



Report of the Trustees and Financial Statements

For the year ended 31st December 2020

Amref Health Africa
Charity Number: 261488
Company Number: 00982544

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REFERENCE AND ADMINISTRATIVE DETAILS

Patron: HRH The Prince of Wales

Board of Trustees:

- **Chair:** Mr Paul Davey (interim from November 2019 and permanent from August 2020)
- **Treasurer:** Ms Amanda Caine
- Dr Tinashe Chandauka (appointed in August 2020)
- Mr Simon Hammett (appointed in August 2020)
- Mrs Sue Hunt
- Mrs Beverley Jewell (appointed in August 2020)
- Ms Bridie Layden (appointed in August 2020)
- Ms Jennifer Mbaluto
- Mr Alistair Smith (resigned in August 2020)

Internal Key Management Personnel:

- **Chief Executive:**
Ms Camilla Knox-Peebles
- **Head of Finance:**
Ms Helen Blake (interim from October 2019 and permanent from August 2020)
- **Head of Fundraising:**
Mrs Katie Greywood (on maternity leave from December 2020)
Ms Sheena Bourke (maternity cover from December 2020)
- **Head of Operations:** Mr Stephen Hindle (resigned in February 2020 and was not replaced)
- **Company Secretary:**
Mr Stephen Hindle (resigned in February 2020)
Ms Helen Blake (took over the responsibility in February 2020)
- **Head of Programmes and Strategic Partnerships:** Mr Steve Murigi (appointed Interim Head of Programmes in February 2020, holding both posts simultaneously since)
- **Communications Manager:** Ms Rachel Erskine (in post since 2017 and joined Senior Management Team in April 2020)

Charity Number: 261488

Company Number: 00982544

Registered Office:

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Auditors:

MHA MacIntyre Hudson, Chartered Accountants

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This Trustees' Annual Report has been prepared in accordance with the Companies Act 2006, the Charities Act 2011, and the Statement of Recommended Practice, Accounting and Reporting by Charities, 2015.

TRUSTEES' ANNUAL REPORT FOR THE YEAR ENDED 31ST DECEMBER 2020

WHO WE ARE

Amref Health Africa is Africa's leading health NGO. Since our founding in 1957, we have partnered with communities across the African continent to secure lasting health change.

We believe that access to adequate and affordable healthcare is a human right. Moreover, we believe that healthcare is key to a brighter future: economic empowerment, freedom from poverty, and the fulfilment of the full spectrum of human rights. From our headquarters in Nairobi, we work with some of the most remote and marginalised communities on the African continent, supporting their efforts to transform their health – and their lives.

We believe that meaningful change must be community-led. To this end, we work primarily with women and girls, unlocking their potential to effect lasting change for themselves, their families, and their communities.

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

Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of 11 offices in Europe and North America. Our primary roles are fundraising, advocacy, and building partnerships to support the programmes delivered by our colleagues in sub-Saharan Africa. The UK team includes fundraising, communications, programme management, donor stewardship, and finance, administration, and governance. With an annual income of around £3 million, we support a portfolio of innovative health programmes funded by a range of donors including institutions, corporate partners, trusts and foundations, and individuals.

UK-funded programmes in Africa focus on four thematic areas, all of them vital to achieving Universal Health Coverage: 1) Human Resources for Health (HRH), primarily through Health Worker Training; 2) Reproductive, Maternal and Child Health (RMNCH) and Sexual Reproductive Health and Rights (SRHR); 3) Water, Sanitation and Hygiene (WASH); and 4) Sexual and Gender-Based Violence (SGBV), including Female Genital Mutilation and Cutting (FGM/C). Programme highlights are outlined on p.8 of this report.

In 2020, Amref Health Africa UK funded 21 programmes in 16 countries. We are extremely proud of the progress we have made, collectively, towards expanding access to healthcare for some of sub-Saharan Africa's most remote and marginalised communities – in a year when progress made in recent decades has been threatened, if not reversed, by the COVID-19 pandemic. Thank you to everyone who has been, and continues to be, a part of this important work.

OUR STRATEGIC OBJECTIVES

For Amref Health Africa UK, 2020 was defined by the COVID-19 pandemic (ongoing at the time of writing), which has affected all areas of our work in Africa as well as our operations here in the UK. When the scale of the threat became apparent in spring 2020, we launched an urgent appeal to our UK supporters, swiftly raising more than £500,000 to support Amref's COVID-19 response in East, West, and Southern Africa.

As well as launching new initiatives to support communities affected by COVID-19, we adapted our existing programmes to ensure continued availability of vital care and services (see Our Achievements: Programme Development, p.8). This has required us to think creatively, deploy our full range of mobile and digital tools, and develop innovative cross-sector partnerships, all in close collaboration with the rest of the Amref family.

As we were scaling up our work in Africa, the UK team moved quickly to a remote working set-up. Since then, we have welcomed several new staff members remotely, all of whom have adapted admirably to this unusual start. We have continued to update our ways of working to align with public health guidance, and have a robust plan in place to safely revert to office-based working if and when the time comes.

2020 was also punctuated by some significant new programmes and partnerships. Working as part of a consortium of partners, we secured funding from the UK Government (through the Foreign, Commonwealth and Development Office, FCDO) to support the Africa-led movement to end FGM/C. We also renewed our decades-strong partnership with GSK, which enters an exciting new era with a programme tackling tuberculosis (TB) and malaria in Ethiopia and Kenya, both of which have increased since the beginning of the COVID-19 pandemic. This programme began in January 2021, meaning that the income will be reflected in 2021's Annual Accounts. (This timing is a contributing factor to the dip in Amref UK's income as compared to 2019.) We ended the year in a comparatively strong financial position, thanks in part to funds raised in support of our COVID-19 response work. We continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.22).

2020 was also dominated by discussions of race and racism in the UK charity sector, propelled by the wider Black Lives Matter movement. Amref UK engaged with these conversations and took steps to reinforce our broader equality, diversity and inclusion work. Our commitment to anti-racist values is built into our 2020 – 2023 organisational strategy, which is outlined below. This is a piece of work that will continue in 2021 and remains a priority for the whole organisation.

A new organisational strategy

The second half of the year saw us finalise our 2020 – 2023 organisational strategy (this piece of work had been slightly delayed due to changes at senior leadership level in 2019). The strategy aligns with the priorities identified by our colleagues in Africa but is tailored to the UK context. It is focused on moving the organisation to a position of confident, sustainable strength, financially, systemically, and culturally, creating a sound foundation for future growth.

All staff were given the opportunity to contribute to its development through a series of workshops and consultations. Once the strategy was in place, its three pillars guided our work for the remainder of the year:

1) Mobilise resources by developing partnerships and engaging supporters

We are aiming to increase our income to £6.5 million a year by the end of 2023, with a view to increasing the number of people we support through our programme work. We will do this by optimising the three sources that are responsible for the majority of our income. We will further diversify our network of **Trusts and Foundations** and secure more multi-year partnerships. We will build on our expertise delivering **strategic corporate partnerships** to engage with new and varied private sector donors. We will position ourselves as a partner of choice for UK-based INGOs, collaborating on bids for **institutional funding** instead of going it alone.

Securing flexible, unrestricted funding is vital if Amref UK is to grow sustainably and invest in our team and resources. We will be creative in our approach to raising unrestricted funds, focusing on sustainable and innovative concepts across all our income streams. We will continue to strengthen our much-valued existing relationships, investing time and energy in supporter care.

2) Inspire others through strong stories of impact

We will produce communications that routinely inspire UK supporters to engage with and invest in Amref Health Africa. Strong and nuanced storytelling will be the bedrock of everything we do. We will provide evidence of the change our work facilitates. The UK public, and our peers, will perceive us as a leading authority on health in Africa. We will take every opportunity to amplify African voices and perspectives, using our power to convene to create space for important conversations. We will be creative and confident, producing inspiring content that speaks to a range of audiences whose needs we understand.

3) Drive change through advocacy

We will use evidence generated through our programming to influence policy and practice on critical health issues at national and international levels. We will contribute to shared advocacy initiatives through our membership of umbrella organisations and networks, speak in key UK policy fora, feed into research, and share evidence of what works with decision-makers in the UK.

Advocacy is a new area of focus for Amref Health Africa UK – but it is one where we feel we can add value. As the UK arm of Africa’s leading health NGO, we can ensure African voices and expertise are included in key conversations: pushing the needle on the most pressing global health issues.

Looking forward

As Africa’s leading health NGO, Amref Health Africa will be dealing with the ripple effects of COVID-19 for years to come. Throughout 2020, despite extremely challenging circumstances, we have maintained our commitment to creating sustainable, community-led health change. We were able to do this thanks to our strong financial position, a skilled staff team, and our dedicated supporters.

Although the situation continues to evolve – and although the UK fundraising landscape remains uncertain – we enter 2021 determined to build on our successes, learn from the challenges we have

encountered, and, as always, take the lead from the communities we serve. Everything we do will be grounded in, and guided by, our 2020 – 2023 organisational strategy.

In performing the above activities, the Trustees of Amref Health Africa UK are satisfied that the Charity has met the Charity Commission's requirements on public benefit.

OUR ACHIEVEMENTS: PROGRAMME DEVELOPMENT

In 2020, Amref Health Africa UK supported 21 programmes across 16 countries. In line with our strategic objectives, we pursued an ambitious programmatic agenda, responding to the greatest needs and supporting high-impact programmes. The year saw a consolidation of our programmes around four key thematic areas: 1) Human Resources for Health (HRH); 2) Reproductive, Maternal and Child Health (RMNCH) and Sexual Reproductive Health and Rights (SRHR); 3) Water, Sanitation and Hygiene (WASH); and 4) Sexual and Gender-Based Violence (SGBV), including Female Genital Mutilation and Cutting (FGM/C).

In parallel, we put in place a wide-ranging response to the COVID-19 emergency, spanning all four thematic areas and addressing the pandemic itself as well as its many secondary impacts. The table below outlines the programmes supported by Amref UK between 1st January and 31st December 2020. The majority fall under the four strategic themes listed above; several touch on other themes or take an integrated approach.

Country	Programmes	Areas of activity	Donor income FY 2020 (NB. names of donors not aligned with areas of activity)
Ethiopia	2	HRH: COVID-19 emergency response (Stop the Spread) SRHR and Livelihoods	The Waterloo Foundation
Kenya	8	HRH: COVID-19 emergency response (Stop the Spread) x 2 HRH: Non-Communicable Diseases and Infectious Diseases	GSK Wolfson College, Oxford University Kilpatrick Fraser Charitable Trust

		RMNCH Health Systems Strengthening HRH: Health Worker Training SRHR WASH and SGBV (FGM/C)	Veta Bailey Charitable Trust The SOL Foundation People's Postcode Lottery Clifford Chance Foundation Rabelais Trust Foundation that wishes to remain anonymous
Namibia and Botswana	1	HRH: Non-Communicable Diseases	GSK
Malawi	1	SRHR	Allan and Nesta Charitable Trust
Tanzania	2	RMNCH SRHR	The National Community Lottery Fund James Percy Foundation
Uganda	5	HRH: COVID-19 emergency response (Stop the Spread) RMNCH HRH WASH Livelihoods	UK government / Foreign, Commonwealth and Development Office (FCDO) Foundation that wishes to remain anonymous Souter Charitable Trust Clifford Chance Headley Trust Dulverton Trust The Lord Deedes of Aldington Charitable Trust
Regional	2	HRH: 13 programmes in Angola, Burundi,	UK Government / Foreign,

		Djibouti, Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda, Zambia SGBV (FGM/C)	Commonwealth and Development Office (FCDO): Options-led consortium GSK
Total	21		

Highlighted below are three examples of the work Amref Health Africa UK has supported during the reporting period. All three programmes are typical of our African-led, community-driven approach to securing lasting health change. As stated in the introduction to this report, everything Amref UK does contributes to the goal of making Universal Health Coverage (UHC) a reality by 2030. For us, this translates to strengthening health systems, training health workers, creating the conditions in which good health can thrive, and improving access to vital services for some of the continent's most remote and marginalised communities: those who have been worst affected by COVID-19 and its secondary impact.

Frontline Health Worker Training, 13 countries, Eastern and Southern Africa

In 2020, Amref UK came to the end of a ten-year programme focussing on training frontline health workers in 13 countries across Eastern and Southern Africa. This programme was funded by Amref's long-standing partner GSK, with the company reinvesting 20% of profits generated in its least developed countries of operation back into strengthening those countries' healthcare systems.

This multi-country programme, spanning 2010 to 2020, was implemented in Angola, Burundi, Ethiopia, Djibouti, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, Uganda and Zambia. It involved seven Amref country offices as well as partnerships with Africare, Adventists Development and Relief Agency (ADRA), Christian Health Association of Lesotho (CHAL), and Society for Family Health (SFH).

A chronic shortage of trained frontline health workers in the world's least developed countries is recognised as one of the most fundamental constraints on improving access to healthcare. The World Health Organization (WHO) estimates that, worldwide, there is a shortage of 17.4 million health workers. This presents an incredibly complex health challenge affecting the world's poorest communities, including many of the countries in which our partnership worked. This programme helped plug this gap to ensure communities across sub-Saharan Africa have access to trained health workers, such as Community Health Workers, who are essential to providing frontline care to the most hard-to-reach communities.

The programme supported the training of approximately 25,000 frontline health workers including nurses, midwives, and Community Health Workers. Each country's interventions were tailored to its specific needs, resulting in a range of approaches such as face-to-face teaching for Community Health Workers in rural communities in Zambia, rehabilitating skilled lab rooms for specialised training for midwives in Ethiopia, and introducing a new eLearning upgrading programmes for nurses and midwives in Malawi, Lesotho, Uganda, and Tanzania. The programme also supported crucial activities for long-term sustainability, including sensitising relevant stakeholders (Ministries, institutes, regulatory bodies), upgrading health facilities, equipping training institutions, working with governments at a policy level, and raising awareness in communities on disease prevention and management.

Overall, health workers now have strengthened capacity to manage a range of health issues in some of the hardest-to-reach communities. The introduction of innovative eLearning in some countries means health workers are able to upgrade their qualifications without having to take study leave and be away from their families and jobs. The result is that health workers can develop their skills and gain knowledge without losing income or exacerbating the health worker shortage. Working with governments has led to important policy-level changes in overcoming barriers: for example, in Ethiopia, the introduction of a two-year service agreement will improve retention of health workers in regions. Upgrading health facilities has improved access to health services for rural communities: in Rwanda, the distance to access health services in Nyanza District is now less than 5km.

Increasing the Expertise of Nurses and Midwives through eLearning, Uganda

From December 2019 to November 2020, Amref implemented an eLearning programme in Kampala, Soroti and Masaka Districts to train nurses and midwives in important skills to improve the quality of maternal healthcare. This project was supported with match funding from the Foreign and Commonwealth Development Office (FCDO, formerly DFID, the Department for International Development) raised through Amref Health Africa's first-ever UK Aid Match campaign, Health in Her Hands (which ran from March – May 2019).

In Uganda, maternal healthcare is understaffed and underfunded, particularly in rural areas. Just 58% of pregnant women give birth in health facilities. Those who give birth at home, without the support of a trained health worker, are at far greater risk of complications. The Ugandan health budget has been reducing in the past ten years, with very little allocation for maternal healthcare. There are just 20,000 midwives and nurses serving a population of 33 million in Uganda, and lack of access to continuous development training means that most health workers rely on out-of-date training. Additionally, the Uganda Nursing and Midwifery Council (UNMC) recently introduced a requirement for continuous professional development (CPD) in order to renew licences annually.

This 12-month programme aimed to tackle these issues by offering three online CPD courses to nurses and midwives in Uganda in the following specialised skills: Communication, Basic Emergency and Neonatal Obstetric Care, and the Nursing Process. The courses were developed in collaboration with the Ministry of Health and accredited by the Regulatory Body for Nurses and Midwives. By the end of the programme, a total of 520 nurses and midwives (220 more than the target) from 15 health facilities improved specialised skills including communicating effectively with patients, responding to labour complications (such as haemorrhage, eclampsia and obstructed labour), and

managing patients (such as diagnosis, monitoring and evaluation). The programme also supported the development of a CPD course on pandemics, in light of COVID-19, so that the 520 nurses and midwives were equipped with skills for dealing with the current outbreak as well as future pandemics. To ensure there was sufficient support for midwives and nurses to complete the eLearning courses, the programme supported the training of 36 mentors and tutors as well as providing regular support supervision to nursing schools.

At the end of the programme, the completion of these CPD courses led to an increase in knowledge of nurses and midwives, which has resulted in an improvement in practice in health facilities and subsequent improvement in patient satisfaction at the 15 health facilities.

Emergency COVID-19 Response, Eastern and Southern Africa

Since 2020, Amref has been implementing programmes to provide a coordinated emergency COVID-19 response in Eastern and Southern Africa. These programmes to reduce the spread of COVID-19 have been funded by several partners.

In 2019, a novel coronavirus COVID-19 was identified and became a global pandemic. This reached Africa in 2020 and has put additional pressure on health systems as well as exacerbating existing disease burdens. To reduce the spread, the World Health Organization recommended reducing transmission through several approaches, including training health workers for early detection of suspected cases, diagnosis, and management. Amref Health Africa is implementing a comprehensive response, and one key objective is to train 600,000 health workers in eight priority countries. Training health workers is essential in minimising the impact of COVID-19 on already-fragile health systems.

In Kenya, Amref initially implemented a 3-month rapid response, funded by a foundation that wishes to remain anonymous, to train approximately 29,000 Community Health Workers (CHWs) on key messages such as prevention, managing suspected cases, and social stigma. CHWs then cascaded this information down to approximately one million households. Additionally, a 6-month programme – enabled by funding from GSK – equipped 6,650 frontline health workers with the knowledge and skills to effectively diagnose and manage COVID-19; implement infection, prevention, and control practices; and effectively coordinate Rapid Response Teams. The programme also worked towards tackling the emerging mental health crisis by working with the Ministry of Health to develop a mental health training manual and key messages around issues such as stigma.

In Ethiopia, Amref implemented a programme with support from Waterloo Foundation, to train approximately 6,000 community health workers on key topics such as home-to-home tracking, prevention and control measures and measures to manage outbreaks. The programme also used methods such as radio activities to raise awareness of the training in hard-to-reach regions in order to ensure no region was left behind. After completion of training, health workers demonstrated improved knowledge in key areas such as prevention measures, symptoms of COVID-19, managing suspected cases and high-risk groups.

In Uganda, with support from Headley Trust, Dulverton Trust, Clifford Chance Foundation, and the Lord Deedes of Aldington Charitable Trust, Amref implemented a wide-ranging response to the pandemic. Activities were implemented across four of Kampala's five Divisions, but with an emphasis

on Kawempe, an informal settlement, and the most populated Division, and where Amref has strong relationships and has been present for a long time. This programme directly reached a total of 4,338 people.

OUR ACHIEVEMENTS: FUNDRAISING

Fundraising income at Amref UK continued to grow in 2020, consolidating on 2019 achievements and adding new initiatives while quickly adapting to the new external and internal environment triggered by the coronavirus pandemic. For much of the year, the Fundraising team operated with three team members plus support from volunteers but returned to full strength with four full-time staff and five new volunteers in December 2020. New ways of working between the Fundraising and Programmes teams meant that from Q4 of 2020 onwards, responsibility for the management of relationships with some key donors and supporters – including some corporates and institutions – migrated from the Programmes team to the Fundraising team. We anticipate this change will lead to more efficiency in both new business and account management, and improved donor relationships across the organisation, with both teams able to maximise their expertise.

The Fundraising team raised a total of £404,505 in unrestricted and £1,625,725 in restricted funds in 2020. The most significant growth came, as in the previous year, from trusts and foundations, with multi-year grants commencing, new grants and donors secured, and further income pledged for future years.

As with most other organisations around the world, the biggest change and challenge to our activities was the COVID-19 pandemic. From March 2020, this affected all our fundraising activities. However, by June 2020, it was clear that Amref UK's fundraising would not be as negatively affected as some other UK NGOs: as we do not rely on events or trading for much of our income, we were able to make up any lost income (mostly unrestricted, from challenge events) with new, virtual options. There were some lost opportunities – including a plan to focus more on student fundraising in universities and major donor events – but these were in very early stages at the time of cancellation, so income was not affected.

In fact, as a health charity, we were able to respond quickly to the pandemic and share a strong and compelling appeal with our supporters. This resulted in strong support from individuals throughout the year, including recruiting new regular donors and over-performing in seasonal appeals, as well as a number of new grants from both existing and new corporate and foundation donors. Our existing donors offered increased flexibility and support to Amref, for which we are truly grateful. Our COVID-19 appeal raised over £500,000 in total, in just three months.

In 2020, fundraising activities at Amref Health Africa UK continued to be managed by the Head of Fundraising, in consultation with the Senior Management Team and CEO, and overseen by the Board of Trustees. The team used a number of tools and processes to manage activities, income and expenditure, including the Raiser's Edge database, internal risk management and KPI documents, and regular supervision. Throughout 2020, the Fundraising team ensured compliance with all relevant sector regulations and organisational policies. In particular, the team undertook a review of the Code of Fundraising Practice and of our database system. Amref UK renewed its membership

with the Fundraising Regulator and Institute of Fundraising and attended sector conferences and training to ensure best practice across fundraising activities. The Charity received no complaints related to fundraising in 2020, there were no data protection breaches, and there were no reported instances of failures to comply with any schemes or standards including those of the Fundraising Regulator. In the 2020 financial year, Amref UK did not work with any commercial participators or professional fundraisers on fundraising activities.

Amref UK also continued to ensure supporters were treated with the utmost respect and transparency. We reviewed our Privacy Policy and ensured that key statements related to communications consent were displayed on all fundraising materials. We responded within 48 hours to all supporter queries and requests to opt-out from communications, updating our database immediately. With regard to vulnerable people, we ensured all our fundraising activities abided by our Safeguarding Policy and adjusted communications for any individuals we believed to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2020 was five, with up to 13 emails for those who had opted into the mailing list, an increase from the previous year primarily due to more communications about COVID-19. Our communications are designed to inspire and encourage.

We undertake a review of our legitimate interest basis for contacting individuals as part of our GDPR compliance on an annual basis and take the appropriate actions.

Individual Giving, including Major Giving

All direct-mail appeals performed well, meeting or exceeding targets and raising £84,243 in total. This was supported by investment in a freelance designer (particularly for the Christmas campaign, for which we secured £35,000 of match funding in advance of launch: this funding was unlocked when we raised £35,000 from our UK supporters), a targeted approach to segmentation, and the use of compelling stories and photography.

Regular giving was stable throughout the year and raised a total of £216,175 in 2020. Our target for the year was to break even on cancellations versus recruitment/upgrades of regular donors and we achieved this target, mostly thanks to a regular giving upgrade appeal in the Spring.

2020, like the previous year, was a challenging year for legacy and in memoriam income, with a total of £8,637 received. Due to the unpredictable nature of legacy income, we were unable to take action to make up this shortfall.

Gifts resulting from our e-newsletter contributed to over £30,000 in online donations. We also secured a commitment from a trust partner to fund the development of a new website early in 2021, which will make an essential contribution to future digital fundraising and opportunities.

2020 saw us aim to consolidate the major gifts we received in 2019 and we received a total of £18,000. This was particularly challenging at the beginning of the year as social distancing came into place and meetings and events were cancelled, and we de-prioritised this area for that reason. However, we picked up towards the end of the year and launched our new giving circle, the Mbele Movement, which we hope will generate long-term unrestricted income over the course of our

current strategy and beyond. We brought the Philanthropy Council to an end after two years, but plan to replace it in part with a new Development Council connected to the Board of Trustees.

Trusts and Foundations

We continued to build on the strong performance from the previous year, ending the year with total income of £1,611,708 from trusts and foundations. Of this, £48,039 was unrestricted, slightly reduced from the previous year where the UK Aid Match campaign was a major factor, but still on a strong trajectory.

The majority of the income (£1,563,669) was restricted. Major new grants secured in 2020 include £250,000 from People's Postcode Lottery, which supported our Sport for Health project in Nairobi; £100,000 from Waterloo Foundation for COVID-19 health worker training in Ethiopia; £395,702 over three years (2020: £44,394) from the Rabelais Trust for an integrated water, sanitation and hygiene (WASH) and FGM/C project in Kenya; and three new grants totalling £649,078 from a foundation wishing to remain anonymous, the first supporting a WASH project in Uganda, the second a plastic recycling project in Uganda, and the third training health workers in Kenya on COVID-19 prevention.

In addition to these major grants, we received increased support at the four- and five-figure level, with new grants from The Headley Trust, The Lord Deedes of Aldington Charitable Trust, and Veta Bailey Charitable Trust. We particularly valued the flexibility and quick turnaround from these donors, who were some of the first to respond to our coronavirus appeal, and trusted us to use their gifts to support what was most needed.

In 2020, in addition to securing new grants, we have strengthened stewardship of existing trust supporters, including our collaboration and reporting to the James Percy Foundation, who support the Uzazi Uzima project in Tanzania. This positioned us well for new business from existing donors in 2021, with a concept note (£2.5m over five years) submitted to our anonymous foundation supporter in December 2020 (which was accepted in February 2021), and an invitation to apply for further funding from James Percy Foundation in 2021.

The number of multi-year grants and repeat gifts reflect our emphasis on strong stewardship, accurate reporting, and compelling proposals, all areas we prioritised through the year.

Corporate Partnerships

Like major giving, corporate partnerships was another area of fundraising that was paused for much of 2020 due to other fundraising priorities triggered by the coronavirus pandemic. Towards the end of the year, corporate partnerships (excluding the GSK partnership) moved to sit within the Fundraising team and a new corporate plan was developed for 2021.

We secured two new grants from corporate partners in 2020: a total of £55,000 from the Clifford Chance Foundation and the Apex Foundation. Both gifts were made to our coronavirus appeal.

The GSK Partnership

2020 marked the 32nd year of our partnership with GSK and saw the completion of the flagship Frontline Health Worker Partnership, implemented over 10 years, and across 17 countries.

2020 also saw us secure a new partnership agreement with GSK (2020 – 2022). Under this renewed partnership, Amref and GSK agreed to deliver a programme addressing TB (tuberculosis) and malaria in Ethiopia and Kenya between 2021 and 2022. Towards this intervention, GSK will be investing £2,200,000 over the period. The first tranche of this income was received in January 2021.

Additionally, Amref also received £200,000 to support the COVID-19 emergency response in Kenya.

The Head of Programmes and Strategic Partnerships continues to engage with GSK's leadership as our partnership evolves beyond 2020.

Community and Events

The coronavirus pandemic affected the majority of our planned events in 2020, and resulted in the cancellation of both the London Marathon and London Landmarks Half Marathon, as well as the Hungerford Christmas Fair, held each year in aid of Amref. We also had fewer individuals take part in challenge or community events of their own volition, and had to put our plans to invest more in university student fundraising on hold.

Our income for challenge events was impacted as previously stated, coming in at £15,580. But we were able to secure a significant amount of the budgeted income due to much of the challenge event fundraising taking place before the events were cancelled, as well as Amref UK's participation in the 2.6 Challenge, a new event designed to support charities who had lost income due to event cancellations.

We did not deliver any in-person supporter events in 2020 – a planned event at Goodwood with our Patron the Duke of Richmond was cancelled, and social distancing measures meant planning any other events would not have made sense. Instead, we delivered a series of webinars to engage our UK supporters with our coronavirus response and other projects. These were well-attended and we plan to deliver another series of webinars in 2021.

OUR ACHIEVEMENTS: COMMUNICATIONS

Throughout 2020, the Communications function focused on supporting income-generation through the Fundraising and Programmes teams (as per [our 2020 – 2023 organisational strategy](#)), by producing compelling, engaging content that inspires our key audiences to invest in, or partner with, Amref Health Africa. Brand recognition grew in 2020, in large part thanks to Amref's prominent role in the COVID-19 response in Africa. The year was defined by the pandemic and Amref's response to it; this thread ran through most of our communications outputs from March onwards, and continues to do so at the time of writing.

It is worth noting that the previous reporting period (2019) was dominated by Amref UK's first-ever UK Aid Match campaign, Health in Her Hands, which drove visibility and engagement as well as online giving. We saw these positive trends continue in 2020, even without the aid of a high-profile, integrated campaign.

In line with our commitment to ethical storytelling and representation – enshrined in our organisational strategy – we continued to commission in-country photographers, elevate African expertise, and create opportunities for the people we work with and support to speak directly to UK audiences.

Digital Communications

Amref UK's social media following almost doubled in 2020: we began the year with 27,452 followers across four platforms (Facebook, Instagram, LinkedIn, and Twitter) and ended it with a combined following of 53,989. We can attribute much of the increase to one platform, LinkedIn, where we accrue some 1,500 new followers in an average month. That being so, this is quite remarkable growth – and we achieved it without doing any paid advertising, and without the additional visibility afforded by a high-profile campaign like Health in Her Hands.

2020 also saw a consistent uplift in online engagement. It is very encouraging to see Amref's community growing so steadily: we can infer that our investment in ethical representation and storytelling is resonating with a broad range of audiences. We continue to learn more about these audiences, in order to tailor our outputs to their needs and expectations.

Our website also performed better in 2020 than it did in 2019. The number of users grew by more than 29%, and the number of users coming to the site through social media increased by 21%. We also saw a significant increase (44%) in the number of users accessing the site via mobile phone, which is consistent with the growth in social referral. As noted in the Fundraising section of this report (see p.13), gifts resulting from our e-newsletter contributed to more than £30,000 in donations made online. Despite this, the site is not optimised for online giving, and the donation function remains a 'pain point'.

Given our aspirations to further grow our audience and increase the number and value of donations made online, our current site is no longer an adequate tool. Thanks to a generous grant from one of the trusts that supports Amref UK, we are in a position to embark on a total redesign of the site in early 2021. We laid the groundwork for this strategically important project in Q4 of 2020, putting together a comprehensive brief and launching a call to tender. We plan to begin the project in Q1 of 2021 with a view to the new site going live in early Q3. We will use the extensive data at our disposal to ensure that the decisions we make throughout the project are evidence-based.

Press, PR, and Public Speaking

We secured 25 pieces of earned media coverage in 2020: a 100% increase on our performance in 2019 (and this without the impetus of a high-profile campaign like Health in Her Hands). This encompassed print, digital, TV and radio, and included platforms such as The Guardian, Sky News,

BBC World Service, BBC Africa, and Voice of America. As with our digital presence, our press and PR work has benefited from Amref's leading role in the COVID-19 response. However, we will maintain and nurture these new relationships as the crisis evolves and eventually subsides.

2020 also saw us secure more, and more varied, speaking opportunities for members of the Amref family. Again, many of these were linked to COVID-19: we were able to ensure that African voices and expertise were included in conversations about the pandemic's progression and impact on the continent.

Our Communications Manager speaks regularly on the topic of ethical representation and storytelling and co-chairs Bond's People in the Pictures working group, which aims to facilitate ethical content collection across the sector. With a view to generating much-needed evidence of the positive impact of ethical storytelling, in 2020, we began working with the University of East Anglia and the University of the Arts London on a participatory photography research project. The project was delayed because of COVID-related restrictions on international travel, but is set to take place in Q1 and Q2 of 2021.

Advocacy

One of the pillars of our 2020 – 2023 organisational strategy is to “drive change through advocacy”. Amref UK has not had a dedicated advocacy function for several years. For the time being, advocacy sits with the Communications team (in close coordination with Programmes). With a view to increasing the scale and scope of our advocacy work, we commissioned an independent consultant to conduct a scoping exercise in Q4 of 2020. Through a combination of desk research and key informant interviews with internal and external stakeholders, she identified the gaps that Amref might fill, determined where our expertise could make a tangible difference, and decided which themes and topics we might prioritise in our advocacy work going forward. We will make a decision on the staffing of the advocacy function in the second half of 2021. In the meantime, we are already applying the findings of the scoping exercise in our contributions to sector-wide advocacy initiatives (primarily through our membership of umbrella organisations and networks such as Bond and Action for Global Health).

Structure and Staffing

In April 2020, Kate Morris joined Amref Health Africa as Communications Officer, doubling our Communications capacity. This has enabled us to scale up our digital presence and produce more, and more tailored, content, as well as providing increased support to the Fundraising and Programmes teams. We continue to work with a freelance graphic designer on an ad hoc basis.

FINANCIAL REVIEW

Amref Health Africa UK has been implementing the first part of its four-year strategy over this period, focusing on moving the organisation to a position of confident, sustainable strength, financially, systematically and culturally, creating a sound foundation for future growth.

Unrestricted income was 36% lower than the previous period. This was, in part, due to the unprecedented success of the Help in Her Hands campaign in the previous year as well as the decision to run our COVID-19 response campaign in early 2020 as a restricted rather than an unrestricted appeal. It is also a reflection of the challenging unrestricted fundraising environment we faced in 2020 due to COVID-19, particularly in the Major Donor and Corporate spheres. However, there was continued strength in Individual Giving and Trusts & Foundations and in 2020, working as part of a consortium of partners, we secured funding from the UK Government to support the Africa-led movement to end FGM/C. Due to its contractual nature, this funding is unrestricted with the co-creation underway and programme implementation due to begin in 2021. Unrestricted expenditure was 14% lower than the previous period. Amref UK's expenditure profile has been kept under continual review and there has been a sustained focus on cost recovery. There was an unrestricted deficit of £84,000 which was within the planned unrestricted deficit for the year. The effect of this is covered in more detail in the Reserves Policy section below.

Our restricted income was 42% lower than the previous period. However, there was year on year growth in Individual Giving and Trusts & Foundations with our COVID-19 response appeal performing well in early 2020 and new grants with both existing and new funders being secured in 2020. 2020 was a period of transition to our renewed partnership with GSK with a new programme addressing TB and malaria in Kenya and Ethiopia starting in 2021. Restricted expenditure in the period was 23% lower than the previous period. This is predominantly made up of transfers to Africa for programme implementation and relates to programme requirements reflecting progress in implementation. This period's restricted deficit of £769,000 reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi, the most significant timing difference relating to the completion of the ten-year Frontline Health Worker programme funded by GSK.

Reserves Policy

We end the year with funds of £1.7 million. 59% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress.

The reserves calculations which underpin our policy are in line with Charity Commission guidance and are designed to ensure that we retain sufficient working capital, but that we are also well-equipped to address risks and opportunities faced, whilst also bearing in mind that we should only keep the reserves that are required, in order to use our funds most effectively. We aim to hold sufficient reserves to manage our financial risks and our working capital pressures which take account of our regular, more predictable financial activity as well as the current volatility and youth of some of our income streams and the fact that we are now part of consortium to deliver a

payment-by-results contract for FCDO, the inherent nature of which increases the pressure on working capital of the organisation. Given our plans to explore new institutional funding opportunities and mechanisms we also have an element of our free reserves available to enable us to harness these effectively.

The calculations showed that as at the end of 2020 we should aim to hold £599,000 - £828,000 in unrestricted free reserves.

The unrestricted free reserves held as at 31st December 2020 were £705,000, made up of unrestricted reserves less the net book value of tangible fixed assets. This is within the target range, and the planned unrestricted budget for 2021 projects that the organisation will close 2021 within target range also.

Please refer to the COVID-19 section of this report (under Risk Management, p.22) for further information on the potential impact of the pandemic on the Charity's reserves position. We will continue to review our reserves policy to ensure it meets the needs of the Charity.

Investments

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

Related Party Transactions

As set out in Note 15 of the Financial Statements, during the year, transactions were undertaken with Amref Health Africa's HQ in Kenya. Transactions were also undertaken with one company owned by the parents of one of the Key Management Personnel (KMP). Donations were also received and Christmas cards bought by a number of Trustees and KMP.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution and Governing Documents

Amref Health Africa UK is registered as a company in England, Company Number 00982544, whose members' liability is limited by guarantee. The objects of the company and the powers of the Board of Directors are set out in the Memorandum and Articles of Association, last amended on 22nd April 2015, as are the regulations concerning the appointment of new Directors.

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

Governance

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

During the reporting period, we operated one sub-committee of the Board: the Finance Committee, which met quarterly in advance of the full Board meeting.

This financial year saw the welcome confirmation of Paul Davey as Chair. We also welcomed four new Trustees to the Board: Dr Tinashe Chandaoka, Beverley Jewell, Bridie Layden, and Simon Hammett, each of whom brings a wealth of skills and expertise to the strategic oversight of the organisation. We sadly said goodbye to Alistair Smith who resigned after six years on the Board. We very much appreciated Alistair's invaluable input and engagement during his tenure.

New Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose and conducive to the remote working environment arising from the COVID-19 restrictions where appropriate. In 2020, Amref UK Trustees took part in a Familiarisation Session on commercial contracts which focused on the nature of the contract itself and outlined the key differences between restricted grants and payment-by-results commercial contracts, the key risks in this type of contract, and the opportunities it offers. Our four new Trustees underwent a thorough and wide-ranging induction including detailed presentations from the Fundraising, Programmes, Communications and Finance teams as well as time with the CEO and the Chair of the UK Board.

Pay Policy for Senior Staff

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

Remuneration of all executive staff including the senior management team follows a clear policy: each position level is banded, and salary levels are reviewed against market data to ensure that the bands reflect the Charity's desire to pay competitively compared to similar organisations in the sector, and that inflation levels are reflected where possible. A percentage increase was applied across all salaries with effect from 1st January 2021 which comprised an inflationary increase as well as a performance-related-pay element.

RISK MANAGEMENT STATEMENT

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

COVID-19

As the COVID-19 pandemic remains with us across the globe, Amref Health Africa UK continues to closely monitor the situation and the risks that it poses to the organisation here in the UK as well as to the communities we support in Africa. Amref UK was quick to respond to the emerging crisis and we launched our 'Stop the Spread' urgent appeal in early March 2020. We would like to thank our funders and supporters for their positive response to this appeal and subsequent calls for funding which allowed us to kick-start COVID-19 risk mitigation and response activities in Kenya, Uganda, and Ethiopia. We also continue to work closely with our funders and colleagues in-country to manage – and, where possible, minimise – the impact of the ongoing crisis on existing non-COVID-19 health programmes. At the time of writing, we were preparing to raise funds to support the roll-out of the COVID-19 vaccine(s) across the continent, in which we anticipate Amref will play a pivotal role, particularly at community level.

The potential financial impact on Amref UK is being closely monitored, with particular focus on the effect on the organisation's cashflow and free reserves position. To date, we have not needed to draw on the UK Government Coronavirus Job Retention Scheme or any other Government assistance, nor have we had to make any roles redundant as a result of the pandemic. Nevertheless, at the time of writing, the fundraising environment for unrestricted income remains challenging. We will continue to pursue the creative and dynamic approach which allowed us to manage and thrive in 2020 against a backdrop of challenge and uncertainty. As things stand, we are expecting to be able to manage our free reserves position in 2021 and beyond through unrestricted income generation, close management of our unrestricted expenditure base, and the cost recovery built into our restricted funding, which remains strong. As per the three-year Budget for 2021-2023 approved by Trustees at the end of 2020, we are expecting to end 2021, 2022 and 2023 within the free reserves target range set out in the Reserves Policy section of this report (p.19). We are also monitoring the organisation's projected cash position and are currently expecting that our cashflows can be managed effectively during this time. The financial impact of COVID-19 will be monitored on an ongoing basis throughout the financial year and beyond. We have also reviewed our accounting policies and have assessed that no changes are required at this stage. Specifically, we have assessed the Charity's financial position in light of COVID-19 for at least a 12-month period from the date of these accounts being signed. We have concluded that whilst uncertainties exist, these do not represent material uncertainties and as such, the going concern basis, upon which the Financial Statements have been prepared, remains appropriate.

Principal Risks and Uncertainties

Beyond the risks and uncertainties associated with COVID-19 outlined above, the principal risk for the Charity in 2021 is navigating our first payment-by-results contract as a sub-contractor within a consortium supporting the African-Led Movement to end Female Genital Mutilation or Cutting (FGM/C) programme, funded by the UK government's Foreign, Commonwealth and Development Office (FCDO). Whilst this brings a great opportunity for Amref UK and the global Amref family, the inherent nature of such arrangements raises risks regarding unrestricted cashflow management with the need to pre-finance activities and the need to achieve specified milestones and performance levels in order to receive payment in full and as scheduled. Our unrestricted cashflow in particular will be monitored extremely carefully and in early 2021, we secured a £205,000 loan from Amref Netherlands to ease the cashflow pressures over the contract term.

More generally, as mentioned above, the competitiveness of the external funding environment and the resultant pressure on income, particularly unrestricted, is a continued area of risk and uncertainty (as it is for our peers across the UK charity sector). The process of 'localisation' (whereby institutional donors choose to fund local or national organisations within the countries where the work is being undertaken), while a positive evolution in many ways, continues to affect our income. Fundraising from the public, be it mass volume or high-value, is also very competitive. Our focus on Trusts and Foundations continues to bring in significant income and as mentioned in the Fundraising section above, there will be renewed focus on developing the corporate partnership and major donor income streams in 2021.

Retention and motivation of staff continues to be a key risk with continued requirements for staff to work remotely against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with and competitive benefits. As mentioned in the Strategic Objectives section above, work around our commitment to anti-racist values will continue in 2021 and remains a priority for the whole organisation.

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

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

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

TRUSTEES' RESPONSIBILITY STATEMENT

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

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

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

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

In so far as the Trustees are aware:

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

This report of the Board has been prepared taking advantage of the Small Companies exemption to prepare a Strategic Report afforded by Section 415A of the Companies Act 2006.

THIS REPORT WAS APPROVED AND AUTHORISED FOR ISSUE BY THE BOARD OF TRUSTEES ON 8 JUNE 2021 AND SIGNED ON ITS BEHALF BY:



Mr Paul Davey, Chair

AUDIT REPORT

Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

AUDIT REPORT

We have audited the financial statements of Amref Health Africa (the 'Charity') for the year ended 31st December 2020, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *'The Financial Reporting Standard applicable in the UK and Republic of Ireland'* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31st December 2020 and of;
- Its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

AUDIT REPORT

Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

Other information

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

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

We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2006

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

- The information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The Trustees' Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which Companies Act 2006 requires us to report to you if, in our opinion:

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

AUDIT REPORT

Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

Responsibilities of Trustees

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

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

Auditors' responsibilities for the audit of the financial statements

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

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

- Enquiry of management and those charged with governance regarding known or suspected fraud or irregularity and the existence of actual or potential litigation and claims;
- Enquiry of entity staff in finance and management functions to identify any instances of non-compliance with laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Examining risk management processes and reviewing relevant policies such as anti-fraud, whistleblowing, and bribery;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

AUDIT REPORT

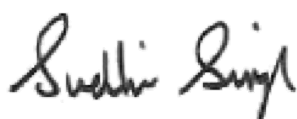
Independent Auditor's Report to the Members of Amref Health Africa (Registered company number: 00982544)

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' Report.

Use of our report

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



Sudhir Singh FCA (Senior Statutory Auditor)

for and on behalf of

MHA MacIntyre Hudson

Chartered Accountants and Statutory Auditor

6th Floor

2 London Wall Place

London

EC2Y 5AU

Date: 25 June 2021

Amref Health Africa Statement of Financial Activities (incorporating an income and expenditure account) for the year ended 31 December 2020

2020				2019			
		Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
Note	£	£	£	£	£	£	£
Income from:							
Donations and legacies	2	402,289	728,184	1,130,473	566,162	269,483	835,645
Charitable activities	3a	21,978	1,495,103	1,517,081	100,000	3,555,924	3,655,924
Other trading activities	3b	2,216	-	2,216	2,467	-	2,467
Investments		547	-	547	1,117	-	1,117
Total income		427,030	2,223,287	2,650,317	669,746	3,825,407	4,495,153
Expenditure on:							
Raising funds	4	415,334	7,876	423,210	523,835	-	523,835
Charitable activities	4	97,747	2,983,924	3,081,671	69,623	3,910,477	3,980,100
Total expenditure		513,081	2,991,800	3,504,881	593,458	3,910,477	4,503,935
Net (expenditure) / income before other gains		(86,051)	(768,513)	(854,564)	76,288	(85,070)	(8,782)
Other gains		2,321	-	2,321	7,100	-	7,100
Net movement in funds		(83,730)	(768,513)	(852,243)	83,388	(85,070)	(1,682)
Total funds brought forward		794,473	1,777,783	2,572,256	711,085	1,862,853	2,573,938
Total funds carried forward	12	710,743	1,009,270	1,720,013	794,473	1,777,783	2,572,256

All income and expenditure derive from continuing activities.

The Statement of Financial Activities includes all gains and losses recognised during the year.

The notes on pages 32 to 40 form part of these financial statements.

Amref Health Africa Balance Sheet as at 31 December 2020

	Note	2020 £	2019 £
FIXED ASSETS			
Tangible Assets	9	<u>6,005</u>	<u>9,083</u>
CURRENT ASSETS			
Debtors	10	128,169	110,643
Cash at bank and in hand		<u>2,232,268</u>	<u>3,024,012</u>
		2,360,437	3,134,655
CREDITORS			
Amounts falling due within one year	11a	<u>(636,829)</u>	<u>(557,082)</u>
NET CURRENT ASSETS		<u>1,723,608</u>	<u>2,577,573</u>
Total assets less current liabilities		<u>1,729,613</u>	<u>2,586,656</u>
Creditors: amounts falling due after more than one year	11b	(9,600)	(14,400)
Net assets		<u>1,720,013</u>	<u>2,572,256</u>
FUNDS			
Unrestricted Fund - General	12	710,743	794,473
Restricted Funds	16	<u>1,009,270</u>	<u>1,777,783</u>
Total funds		<u>1,720,013</u>	<u>2,572,256</u>

These financial statements have been prepared in accordance with the provisions of the Companies Act 2005 applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees and authorised for issue on 8 June 2021 and signed on their behalf by:



.....
Paul Davey, Chair

Company number: 00982544

The notes on pages 32 to 40 form part of these financial statements.

Amref Health Africa Statement of Cash Flows for the year ended 31 December 2020

	Note	2020 £	2019 £
Cashflow from operating activities	17	<u>(788,170)</u>	<u>120,585</u>
Cashflow from investing activities			
Interest income		547	1,117
Purchase of tangible fixed assets		(4,121)	-
Net cashflow from investing activities		<u>(3,574)</u>	<u>1,117</u>
Net (decrease) / increase in cash and cash equivalents in year		<u>(791,744)</u>	<u>121,702</u>
Cash and cash equivalents at beginning of year		<u>3,024,012</u>	<u>2,902,310</u>
Total cash and cash equivalents at end of year		<u><u>2,232,268</u></u>	<u><u>3,024,012</u></u>

The notes on pages 32 to 40 form part of these financial statements.

1 Summary of significant accounting policies

(a) General information and basis of preparation

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

The Charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

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

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

(b) Funds

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

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The aim and use of each restricted fund is set out in the notes to the financial statements.

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

(c) Income recognition

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

For donations to be recognised the Charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the Charity and it is probable that they will be fulfilled.

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

No amount is included in the financial statements for volunteer time in line with the SORP (FRS 102) 2015.

For legacies, entitlement is the earlier of the Charity being notified of an impending distribution or the legacy being received. At this point income is recognised. On occasion legacies will be notified to the Charity however it is not possible to measure the amount expected to be distributed. On these occasions, the legacy is treated as a contingent asset and disclosed.

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

The Charity receives government grants in respect of its charitable work. Income from government and other grants are recognised at fair value when the Charity has entitlement, it is probable that the income will be received and the amount can be measured reliably. If entitlement is not met then these amounts are deferred.

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

(d) Expenditure recognition

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

- Costs of raising funds includes those costs incurred in seeking potential funders and applying for funding.
- Expenditure on charitable activities includes granting funds to Amref HQ in respect of our charitable work, and our own associated costs.

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

1 Summary of significant accounting policies (continued)

(e) Support costs allocation

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

The analysis of these costs is included in note 5.

(f) Tangible fixed assets

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

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

(g) Debtors and creditors receivable / payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

(h) Provisions

Provisions are recognised when the Charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

(i) Leases

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

(j) Foreign currency

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

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

(k) Employee benefits

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

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

(l) Tax

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

(m) Going concern

The financial statements have been prepared on a going concern basis as the Trustees believe that whilst some uncertainties exist, these do not represent material uncertainties. The Trustees have considered the impact of COVID 19 on the level of funds held and the expected level of income and expenditure for at least 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the Charity to be able to continue as a going concern.

(n) Financial Instruments

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

Financial assets – trade and other debtors (including accrued legacy and gift aid income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in note 10. Prepayments are not financial instruments. Amounts due from Amref HQ are held at face value less any impairment.

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

Financial liabilities – trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in note 11. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver charitable services rather than cash or another financial instrument. Amounts due to Amref HQ are held at face value less any impairment.

Amref Health Africa Notes to the Financial Statements (continued) for year ended 31 December 2020

2 Incoming resources from donations and legacies	2020	2019
	£	£
Individual sponsorship / event donations	24,244	44,354
Individual donors	349,403	395,431
Legacies	9,637	1,754
Corporate Donors	255,250	26,767
Trusts and Foundations	491,939	362,107
Gifts In Kind	-	5,232
	1,130,473	835,645
3a Income from charitable activities	2020	2019
Corporates		
GlaxoSmithKline	-	2,637,965
Total Corporates	-	2,637,965
Governments		
European Commission	-	48,858
Foreign, Commonwealth & Development Office	150,100 *	20,951
Total Governments	150,100	69,809
Other Institutional donors		
The National Lottery Community Fund	247,462	127,676
Comic Relief	-	115,211
Total Other Institutional donors	247,462	242,887
Trusts and Foundations		
Donor wishing to remain Anonymous	599,078	-
People'sPostcode Lottery	250,000	450,000
James Percy Foundation	196,884	98,273
The Rabelais Trust	44,394	-
The SOL Foundation	69,953	-
The Waterloo Foundation	-	98,000
The Hermitage Trust	-	20,000
Other Trusts < £15k	(40,790) **	38,990
Total Trusts & Foundations	1,119,519	705,263
	1,517,081	3,655,924

*The nature of the funding is outlined in the Programme Development section of the Trustees' Annual Report.

There are no unfulfilled conditions or any other contingencies associated with the Government funded income recognised here.

The Charity has not directly benefited from any other forms of Government assistance.

**This balance includes £49,380 of unspent funds returned to a funder due to the planned project not proceeding.

3b Incoming resources from other trading activities	2020	2019
	£	£
Christmas cards	2,216	2,467

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2020

4 Resources Expended

	Expenditure on		
	Raising funds	Charitable activities	2020 total
	£		£
Staff Costs	319,385	387,396	706,781
Direct costs	18,580	2,611,093	2,629,673
Support costs	85,245	83,182	168,427
	423,210	3,081,671	3,504,881

	Expenditure on		
	Raising funds	Charitable activities	2019 total
	£		£
Staff Costs	389,578	363,336	752,914
Direct costs	33,497	3,500,422	3,533,919
Support costs	100,760	116,342	217,102
	523,835	3,980,100	4,503,935

Direct costs of charitable activities are predominantly (£2,587,676 (2020), £3,441,266 (2019)) made up of grants remitted to Amref HQ for objectives

5 Support costs allocation

	Raising funds	Charitable activities	2020 total
	£	£	£
Premises costs	56,516	55,149	111,665
Governance costs	9,105	8,885	17,990
Other office and operational costs	19,624	19,148	38,772
Total	85,245	83,182	168,427

	Raising funds	Charitable activities	2019 total
	£	£	£
Premises costs	59,157	68,306	127,463
Governance costs	8,133	9,390	17,523
Other office and operational costs	33,470	38,646	72,116
Total	100,760	116,342	217,102

6 Governance costs

	2020	2019
	£	£
Auditors remuneration - Current period audit fee	17,820	15,960
Auditors remuneration - Audit fee in respect of prior years	-	-
Other costs	170	1,563
	17,990	17,523

£nil was reimbursed or paid by the Charity during the year to / for Trustee travel and other expenses incurred on the Charity's business (2019 - £1,077 to one Trustee).

7 Staff costs and numbers

	2020 £	2019 £
The aggregate payroll costs comprised:		
Wages and Salaries	538,311	599,702
Social Security Costs	53,789	59,550
Employer's Pension costs	38,068	43,562
Other staff costs	76,613	50,100
	<u>706,781</u>	<u>752,914</u>

Average number of staff during the year by function:

	2020	2019
Fundraising	3	3
Communications	2	2
Programme Development	4	5
Governance and Administrative Support	4	6
	<u>13</u>	<u>16</u>

The employee benefits for key management personnel (including employer's National Insurance costs) were £342,909 (2019: £287,071).

In the year ended 31 December 2020, there were the following number of employees with remuneration in excess of £60,000:

	2020	2019
£60,000-£69,999	-	-
£70,000-£79,999	1	-

During the year, no Trustee received any remuneration (2019: none).

8 Net outgoing / (incoming) resources

	2020 £	2019 £
Is stated after charging:		
Auditors remuneration:		
Current year audit fee	17,820	15,960
Audit fee in respect of prior years	-	-
Non-audit fees - taxation advice	1,440	-
Depreciation of Fixed Assets	7,199	8,502
Lease rentals	<u>49,524</u>	<u>61,043</u>

9 Fixed assets – equipment and computers

	£
Cost brought forward as at 1 January 2020	75,794
Additions	4,121
Cost carried forward as at 31 December 2020	79,915
Depreciation brought forward as at 1 January 2020	66,711
Charge during the year	7,199
Depreciation carried forward as at 31 December 2020	73,910
Net book value brought forward as at 1 January 2020	9,083
Net book value carried forward as at 31 December 2020	6,005

10 Debtors

	31/12/2020 £	31/12/2019 £
Debtors	-	245
Accrued income	96,159	34,413
Prepayments and other debtors	4,466	13,562
Amounts due from AMREF HQ	27,544	62,423
	128,169	110,643

11a Creditors: amounts falling due within one year

	31/12/2020 £	31/12/2019 £
Trade Creditors	2,046	8,052
Taxation & Social Security	17,639	-
Amounts due to AMREF HQ	18,620	10,792
Accruals and other creditors	35,020	33,471
Deferred income	558,704	499,967
Leasing liability	4,800	4,800
	636,829	557,082

Deferred Income

	£
Balance brought forward as at 1 January 2020	499,967
Released in 2020	(499,967)
Income received and deferred in 2020	558,704
Balance carried forward as at 31 December 2020	558,704

Deferred income relates to grant income received before the year-end where the conditions for recognition have not been met as at the year end.

11b Creditors: amounts falling due after more than one year

	31/12/2020 £	31/12/2019 £
Leasing liability	9,600	14,400

12 Reconciliation of funds

	Unrestricted: General Funds £	Restricted Funds £	2020 £
<u>Analysis of Reserves</u>			
Tangible Fixed Assets	6,005	-	6,005
Net Current Assets	714,338	1,009,270	1,723,608
Creditors of more than one year	(9,600)	-	(9,600)
	710,743	1,009,270	1,720,013
<u>Analysis of Reserves (Prior Year)</u>			2019
Tangible Fixed Assets	9,083	-	9,083
Net Current Assets	799,790	1,777,783	2,577,573
Creditors of more than one year	(14,400)	-	(14,400)
	794,473	1,777,783	2,572,256

During the course of the period our reserves calculations were updated in line with our policy as detailed in the Trustee's Report. The closing level of unrestricted free reserves is within the aimed-for range.

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

13 Capital and Financial commitments

The Charity committed to subscribe to a London Marathon Golden Bond during the next year at £1,980 per annum including VAT (2019: £1,980).

At 31 December 2020 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	Leasehold Property £	Equipment £
Within one year	47,069	3,560
Between two to five years	58,836	4,450

A ten year agreement for the leasehold property started in March 2013 and was renegotiated in April 2018.

Lease payments of £49,524 (2019: £61,043) have been recognised as an expense.

There are no contingent liabilities at the end of December 2020.

14 Liability of Members

At 31 December 2020 the Charity had 8 members (2019: 5 members). All Directors / Trustees are also Company Members. The liability of each member to contribute to the assets of the Charity in the event of winding up is limited to £10.

15 Related party transactions

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

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

The transactions with Amref HQ were as follows:

	2020 £	2019 £
Balances due to/(from) Amref UK at the start of the year	51,631	(268,539)
Grants and other payments payable from Amref UK to Amref HQ in the year	(2,587,676)	(3,441,266)
Net payments made (to)/ from Amref UK to Amref HQ	2,544,969	3,761,436
Balance due (from)/to Amref UK at end of the year	8,924	51,631

During 2020, Amref UK also acted as agent for the receipt and transfer of £111,500 for Amref HQ. More detail is provided in Note 18.

- b) During the year, £144 (2019: £450) was spent on coffee beans with Capital Coffee Roasters Ltd., a company owned by the parents of one of the Key Management Personnel. There was no balance due at the period end. Amref UK has also entered into a loan agreement without charge with this company for the provision of a coffee machine.
- c) Donations from Related Parties
Unrestricted donations and Christmas card sales of £4,238 were recorded from 6 Trustees and KMP in the year (£13,415 from 8 Trustees and KMP in 2019).

16 Restricted Funds

The income of the Charity includes both restricted and unrestricted funds. The table below summarises the balances on restricted donations and grants held at 31 December 2020.

Country	Brought Forward 01/01/2020	Income	Expense	Carried Forward 31/12/2020
	£	£	£	
Ethiopia	19,207	100,000	(107,522)	11,685
Kenya	629,652	630,937	(889,749)	370,840
Tanzania	26,265	444,353	(460,254)	10,364
Uganda	120,837	983,563	(741,864)	362,536
AMREF HQ & Regional Work	863,291	58,434	(682,496)	239,229
UK office	3,733	6,000	(6,000)	3,733
Malawi	99,913	-	(99,913)	-
Namibia and Botswana	14,885	-	(4,002)	10,883
Total	1,777,783	2,223,287	(2,991,800)	1,009,270

Details of the programmes delivered in the year under our four thematic areas can be found in the table on pages 8-10 of the Trustees Annual Report. Our work in South Africa is included in our Regional category.

Country	Brought Forward 01/01/2019	Income	Expense	Carried Forward 31/12/2019
	£	£	£	
Ethiopia	15,850	261,458	(258,101)	19,207
Kenya	333,014	920,508	(623,870)	629,652
Tanzania	16,936	704,802	(695,473)	26,265
Uganda	82,801	231,639	(193,603)	120,837
AMREF HQ & Regional Work	1,017,536	1,357,000	(1,511,245)	863,291
UK office	3,733	-	-	3,733
Malawi	200,000	-	(100,087)	99,913
Namibia and Botswana	192,983	350,000	(528,098)	14,885
Total	1,862,853	3,825,407	(3,910,477)	1,777,783

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

	2020	2019
	£	£
Net movement in funds	(852,243)	(1,682)
Add back depreciation charge	7,199	8,502
Deduct interest income	(547)	(1,117)
Decrease in debtors	(17,526)	289,149
Decrease in creditors	74,947	(174,267)
Net cash (used)/generated in operating activities	(788,170)	120,585

18 Agency Arrangements

Agency arrangements

Balance brought forward as at 1 January 2020	-
Amounts received in 2020	111,500
Amounts paid out in 2020	<u>(111,500)</u>
Balance carried forward as at 31 December 2020	<u>-</u>

In 2020, Amref UK received £111,500 of funding from GlaxoSmithKline on behalf of Amref HQ. The funding was in relation to the construction of the new Kombewa County Hospital Maternity Wing. The funds were transferred to Amref HQ the following day. No agency funds were held as at 31 December 2020.