



**REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 SEPTEMBER 2014**

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**Amref Health Africa
UK
Reference and Administration Details**

Patron	HRH The Prince of Wales
President	The Duke of Richmond & Gordon
Board of Directors (and Trustees)	Mr Gautam Dalal (Chairman) Mr Paul Davey Mr Liam Fisher-Jones Mr James Murray Grant (Honorary Treasurer) Ms Sally James Dr Josephine Ruwende Ms Katy Steward (resigned February 2015) Ms Sue Hunt (appointed October 2013) Alastair Smith (appointed October 2014) Amanda Caine (appointed February 2015)
Chief Executive	Ms Samara Hammond (until 31 August 2014)
UK Country Director	Ms Miranda Harington (from 1 September 2014)
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 th 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
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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.

1. Amref Health Africa

Amref Health Africa (formerly known as the African Medical and Research Foundation) is Africa's leading health organisation, saving and transforming people's lives in the continent's poorest and most marginalised communities. Amref Health Africa helps to create vibrant networks of informed and empowered communities and health care providers, working together in strong health systems. We believe the solutions to Africa's problems lie within.

The role of our office as a pro-active member of the Amref Health Africa global family is to provide funding, technical support and other resources to support the work of the global organisation. Our work supports the poorest and most vulnerable communities throughout sub-Saharan Africa with offices in Ethiopia, Kenya, Tanzania, South Sudan, Uganda, South Africa and Senegal to strengthen health systems and ensure those most in need are better able to access affordable and appropriate health care. Our primary goal is building capacity for healthier communities and stronger, more responsive health systems. In addition, our world renowned "Flying Doctors" service embodies our belief in using the tools of our time to save every life where possible.

Amref Health Africa is an international organisation, led and headquartered in Nairobi, Kenya. Amref Health Africa is an Africa-centric organisation run by a multi-cultural and diverse group of people for Africans. Amref Health Africa'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. Our role is to catalyse the hidden but real energies within those communities, to help them find innovative solutions to their challenges and empower them to engage with existing infrastructure to maximise both the effectiveness of the solution, and also its sustainability.

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Amref Health Africa's credibility derives from our history, heritage and track record – over 50 years of working with the most vulnerable communities in Africa. We contribute to this mission in the UK through engaging the support of donors, funders, staff and volunteers and through our technical knowledge and experience gained over many decades.

Amref Health Africa has developed a 'One AMREF' business plan for the organisation globally, based on its health priorities, focusing and strengthening our role as a leading African health development organisation by further defining our health priorities and strategically positioning us in the global market.

Our seven strategic directions:

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.

2. MANAGEMENT

2.1 Amref Health Africa: How we work in the UK

Amref Health Africa's UK office is one of the northern offices of an African Health charity headquartered in Nairobi. The 'One AMREF' vision is for lasting health change in Africa: *'Communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty'*. The offices located in the

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south (i.e. Africa) predominately manage health programmes on-the-ground with some fundraising responsibility and the offices in the north (i.e. Europe and North America) primarily focus on fundraising and donor management support for the health programmes in Africa.

Our UK vision is to engage, inspire and influence people to invest in lasting positive health change for the people living in Africa by making Amref Health Africa the African health charity of choice. We aimed to achieve this in the financial year ending September 2014 by focussing on the following approaches:

Programmes

- Continue to grow, facilitate and support offices in Africa to identify and develop high-quality projects with robust outcome and impact measures to ensure a solid pipeline of programme income for the future.

Raising money

- Raise unrestricted income to cover UK running costs and to enable the development of new business foundations for growth over the next few years.
- Secure £6 million of restricted and unrestricted income through improving grant, donor and partner management. This will not only include ensuring that donor requirements are met and high-standard reports are submitted, but also improving the processes around the grant management cycle specifically in respect of the start-up process and the exit strategy.

Showcasing AMREF

- Capture, reflect and share positive outcomes from Africa by ensuring that all programmes have clear output and impact measures and that these can be disseminated in effective and timely ways, using a variety of communication channels, to our key stakeholders.
- Launch the Amref Health Africa new global identity in the UK in 2014.

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Internal strengthening

- Strengthen our organisational efficiency and effectiveness by improving our ICT infrastructure and formalising our internal governance processes.
- Support and be involved in the development of 'One AMREF' through closer collaboration with both the other Northern Amref Health Africa offices and the programme management team in HQ in Nairobi. This includes the development of a consultancy framework to support the Southern Offices to access African funding directly.

2.2 What we did: Activities, Achievements and Performance

2.2.1 Programmes

In 2014, we continued to support Amref Health Africa to bring high quality, affordable health closer to those who need it most, supporting programmes from the UK which improved health services provision, clean water health education and training to communities in 13 countries: Kenya, Angola, Burundi, Djibouti, Ethiopia, Lesotho, Madagascar, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, and Zambia.

We supported thirteen programmes, highlighted in the table overpage.

Several programmes are supported through multiple donors. The GSK 20% Reinvestment Initiative, which started in 2012, continued throughout 2014, with 15 major projects across East and Southern Africa to support the overall increase of frontline health workers in least developed countries.

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Table: Countries and programmes supported by the UK in 2014

<i>Country</i>	<i>No. of major programmes active during 2014</i>	<i>Main Supporters</i>
Ethiopia	4	DfID, Euromoney, Opal Foundation, ViiV Healthcare, Allan and Nesta Ferguson Trust, Headley Trust
Kenya	5	Accenture Foundation, Big Lottery Fund, Comic Relief, European Commission, Jersey Overseas Aid Commission, Dulverton Trust, Sylvia Adams Charitable Trust, Nelsons Homeopathy.
Tanzania	2	Allan and Nesta Ferguson Trust, DfID, GSK and Nominet Trust, Charles Haywood Foundation
Regional	2	EC fund a programme of three projects in Kenya, South Sudan and Tanzania GSK's 20% Reinvestment Initiative funds a programme of 12 projects in East and Southern Africa. In 2014 these operated in 12 countries as follows: Angola, Burundi, Djibouti, Ethiopia, Lesotho, Madagascar, Mozambique, Rwanda, South Sudan, Tanzania, Uganda and Zambia

Key Programmes in 2014

Accenture - Health Enablement Learning Platform (HELP)

In 2014 Amref Health Africa completed the HELP pilot project, which saw the design and building of a mobile learning platform which successfully delivered training of nine basic Community Health modules to 318 Community Health Workers in rural, urban and nomadic locations in Kenya. The mobile training saw impressive completion rates resulting in HELP being endorsed by the Community Health Services Unit of the Ministry of Health. Funding was provided by the Accenture Foundation and the M-PESA Foundation to develop and roll

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out this innovative training solution, and the second phase of the pilot commenced in September 2014 to scale up the achievements to a total of 2,940 Community Health Workers and 60 Community Health Officers.

Regional Maternal, Newborn and Child Health – European Commission

2014 saw the completion of a four year multi-country maternal, newborn and child health project which was implemented in Kenya, South Sudan and Tanzania. The project targeted over 154,000 women of reproductive age and 142,000 children under five within remote and isolated communities where progress towards reducing maternal mortality is hindered by weak health systems which do not engage with or respond to community needs.

A total of 2,770 Community Health Workers and more than 360 health workers were trained. The project saw significant increases in the proportion of women using family planning and in women attending the recommended four antenatal care visits during pregnancy as well as the proportion of deliveries conducted by a skilled birth attendant and the proportion of children under one year being fully immunized.

Project pipeline

Project development is always initiated in Africa and supported by the UK. Evolving and developing a concept takes time and with development being long- rather than short-term, it requires everyone in Amref Health Africa to think ahead. At any one time, there are a number of projects being presented to donors for consideration. In 2014, seven major project proposals were developed and put forward, of which five were successful. This resulted in a secured funding commitment of £4,671,400 over the next few years. This is a considerable achievement involving significant donors such as the Accenture Foundation, Big Lottery Fund and Comic Relief. It was an important year for strengthening our portfolio in Uganda, with secured restricted funding for two new projects, which will commence in 2015.

Five new projects commenced implementation in 2014 with new grants from the Accenture Foundation, Euromoney, GSK, and Nelsons Homeopathy, two in Kenya, two in Ethiopia and one in Tanzania. This includes a new two year project implemented with ORBIS to establish a comprehensive rural eye care in South Omo, Ethiopia.

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2.2.2 Raising Money

2.2 Raising Income

Total income secured was £4.4m (2013: £4.5m), of which £3.6m (2013: £3.8m) was restricted income to support our health programmes in Africa and £750k (2013: £782k) was unrestricted income.

Corporate Donors

Careful stewardship and engagement of Euromoney has resulted in them donating an extra £50,000 to the South Omo Trachoma project. Although this is to be split with Orbis, it represents a significant contribution to the co-funding gap on the project. This donation is on top of the £22,000 that has been raised over four awards dinners hosted by Euromoney where both Amref and Orbis have spoken, and held a silent auction in aid of the project. It is hoped that the further plans for employee engagement over FY14-15 will see an increase in this fundraising figure.

Unrestricted income has again been difficult to raise from this funding stream, but long term plans are beginning to come to fruition and the situation should be improved for FY14-15. We have continued our partnerships with Somak Holidays and Williamson Tea and the focus has been on growing their involvement with the charity. We have ensured promotion of Amref Health Africa through Somak's marketing channels, and they are also currently the largest corporate supporters of the Maisha insurance scheme from the Amref Flying Doctors. Relationships were also built with Bart Ingredients during the Nyama Choma campaign and they supported us with PR and promotion around the event.

Long term corporate development plans have resulted in Amref Health Africa winning the Global Charity Partnership with the international law firm, Allen & Overy. This is a significant victory, and required four months of work to get to the final stage. The funding will be worth approximately £1million including fundraising and pro bono and in-kind support. The first £250,000 raised after the year end has been directed to a specific project in northern Tanzania, and remaining funds will be utilised to support Amref Health Africa's wider work around Alternative Rites of Passage, and Sexual and Reproductive Health Rights. There will also be an opportunity to utilise Allen & Overy's resources for a wide range of pro bono and in-kind support across the two year partnership.

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Trusts & Foundations

This financial year has seen unrestricted income raised through Trusts and Foundations increase from £33,540 to £65,882. This income is comprised of a number of grants ranging from £150 to £5,000 and builds on a successful move in 2013 to consolidate and maintain unrestricted funding levels through the reactivation of lapsed relationships, ongoing donor prospecting and stewardship opportunities. We have continued to work in tandem with an industry expert to develop this income stream.

Restricted project income from Trusts and Foundations has decreased by £258,606 over the course of this financial year, though this still represents a significant increase on 2012 figures. The decrease is due in large part to budgeted disbursement levels within the delivery of multi-year projects (e.g. Comic Relief). We continue to work closely with programme teams to identify project needs and corresponding opportunities for funding.

Individual Fundraising

During 2014, Amref Health Africa continued to deliver a series of successful direct mail campaigns to our current supporters. Whilst, our response rate is strong, and our average gift per donation remains high for such campaigns, the recruitment of new regular supporters on to the database remains a challenge. This area is a key priority to ensure sustainability for Amref Health Africa in 2015 and beyond, and a short and long term investment strategy will be implemented to ensure that this income stream meets growth targets over the next 3-5 years.

Amref Health Africa continued running a portfolio of fundraising activities, including the London Marathon and the London Night Rider cycle challenge. 2014 also saw the launch of "Nyama Choma" a community based fundraising activity where supporters host a summer barbecue to raise money for Amref Health Africa. Ten Nyama Choma events were conducted across the UK by some of our key supporters, raising £12,000. Nyama Choma will be running again in the summer of 2015.

2.2.3 Showcasing AMREF

Raising our profile and ensuring we continue to communicate effectively to our current donors and supporters is crucial to continued growth for the organisation. December 2013 saw a landmark in Amref Health Africa's history: we celebrated 25 years of partnership with GSK. We were thrilled to celebrate our shared achievements at two events in Nairobi and

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London. Both events brought together many of the people who had been part of our partnership over the years. In Nairobi, the celebration was hosted by John Musunga, GSK's General Manager for East Africa; he was joined by the British High Commissioner to Kenya, Dr Christian Turner.

In London, Simon Bicknell, SVP of Governance, Ethics & Assurance, was our keynote speaker, drawing on his own experiences with Amref Health Africa's first GSK project promoting community prevention of malaria in 1993. He took part in the distribution of bednets, a key success in reducing child deaths from malaria by 40% in northern Kenya.

Together, our organisations have transformed health for 1.75 million people in Africa and have had a wider global impact on over three million people.

Amref Health Africa continued to work with our membership organisations such as the Royal Africa Society, the East African Association, and the Business Council for Africa. In addition to this we have worked closely with the Royal College of Midwives and Royal College of Nursing to reach their network of members and promote the work that Amref Health Africa does across the human resources for health arena.

2.2.4 Internal Strengthening

Our small office in London supports the team in Africa to develop and deliver high-quality, innovative projects designed to improve and grow health care for those who are hardest to reach and who would not otherwise have access to basic health care resources.

This year saw the implementation of a new IT system, with a move to a cloud based server and outsourcing of all IT infrastructure. This has greatly improved stability and access to IT requirements and therefore the overall efficiency of the organisation.

This financial year led to the review of the long term aims and structure of the organisation. With unrestricted resources remaining a challenge across the sector, Amref Health Africa in the UK took a proactive approach to assessing the future and financial stability of the organisation going forward. With this, the Board of Trustees recommended and approved a restructure of the office from September 2014 onwards. As a result, going forward Amref Health Africa in the UK will be a team of 13 - down from 18 in recent years. The focus of the organisation will remain fundraising and programme technical support, but

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will target specific areas for intervention and growth. This decision will result in a more efficient and effective office, with reduced running costs that will allow the organisation to remain in a more stable position over the years to come.

3. FINANCIAL REVIEW

Total income generated for the year was £4.4m (2013: £4.5m).

Overall unrestricted income increased by 5% during the year and restricted decreased marginally by 5%. The reason for the increase in unrestricted income was the receipt of a legacy and the submission of a back dated gift aid claim.

3.1. Reserves Policy

To safeguard the core activities in periods of fluctuating income, the Trustees have determined to establish unrestricted net free reserves to cover four months' operational costs. As stated above, in 2014 Amref Health Africa in the UK restructured its operations to ensure that the organisation efficiency is maximised. This has resulted in a current monthly run rate going forward of about £32,000, and therefore a required four month reserve figure of £128,000.

The unrestricted reserves held as of 30 September 2014 were £210k (2013: £202k), with net free reserves of £126k (this is net of fixed assets £29k and designated funds of £55k). This is in line with our agreed policy as stated above and a marked improvement from the FY2013 position. In addition, the secured pipeline for FY2015 is strong and we envisage that free reserves will be restored to a figure greater than four months' operational costs during FY2015.

Amref Health Africa in the UK will be reviewing its reserve policy in FY2015.

3.2. Investments

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

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4. PLANS FOR THE FUTURE

AMREF has been in existence in the UK for over 50 years and has grown substantially, directly benefiting the communities in Africa that we work with. **AMREF's UK business plan priorities for 2014/2015** have been designed to support the delivery of the 'One AMREF' organisational business plan priorities. We will continue to work to achieve the following objectives:

Programmes

- Continue to manage a programme portfolio of £4-5m per annum, through facilitating and supporting Amref Health Africa in Africa to identify and develop high-quality projects with robust outcome and impact measures.

Raising money

- Raise unrestricted income to cover UK running costs and to enable the development of new business foundations for growth over the next few years.
- Focus the organisation on securing, implementing and growing targeted partnerships in the UK (both in terms of unrestricted and restricted income).
- Identify key areas of intervention within individual donors, understand the landscape better and continue to maximise the use of the database of loyal Amref Health Africa supporters.

Showcasing AMREF

- Capture, reflect and share positive outcomes from Africa by ensuring that all programmes have clear output and impact measures and that these can be disseminated in an effective and timely way, using a variety of communication channels, to our key stakeholders.

Internal strengthening

- Implement the 2014 restructure, whilst ensuring that the delivery of the organisation's activities remains robust and efficient.
- Continue to review the ICT infrastructure to ensure that all areas are value for money and fit for purpose.
- Support and be involved in the development of 'One AMREF' through closer collaboration with both the other Northern Amref Health Africa offices and the

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programme management team in Amref Health Africa HQ in Nairobi. This includes the development of a consultancy framework to support the Southern Offices to access African funding directly.

5. STRUCTURE, GOVERNANCE AND MANAGEMENT

5.1 Constitution and governing documents

Amref Health Africa, formerly known as the African Medical and Research Foundation, 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 24 March 2007, as are the regulations concerning the appointment of new Directors. The Memorandum and Articles of Association are currently being updated to reflect the name change, to bring them in line with the Companies Act 2006 and to clarify the provisions for the appointment of Directors. The name change followed extensive consultation across the whole of the organisation as part of a "One Amref" rebranding exercise.

Amref Health Africa is also registered as a charity with the Charity Commission in England and Wales, Charity Number 261488. The primary objectives of the charity are the alleviation of poverty, the advancement of health and the saving of lives.

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5.2 Governance

In 2006, the Board adopted the Good Governance Code for the Voluntary and Community Sector, as recommended by the Charity Commission. This code clarifies the role of Amref Health Africa's UK Board and its Directors and puts in place robust procedures for Board review and renewal, delegated responsibility, compliance and risk management. The code is reviewed regularly by the Governance Committee of the Board and updated to reflect any changes in best practice.

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. A formal peer review process takes place prior to the re-election of any Director after three years in office. New Directors are recruited through a transparent and open selection and interview process based on the skill and knowledge requirements of the Board. New Directors receive a formal induction to the organisation.

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

The **Governance Committee** finds and recommends potential candidates for election to the Board; it identifies the skills, experience and knowledge required from new trustees by considering the collective skills profile of the current Board and makes recommendations to the Board on executive remuneration, benefits and terms of employment.

The **Finance and Audit Committee** considers the quarterly management accounts and annual budget, monitors performance against the budget, considers reports from the auditors and advises the Board on financial control, risk management and on any other relevant finance matters.

The **Fundraising Committee** supports the implementation of the fundraising strategy with a particular focus on generating unrestricted funding by maximising the skills, experience and networks to deliver real benefits, providing advice and support to the fundraising team and

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ensuring there are sufficient long term plans and resources in place to implement the strategy.

The **Programmes Committee** provides technical support and guidance to improve the work of the Programmes Team in the delivery of the Amref Health Africa programme strategy. This includes advise and support to complex partnership management; risk monitoring and mitigation; and assessing new funding and donor opportunities.

5.3 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 2014 were:

- a) **Securing unrestricted funding:** The global recession, as well as a number of factors in the market, has added to the levels of competition for securing unrestricted income. Whilst increasing our levels of unrestricted income has remained a major priority and there were strong indications of an upturn in successful applications towards the end of the financial year, the organisation simultaneously undertook a strategic review to align its structure more closely with the priorities of the organisation. This review which will be implemented in 2015 will result in a leaner more efficient organisation, and reduced risk associated with the market trends for unrestricted funding.

- b) **Staff turnover:**
Our HR review of last year highlighted opportunities to improve staff retention and reduce the risk of disruption to business development and loss of institutional memory. During 2014 we strengthened internal communication frameworks and introduced staff surveys and exit interviews to formalise the process of recording staff issues and provide input into the development of our HR strategy. It was valuable to have these initiatives in place when the restructuring at the end of the financial year was being planned and implemented. They will continue to prove their worth during 2015 as we work towards the completion of the restructuring.

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6. STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of Amref Health Africa for the purposes of company law) are responsible for preparing the Trustees' 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. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities' SORP;
- make judgments and accounting 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 are sufficient to show and explain the charitable company's transactions and 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.

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

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DISCLOSURE OF INFORMATION TO AUDITOR

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

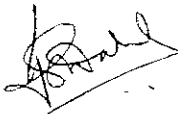
- so far as that the Trustees are aware, there is no relevant audit information of which the charitable company's auditor is unaware; and
- that the Trustees have taken all the steps that ought to have been taken as Trustees in order to be aware of any relevant audit information and to establish that the charitable company's auditor is aware of that information.

In preparing this report, the Trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

7. AUDITORS

In 2014, MHA MacIntyre Hudson were appointed as auditors for Amref Health Africa in the UK.

THIS REPORT WAS APPROVED BY THE BOARD OF TRUSTEES ON ~~23rd~~ 23rd June 2015 AND SIGNED ON ITS BEHALF BY:



.....
MR GAUTAM DALAL, CHAIR

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

We have audited the financial statements of AMREF Health Africa UK for the year ended 30 September 2014 set out on pages 20 to 31. The financial reporting framework that has been applied in their preparation is applicable law and the 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 its members, as a body, for our audit work, for this report, or for the opinion we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITOR

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 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' 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.

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

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 2014 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 applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

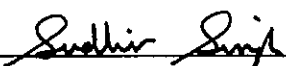
OPINION ON OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion the information given in the Trustees' 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 FCA (Senior statutory auditor)
for and on behalf of
MHA MacIntyre Hudson
Chartered Accountants and Statutory Auditors

New Bridge Street House
30-34 New Bridge Street
London EC4V 6BJ
Date: 24 June 2015

AMREF Health Africa
STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE SUMMARY INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

	Note	Unrestricted Funds £	Restricted Funds £	2014 £	2013 £
Incoming Resources					
<i>Incoming resources from generated funds:</i>					
Activities for generating funds	2	62,569	-	62,569	59,249
Voluntary Income	2	686,039	-	686,039	597,853
Investment Income - Bank Interest		1,780	-	1,780	4,350
<i>Incoming resources from charitable activities:</i>					
Grants and contracts for specific purposes	3	-	3,616,563	3,616,563	3,796,665
Total incoming resources		750,388	3,616,563	4,366,961	4,458,117
Resources Expended					
<i>Costs of generating funds:</i>					
Fundraising activities	2	183,830	-	183,830	123,728
Costs of generating voluntary income	2	469,536	-	469,536	466,842
<i>Charitable activities:</i>					
Grants and contracts to Projects		9,383	3,680,350	3,689,733	4,638,610
Governance costs		28,057	-	28,057	37,835
Total resources expended	6	680,806	3,680,350	4,371,166	6,267,016
Net Incoming/(Outgoing) Resources before transfers		69,582	(63,787)	(4,205)	(608,898)
Transfers between funds	17	(52,040)	52,040	-	-
Net Movement In Funds		7,542	(11,747)	(4,205)	(608,898)
Balance brought forward at 1st October		202,703	927,303	1,130,006	1,938,904
Balance carried forward at 30 September	13, 17	210,245	915,556	1,125,801	1,130,006

All amounts relate to continuing activities

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

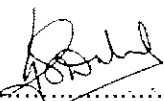
The notes on pages 22 to 31 form part of these financial statements.

**AMREF Health Africa
BALANCE SHEET
AS AT 30TH SEPTEMBER 2014**

	Note	2014 £	2013 £
FIXED ASSETS			
Tangible Assets	10	28,955	46,428
CURRENT ASSETS			
Debtors	11	189,653	65,057
Cash at bank and in hand		2,025,255	1,684,312
		2,214,908	1,749,369
CREDITORS			
Amounts falling due within one year	12	(1,118,062)	(665,791)
NET CURRENT ASSETS			
		1,096,846	1,083,578
Total assets less current liabilities			
		1,125,801	1,130,006
Net assets			
		1,125,801	1,130,006
FUNDS			
Unrestricted Fund - General	13	155,052	128,860
- Designated	18	55,193	73,843
Restricted Funds	17	915,556	927,303
		1,125,801	1,130,006

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 23rd June 2015 and signed on their behalf, by:



.....
Gautam Dalal, Chair

Company number: 00982544

The notes on pages 22 to 31 form part of these financial statements.

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

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 (SOFAs) when the charity is legally entitled to receipt and the amount is quantifiable. 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. This year the gifts in kind is legal support received by the charity.

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 Amref HQ for the purpose of charitable activities.

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 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
Website development	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.

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.

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENT (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

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.

2 Generated funds

	2014	2013
	£	£
<i>Incoming resources from generated funds</i>		
Activities for Generating Funds:		
Community Events and Christmas Cards	62,569	59,249
	<u>62,569</u>	<u>59,249</u>
<i>Voluntary Income</i>		
Individual donors	576,422	449,004
Corporate Grants	3,735	8,909
Trusts and Foundations	65,882	33,540
Gift In Kind	40,000	106,400
	<u>686,039</u>	<u>597,853</u>
	<u>748,608</u>	<u>657,102</u>
<i>Costs of generating funds</i>		
Cost of Community Events and Cards	183,830	123,728
Costs of generating voluntary Income	469,536	466,842
	<u>653,366</u>	<u>590,570</u>
<i>The above is broken down as follows:</i>		
Staff costs (See Note 5)	436,871	345,365
Direct costs (See Note 5)	112,991	93,799
Support and other costs (See Note 5)	103,504	151,406
	<u>653,366</u>	<u>590,570</u>

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

3a Income from charitable activities (all restricted)

	Restricted £	2014 £	2013 £
Companies			
Accenture	215,064	215,064	336,317
Diageo	-	-	19,342
Euromoney	302,841	302,841	50,000
GlaxoSmithKline	1,005,225	1,005,225	890,857
Opal Foundation	-	-	24,000
Viiv Healthcare	115,877	115,877	132,724
Other companies	19,533	19,533	3,346
Total Companies	1,658,540	1,658,540	1,456,586
Governments			
Department of International Development	351,799	351,799	311,959
European Commission	614,237	614,237	848,180
Jersey Overseas Aid Commssion	108,310	108,310	36,612
Total Governments	1,074,346	1,074,346	1,196,751
Trusts and Foundations			
Allan and Nesta	184,432	184,432	-
Beatrice Lang Trust	-	-	3,600
Big Lottery Fund	129,064	129,064	139,844
Bryan Guinness Trust	-	-	4,000
Comic Relief	440,311	440,311	860,712
Dulverton Trust	-	-	28,000
Evan Cornish Foundation	-	-	7,500
Lord Deedes Charitable Trust	-	-	2,000
Nominet Trust	-	-	25,001
Peter Stebbings Memorial Trust	-	-	10,000
Souter Charitable Trust	5,000	5,000	5,000
Sylvia Adams Charitable Trust	15,000	15,000	10,000
Usborne Publishing	-	-	300
Other Trusts	91,054	91,054	27,510
Total Trusts & Foundations	864,861	864,861	1,123,467
Other			
Institutional	18,816	18,816	19,861
Total Other	18,816	18,816	19,861
	<u>3,616,563</u>	<u>3,616,563</u>	<u>3,796,665</u>

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

3b AMREF UK acknowledges funding from the UK Department of International Development Global Poverty Action Fund (GPAF) for the project- Improving maternal, reproductive and child health services for 285,760 people in Southern Ethiopia.

Below are the income and expenditure that took place during the year which are included in the financial statements:

	South Omo	Mtwara
	£	£
Balance b/f at 1st October 2013	8,861	6,689
Funds received during the year	351,798	-
Expenditure during the year	(349,175)	(4,313)
Balance c/f at 30th September 2014 (see Note 17)	11,484	2,376

4 Gifts In Kind

During the year AMREF UK benefited from Gifts In Kind as follows

	2014	2013
	£	£
Simmons and Simmons	20,000	80,000
Pinsent Masons LLP	20,000	-
Hilary Prescott	-	26,400
	40,000	106,400

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

5 Resources Expended

	Costs of				2014	2013
	Fundraising Activities	Generating Voluntary Income	Charitable Activities: Grants to Projects	Governance		
	£	£	£	£	£	£
Staff Costs	110,489	326,382	232,049	6,587	675,507	627,901
Direct costs	40,101	72,890	3,300,622	17,524	3,431,137	4,310,962
Support and other costs	33,240	70,264	157,062	3,946	264,512	328,152
	<u>183,830</u>	<u>469,536</u>	<u>3,689,733</u>	<u>28,057</u>	<u>4,371,156</u>	<u>5,267,015</u>
2013	123,728	466,842	4,638,610	37,835		

6 Support costs allocation (allocated based on staff time)

	Cost of				2014	2013
	Fundraising Activities	generating voluntary income	Charitable activities	Governance		
	£	£	£	£	£	£
Premises costs	9,791	20,696	35,200	1,162	66,849	43,553
Travel costs	849	1,796	3,055	101	5,801	12,757
Other office and operational costs	22,600	47,772	118,807	2,683	191,862	271,842
	<u>33,240</u>	<u>70,264</u>	<u>157,062</u>	<u>3,946</u>	<u>264,512</u>	<u>328,152</u>

7 Governance costs

	2014	2013
	£	£
Audit fees - current year	11,527	11,000
Audit fees - In respect of prior year and non-audit services	1,177	2,693
Board expenses	4,820	2,378
Staff and support costs	10,533	21,764
	<u>28,057</u>	<u>37,835</u>

£362 was reimbursed during the year to one trustee for travel and other expenses incurred on the charity's business (2013 - £207 to one trustee).

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

8 Staff costs and numbers

	2014	2013
	£	£
The aggregate payroll costs were:		
Wages and Salaries	598,190	557,385
Social Security Costs	64,372	59,834
Employer's Pension costs	12,945	17,206
	675,507	634,425

Average number of staff during the year by function:

Fundraising	7	6
Communications	1	1
Programme Development	5	5
Governance and Administrative Support - incl CEO	4	4
	17	16

There was one employee with remuneration in excess of £60,000 (2013: one).

Payroll and other costs for Governance and Administrative Support have been allocated between the charity's activities as detailed in Notes 5 and 6, consistent with the allocation of resources and staff members' time, including the Chief Executive.

During the year, no Trustee received any remuneration (2013-£NIL).

9 Net incoming resources

	2014	2013
	£	£
..... Is stated after charging:		
Auditors remuneration - current year	11,527	11,000
- in respect of prior years and non audit services	1,177	2,693
Depreciation of Fixed Assets	20,901	20,901
Lease rentals	54,140	41,936

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

10 Fixed assets – equipment and computers

	2014 £	2013 £
Cost at 1st October	146,235	108,138
Disposal	(81,190)	-
Purchases during the year	3,428	38,097
As at 30th September	68,473	146,235
Depreciation as at 1st October	99,807	78,906
Depreciation on Disposal	(81,190)	-
Charge during the year	20,901	20,901
As at 30th September	39,518	99,807
Net book value as at 30th September	28,955	46,428

11 Debtors

	2014 £	2013 £
Other Debtors	435	2,498
Accrued Income other	45,740	16,311
Accrued Legacy	47,981	-
Accrued Gift Aid	83,833	-
Prepayments	-	35,941
Amounts due from AMREF HQ (Note 16)	11,664	10,307
	189,653	65,057

12 Creditors

	2014 £	2013 £
Trade Creditors	(32,906)	(288,104)
Social Security and other taxes	(1,924)	(18,445)
Pension Contributions	(3,207)	(1,715)
Amounts due to AMREF HQ (Note 16)	(1,060,958)	-
Accruals-other	(19,067)	(114,137)
Other creditors - deferred income	-	(243,390)
	(1,118,062)	(665,791)

13 Reconciliation of funds

	Unrestricted: General Funds £	Unrestricted: Designated Funds £	Restricted Funds £	2014 £	2013 £
Funds as at 1st October	128,860	73,843	927,303	1,130,006	1,938,904
Surplus (deficit) for the year	59,582	-	(63,787)	(4,205)	(808,898)
Transfers between funds	(33,390)	(18,650)	52,040	-	-
Funds as at 30th September	155,052	55,193	915,556	1,125,801	1,130,006
<u>Analysis of Reserves</u>					
Tangible Fixed Assets	28,955	-	-	28,955	46,428
Net Current Assets	126,097	55,193	915,556	1,096,846	1,083,577
	155,052	55,193	915,556	1,125,801	1,130,006

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

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 (2013 : £1,800)

The annual commitment to operating leases as at 30th September 2014 relates to leases expiring:

	£	£
	Leasehold Property	Equipment
Within one year	-	8,951
Between two to five years	54,140	-

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 2014.

15 Liability of Members

At 30 September 2014 the charity had 9 members (2013: 9 members). The liability of each member to contribute to the assets of the charity 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 Dalal, the Chair of the Trustees of AMREF UK, is also a director of AMREF HQ.

The transactions with AMREF HQ were as follows:

	2014	2013
	£	£
Balances due to AMREF UK at the start of the year	10,307	10,307
Grants payable from AMREF UK to AMREF HQ in the year	(3,245,823)	(4,008,440)
Net payments made from AMREF UK to AMREF HQ	2,186,222	4,008,440
Balance due (from)/to AMREF UK at end of the year	(1,049,294)	10,307

17 Restricted Funds

The income of the charity includes both restricted and unrestricted funds. The table overleaf sets out the balances on restricted donations and grants held at 30 September 2014. Within the table, there are a number of project balances in deficit at the year end for open projects, for which funds are still expected. These balances have not been written off against unrestricted income.

AMREF Health Africa
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 30TH SEPTEMBER 2014

Country	Brought Forward 01/10/2013 £	Income £	Expense £	Transfer £	Carried Forward 30/09/2014 £
Ethiopia					
Dfid - Improving MNCH in South Omo & Segen	8,861	351,798 (	349,175)	-	11,484
Pharo MCNH South Omo	-	42,054 (	23,823)	-	18,231
Ferguson South Omo	-	184,432 (	60,725)	-	123,707
Other Major Donors South Omo	-	12,991 (	3,991)	-	9,000
Diageo - Kechene Water & Sanitation	(4,160)	-	-	-	(4,160)
Euromoney - Kechene Water & Sanitation Phase I	2,065	-	(362)	-	1,703
Euromoney - Kechene Water & Sanitation Phase II	50,000	60,000 (	72,177)	-	37,823
ViiV Healthcare - Biruh Tesfa PMTCT	1,815	115,877 (	110,164)	-	7,528
EC - South Omo (Malke & South Ari)	6,622	-	-	-	6,622
EC - Afar Pastoralist Health	(5,772)	373,409 (	333,048)	-	34,589
South Omo Floods	964	-	-	(964)	-
Trachoma Euro Money	-	272,675 (	220,734)	-	51,941
Trachoma Headley	-	12,500	-	-	12,500
Kenya					
Accenture - m-Learning - HELP	12,444	215,064 (	234,212)	-	(6,704)
Blg Lottery Fund - Turkana	39,716	119,114 (	120,741)	-	38,089
Co-funding (Big Lottery Fund Project) - Turkana	32,500	15,000 (	30,996)	-	18,504
EC - Turkana	95,966	240,829 (	219,604)	-	117,191
JOAC Turkana	-	108,310 (	108,310)	-	-
Dulverton Turkana	28,000	-	(28,000)	-	-
Bryan Guinness	4,000	-	(4,000)	-	-
Turkana Nomadic Health	422	-	-	(422)	-
Comic Relief - MNCH Makueni	296,236	440,311 (	499,925)	-	236,622
ACU - Commonwealth Scholarship	(3,979)	-	-	3,979	-
Usborne Publishing - Dagoretti	300	-	-	(300)	-
EC - Maternal Health - Kibera	832	-	-	(832)	-
Drought Response	(13,033)	-	-	13,033	-
Fistula Clinical Outreach	-	20,000 (	20,000)	-	-
International AIDS Conference	2,348	-	-	(2,348)	-
Kenya Health Systems Strengthening	3,271	-	-	(3,271)	-
Sudan					
National Health Training Institute, Mardi	576	487	-	-	1,063
Tanzania					
TMMNH Sauti	-	144,325 (	142,007)	-	2,318
E Learning TZ	69,614	-	(65,619)	-	3,995
Mtwara Youth Project	6,689	-	(4,313)	-	2,376
GSK Malaria Project	6,909	-	-	(4,758)	2,151
Uganda					
AstraZeneca - Integrated Malaria, HIV & TB	23,581	-	(23,581)	-	-
Guardian - Katine	11,157	-	(62,792)	62,792	11,157
Soroti Malaria & HIV	12,653	-	-	(12,653)	-
AMREF HQ					
Accenture - E-learning	300	-	(6,152)	-	(5,852)
EC - Regional Maternal Child Health Project	38,677	-	(4,932)	-	33,745
GSK 20% Reinvestment Initiative	149,017	870,850 (	914,885)	-	104,982
TelCap - Mobile Health and others	4,432	-	-	(2,216)	2,216
Flying Doctors	44,280	16,537 (	16,082)	-	44,735
	927,303	3,616,563 (	3,680,350)	52,040	915,556

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

AMREF Health Africa
 NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
 FOR THE YEAR ENDED 30TH SEPTEMBER 2014

Note 18 Designated Funds

Country	Brought Forward 01/10/2013	Designation	Expense	Transfer	Carried Forward 30/09/2014
Uganda					
Katine Project	73,843	-	-	(62,792)	11,051
Amref Health Africa HQ	-	44,142	-	-	44,142
	73,843	44,142	-	(62,792)	55,193

Guardian Katine Project:

The funds, which arose in 2012, are to complete the Katine Project in Uganda.

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.