

The closing level of restricted reserves reflects the timing of grant receipts compared to their disbursement to Amref HQ in Nairobi.

**Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2020**

**13 Capital and Financial commitments**

The Charity committed to subscribe to a London Marathon Golden Bond during the next year at £1,980 per annum including VAT (2019: £1,980).

At 31 December 2020 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	<b>Leasehold Property</b>	<b>Equipment</b>
	<b>£</b>	<b>£</b>
Within one year	47,069	3,560
Between two to five years	58,836	4,450

A ten year agreement for the leasehold property started in March 2013 and was renegotiated in April 2018.

Lease payments of £49,524 (2019: £61,043) have been recognised as an expense.

There are no contingent liabilities at the end of December 2020.

**14 Liability of Members**

At 31 December 2020 the Charity had 8 members (2019: 5 members). All Directors / Trustees are also Company Members. The liability of each member to contribute to the assets of the Charity in the event of winding up is limited to £10.

**15 Related party transactions**

- a) Amref Health Africa ("Amref UK") is a national office of the Amref global network, coordinated through a company of the same name based in Nairobi, Kenya ("Amref HQ").

The arrangement between the two organisations, and the responsibilities of both organisations, is summarised in a written Association Agreement signed by both parties. This does not supersede the respective autonomy of each organisation.

The transactions with Amref HQ were as follows:

	<b>2020</b>	<b>2019</b>
	<b>£</b>	<b>£</b>
Balances due to/(from) Amref UK at the start of the year	51,631	(268,539)
Grants and other payments payable from Amref UK to Amref HQ in the year	(2,587,676)	(3,441,266)
Net payments made (to)/ from Amref UK to Amref HQ	2,544,969	3,761,436
Balance due (from)/to Amref UK at end of the year	<b>8,924</b>	<b>51,631</b>

During 2020, Amref UK also acted as agent for the receipt and transfer of £111,500 for Amref HQ. More detail is provided in Note 18.

- b) During the year, £144 (2019: £450) was spent on coffee beans with Capital Coffee Roasters Ltd., a company owned by the parents of one of the Key Management Personnel. There was no balance due at the period end. Amref UK has also entered into a loan agreement without charge with this company for the provision of a coffee machine.
- c) Donations from Related Parties  
Unrestricted donations and Christmas card sales of £4,238 were recorded from 6 Trustees and KMP in the year (£13,415 from 8 Trustees and KMP in 2019).

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2020

16 Restricted Funds

The income of the Charity includes both restricted and unrestricted funds. The table below summarises the balances on restricted donations and grants held at 31 December 2020.

Country	Brought Forward	Income	Expense	Carried Forward
	01/01/2020			31/12/2020
	£	£	£	
Ethiopia	19,207	100,000	(107,522)	11,685
Kenya	629,652	630,937	(889,749)	370,840
Tanzania	26,265	444,353	(460,254)	10,364
Uganda	120,837	983,563	(741,864)	362,536
AMREF HQ & Regional Work	863,291	58,434	(682,496)	239,229
UK office	3,733	6,000	(6,000)	3,733
Malawi	99,913	-	(99,913)	-
Namibia and Botswana	14,885	-	(4,002)	10,883
<b>Total</b>	<b>1,777,783</b>	<b>2,223,287</b>	<b>(2,991,800)</b>	<b>1,009,270</b>

Details of the programmes delivered in the year under our four thematic areas can be found in the table on pages 8-10 of the Trustees Annual Report. Our work in South Africa is included in our Regional category.

Country	Brought Forward	Income	Expense	Carried Forward
	01/01/2019			31/12/2019
	£	£	£	
Ethiopia	15,850	261,458	(258,101)	19,207
Kenya	333,014	920,508	(623,870)	629,652
Tanzania	16,936	704,802	(695,473)	26,265
Uganda	82,801	231,639	(193,603)	120,837
AMREF HQ & Regional Work	1,017,536	1,357,000	(1,511,245)	863,291
UK office	3,733	-	-	3,733
Malawi	200,000	-	(100,087)	99,913
Namibia and Botswana	192,983	350,000	(528,098)	14,885
<b>Total</b>	<b>1,862,853</b>	<b>3,825,407</b>	<b>(3,910,477)</b>	<b>1,777,783</b>

17 Reconciliation of net movement in funds to net cash flow from operating activities

	2020	2019
	£	£
Net movement in funds	(852,243)	(1,682)
Add back depreciation charge	7,199	8,502
Deduct interest income	(547)	(1,117)
Decrease in debtors	(17,526)	289,149
Decrease in creditors	74,947	(174,267)
<b>Net cash (used)/generated in operating activities</b>	<b>(788,170)</b>	<b>120,585</b>

18 Agency Arrangements

**Agency arrangements**

Balance brought forward as at 1 January 2020	-
Amounts received in 2020	111,500
Amounts paid out in 2020	<u>(111,500)</u>
<b>Balance carried forward as at 31 December 2020</b>	<b><u>-</u></b>

In 2020, Amref UK received £111,500 of funding from GlaxoSmithKline on behalf of Amref HQ. The funding was in relation to the construction of the new Kombewa County Hospital Maternity Wing. The funds were transferred to Amref HQ the following day. No agency funds were held as at 31 December 2020.