



**REPORT OF THE TRUSTEES  
AND FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 SEPTEMBER 2015**

## CONTENTS

Reference and Administration Details	1
Trustees' Report	2 – 12
Report of the Auditor	13 - 14
Statement of Financial Activities	15
Balance Sheet	16
Notes to the Financial Statements	17- 25

# Amref Health Africa UK

## TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

Patron	HRH The Prince of Wales
President	The Duke of Richmond & Gordon
Board of Directors (and Trustees)	Mr Gautam Dalai (Chairman) Ms Amanda Caine (Treasurer, appointed February 2015) Mr Paul Davey Mr Liam Fisher-Jones (resigned July 2015) Mr James Murray Grant (Honorary Treasurer, resigned April 2015) Ms Sue Hunt Ms Sally James Mr Craig Pollard (appointed July 2015) Dr Josephine Ruwende (resigned April 2015) Mr Alastair Smith (appointed October 2014) Ms Katy Steward (resigned February 2015)
UK Country Director	Ms. Miranda Harington (from September 2014) Ms. Frances Longley (maternity cover from August 2015)
Company Secretary	Mr Ian Gill
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 80 Cheapside London EC2V 6DZ
Auditors	MHA MacIntyre Hudson, Chartered Accountants & Statutory Auditor New Bridge Street House, 30-34 New Bridge Street, London EC4V 6BJ

# **Amref Health Africa UK**

## **TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015**

This Trustees Annual Report has been prepared in accordance with the Charities Act 2006, the Charities Act 2011, and the statement of recommended practice, Accounting and Reporting by Charities, 2005.

### **I. About Amref Health Africa**

Amref Health Africa is one of the leading health development agencies on the continent. Our vision is one of lasting health change: saving and transforming lives in some of Africa's most vulnerable communities. To do this we work hand-in-hand with the people living in those communities to give them the skills, knowledge, and means to break the cycle of poverty and poor health.

By unlocking the inherent power of local communities we inspire and catalyse long-term change – creating local solutions for local problems. As part of this we encourage people to engage with, leverage, and demand existing health infrastructures. Further to this, our core focus on 'human resources for health' (HRH) means that we are continuously working to build the capacity of local health systems - making sure that health workers at every level are given the skills and resources they need to support those under their care.

### **II. Exploring the Role of the UK Office**

Headquartered in Nairobi, Amref Health Africa is a truly African organisation. The UK charity (Amref Health Africa UK) is one of 11 Northern satellite offices whose role is to provide funding, advocacy and technical expertise to programme teams based in Ethiopia, Kenya, Malawi, Tanzania, Senegal, South Sudan and Uganda.

Together with our Northern counterparts we operate in direct support of 'One Amref', supporting the attainment of its seven strategic priorities, as outlined in our global business plan (2007-17):

1. Making pregnancy safer and expanding reproductive health care.
2. Reducing morbidity and mortality among children.
3. Scaling up HIV, TB and malaria responses.
4. Preventing and controlling of diseases related to water, sanitation and/or hygiene (WASH) among women and children.
5. Increasing access of disadvantaged 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 'One AMREF' that will enable us to deliver our mission and vision, with a focus on performance management, learning and continuous improvement, financial stability, support services for health programming and governance.

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

In 2015 Amref Health Africa UK funded 20 projects across 14 countries. We are proud of the support we have provided to Amref Health Africa as an international organisation over the last forty years and look forward to the next. Thank you to everyone who has been a part of this important work.

#### III. Our Objectives

Our vision at Amref Health Africa UK is to engage, inspire, and influence people to invest in lasting health change across Africa. This means positioning ourselves as the charity of choice for long-term healthcare development – one that is characterised by its uniquely African roots and commitment to working with local people and local communities.

In 2015 we worked to achieve this by focussing on the following three areas:

- 1) **Programme development:** sustaining and growing our portfolio of projects across Africa by working closely with in-country teams to identify, develop and fund high quality proposals and initiatives. This includes the development of a consultancy framework to support the Southern Offices to access African funding directly.
- 2) **Fundraising:** raising unrestricted income as a means of both supporting UK based running costs and also catalysing growth across existing income streams (Individual Giving, Trusts and Foundations, Corporate Fundraising). This in turn will enable us to increase the level of core funding transferred to new initiatives and programmes in Africa.
- 3) **Showcasing:** capturing, reflecting and sharing impact from across our country programmes. This means ensuring that all programmes have clear output and impact measures. From this we are committed to leveraging opportunity across communications channels to share key impact, advocate headline issues and raise awareness of our work.

Underpinning all of this ambition is a long-term commitment to streamlining and strengthening the core of the UK office. Following on from the organisational restructure of 2013/14, 2014/15 has seen our team pilot the implementation of a new staff structure, together with the ongoing refinement of internal policies and procedures. This key objective in organisational development will enable us to ensure that we are operating competitively within the market and that we can proactively respond to the challenge of securing unrestricted and core funding – one which many in the sector are facing. This in turn will catalyse strategic investment in planned growth and development, maximising the impact of each and every pound spent so that we can reach out to as many people in Africa as possible. This will always be our bottom line.

The Trustees have given due consideration to Charity Commission published guidance on Public Benefit requirements.

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

#### IV. Our Achievements – PROGRAMME DEVELOPMENT

During 2015 Amref Health Africa UK continued supporting the global 'One Amref' family in the design and management of new, and existing, high-quality health projects. As a result, 2015 saw the development and start up of seven large new projects across Africa. This included the expansion of our sexual reproductive health and rights programme in Tanzania, with the launch of two new projects that aim to reach 137,192 people over the next three years. In addition, our maternal and child health portfolio expanded with new projects underway in both Kenya and Uganda. Together these will reach an estimated 259,965 women and children with improved access to quality antenatal, obstetric, postnatal and child health services, both in slum and rural settings.

Detail of key project achievements are provided overleaf.

- **Sexual Reproductive Health and Rights in Tanzania**

2015 saw the launch of our flagship charity partnership with the international legal practice, Allen & Overy LLP. The funds raised during this partnership are supporting the delivery of our sexual and reproductive health and rights work in Tanzania. As part of this, Allen & Overy will be contributing to the development of two new projects aimed at supporting some of the most marginalised young people in Tanzania with improved access to quality sexual health services. In addition to this, activities will be supported by a targeted drive to strengthen advocacy efforts across Tanzania. The Allen & Overy team are providing generous pro-bono expertise to help with this. Together we can help to ensure that all young people in the regions we work in are able to access the services and information they need to lead healthy and productive lives, and so break the cycle of poverty (please see page 7 for more details on the Allen & Overy Global Charity Partnership).

- **GSK 20% Reinvestment Initiative - Phase II**

The flagship 20% Reinvestment Programme is a partnership between Amref Health Africa and our long term supporter, GSK. The programme is specifically focussed on Human Resources for Health and supports health worker training in 13 Least Developed Countries across eastern and southern Africa. Following the successful conclusion of the first phase of this programme from 2011 – 2015, 2015 saw the planning and launch of the initiative's second phase which will run from 2015 – 2020.

- **Bright Hope in Ethiopia – Prevention of Mother to Child Transmission (PMTCT)**

2015 saw the culmination of nearly four years of work in the slum setting of Ketema in Addis Ababa, working alongside marginalised communities there to prevent the transmission of HIV from mothers to their babies. The project has reached 63,599 people with services and treatment. Over 15,000 women and men of reproductive age were reached with information and services through awareness campaigns. In addition to this the project trained 333 health professionals at community, health facility and sub-city level to increase access to quality, comprehensive and stigma-free PMTCT services. As a result, the number of health facilities now providing comprehensive PMTCT according to national guidelines has increased from 2 to 12 and uptake of PMTCT services has risen dramatically. We look forward to being able to replicate these successes in other parts of Ethiopia in the future.

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

- **M-Health - Health Enablement Learning Platform (HELP)**

The roll-out of the Health Enablement Learning Platform (HELP), a mobile phone-based tool to train Community Health Volunteers, has gone from strength to strength during 2015. More than 2,250 volunteers from rural, urban and nomadic locations in Kenya are being trained and supported using the application, with the generous support of the Accenture Foundation. This year, HELP won the Brandon Hall Silver Award for best use of mobile technology for learning. Having established its effectiveness and replicability, we hope that in 2016 the platform will be rolled out widely to improve the skills and confidence of community health volunteers throughout Kenya, and to adapt the platform for replication in other countries.

- **Non-communicable Diseases**

Many parts of Africa are affected by a double burden of disease, including both communicable diseases (such as malaria and tuberculosis) and now a rising number of chronic non-communicable diseases (including hypertension, asthma, and diabetes). In order to meet this need Amref Health Africa UK has increased its work in non-communicable diseases in Kenya. This saw the launch of a new programme (funded by GSK) which is designed to strengthen health systems across four counties by training 2,500 health workers to better manage and control diabetes and childhood asthma.

\*\*\*

The table below details the projects supported by Amref Health Africa UK between October 2014 and September 2015.

Country	Projects	Area of activity	Donor income in 2014/15
Ethiopia	7	<ul style="list-style-type: none"> <li>• Maternal, New born, Child Health</li> <li>• HIV &amp; AIDS</li> <li>• Water and Sanitation</li> <li>• Clinic construction</li> </ul>	<ul style="list-style-type: none"> <li>• Allan &amp; Nesta Ferguson Charitable Foundation</li> <li>• Pharo Foundation</li> <li>• Comic Relief</li> <li>• DfID</li> <li>• Euromoney Institutional Investors</li> <li>• GSK</li> <li>• Jersey Overseas Aid Commission (JOAC)</li> <li>• World Vision</li> </ul>
Kenya	7	<ul style="list-style-type: none"> <li>• Mobile health</li> <li>• Maternal, Newborn &amp; Child Health</li> <li>• HIV &amp; AIDS</li> <li>• Fistula surgical outreach</li> <li>• Non-communicable diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Accenture Foundation</li> <li>• The Big Lottery Fund (BIG)</li> <li>• Comic Relief</li> <li>• European Commission</li> <li>• JOAC</li> <li>• Nelsons Homeopathy</li> <li>• The Dulverton Trust</li> <li>• GSK</li> </ul>
Tanzania	2	<ul style="list-style-type: none"> <li>• Malaria response</li> <li>• Maternal, Newborn &amp; Child Health</li> <li>• Sexual Reproductive Health &amp; Rights</li> </ul>	<ul style="list-style-type: none"> <li>• Allen and Overy LLP</li> <li>• GSK</li> <li>• The Big Lottery Fund</li> </ul>

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

Uganda	2	<ul style="list-style-type: none"> <li>• Water and sanitation,</li> <li>• Maternal, Newborn &amp; Child Health</li> </ul>	<ul style="list-style-type: none"> <li>• Comic Relief</li> <li>• JOAC</li> </ul>
Regional	2	<ul style="list-style-type: none"> <li>• Human Resources for Health</li> <li>• Maternal, Newborn &amp; Child Health</li> </ul>	<ul style="list-style-type: none"> <li>• EC</li> <li>• GSK's 20% Reinvestment Initiative is funding 13 projects in Angola, Burundi, Djibouti, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda and Zambia.</li> </ul>
Total	20		

#### V. Our Achievements – FUNDRAISING

2014/15 has been a strong and steady year for fundraising across all income streams. Following the focussed restructure of the core office team and central budget, we have delivered upon – and exceeded - all our fundraising targets. We are proud this year to have also been beneficiaries of The 2014 Times Christmas Appeal, and of the Qatar Goodwood Festival. Both of these events have provided a significant boost to core and programmatic funding. A breakdown of activity by income stream follows below:

##### Individuals

Income from Individuals generated a total of £551,724, exceeding the annual income target. All direct marketing campaigns were delivered as planned, and our surpassing of the income target following the period of organisational transition should be celebrated. Additional activity of note was the investment in a telemarketing campaign in the second quarter which has catalysed planned investment in the development and refinement of our CRM system for 2015/16. The importance of Individual Giving and the generation of unrestricted funds is now an organisation priority, and saw the recruitment of a new staff member in Q4, which has already had positive impact on campaign Return On Investment. This will continue to be a key area of focus moving forward.

With a full staff team now in place, there is opportunity to explore potential growth areas across this income stream.

Additionally we will be working to establish a new Major Donor programme to be launched in 2015/16.

##### Trusts and Foundations

Unrestricted income from Trusts and Foundations came in at £27,832 which is £7,832 over the budgeted target of £20,000. This was a solid performance particularly as the income last year contained some unusual one –off items.

In light of this, the year's annual income should be seen a solid result – one that is consistent with the level of staffing resource allocated to the area.

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

Restricted project income from Trusts and Foundations has increased significantly in 2014/15, from £844,861 to £1,404,948. This is primarily linked to incoming funding to facilitate the delivery of projects funded by both Comic Relief and The Big Lottery Fund. We continue to work closely with programme teams to identify project needs and corresponding opportunities for funding and hope to build on this number even further in 2015/16.

Trust income has now been identified as a significant area for future growth with regards to restricted, unrestricted and core income. This will be catalysed by renewed investment in the income stream and the recruitment to a new Trusts and Foundations Officer role, planned for the second quarter of 2015/16.

#### Corporate

Corporate Fundraising has been an area of growth for Amref Health Africa UK this year. New relationships included:

- 2014 Times Christmas Appeal: From December 2014 to January 2015, Amref Health Africa featured as one of three beneficiaries in The Times Christmas Appeal. During this period nine articles were run showcasing our work across Kenya – with a majority focussing on maternal health and the prevention of the harmful practice of Female Genital Cutting. The appeal raised £159,788 from public donations, and included a £20,000 match fund provided by GSK in support of the project.
- A Global Charity Partnership with Allen & Overy LLP: As mentioned on page 4, October 2014 saw the launch of our flagship charity partnership with the Allen & Overy team. In the first year of the partnership we exceeded targeted expectations, raising £479,195 in cash donations. This includes income raised from First Hour, First Day (which saw Allen & Overy staff pledging to donate fees from the first hour of the first working day of 2015), as well those garnered from across a breadth of fundraising activities, both national and international.

In addition to this, Allen & Overy have also provided a generous amount of pro bono support. Activities here include a detailed advocacy project in Tanzania, together with a range of support which includes professional training and development, legal expertise and support with design and printing projects. We are very grateful to the team at Allen & Overy for all their commitment to date and we look forward developing our partnership further in 2016.

- Annual Beneficiary of the Qatar Goodwood Festival: In July 2015 Amref Health Africa was selected as sole beneficiary to the annual Qatar Goodwood Festival. We attended the annual Regency Ball and Magnolia Cup – a race which sees a team of amateur jockeys train for their debut at Goodwood race course. The proceeds from this event, which will be received in 2015/16, will provide critical core support to the organisation as a whole as we work toward the attainment of our seven strategic priorities. We would very much like to thank our President, the Duke of Richmond and Gordon, and his son the Earl of March and Kinrara, for supporting us with this opportunity.

## **Amref Health Africa UK**

### **TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015**

In addition to the above we are grateful for the vital continuing partnerships with corporate organisations including GSK, now in its 27<sup>th</sup> year working with Amref Health Africa, Euromoney Institutional Investors, Nelson's Pharmacy, Somak Holidays and Williamson Tea.

\*\*\*

Following the strategic restructure agreed in 2013/14, the UK office is now running with a total personnel of 13, with functions in Fundraising, Programmes, Finance and Administration. A focus in the latter half of the year has been on refining policies and procedures. This includes the strengthening of our accounts payable and tracking systems, the introduction of a new supplier review system (which has shown significant financial reward) together with a full Health & Safety review. This activity is greatly enhancing the efficiency of the UK office and will further support the sustainability of our financial positioning in the coming months, whilst also creating a solid foundation which is essential to anticipate future growth and expansion.

#### **VI. Our Achievements - SHOWCASING**

Raising our profile and ensuring we continue to communicate effectively to our current donors and supporters is crucial to continued growth for the organisation. Our positioning this year in the 2014 Times Christmas Appeal, and Qatar Goodwood Festival has each created a unique opportunity to enhance brand exposure and coverage to the public. In addition to this we have also had a number of research papers published during the year. These are based on our health interventions and include a study in the Pregnancy and Childbirth Journal on the determinants of skilled birth attendance in Kenya. Further to this the Pan-African Medical Journal published research demonstrating the effectiveness of our model of bringing maternal healthcare to nomadic pastoralist communities in the remote, arid region of Turkana, northern Kenya.

Despite this success, over this past year we have come to understand that brand profile and awareness is a priority area for growth and development – and that this is intrinsically linked to our work in developing Individual Giving, and other fundraising mechanisms. We will therefore be investing in the development of these activities in 2016.

\*\*\*

#### **VII: Plans for the Future**

Amref Health Africa UK has now been in existence for almost 60 years and this year spent £5m on project work in Africa. Over recent years, Amref Health Africa UK has operated from annual operational plans. As part of the restructure in 2014/15 and the development of a more sustainable business model, it has been agreed by the Board and the staff team that 2015/16 should mark the launch of a three year planning cycle.

To take the organisation forward, we have developed an 'Organisational Plan with Ambition'. This uses a strategic approach to identify priorities and ambitions for the development of Amref Health

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

Africa UK over the next three years. The plan has been created collaboratively across the whole staff team and identifies the core operational elements needed to implement it, while also meeting existing commitments and targets in Year One. Plans for Years Two and Three link to the development of our central organisation strategy and will be developed in more detail in 2015/16, with activities around this scheduled to commence in the second quarter of the year.

In-line with this, our goals and objectives for the coming year have been identified as follows:

#### GOALS

- To advocate for excellent universal healthcare for Africa and to showcase Amref Health Africa's unique role in delivering this.
- To increase the level of income generated, both restricted and unrestricted, in order to further develop our project portfolio in direct support of the global 'One Amref' strategy.
- To create a streamlined, efficient, and sustainable organisation that works effectively and collaboratively with international colleagues and offices.

#### OBJECTIVES

**ONE:** To continue to deliver an organisational culture of optimism, positivity, passion, respect, commitment, professional integrity, mutual trust and support.

**TWO:** To streamline and establish clear, efficient and effective, internal systems and procedures across finance, HR, fundraising, communications and programme support.

**THREE:** To identify, establish, grow and maintain a network of key contacts, enablers and potential supporters across the full range of our fundraising and communications work.

**FOUR:** To develop a broader base of fundraising income sources, diluting organisational risk and increasing our income. This will include the development of Corporate, Trust and Major Donor income streams.

**FIVE:** To increase our ability to raise unrestricted funds, focusing on the strengthening of our Individual Giving programme.

**SIX:** To strengthen the brand positioning of Amref Health Africa UK both internally and externally. To develop powerful language, assets, content and delivery mechanisms in support of this.

### **3. FINANCIAL REVIEW**

Total income generated for the year was £5.7m (2014: £4.4m).

Restricted income increased by 40%, and restricted expenditure by 30%. This reflects an increase in grants income and corresponding remittances to Africa for project work.

**Amref Health Africa UK**  
**TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015**

Unrestricted income decreased by 14% during the year, and unrestricted expenditure decreased by 34%. This reflects the move to reduce unrestricted expenditure in the UK. For example, support costs now make up a total of just 3.8% of expenditure, compared to 6.1% in the prior year.

### **3.1. Reserves Policy**

To safeguard the core activities in periods of fluctuating income, having reviewed income and expenditure figures and trends the Trustees have determined to establish unrestricted net free reserves to cover four to six months' operational costs. The current monthly run rate is £59,000, and therefore the reserve range should be £236k - £354k.

The unrestricted reserves held as of 30 September 2015 were £398k (2014: £210k), with a net free reserves of £350k (this is net of fixed assets £4k, and designated funds £44k). This is within the required reserves range.

Amref Health Africa in the UK will continue to review its reserve policy regularly to ensure it meets the needs of the Charity.

### **3.2. Investments**

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

### **3.3. Related Party Transactions**

As set out in note 16 to the Accounts, during the year transactions were undertaken with Amref HQ in Kenya.

## **4. STRUCTURE, GOVERNANCE AND MANAGEMENT**

### **4.1 Constitution and Governing Documents**

Amref Health Africa 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 22 April 2015, as are the regulations concerning the appointment of new Directors.

Amref Health Africa 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.'

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

#### 4.2 Governance

In 2006, the Board adopted the Good Governance Code for the Voluntary and Community Sector, as recommended by the Charities Commission. This code clarifies the role of Amref Health Africa UK's Board and its Directors and puts in place robust procedures for Board review and renewal, delegated responsibility, compliance and risk management.

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.

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

#### 4.3 Risk Management Statement

A robust risk management process by quarterly review, involving 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. Two major risks identified and managed in 2015 were:

- a) **Increasing Levels of Restriction on Funds Secured Threaten Our Ability to Cover Core Operating Costs in the UK and to Fund Work Flexibly in Africa:** the increasing trend for restrictions on the use of funds and grants raised is a challenge for organisations across the sector. Amref Health Africa UK's income portfolio has a strong bias towards institutional, corporate and trust donors, all of which typically require restriction to varying degrees. We need to secure new sources of unrestricted income both to cover our UK office operating costs and investment needs and to support the work of Amref Health Africa flexibly in Africa. In 2015 we started to mitigate this risk through new investment in growing our Individual Giving portfolio. In 2016 we will continue this investment and complement it with new investment in Major Donor Trusts and Foundations fundraising.
- b) **Contractual Compliance with New Anti-Bribery and Corruption Legislation:** Amref Health Africa has robust internal anti-corruption policies and mechanisms across the organisation. This risk relates to the need to bring contracts, particularly partnership agreements involving donors, Amref Health Africa and national and regional government bodies, in line with new international Anti-Bribery and Corruption law. In 2015 we secured legal advice on how to tackle this issue. As a result we audited practice in Africa to ensure operational compliance and amended the language in key existing contracts, particularly with major corporate partners, as well as ensuring that new contracts contain up-to-date clauses in this area.

## Amref Health Africa UK

### TRUSTEES REPORT FOR THE YEAR ENDED 30 SEPTEMBER 2015

#### 5. TRUSTEES' RESPONSIBILITY STATEMENT

The trustees (who are also directors of Amref Health Africa 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 2005;
- 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 are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and 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 auditor is unaware; and
- 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 WAS APPROVED BY THE BOARD OF TRUSTEES ON 15<sup>th</sup> MARCH 2016 AND SIGNED ON ITS BEHALF BY:



.....  
MR GAUTAM DALAL, CHAIR

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AMREF HEALTH AFRICA**

We have audited the financial statements of Amref Health Africa for the year ended (30 September 2015) which comprise (the Statement of Financial Activities, the Balance Sheet, and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities)".

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.

### **Respective responsibilities of trustees and auditor**

As explained more fully in the Trustees' Responsibilities Statement set out on page 12, 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 and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **Opinion on 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 2015, 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.

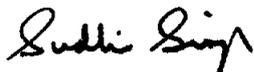
### **Opinion on other matter prescribed by the Companies Act 2006**

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.

### **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' 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 exemption in preparing the directors' report and take advantage of the small companies exemption from the requirement to prepare a strategic report.



Sudhir Singh (Senior Statutory Auditor) **FCA**

For and on behalf of MHA MacIntyre Hudson  
Chartered Accountants and Statutory Auditor  
New Bridge Street House, 30 – 34 New Bridge Street, London, EC4V 6BT

Date: 20 March 2016

AMREF Health Africa  
STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE SUMMARY INCOME AND EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 30TH SEPTEMBER 2015

	Note	Unrestricted Funds £	Restricted Funds £	2015 £	2014 £
<b>Incoming Resources</b>					
<b>Incoming resources from generated funds:</b>					
Activities for generating funds	2	17,674	30,196	47,870	62,569
Voluntary Income	2	625,112	30,000	655,112	686,039
Investment Income - Bank Interest		1,310	-	1,310	1,780
<b>Incoming resources from charitable activities:</b>					
Grants and contracts for specific purposes	3	-	4,991,412	4,991,412	3,616,563
<b>Total incoming resources</b>		<b>644,096</b>	<b>5,051,608</b>	<b>5,695,704</b>	<b>4,366,951</b>
<b>Resources Expended</b>					
<b>Costs of generating funds:</b>					
Fundraising activities	2	23,326	834	24,160	183,830
Costs of generating voluntary income	2	211,232	11,085	222,317	469,536
<b>Charitable activities:</b>					
Project work		196,420	4,765,997	4,962,417	3,689,733
<b>Governance costs</b>		<b>26,793</b>	<b>273</b>	<b>27,066</b>	<b>28,057</b>
<b>Total resources expended</b>	5	<b>457,771</b>	<b>4,778,189</b>	<b>5,235,960</b>	<b>4,371,156</b>
<b>Net Incoming/(Outgoing) Resources before transfers</b>		<b>166,325</b>	<b>273,419</b>	<b>459,744</b>	<b>(4,205)</b>
Transfers between funds	17	1,066	(1,066)	-	-
<b>Net Movement in Funds</b>		<b>187,391</b>	<b>272,353</b>	<b>459,744</b>	<b>(4,205)</b>
<b>Balance brought forward at 1st October</b>		<b>210,245</b>	<b>915,556</b>	<b>1,125,801</b>	<b>1,130,006</b>
<b>Balance carried forward at 30 September</b>	13, 17	<b>397,636</b>	<b>1,187,909</b>	<b>1,585,545</b>	<b>1,125,801</b>

All amounts relate to continuing activities.

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

The notes on pages 17 to 25 form part of these financial statements.

**AMREFHealth Africa  
BALANCE SHEET  
AS AT 30TH SEPTEMBER 2015**

	Note	2015 £	2014 £
<b>FIXED ASSETS</b>			
<b>Tangible Assets</b>	10	<u>4,226</u>	<u>28,955</u>
<b>CURRENT ASSETS</b>			
Debtors	11	84,172	189,653
Cash at bank and in hand		<u>2,120,722</u>	<u>2,025,255</u>
		2,204,894	2,214,908
<b>CREDITORS</b>			
Amounts falling due within one year	12	<u>(623,575)</u>	<u>(1,118,062)</u>
<b>NET CURRENT ASSETS</b>		<u>1,581,319</u>	<u>1,096,846</u>
<b>Total assets less current liabilities</b>		<u>1,585,545</u>	<u>1,125,801</u>
<b>Net assets</b>		<u>1,585,545</u>	<u>1,125,801</u>
<b>FUNDS</b>			
Unrestricted Fund - General	13	353,494	155,052
- Designated	18	44,142	55,193
Restricted Funds	17	<u>1,187,909</u>	<u>915,556</u>
		<u>1,585,545</u>	<u>1,125,801</u>

The financial statements have been prepared in accordance with the provisions applicable to small companies within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective 2008).

The financial statements were approved by the Trustees on 15th March 2016 and signed on their behalf by:



.....  
**Gautam Dalal, Chair**

**Company number: 00982544**

The notes on pages 17 to 25 form part of these financial statements.

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**1. Accounting Policies**

**Basis of Accounting**

These financial statements have been prepared under the historical cost convention and in accordance with the provisions 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 and virtually certain. Income Tax recoverable in relation to donations received under Gift Aid is recognised at the time of donation. 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 recognise gifts in kind at a valuation that could be obtained if the 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.

The costs of generating funds are those costs incurred in seeking potential funders and applying for funding. Support costs which cannot be directly attributed to particular activities have been apportioned in accordance with the staff costs allocated to the activities.

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

**Tangible fixed assets and depreciation**

Tangible fixed assets over the value of £500 are capitalised and depreciated at a rate of 33% per annum straight line to write off the assets over their remaining useful lives

**Fund Accounting**

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

Designated funds are unrestricted funds that have been earmarked in respect of commitments that the Trustees wish to fulfil in future periods.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors.

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

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENT (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**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 exchange gains/losses are recognised as either incoming resources or resources expended on the SOFA.

**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 SOFA in the year in which they are incurred.

**Operating Leases**

Rentals under operating leases are charged to the SOFA on a straight line basis over the lease term.

<b>2 Generated funds</b>	<b>2015</b>	<b>2014</b>
	£	£
<b><i>Incoming resources from generated funds</i></b>		
Activities for Generating Funds:		
Community Events and Christmas Cards	<u>47,870</u>	<u>62,569</u>
	<u>47,870</u>	<u>62,569</u>
<b><i>Voluntary Income</i></b>		
Individual donors	551,724	576,422
Corporate Donors	45,556	3,735
Trusts and Foundations	27,832	65,882
Gifts In Kind	<u>30,000</u>	<u>40,000</u>
	<u>655,112</u>	<u>686,039</u>
	<u>702,982</u>	<u>748,608</u>
<b><i>Costs of generating funds</i></b>		
Cost of Community Events and Cards	24,160	183,830
Costs of Generating Voluntary Income	<u>222,317</u>	<u>469,536</u>
	<u>246,477</u>	<u>653,366</u>
<b><i>The above is broken down as follows:</i></b>		
Staff costs (See Note 5)	112,540	436,871
Direct costs (See Note 5)	79,774	112,991
Support and other costs (See Note 5)	<u>54,163</u>	<u>103,504</u>
	<u>246,477</u>	<u>653,366</u>

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**3a Income from charitable activities (all restricted)**

	2015	2014
	£	£
<b>Corporates</b>		
Accenture	879,132	215,064
Allen & Overy	448,999	-
Euromoney	36,585	302,841
GlaxoSmithKline	1,639,583	1,005,225
Nelsons Homeopathic	20,000	20,000
Viiv Healthcare	-	115,877
Other corporates	10,012	19,533
<b>Total Corporates</b>	<b>3,034,311</b>	<b>1,678,540</b>
<b>Governments</b>		
Department for International Development	248,080	351,799
European Commission	95,378	614,237
Jersey Overseas Aid Commission	208,695	108,310
<b>Total Governments</b>	<b>552,153</b>	<b>1,074,346</b>
<b>Trusts and Foundations</b>		
Allan and Nesta	-	184,432
Big Lottery Fund	345,733	129,064
Bryan Guinness Trust	-	-
Comic Relief	900,650	440,311
Dulverton Trust	56,000	-
The Pharo Foundation	63,630	42,054
Souter Charitable Trust	5,000	5,000
Sylvia Adams Charitable Trust	-	15,000
Other Trusts	33,935	29,000
<b>Total Trusts &amp; Foundations</b>	<b>1,404,948</b>	<b>844,861</b>
<b>Other</b>		
Institutional	-	18,816
<b>Total Other</b>	<b>-</b>	<b>18,816</b>
	<b><u>4,991,412</u></b>	<b><u>3,616,564</u></b>

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**3b Restricted income excerpts**

AMREF UK specifically acknowledges the following funding at the request of the donors:

	Balance b/f at 1st October 2014 £	Funds received during the year £	Expenditure during the year £	Balance c/f at 30th September 2015 £
Big Lottery Fund - Improving maternal and child health in Turkana, Kenya	38,089	195,779	(230,725)	3,143
Big Lottery Fund - Afya kwa Vijana - Good Health for Youth, Tanzania	-	149,955	(146,121)	3,834
Comic Relief - Improving WASH in the slums of Addis Ababa	-	144,038	-	144,038
Comic Relief - Maternal, newborn and child health, Makueni, Kenya	236,622	278,810	(361,795)	153,637
Comic Relief - Improving MCH and youth health amongst urban poor of Kibera and Dagoretti, Kenya	-	294,485	(287,272)	7,193
Comic Relief - Improving MCNH in Kyankwanzi & Nakaseke districts of central Uganda	-	183,337	(181,284)	2,053
Department for International Development - Improving MRCH Services in Southern Ethiopia	11,484	248,080	(249,394)	10,170

**4 Gifts In Kind**

	2015 £	2014 £
During the year AMREF UK benefitted from Gifts In Kind as follows:		
Legal pro-bono work	27,000	40,000
Design & print pro-bono work	3,000	-
Pinsent Masons LLP (legal pro-bono support)	18,000	20,000
Bryan Cave LLP (legal pro-bono support)	7,000	-
	<b>30,000</b>	<b>40,000</b>

**AMREFHealth Africa**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**5 Resources Expended**

	Costs of				2015	2014
	Fundraising Activities	Generating Voluntary Income	Charitable Activities: Project work	Governance		
	£	£	£	£	£	£
Staff Costs	13,527	99,013	329,905	807	443,252	675,507
Direct costs	6,842	72,932	4,487,442	25,019	4,592,235	3,431,137
Support costs	3,791	50,372	145,070	1,240	200,473	264,512
	<u>24,160</u>	<u>222,317</u>	<u>4,962,417</u>	<u>27,066</u>	<u>5,235,960</u>	<u>4,371,156</u>

Direct costs for Charitable Project work are made up as follows:	£
Remitted to Amref HQ for project costs in Africa (further net payments of £69k were payable to Amref HQ as detailed in Note 16)	4,303,364
Project costs incurred in the UK	184,078
	<u>4,487,442</u>

**6 Support costs allocation (allocated based on staff time)**

	Fundraising Activities	Cost of generating voluntary income	Charitable activities	Governance	2015	2014
	£	£	£	£		
Premises costs	1,734	23,036	74,620	567	99,957	66,849
Other office and operational costs	2,057	27,336	70,450	673	100,516	197,663
	<u>3,791</u>	<u>50,372</u>	<u>145,070</u>	<u>1,240</u>	<u>200,473</u>	<u>264,512</u>

The increase in premises costs this year is due to a provision made in year of £38,400. Excluding this, premises costs this year total £61,557.

**7 Governance costs**

	2015	2014
	£	£
Auditors remuneration - Current year audit fee	12,700	11,527
Auditors remuneration - Audit fee in respect of prior years	11,525	-
Auditors remuneration - Non audit services	1,389	1,177
Staff and support costs	2,047	10,533
Other costs / (reversals)	(595)	4,820
	<u>27,066</u>	<u>28,057</u>

£184 was reimbursed during the year to one trustee for travel and other expenses incurred on the charity's business (2014 - £362 to one trustee).

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**8 Staff costs and numbers**

	<b>2015</b>	<b>2014</b>
	<b>£</b>	<b>£</b>
The aggregate payroll costs comprised:		
Wages and Salaries	367,590	598,190
Social Security Costs	41,438	64,372
Employer's Pension costs	11,129	12,945
Other staff costs	23,095	-
	<b>443,252</b>	<b>675,507</b>

Average number of staff during the year by function:

Fundraising	4	7
Communications	1	1
Programme Development	4	5
Governance and Administrative Support	2	4
	<b>11</b>	<b>17</b>

There were no employees with remuneration in excess of £60,000 (2014: one, in banding £60,000 - £70,000).

During the year, no Trustee received any remuneration (2014-£NIL).

**9 Net incoming resources**

	<b>2015</b>	<b>2014</b>
	<b>£</b>	<b>£</b>
Is stated after charging:		
Auditors remuneration:		
Current year audit fee	12,700	11,527
Audit fee in respect of prior years	11,525	-
Non audit services	1,389	1,177
Depreciation of Fixed Assets	24,729	20,901
Lease rentals	36,183	54,140
	<b>36,183</b>	<b>54,140</b>

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**10 Fixed assets – equipment and computers**

	2015 £	2014 £
Cost at 1st October	68,473	146,235
Disposal	-	(81,190)
Purchases during the year	-	3,428
<b>As at 30th September</b>	<b>68,473</b>	<b>68,473</b>
Depreciation as at 1st October	39,518	99,807
Depreciation on Disposal	-	(81,190)
Charge during the year	24,729	20,901
<b>As at 30th September</b>	<b>64,247</b>	<b>39,518</b>
<b>Net book value as at 30th September</b>	<b>4,226</b>	<b>28,955</b>

**11 Debtors**

	2015 £	2014 £
Debtors	2,156	435
Accrued Legacy	-	47,981
Accrued Gift Aid	6,917	83,833
Other accrued income	-	45,740
Prepayments	23,814	-
Amounts due from AMREF HQ (Note 16)	51,285	11,664
	<b>84,172</b>	<b>189,653</b>

**12 Creditors**

	2015 £	2014 £
Trade Creditors	25,384	32,906
Social Security and other taxes	2,136	1,924
Pension Contributions	9,634	3,207
Amounts due to AMREF HQ (Note 16)	177,334	1,060,958
Accruals and other creditors	370,687	19,067
Leasing liability	38,400	-
	<b>623,575</b>	<b>1,118,062</b>

**13 Reconciliation of funds**

	Unrestricted: General Funds £	Unrestricted: Designated Funds £	Restricted Funds £	2015 £	2014 £
Funds as at 1st October	155,052	55,193	915,556	1,125,801	1,130,006
Surplus (deficit) for the year	191,405	(5,080)	273,419	459,744	(4,205)
Transfers between funds	7,037	(5,971)	(1,066)	-	-
<b>Funds as at 30th September</b>	<b>353,494</b>	<b>44,142</b>	<b>1,187,909</b>	<b>1,585,545</b>	<b>1,125,801</b>
<b>Analysis of Reserves</b>					
Tangible Fixed Assets	4,226	-	-	4,226	28,955
Net Current Assets	349,268	44,142	1,187,909	1,581,319	1,096,846
	<b>353,494</b>	<b>44,142</b>	<b>1,187,909</b>	<b>1,585,545</b>	<b>1,125,801</b>

**AMREF Health Africa**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
**FOR THE YEAR ENDED 30TH SEPTEMBER 2015**

**14 Capital and Financial commitments**

The charity committed to subscribe to a Flora London Marathon Golden Bond during the next year at £1,800 per annum including VAT (2014 : £1,800).

The annual commitment to operating leases as at 30th September 2015 relates to leases expiring:

	<b>Leasehold Property</b>	<b>Equipment</b>
	<b>£</b>	<b>£</b>
Within one year	-	<u>4,181</u>
Between two to five years	<u>42,670</u>	<u>-</u>

A ten year agreement for the leasehold property started in March 2013. There is a break clause at the end of five years.

There are no contingent liabilities at the end of September 2015.

**15 Liability of Members**

At 30 September 2015 the charity had 8 members (2014: 9 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10.

**16 Related party transactions**

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 Memorandum of Cooperation signed by both parties. This does not supersede the respective autonomy of each organisation.

Gautam Dalai, the Chair of the Trustees of AMREF UK, is also a director of AMREF HQ.

The transactions with AMREF HQ were as follows:

	<b>2015</b>	<b>2014</b>
	<b>£</b>	<b>£</b>
Balances due to/(from) AMREF UK at the start of the year	(1,049,294)	10,307
Grants and other payments payable to/(from) AMREF UK to AMREF HQ in the year	(4,372,759)	(3,245,823)
Net payments made (to)/ from AMREF UK to AMREF HQ	<u>5,296,004</u>	<u>2,186,222</u>
Balance due (from)/to AMREF UK at end of the year	<u>(126,049)</u>	<u>(1,049,294)</u>

AMREF Health Africa  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE YEAR ENDED 30TH SEPTEMBER 2015

**17 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 30 September 2015. Transfers to and from project funds are made on project completion other than for the Uganda Katine project where the transfers are from designated funds to cover project costs (see note 18).

Country	Brought Forward	Income	Expense	Transfers	Carried Forward
	01/10/2014				30/09/2015
	£	£	£	£	£
Ethiopia	310,868	663,069	(659,329)	-	314,708
Kenya	401,702	2,185,987	(2,253,122)	-	334,567
Sudan	1,083	-	-	-	1,063
Tanzania	10,840	658,775	(321,376)	(6,146)	342,093
Uganda	11,157	288,416	(302,071)	5,080	2,582
AMREF HQ & Regional Work	179,826	1,139,857	(1,162,722)	-	156,961
UK office	-	115,504	(79,569)	-	35,935
<b>Total</b>	<b>915,556</b>	<b>5,051,608</b>	<b>(4,778,189)</b>	<b>(1,066)</b>	<b>1,187,909</b>

**18 Designated Funds**

	Brought Forward	Designation	Expense	Transfer	Carried Forward
	01/10/2014				30/09/2015
Katine Project	11,051	-	5,080	(5,971)	-
Amref Health Africa HQ	44,142	-	-	-	44,142
	<b>55,193</b>	<b>-</b>	<b>5,080</b>	<b>(5,971)</b>	<b>44,142</b>

**Katine Project:**

The funds, which arose in 2012, were to complete the Katine Project in Uganda. This was completed in year.

**Amref Health Africa HQ:**

The designation of funds is for Country Overheads of £44,142 pending further discussions with HQ which had not been concluded by the year end.