



**REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30th SEPTEMBER 2011**

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| Patron | HRH The Prince of Wales |
| President | The Duke of Richmond & Gordon |
| Board of Directors (and Trustees) | Mr Gautam Dalal Mr Paul Davey Mr Matthew Edwards Mr Liam Fisher-Jones Mr Ian Gill Mr Mark Goldring Mr James Murray Grant Lady Susan Woodford Hollick – resigned 03 February 2011 Ms Sally James – from 05 May 2011 Ms Inosi Nyatta - resigned 03 January 2011 |
| Chair | Lady Susan Woodford Hollick – resigned 03 February 2011 Mr Gautam Dalal – from 03 February 2011 |
| Honorary Treasurer | Mr Gautam Dalal – until 03 February 2011 Mr James Murray Grant – from 03 February 2011 |
| Chief Executive | Ms Grace Mukasa – resigned 05 April 2011 Ms Belinda Coote – from 05 April 2011 |
| Company Secretary | Mrs Senait Fassil – resigned 28 July 2011 Mr Ian Gill - from 28 August 2011 |
| Charity Number | 261488 |
| Company Number | 00982544 |
| Registered Office | Clifford's Inn Fetter Lane London EC4A 1BZ |
| Bankers | C Hoare & Co 37 Fleet Street London EC4P 4DQ Barclays Bank 7 th Floor, United Kingdom House 180 Oxford Street London W1D 1EA |
| Investment Adviser | CCLA 80 Cheapside London EC2V 6DZ |
| Auditors | Kingston Smith LLP Chartered Accountants Devonshire House 60 Goswell Road London EC1M 7AD |

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1. AMREF

AMREF is one of Africa's leading health organisations, saving and transforming people's lives in the continent's poorest and most marginalised communities. AMREF helps to create vibrant networks of informed and empowered communities and healthcare providers, working together in strong health systems.

The role of AMREF UK, as a vibrant and pro-active member of the AMREF global family, is to provide as much funding, technical support and other resources as possible to support the work of the global organisation. Our work in AMREF UK supports the poorest and most vulnerable communities in Ethiopia, Kenya, Tanzania, Southern Sudan, South Africa and Uganda to strengthen health systems and ensure poor people are better able to access affordable and appropriate health care. Indirectly, AMREF supports health across Africa through our pan-African health training programme.

Our primary goal is building capacity for healthier communities and stronger, more responsive health systems, and, as our world renowned "Flying Doctors" programme embodies, we believe that every life is to be valued and of dignity.

In the wider AMREF family, we pride ourselves on our African-ness. Headquartered in Nairobi, Kenya, AMREF is an Africa-centric organisation run by a multi-cultural and diverse group of people for Africans. AMREF's shared vision is of lasting health change in Africa: communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty. Generally, we focus on long-term change as opposed to short-term, emergency solutions. We believe in the inherent power that lies within African communities, and in particular the power for lasting transformation of the continent's health. We celebrate and respect the communities that we work with. They rule. Our role is to catalyse the hidden but real energies within those communities, to help them find innovative solutions to their challenges, and to share their stories with others.

AMREF's credibility derives from its history and heritage – over 50 years of working with the most vulnerable communities in Africa. AMREF UK contributes to this mission, and through the support of donors, funders, staff and volunteers, and through its technical knowledge and experience gained over many decades, AMREF UK is able to leverage UK contribution more effectively than if we were operating independently.

Otherwise expressed: AMREF UK can be thought of as a grant making charity to AMREF, the operational arm.

2. STRUCTURE, GOVERNANCE AND MANAGEMENT

2.1. Constitution and governing document

AMREF UK is a company registered 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 24 March 2007, as are the regulations concerning the appointment of new Directors.

AMREF UK is also a charity registered with the Charity Commission in England and Wales, Charity Number 261488. The primary objects of the charity are the alleviation of poverty, the advancement of health and the saving of lives.

2.2. Governance

In 2006, the Board adopted a Good Governance Code, as recommended by the Charities Commission. This Code clarifies the role of AMREF UK's Board and its Directors, and put in place robust procedures for Board review and renewal, delegated responsibility, compliance and risk management.

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A steady renewal of Directors is provided by maximum terms of office (nine years). Succession planning arrangements ensure timely replacement of Directors resigning or reaching the end of their terms of office. New Directors are recruited through a transparent and open selection and interview process based on the skills and knowledge requirements of the Board. New Directors receive a formal induction to the organisation. The Board and Directors / Trustees have collective and individual objectives that are reviewed annually, and they are supported to this end through ongoing training as required.

There are four sub-committees of the Board: Governance, Finance & Audit, Fundraising, and Programmes & Advocacy, all of which meet quarterly to provide support in key areas as well as strategic direction.

AMREF would like to thank Lady Susan Hollick and Ms Inosi Nyatta for their support and contribution to the organisation. Lady Hollick and Ms Inosi Nyatta resigned as Directors of AMREF UK in February 2011.

2.3. Risk management statement

A robust risk management process by quarterly review, involving AMREF UK staff and directors, 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. Three major risks identified and managed in 2011¹ were:

- a. **Declining levels of grant funding:** Changes in government aid policy impacted on our ability to raise funds from the Department for International Development (DfID) and other institutional donors. This resulted in a significant decline in the level of restricted grants that we were able to remit to Africa in this financial year. Considerable energy has gone into seeking out alternative sources of funding, from both institutional and corporate donors, to ensure a well-stocked pipeline of quality, multi-year grant proposals.
- b. **Difficulties in securing unrestricted funding:** The global recession has added to the levels of competition for securing unrestricted income. Increasing our levels of unrestricted income is a major organisational priority. Strengthening and supporting the fundraising team and its ability to deliver, as well as planning for future investment in individual giving are key planks of our strategy for mitigating the risk of lack of growth in this area.
- c. **Staff turnover:** The organisation experienced higher than usual staff turnover during this year, some as a result of changes at senior level both in the UK and at our headquarters in Nairobi, and some around the normal organisational lifecycle. Major consequences of high staff turnover include a potential loss of institutional memory and in some cases possible damage to key external relationships. To mitigate this risk, management have taken a number of actions. Most significantly, the recruitment of a new CEO and other key appointments has created a generally more stable environment, reducing staff turnover in the latter part of the year.

¹ Throughout this report, for consistency, the 12 months ended 30 September 2010 and 2011 will be described as "2010" and "2011" respectively

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3. STATEMENT OF PUBLIC BENEFIT

We have referred to the Charity Commission's general guidance on Public Benefit when reviewing our aims and objectives and in planning our future activities. In particular, the Trustees have considered how the planned activities of the charity will contribute to achieving the aims and objectives they have set.

The criteria for public benefit, as defined by the Charity Commission guidance include (i) the prevention or relief of poverty; and (ii) the advancement of health or the saving of lives.

AMREF UK's purpose is to increase the impact of AMREF in Africa by providing funding and technical support, by influencing policy and practice, and raising awareness of African health issues in the UK and relevant global forums. This is achieved by raising funds and targeting resources towards model programmes that strengthen health systems, that can be replicated and scaled, and that generate evidence to influence policy and practice; increasing partnerships with the corporate sector and other donors to secure greater financial and technical support to strengthen health systems; and raising the profile of African health issues with the UK press and general public for the purposes of public benefit.

AMREF works in some of the poorest and most remote parts of Africa with particular focus on working with vulnerable, impoverished and marginalised communities, including women and children, to improve their health and wellbeing.

In the view of the Trustees, it is clear that we meet the criteria of public benefit, as defined by the Charity Commission.

4. STRATEGIC AIMS AND OBJECTIVES TO MEET OUR OBJECTS

AMREF's ongoing purpose is to strengthen health systems across Africa. Within this business plan, AMREF focuses on transforming communities by improving the health of women and children based on three health systems building blocks:

- Human Resources for Health
- Community Systems Strengthening; and
- Health Management Information Systems, with a strong focus on evidence-based advocacy, operational research and policy change.

We focus on key thematic approaches:

- We **partner** with communities for better health;
- We **build capacity** to strengthen communities and health system responsiveness; and
- We undertake health systems research to **influence policy** and practice.

AMREF believes that health is a basic human right and we operate our programmes with a rights-based approach. AMREF identifies priorities and allocates resources on a pro-poor basis, giving priority to people and communities we believe to be the most vulnerable. No person is excluded, either internally or in our programmes and interventions, on grounds of gender, sexuality, religion, race or culture. We believe that the power for lasting transformation of Africa's health lies within its communities

AMREF sets high professional, ethical and medical standards and we monitor these closely within our projects, among ourselves and among those with whom we partner. AMREF believes in strategic partnerships as a means to conduct successful and sustainable interventions and develops partnerships with like-minded organisations that share our core values and strategic focus.

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4.1. AMREF UK's objectives

AMREF UK's objectives are to support the wider AMREF family to deliver the overall strategic plan. AMREF globally has invested significant time and resource in sharpening the focus, so the goals of the AMREF UK operation come from that context, as follows:

- a. **To increase funding to AMREF's programmes:** Ultimately we need to maximize our financial contribution to Africa, as well as cover our AMREF UK operational costs, and we do this by increasing programme income from government and corporate donors, and by increasing unrestricted giving from individuals, corporate donors, trusts and foundations.
- b. **To provide high quality technical support:** Support from AMREF UK is vital to enable AMREF to strengthen Africa's health projects. We do this by providing both technical assistance at HQ, country office and programme levels and strategic support. We work consistently on improving the quality of our donor relationships, for example by improving the quality of donor funding reports.
- c. **Advocacy:** We seek to influence UK decision-makers' and donors' policies and practice, and to close the gap between Africa's health systems and poor communities. We do this by supporting the development of AMREF's research strategy and ensuring that all UK-funded programmes contribute to research; and by strong advocacy for building the numbers and capacity of health workers and community health workers.
- d. **Increasing awareness of African health issues:** We seek to raise the profile of AMREF in the UK in so far as this increases awareness of African health issues in order to bring about attitudinal and policy change. For example, we aim to secure appropriate press coverage, including our partnership with the Guardian, and to work closely with our celebrity ambassadors.
- e. **Good Governance:** Underpinning all we do, we ensure good governance, accountability, efficiency and effectiveness by continually strengthening our financial systems, audit and budgeting processes, implementing an effective knowledge management system, and ensuring that all programmes have formal contracts and memoranda of understanding.
- f. **AMREF family:** We need to strengthen strategic relationships with all AMREF offices in Africa by developing more effective working relationships with each, and with our Northern Office partners, and by increasing accountability and transparency between AMREF UK and AMREF members in Africa and beyond. AMREF UK will proactively support the wider One-AMREF goals.

5. ACHIEVEMENTS AND PERFORMANCE

In 2011, AMREF continued to bring good-quality, affordable health care closer to those who need it most, providing clean water, health education, and training to communities in six African countries: Ethiopia, Uganda, Kenya, Tanzania, South Africa, and Southern Sudan, as well as to health workers from across the continent. Core achievements against our 2010 objectives were as follows:

- 5.1. **To increase funding to AMREF's programmes and secure adequate funds to cover AMREF UK operational costs by increasing programme income from government and corporate donors, whilst also increasing unrestricted giving from individuals, corporate donors and Trusts & Foundations.**

From a fundraising perspective, the year 2011 was somewhat mixed. Clearly, the external climate is as difficult as it has been for many years. However, we have made notable achievements during the year and met several longstanding commitments to our donors, secured new grants and strategic opportunities.

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We support 18 active projects in six countries across Africa as follows:

Table: AMREF UK countries and programmes of support

| <i>Country</i> | <i>Number of separate projects</i> | <i>Main supporters</i> |
|----------------|------------------------------------|--|
| Kenya | 3 | Accenture, Big Lottery Fund, European Community, Jersey Overseas Aid |
| Tanzania | 4 | GSK, FIGO, EC, and DfID (2 projects), and Jersey Overseas Aid |
| Uganda | 2 | Barclays, The Guardian and AstraZeneca |
| Ethiopia | 5 | EC, DfID, Medicor, Euromoney, Diageo and Jersey Overseas Aid |
| South Sudan | 1 | Direct Relief International |
| South Africa | 2 | DfID and UBS Optimus Foundation |
| Regional | 1 | EC working in Tanzania, South Sudan and Kenya |

We are most grateful to all our sponsors and donors for the generous support throughout the year.

The various categories of our fundraising performed as follows:

5.1.1. Institutional Funding

In 2011, AMREF UK raised £981k (2010, £1,779k) from institutional donors.

Although this is down on our internal budget for the year, AMREF continues to have a substantial institutional donor programme portfolio. In 2011 we supported 9 institutional programmes [5 through the European Commission and 4 through the Department for International Development (DfID)] in 5 countries. The year on year difference is in no small part due to changes in timing for fund disbursement between AMREF UK and the EC delegation, but this is to be received in 2012 so is likely to be no more than a timing issue.

5.1.2. Corporate Support

We raised £1,292k of Restricted income from the corporate sector for our work during 2011 (2010, £1,738k).

AMREF UK's corporate support continues both in terms of financial and pro bono work though a number of multi-year projects have come to an end this year. Overall corporate contributions fell year in year by £446k or -26%. This is certainly an area where we would seek to improve in 2012.

Key successes included our new charity of the year partnership for 2 years with Euromoney Institutional Investor focused on water and sanitation in the Kechene slum area of Addis Ababa, Ethiopia. GlaxoSmithKline's (GSK's) initiative to reinvest 20% of its profits from its work in developing countries also launched successfully and we look forward to developing this partnership further in the coming years.

GSK's pro bono support has also continued to grow through their PULSE volunteer initiative. This enables placements with charities in order to make a sustainable difference for communities. In 2011, GSK donated staff time to AMREF from three volunteers. One of these donated directly to AMREF UK, time conservatively valued at £20k, to support our IT and Knowledge Management.

One example of additional AMREF UK leverage into the international AMREF effort also is the work of the other two GSK Pulse volunteers. One supported the development of global brand communications as part of the 'One AMREF' integration work across all AMREF offices. The other was recruited to support the start-up and project management of the new GSK 20% initiative programme. Their

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contribution has allowed a significant organisational cost-saving and has the potential for an even more significant long-term impact on AMREF's work globally.

5.1.3. Individual Giving

In 2011, we raised gross revenue of £661k (2010, £749k) through individual donors.

In October 2010, the three-year period of the Guardian's reporting from Katine ended, and a fourth year was funded with an additional grant from Barclays. On successful completion of the initial phase of the project and working closely with the Charity Commission, we were able to re-direct the 'It Starts with a Village' funds towards our wider work.

We felt obligated by the terrible suffering we saw in the Horn of Africa to respond to the drought through an emergency appeal. AMREF in Kenya responded to the humanitarian emergency by running emergency programming to mitigate the effects of lack of sanitation and clean water, lack of food and lack of basic health care. AMREF UK supported these efforts through additional fundraising activities across all our income streams. This is the first time we have responded to an emergency of this nature and our donors were characteristically generous.

Our mailing programme to existing donors exceeded targets as did our legacy and in memoriam activity. We launched a new, more cost effective version of our supporter newsletter and a monthly e-newsletter focused on increasing the loyalty of our existing donors.

5.1.4. Trusts & Foundations

We raised a total of £749k (2010, £522k) from Trusts and Foundations this year.

In 2011 we were able to strengthen relationships with existing and prospective donors whatever their initial point of entry into AMREF. The overall increase of £227k (+43%) in this area is a significant improvement over the previous year.

The close relationship between Trusts & Foundations and Major Donors allowed us to develop new strands of support from an increased portfolio in the UK and across other countries where AMREF does not have an office – for example in Switzerland, Liechtenstein and Greece.

Major Donor income was down significantly on the previous year, mainly because of the 2010 gala event which skewed the prior year comparator. This year we have invested in re-engaging past donors and supporters; in developing a strong 'Friends and Alumni' platform for networking and funding; and in delivering a multinational donor visit to Kenya in October 2011. All of these should bear fruit in 2012.

We have tried to build more comprehensive relationships with our donors across all platforms through a series of cultivation events and opportunities such as the musicals afternoon at Cumberland Lodge in August 2011, business breakfasts, corporate networking events and our African carol concert in London in December 2010.

5.2. To provide strategic, high-quality, technical support to enable AMREF to strengthen Africa's health projects by providing technical assistance at HQ, country office and programme levels, and improving donor relationships.

AMREF UK uses the principles of project cycle management to manage the granting process. We continue to work alongside the Programme Management Unit in HQ to increase coordination with all AMREF offices. In 2011 we hosted a 2 day exchange workshop with AMREF Netherlands to support future collaborative working in grant management and proposal development. This has led to further involvement with other national offices and will be a focus of our work in 2012.

We conducted several programme monitoring and support visits to Country Offices in Ethiopia, Tanzania, Kenya, and Uganda. These visits are crucial to build capacity in grant management and

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build effective relationships with country offices for future programming. Increasingly, AMREF UK seeks to support Country Offices in the development of new programmes, and as a result we submitted 7 proposals/concepts to a range of UK donors.

AMREF UK has continued to build up strong strategic partnerships, notably with the Open University. Immensely important in the fulfilment of our mission in 2011, was the signing of a Memorandum of Understanding with the Open University to leverage opportunities and experience in distance learning for training Health Workers. AMREF UK is the relationship manager for this partnership on behalf of AMREF globally.

During 2011, AMREF UK continued our MSc internship scheme with Liverpool School of Tropical Medicine to support AMREF teams on research in Kenya, Tanzania and Ethiopia. Also in 2011, we established new relations with the London Knowledge Laboratory in the University of London, who have supported a number of bids, as well as BioMed Central, an open access publisher. Both of these have the potential to add significantly to our impact in future years.

5.3. To influence UK decision-makers' and donors' policies and practice to close the gap between Africa's health systems and poor communities by supporting the development of AMREF's research strategy, ensuring that all UK funded programmes contribute to research, and strong advocacy for building the numbers and capacity of health workers and community health workers.

AMREF UK continues to be a member of several advocacy groups, most notably the Human Resources for Health (HRH) advocacy working group. Through this group AMREF played a key role in submitting a successful application for a side-event at 2011 Second Global Forum on HRH, where attendees included UK DfID and Department of Health representatives. Despite resourcing constraints within AMREF UK, we were able to help organise a side-event on the HRH at the Millennium Development Goals Summit, attended by some 200 people, including a range of governments from developing countries. Speakers here included: the Cameroon Minister of Public Health, the Malawian Minister of Health, the Director-General of the Norwegian Directorate for Health and Social Affairs; the Secretary of Human Resources Development in the Ministry of Health in Brazil and Michael Anderson, the Director General of Policy and Global Issues in DfID in the UK.

5.4. To raise the profile of AMREF in the UK to increase awareness of African health issues in order to bring about attitudinal and policy change by securing appropriate press coverage, maximising the value of the Guardian partnership and securing a celebrity ambassador.

We continue to ensure that coverage of AMREF's work continued in the UK and beyond. Highlights included:

- Although inevitably coverage levels on the Katine programme diminished during the year, we were able to secure a piece on AMREF's work around health delivery in the new state of South Sudan. This was a lead story on the Guardian's Development site on 22nd July, and received over 2,000 views and a significant increase of Twitter re-tweets and new followers.
- We secured a 4-page article in the *New African* international magazine on the African healthcare system; and
- We organised a BBC World Service interview with AMREF's Dr Peter Ngatia, which focused on the drop in vaccine prices. This was the first time the BBC had approached the UK office for an interview, which shows significant improvements in AMREF brand recognition amongst the media.

Communication efforts around the Horn of Africa drought led to a +70% increase in new website visitors, particularly those directed from Twitter. Over the course of the year, we received an +84% increase in new website visitors, with an average of 3,500 unique visitors per month. We increased

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our Facebook fans from 1,055 to 1,440 and our Twitter followers, mainly through the Status of Africa campaign, increased by +200% from 308 to 940.

We secured AMREF's participation in Comic Relief's celebrity-reality programme 'life in the slums' where Eastenders actress Samantha Womack worked in our Kibera clinic for a week. On the back of this programme, we obtained support from another participant, Angela Rippon, in our Status of Africa Mother's Day campaign. This campaign was extremely successful, with over 6,658 people using the app – a significant increase from 1,600 from the previous year. We also obtained celebrity support from musician Angélique Kidjo, Jimmy Choo CEO Tamara Mellon, and British actress Fay Ripley. Prolific 'Twitterer' Stephen Fry supported the campaign, which helped contribute to the highest number of people viewing the website all year, with 1,045 unique visitors in 5 days. There were also over 50 blogs and media articles written about the campaign, which was the 2nd most talked-about campaign on Twitter for the week. It also was a finalist in two renowned marketing/campaign awards.

AMREF UK continues to support the "human resources for health" portfolio agenda and will continue to ensure, through strong programme development, that we contribute to AMREF's research documentation.

5.5. To ensure good governance, accountability, efficiency and effectiveness in all that we do by strengthening financial systems, in audit and budgeting processes, implementing an effective knowledge management system and ensuring that all programmes have formal contracts and memoranda of understanding.

The Board continued to play its due diligence role with passion and commitment. Three subcommittees of the Board (Finance and Audit, Governance and Programmes) continued to meet regularly to review management accounts, monitor implementation, and advise the larger Board. A fourth committee, the Fundraising Committee, was established mid-year, designed to provide high level advice and support to the fundraising team.

The Board continues to meet regularly every quarter. A new Chairman and a new Treasurer were appointed.

As mentioned earlier, we were fortunate in the latter part of the year to have the services of a GSK Pulse volunteer whose efforts were targeted at improved knowledge management, and strengthening our IT.

5.6. To strengthen strategic relationships with AMREF in Africa by developing more effective working relationships across all AMREF Offices, and by increasing accountability between AMREF UK and our AMREF partners.

Our Board and Senior Management Team continued to provide strong and consistent support for the "One AMREF" vision and the direction being given by our new Director General, Dr Teguest Guerma. Considerable progress has been made in this year, with One AMREF, an organisation united by a single governance structure, one budget and a business plan – officially launched in September 2011 in Pretoria, South Africa. In October 2010 we were proud to welcome Dr Guerma to the UK, where she attended and hosted several high level meetings with key donors and prospects and further consolidated with the UK team the 'One AMREF' vision.

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6. FINANCIAL REVIEW

Gross income for the year 2011 was £4,005k, £1,129k (or -22%) below the prior year (2010, £5,134k). The main reason for this drop in income was the fall in institutional donor income with one major EU project experiencing delays in reporting. Some of this income will be carried over into 2012. In the period after the year end, to 10 January 2012, AMREF UK has received £157k (€182k) from the EU with another approx. £812k (€984k) cleared for payment by the EU.

Note that changes in UK Government policy resulted in the removal of the Civil Society Challenge Fund which reduced our ability to secure institutional income.

Voluntary income held up well in 2011 at £966k (2010, £973k) with individual giving benefiting from the largely successful conversion of the Guardian's Katine donors to become unrestricted donors to AMREF UK.

Corporate donations were disappointing at £1,294k (2010, £1,738k) reflecting staffing challenges in that area as well as a generally difficult environment.

The majority (80%) of AMREF UK's income is restricted for specific projects. Note 17 lists the restricted donations raised for specific projects in 2011, and note 3 lists donors giving more than £10k without whose generous support these projects would not have been possible.

Total expenditure for the year was £4,511k (2010, £5,137k). This was below plan, particularly due to the aforementioned delays in receiving, and therefore spending, EU income. Although overall grants to Africa have reduced, we expect that this will correct itself in the next financial year. The reduction also reflects tight control of costs, including some savings on salaries.

As at the year end, 30 September 2011, £1,015k (2010, £1,521k) remained with AMREF UK in reserves. This represents a reduction of £506k (-33%) year on year. Restricted reserves, which represent money donated in advance of the projects calling for these monies, was £609k (2010, £1,043k). Funds will be transferred to Africa when called for.

6.1. RESERVES POLICY

To safeguard the core activities in periods of fluctuating income, the Trustees have determined to establish unrestricted net free reserves to cover six months operational costs ideally amounting to around £400-500k.

The Trustees have reviewed the reserves of the charity. General unrestricted reserves at 30 September 2011 were £406k (2010, £478k) - around the level set by the Trustees. Net free reserves for the year were £390k. The trustees are satisfied with this position.

In addition, AMREF UK continues to monitor closely the match-funding liabilities on its future grants. The policy is to engage with implementing and funding partners to ensure that matched funding liabilities are covered.

6.2. INVESTMENT POLICY

All funds held by AMREF UK for future use in furtherance of its objectives are held in deposit accounts available on demand with United Kingdom-based banks. The Memorandum and Articles of Association place no specific restrictions on the investment powers of the Board of Directors.

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7. FUTURE PLANS

Based on health priorities approved by the International Board of AMREF in October 2010, **AMREF's Business Plan** ("the Plan") has been developed for the period 2011-2014. It has been created within the framework of AMREF's Strategy 2007-2017. In September 2011 AMREF headquarters in Nairobi launched the Plan, the first covering the global organisation. It focuses on transforming communities by improving the health of women and children based on three health systems building blocks: Human Resources for Health, Community Systems Strengthening and Health Management Information Systems, with a strong focus on evidence-based advocacy, operational research and policy change.

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

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

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

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

AMREF UK's business plan priorities for 2012 have been designed to support the delivery of the organisational business plan priorities. We will work to achieve the following objectives:

1. The delivery of £4.4 million of grant income to support the programme in Africa whilst ensuring effective and efficient grant management and high quality donor reporting;
2. A well stocked pipeline, to a value of £4-5m of large, multi-year, high quality proposals that are fully aligned to the AMREF business plan to ensure growth in future delivery;
3. An improvement in the underlying financial stability of AMREF UK through investment in achieving a steady growth in unrestricted income;
4. Strong brand recognition of AMREF in the UK through the delivery of a robust marketing and communications strategy;
5. A tangible improvement in our coordination and cooperation with other AMREF offices and proactive support for One AMREF;
6. Continuous improvement in the performance of the UK office.
7. We have been planning donor recruitment activities for 2012, and we will be investing according to our means. Increasing our unrestricted income is a top priority as it is vital to the stability of AMREF UK, and will enable us to maximise the funds we can send to Africa.

In all our work we orientate around our ultimate goal and purpose – to deliver a continent where no one be deprived of access to basic healthcare on the basis of poverty, injustice or any other reason.

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8. STATEMENT OF TRUSTEES' RESPONSIBILITY

The Trustees (who are also directors of AMREF UK for the purposes of company law) are responsible for preparing the Trustee 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 those 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 an ongoing concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them 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 auditors are unaware; and
- The Directors have taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

9. AUDITORS

Kingston Smith LLP have indicated their willingness to continue in office and are deemed to be reappointed in accordance with section 487(2) of the Companies Act 2006.

THIS REPORT WAS APPROVED BY THE BOARD OF TRUSTEES ON 11/1/2012
AND SIGNED ON ITS BEHALF BY:


.....
MR GAUTAM DALAL
CHAIR

COMPANY NUMBER 00982544

**AFRICAN MEDICAL AND RESEARCH FOUNDATION
(UNITED KINGDOM)**

**INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES
FOR THE YEAR ENDED 30th SEPTEMBER 2011**

We have audited the financial statements of AMREF UK for the year ended 30 September 2011 which comprise the Statement of Financial Activities (the Summary Income and Expenditure Account), the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Trustees and Auditors

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.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition we read all the financial and non-financial information in the Trustees Annual Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2011 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 properly prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matters prescribed by the Companies Act

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

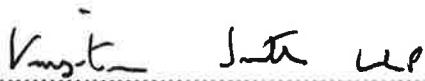
**AFRICAN MEDICAL AND RESEARCH FOUNDATION
(UNITED KINGDOM)**

**TRUSTEE REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30th SEPTEMBER 2011**

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where 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' remunerations specified by law are not made; or
- we have not received all the information and explanations we require for our audit.


.....

Neil Finlayson, Senior Statutory Auditor

for and on behalf of Kingston Smith LLP, Statutory Auditor


.....

Date

Devonshire House
60 Goswell Road
London EC1M 7AD

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

Statement of Financial Activities (Incorporating the Summary Income and Expenditure Account)
for the Year Ended 30 September 2011

| | Note | Unrestricted Fund £ | Restricted Fund £ | Total 2011 £ | Total 2010 £ |
|--|------|---------------------------|-------------------------|--------------------|--------------------|
| Incoming Resources | | | | | |
| Incoming resources from generated funds: | | | | | |
| Fundraising activities | 2 | 87,501 | - | 87,501 | 61,233 |
| Voluntary Income | 2 | 458,704 | 507,265 | 965,969 | 973,488 |
| Investment Income - Bank Interest | | 8,467 | 17 | 8,483 | 5,264 |
| Incoming resources from charitable activities: | | | | | |
| Grants for specific purposes | 3a | 206,573 | 2,717,008 | 2,923,581 | 4,060,018 |
| Gifts In Kind | 4 | 20,000 | - | 20,000 | 34,075 |
| Total incoming resources | | <u>781,245</u> | <u>3,224,290</u> | <u>4,005,535</u> | <u>5,134,078</u> |
| Resources Expended | | | | | |
| Costs of generating funds: | | | | | |
| Fundraising activities | 2 | 76,906 | - | 76,906 | 59,668 |
| Costs of generating voluntary income | 2 | 347,209 | - | 347,209 | 416,629 |
| Direct charitable expenditure: | | | | | |
| Grants to Projects | 5 | 387,888 | 3,658,496 | 4,046,384 | 4,640,614 |
| Governance costs | 7 | 40,888 | - | 40,888 | 20,247 |
| Total resources expended | | <u>852,891</u> | <u>3,658,496</u> | <u>4,511,389</u> | <u>5,137,159</u> |
| Net Incoming Resources before transfers | | (71,646) | (434,206) | (505,855) | (3,081) |
| Transfers between funds | 17 | (921) | 921 | - | - |
| Net Movement in Funds | | <u>(72,567)</u> | <u>(433,285)</u> | <u>(505,855)</u> | <u>(3,081)</u> |
| Balances at 1st October | 13 | 478,394 | 1,042,923 | 1,521,317 | 1,524,398 |
| Balances at 30th September | | <u>405,827</u> | <u>609,637</u> | <u>1,015,462</u> | <u>1,521,317</u> |

There were no recognised gains or losses in the period other than those shown above.

The notes on the attached pages form a part of these financial statements.

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

Balance Sheet
as at 30 September 2011

| | Note | 2011 £ | 2010 £ |
|---------------------------------------|------|------------------|------------------|
| FIXED ASSETS | 10 | <u>16,324</u> | <u>7,430</u> |
| CURRENT ASSETS | | | |
| Debtors | 11 | 94,608 | 106,661 |
| Cash at bank and in hand | | <u>958,429</u> | <u>1,464,827</u> |
| | | 1,053,037 | 1,571,488 |
| CREDITORS | | | |
| Amounts falling due within one year | 12 | <u>53,898</u> | <u>57,601</u> |
| NET CURRENT ASSETS | | <u>999,138</u> | <u>1,513,887</u> |
| Total assets less current liabilities | | 1,015,462 | 1,521,317 |
| Net assets | | <u>1,015,462</u> | <u>1,521,317</u> |
| FUNDS | | | |
| Unrestricted Fund | 13 | 405,827 | 478,394 |
| Restricted Funds | 17 | 609,637 | 1,042,923 |
| | | <u>1,015,462</u> | <u>1,521,317</u> |

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Board of Directors, and authorised for distribution, on 11/11/2012



 G. Dalal
 Chair



 M. Grant
 Treasurer

The notes on the attached pages form a part of these financial statements.

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

1 Accounting Policies

Basis of Accounting

These financial statements have been prepared under the historical cost convention and in accordance with the provision of the Companies Act 2006, the revised Statement of Recommended Practice (SORP 2005) "Accounting and Reporting by Charities" and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The following principal accounting policies, which are unchanged from the previous year, have been consistently applied in preparing the financial statements.

Incoming Resources

All incoming resources are included in the Statement of Financial Activities (SOFA) when the charity is legally entitled to receipt and the amount is quantifiable. Donations received under deeds of covenant are shown with the relevant income tax recoverable. Income is deferred only where the donor has specified that it may only be used for a future period or has imposed conditions that must be met before the charity has unconditional entitlement to the grant.

Gifts in Kind

It is the charity's policy to value gifts in kind at a valuation that could be obtained if the goods and services were purchased on the open market.

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Wherever possible costs are directly attributed to these headings. Costs common to more than one area are apportioned on the basis of staff time spent and /or usage on each area.

Grants for specific purposes relate to transfers made to the Nairobi Head Office for the purpose of charitable activities.

The costs of generating funds are those costs of seeking potential funders and applying for funding.

Support costs are those costs incurred in support of the charitable objectives. These have been allocated to the resources expended on a basis that fairly reflects the true use of those resource within the organisation.

Governance costs are those incurred in the governance of the charity and are primarily associated with the constitutional and statutory requirements.

Tangible fixed assets and depreciation

Tangible fixed assets over the value of £500 are capitalised and depreciated at a rate calculated to write off the assets over their remaining useful lives as follows:

| | |
|----------------------------|-----------------------------|
| Computer equipment | 33% per annum straight line |
| Office furniture/equipment | 33% per annum straight line |

Fund Accounting

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors. The aim and use of each restricted fund is set out in Note 17 to the financial statements.

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

1 Accounting Policies (continued)

Foreign Currency Translation

Amounts denominated in foreign currencies are, wherever material, translated into sterling at the exchange rate prevailing at the Balance Sheet date and any gains / losses thus arising are taken to the

Pension

The charity operates a defined contribution pension scheme for the benefit of its employees. The net assets of the fund are held separately from those of the charity. Contributions payable are charged to the statement of financial activities in the year in which they are incurred.

Cash flow statement

It is the charity's policy to take advantage of the exemption offered by FRS1 from preparing a cash flow statement on the grounds that the charity qualifies as a small company.

| 2 Generated funds | 2011 | 2010 |
|---|------------------|------------------|
| | £ | £ |
| Incoming resources from generated funds | | |
| Activities for Generating Funds | | |
| Christmas card sales | 4,210 | 4,832 |
| Events | 83,291 | 56,401 |
| | <u>87,501</u> | <u>61,233</u> |
| Voluntary Income | | |
| Individual donors | 584,007 | 693,833 |
| Corporate grants | 338,005 | 80,616 |
| Trusts and Foundations | 43,957 | 199,039 |
| | <u>965,969</u> | <u>973,488</u> |
| | <u>1,053,470</u> | <u>1,034,721</u> |
| Costs of generating funds | | |
| Activities for Generating Funds | 76,906 | 59,668 |
| Voluntary Income | 347,209 | 416,629 |
| | <u>424,115</u> | <u>476,297</u> |
| Staff costs (See Note 5) | 258,037 | 260,050 |
| Direct costs (See Note 5) | 96,512 | 168,841 |
| Support and other costs (See Note 5) | 69,566 | 47,406 |
| | <u>424,115</u> | <u>476,297</u> |

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

3a Income from charitable activities

| | Unrestricted £ | Restricted £ | 2011 £ | 2010 £ |
|---|-------------------|------------------|------------------|------------------|
| Governments | - | 981,263 | 981,263 | 1,778,911 |
| Major Government donations in excess of £10,000: | | | | |
| DFiD | | 129,564 | | 356,710 |
| European Commission | | 127,997 | | 1,270,532 |
| Jersey Overseas Aid Committee | | 130,263 | | 125,585 |
| British Council - ACU | | 19,259 | | 26,084 |
| Companies | 2,018 | 953,986 | 956,004 | 1,658,069 |
| Major Company donations in excess of £10,000: | | | | |
| Accenture | | - | | 264,459 |
| AstraZenca | | 358,000 | | 400,000 |
| Barclays | | 236,607 | | 470,000 |
| Diageo | | 44,232 | | 50,000 |
| Euromoney | | 54,128 | | 271,036 |
| GlaxoSmithKline | | 375,712 | | 691 |
| Guardian | | - | | |
| Other companies | | - | | 25,000 |
| Opal Foundation | | 40,000 | | 176,883 |
| Trusts and Foundations | - | 704,945 | 704,945 | 323,481 |
| Major Trust and Foundation donations in excess of £10,000: | | | | |
| Big Lottery Fund | | | | 123,833 |
| Direct Relief International | | | | 124,000 |
| FIGO | | 69,256 | | 75,648 |
| Ferguson | | 313,130 | | |
| Headley Trust | | 10,000 | | |
| Medicor Trust | | 60,555 | | |
| National Health Training Unit | | 60,139 | | |
| Rowan Charitable Trust | | 40,000 | | |
| Rufford Maurice Laing Foundation | | | | |
| Wolfson College | | | | |
| Souter Charitable Trust | | | | |
| Stavros Niarchos Foundation | | 80,106 | | |
| Sylvia Adams Charitable Trust | | 25,000 | | |
| The Even Cornish Foundation | | 13,666 | | |
| Individuals | - | 76,814 | 76,814 | 55,339 |
| Major Individual donations in excess of £10,000: | | | | |
| Lord Chandos | | 10,000 | | |
| Administrative retention on restricted grants | 204,555 | - | 204,555 | 244,218 |
| | <u>206,573</u> | <u>2,717,008</u> | <u>2,923,581</u> | <u>4,060,018</u> |

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

3b AMREF UK acknowledges funding from the UK Department of International Development Civil Society Challenge Fund (CSCF), for Masisikume! Addressing Gender Based Violence and HIV/AIDS in Umkhanyakude, South Africa (£158,916), for Realizing the Rights of People with HIV/AIDS, Tanzania (£154,719) and for South Omo Sexual and Reproductive Health, Ethiopia (£129,564).

Below are the receipts and payments that took place during the year and are included in the financial statements:

| | 2011 £ | 2010 £ |
|---|----------------|----------------|
| Balance brought forward | 252 | - |
| Funds received | 443,199 | 356,710 |
| Expenditure at the year end | <u>442,762</u> | <u>356,457</u> |
| Balance of Funds at 30 September 2011 (See Note 17) | <u>689</u> | <u>252</u> |

4 Gift in Kind

| | 2011 £ | 2010 £ |
|---|---------------|---------------|
| Throughout the year AMREF UK benefitted from Gifts In Kind from: GlaxoSmithKline - PULSE Partner | <u>20,000</u> | <u>34,075</u> |
| | 20,000 | 34,075 |

5 Resources expended

| | Costs of generating Funds £ | Cost of generating voluntary income £ | Charitable activities £ | Governance £ | 2011 £ | 2010 £ |
|-----------------------------|--------------------------------------|---|-------------------------------|-----------------|------------------|------------------|
| Payroll costs - Direct | 26,835 | 171,673 | 185,088 | - | 383,596 | 508,608 |
| Payroll costs - Indirect | 7,632 | 51,897 | 170,078 | 13,237 | 242,844 | 127,537 |
| Direct costs | 33,520 | 62,991 | 3,552,673 | - | 3,649,184 | 4,373,210 |
| Other support costs | 8,919 | 60,647 | 138,546 | 15,468 | 223,580 | 119,331 |
| Governance costs | - | - | - | 12,183 | 12,183 | 8,473 |
| | <u>76,906</u> | <u>347,209</u> | <u>4,046,384</u> | <u>40,888</u> | <u>4,511,387</u> | <u>5,137,159</u> |

6 Support costs allocation
allocated based on staff time

| | Costs of generating Funds £ | Cost of generating voluntary income £ | Charitable activities £ | Governance £ | 2011 £ | 2010 £ |
|--|--------------------------------------|---|-------------------------------|-----------------|----------------|----------------|
| Other support costs | | | | | | |
| Premises costs | 2,117 | 14,398 | 23,715 | 3,672 | 43,903 | 49,967 |
| Travel costs | 662 | 4,505 | 7,420 | 1,149 | 13,736 | 6,648 |
| Other office and operational costs | 6,139 | 41,744 | 107,412 | 10,647 | 165,942 | 62,716 |
| | <u>8,919</u> | <u>60,647</u> | <u>138,546</u> | <u>15,468</u> | <u>223,580</u> | <u>119,331</u> |

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

| 7 Governance costs | 2011 | 2010 |
|---------------------------------------|---------------|---------------|
| | £ | £ |
| Audit Fees - current year | 9,030 | 8,124 |
| Audit Fees - In respect of prior year | 2,202 | - |
| Board expenses * | 951 | 349 |
| Staff and support costs | 28,705 | 11,774 |
| | <u>40,888</u> | <u>20,247</u> |

* One member of the Board was re-imbursed for expenses during the year (2010: 1) amounting to £951 (2010: £349).

8 Staff Numbers and Costs

| | 2011 | 2010 |
|---|----------------|----------------|
| | £ | £ |
| The aggregate payroll costs were: | | |
| Wages and Salaries | 554,347 | 563,868 |
| Social Security costs | 58,862 | 58,368 |
| Employer's Pension costs | 13,569 | 13,909 |
| | <u>626,779</u> | <u>636,145</u> |
| These aggregate costs were split between the following departments: | | |
| Fundraising | 6 | 6 |
| Advocacy | 1 | 1 |
| Communications | 1 | 1 |
| Programme Development | 5 | 5 |
| Governance and Administrative Support - incl CEO | 4 | 4 |
| | <u>17</u> | <u>17</u> |

9 Net incoming resources

| | 2011 | 2010 |
|--------------------------------------|---------------|---------------|
| | £ | £ |
| is stated after charging: | | |
| Auditors remuneration - current year | 9,030 | 7,990 |
| - in respect of prior years | 2,202 | - |
| - for non audit services | - | 134 |
| Depreciation of Fixed Assets | 11,240 | 12,772 |
| Lease commitments (See Note 14) | 25,425 | 25,245 |
| | <u>25,425</u> | <u>25,245</u> |

10 Fixed Assets - Equipment and Computers

| | 2011 | 2010 |
|----------------------------------|---------------|---------------|
| | £ | £ |
| Cost at 1st October | 64,484 | 64,484 |
| Purchases during the year | 20,134 | - |
| | <u>84,618</u> | <u>64,484</u> |
| Cost at 30th September | | |
| Depreciation as at 1st October | 57,054 | 44,282 |
| Charge during the year | 11,240 | 12,772 |
| | <u>68,294</u> | <u>57,054</u> |
| Balance at 30th September | | |
| Net Book Value at 30th September | <u>16,324</u> | <u>7,430</u> |

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)

Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

| 11 Debtors | 2011 | 2010 |
|--------------------------------|---------------|----------------|
| | £ | £ |
| Other Debtors | - | 2,879 |
| Accrued Income | 65,253 | 92,045 |
| Prepayments | 26,409 | 11,737 |
| Amounts due from AMREF Nairobi | 2,946 | - |
| | <u>94,608</u> | <u>106,661</u> |

| 12 Creditors (amounts falling due within one year) | 2011 | 2010 |
|---|---------------|---------------|
| | £ | £ |
| Amounts due to AMREF Nairobi | - | 8,638 |
| Accruals | 12,120 | 7,250 |
| Social Security and other taxes | 13,835 | 17,838 |
| Pensions contributions | 2,358 | 1,118 |
| Other creditors | 25,584 | 22,757 |
| | <u>53,898</u> | <u>57,601</u> |

| 13 Reconciliation of Funds | Unrestricted | Restricted | 2011 | 2010 |
|-----------------------------------|---------------------|-------------------|------------------|------------------|
| | Fund | Fund | £ | £ |
| | £ | £ | | |
| Funds as at 1st October 2010 | 478,394 | 1,042,923 | 1,521,317 | 1,524,398 |
| Surplus/(deficit) for the year | (72,567) | (433,285) | (505,855) | (3,081) |
| Funds as at 30th September 2011 | <u>405,827</u> | <u>609,637</u> | <u>1,015,462</u> | <u>1,521,317</u> |
| <u>Analysis of Reserves</u> | | | | |
| Tangible Fixed Assets | 16,324 | - | 16,324 | 7,430 |
| Net Current Assets | 389,503 | 609,637 | 999,138 | 1,513,887 |
| | <u>405,827</u> | <u>609,637</u> | <u>1,015,462</u> | <u>1,521,317</u> |

14 Contingent Liabilities, Capital and Financial Commitments

The Foundation has committed to subscribe to a Flora London Marathon Golden Bond during the next year at £1,762 per annum including VAT (2010 : £1,725)

At 30th September 2010 the Foundation was committed to annual lease of £2,640 per annum until 31st March 2016.

At 30th September 2010 the Foundation was committed to rent of £30,294 per annum until 31st March 2013.

15 Liability of Members

At 30 September 2011 the Foundation had 8 members (2010: 9 members). The liability of each member to contribute to the assets of the Association is limited to £10.

16 Related party transactions

Furthermore, the charity transacted with its associated entity, AMREF (Nairobi) and the balance due from AMREF (UK) is shown in Notes 11 and 12 (2010: creditor of £10,856).

AFRICAN MEDICAL RESEARCH FOUNDATION (UNITED KINGDOM)
Limited by Guarantee

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30TH SEPTEMBER 2011

17 Charitable Activities

The income of funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on specific projects

| | At 1 Oct 10 | Income | Expense | Transfers | At 30 Sept 11 |
|---|------------------|------------------|------------------|------------|----------------|
| | £ | £ | £ | £ | £ |
| Ethiopia | | | | | |
| Euromoney - Corporate restricted | - | 65,866 | 470 | - | 65,396 |
| South Omo floods | (3) | 125,555 | 124,403 | - | 1,149 |
| Kechene water | 1,327 | - | - | - | 1,327 |
| South Omo (Malle & S Aire) | 27,868 | - | 25,000 | - | 2,868 |
| Afar Pastoralist health - Ethiopia | (3,032) | 65,263 | 67,350 | 5,119 | - |
| South Omo Sexual and Reproductive Health' | 253 | 129,564 | 129,127 | - | 689 |
| Euromoney - Kechene water | - | 54,128 | 54,725 | 597 | - |
| Diageo - Kechene water & sanitation Phase 3 | - | 44,232 | 44,232 | - | - |
| Trachoma - Ethiopia | - | 10,000 | 10,000 | - | - |
| Turkana drought response - Health Outreach | - | 15,000 | 15,000 | - | - |
| Kechene water & sanitation | - | 40,000 | - | - | 40,000 |
| AMREF HQ | | | | | |
| Flying doctors society | 18,746 | 60,865 | 76,550 | - | 3,061 |
| Nurses e-learning | 252,108 | - | 251,808 | - | 300 |
| GSK - Health infrastructure partnerships - HIP | - | 250,000 | 241,846 | - | 8,154 |
| Mobile health | - | 1,023 | - | - | 1,023 |
| Kenya | | | | | |
| Turkana nomadic health | 3,125 | 18,718 | 21,421 | - | 422 |
| Zingatia Maisha Phase II | 4 | - | - | (4) | - |
| Positive Action - Kenya | (1,324) | - | - | 1,324 | - |
| Kenya health systems strengthening | 3,271 | - | - | - | 3,271 |
| Kenya emergency appeal | 145 | - | - | - | 145 |
| Community based initiatives to improve maternal health - Kibera | 870 | 136,772 | 136,772 | - | 870 |
| Drought response Phase - Kibera | - | 16,182 | 14,690 | - | 1,492 |
| Wolfson bursary (DCH) | 5,609 | - | 50 | - | 5,559 |
| Kajiado Trachoma - Guardian | 2,500 | 5,000 | 5,000 | - | 2,500 |
| Mexico IAC | 2,500 | 2,782 | 5,282 | - | - |
| Commonwealth scholarship | 2,348 | - | - | - | 2,348 |
| Phase consultancy | 3,201 | 19,259 | 18,553 | - | 3,906 |
| | 6,074 | - | - | (6,074) | - |
| South Africa | | | | | |
| Masisikume, GBV SA | - | 158,916 | 158,916 | - | - |
| Child survival in rural South Africa UBS Foundation | 92,551 | - | 92,551 | - | - |
| Sudan | | | | | |
| National health training institute, Mardi | 6 | 60,639 | 60,639 | (6) | - |
| Tanzania | | | | | |
| VVF, Tanzania | - | 102,849 | 102,849 | - | - |
| Mtwara malaria | 4,540 | 77,963 | 77,745 | - | 4,758 |
| Realising the rights of people with HIV / AIDS - DFID | - | 154,719 | 154,719 | - | - |
| Reducing morbidity & mortality from Malaria - TAN | 1,992 | 186,012 | 184,089 | - | 3,915 |
| Mtwara youth project Tanzania | - | 200,246 | 138,230 | - | 62,015 |
| Ferguson - E-learning Tanzania | - | 313,130 | 10,467 | - | 302,663 |
| Uganda | | | | | |
| Katine project | 573,851 | 417,393 | 975,880 | - | 15,364 |
| Soroti Malaria & HIV | 12,653 | 62,709 | 62,709 | - | 12,653 |
| Integrated model - MAT | 13,662 | 427,000 | 394,495 | - | 46,167 |
| Uganda flood relief | 30 | - | - | (30) | - |
| Other small events | 342 | - | 342 | - | - |
| AMREF UK | | | | | |
| GSK 20% Reinvestment Project Corporates | 5,340 | - | 85 | - | 5,255 |
| One off projects | - | 5 | - | (5) | - |
| General - Restricted | - | 2,500 | 2,500 | - | - |
| | 12,366 | 17 | - | - | 12,383 |
| Totals | 1,042,923 | 3,224,307 | 3,658,497 | 921 | 609,637 |