



Trustees' Annual Report and Financial Statements

For the year ended 31st December 2021

Amref Health Africa UK

Charity Number: 261488

Company Number: 00982544

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Reference and Administrative Details

Patron: HRH The Prince of Wales

Board of Trustees:

- **Chair:** Mr Paul Davey
- **Treasurer:** Dr Amanda Caine
- Dr Tinashe Chandauka
- Mr Simon Hammett
- Ms Sue Hunt
- Ms Beverley Jewell
- Ms Bridie Layden
- Ms Jennifer Mbaluto

Internal Key Management Personnel:

- **Chief Executive:** Ms Camilla Knox-Peebles
- **Head of Finance:** Ms Helen Blake
- **Head of Fundraising:**
 - Ms Sheena Bourke (maternity cover until December 2021)
 - Mrs Katie Greywood (on maternity leave until December 2021)
- **Head of Programmes and Strategic Partnerships:** Mr Steve Murigi
- **Communications Manager:** Ms Rachel Erskine
- **Company Secretary:** Ms Helen Blake

Charity Number: 261488

Company Number: 00982544

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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, 2019.

Trustees' Annual Report for the year ended 31st December 2021

Who We Are

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

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

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

Amref Health Africa UK

Amref Health Africa (trading or known, and referred to hereafter, as Amref Health Africa UK or Amref UK) is one of nine offices in Europe and North America that are responsible for mobilising resources to increase the reach and impact of our work in Africa. Our London-based team has skills spanning programme management and technical support, fundraising and supporter engagement, communications, human resources, and finance, administration, and governance. With an annual income of between £3 and £5 million, we support a portfolio of innovative health programmes funded by a range of donors and partners including institutions, companies, trusts and foundations, and individual supporters.

In 2021, Amref Health Africa UK supported 19 programmes in five countries. We are proud of the progress we have made, collectively, towards expanding access to healthcare for some of sub-Saharan Africa's most remote and marginalised communities – in a year when the positive trends of recent decades have been jeopardised by the COVID-19 pandemic. We would like to extend our thanks to everyone who has been, and continues to be, a part of this important work.

Our Strategic Objectives

2021 was defined by the COVID-19 pandemic, ongoing at the time of writing. The reporting period saw Amref Health Africa continue to play a leading role in the COVID-19 response in East, West, and Southern Africa, including a shift towards supporting the continent's vaccination drive.

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

As of mid-May 2022, around 17% of Africa’s population was fully vaccinated. Amref Health Africa is working to close the current gap, in partnership with international institutions, regional bodies including the Africa CDC and WHO AFRO, national governments, local authorities, health workers, and communities across the continent. In parallel, we are advocating at the highest levels for the equitable distribution of COVID-19 vaccines, and for policy change to enable the continent to manufacture its own supplies.

Africa is experiencing what our Group Chief Executive Dr Githinji Gitahi has described as a “dual catastrophe”. Vaccine scarcity means that ending the pandemic remains a distant prospect. While it continues, other health services – among them ante-natal care, routine child immunisation, and the testing and treatment of malaria and tuberculosis, and the prevention of sexual and gender-based violence, including female genital mutilation, or cutting (FGM/C) – are under huge pressure. The consequences of these trends will outlast the pandemic. In fact, COVID-19 has created an increased need for Amref’s unique expertise: not just in responding to the current crisis, but in strengthening health systems across the continent in a sustainable way – itself an essential step towards preparing for future public health emergencies.

2021 was therefore a challenging but busy year for Amref Health Africa UK, which continued to mobilise resources to support the vital work of the wider organisation, as well as providing technical support with programme implementation. We celebrated a new partnership with ViiV Healthcare Positive Action, which aims to reduce pregnant mother-to-child transmission (PMTCT) of HIV in Ethiopia; the latest iteration of our long-standing partnership with GSK, which seeks to improve the prevention, diagnosis and management of tuberculosis and malaria in Kenya and Ethiopia; as well as the launch of the ambitious UK government-funded ‘Support to the Africa-led Movement to End FGM/C’ programme. Our relationship with a major anonymous trust evolved and together we launched a second phase of the innovative Piwa Maleng (“Our Clean Water”) programme in Uganda. We also reached a new milestone in our relationship with People’s Postcode Lottery, who granted Amref UK a Special Award of £100,000 on top of their existing support. You can read more about these initiatives from p.8 onwards in Our Achievements: Programme Development.

Amref Health Africa UK ended the year in a comparatively strong financial position, thanks in part to funds raised in support of our COVID-19 response work. The external environment remains uncertain, and we continue to monitor the situation closely (see Risk Management Statement and Principal Risks and Uncertainties, p.21)

Mid-Term Strategy Review

Our 2020 Trustees’ Annual Report included an outline of Amref Health Africa UK’s 2020 – 2023 Organisational Strategy, which is anchored around three Strategic Aims:

- 1) Mobilise resources by developing partnerships and engaging supporters,
- 2) Inspire others through strong stories of impact,
- 3) Drive change through advocacy.

We are aiming to ensure that by the end of 2023, an increased number of people in sub-Saharan Africa have access to high-quality health services every year as a result of Amref UK’s support. In order to reach that goal, we are aiming to increase our income from 2019 levels by around 50% to £6.5 million a year by the end of 2023.

When we finalised the Strategy in early 2020, we committed to conducting a Mid-Term Review at the 18-month mark, i.e. summer 2021. The review was spearheaded by our Interim Head of Fundraising, Sheena Bourke, with input from across the organisation and pro bono strategic support from fundraising consultancy Roots + Wings. Together they assessed each of the three Strategic Aims, looking at progress made to date, challenges encountered, and prospects for future growth in terms of both income and the impact of our programme work.

The key recommendations of the Review were as follows:

- We will **tighten our focus to Strategic Aim 1**, i.e. income-generation. Strategic Aims 2 (communications and storytelling) and 3 (advocacy and influencing) are still in place, but they are in the service of Strategic Aim 1.
- We will aim to increase the proportion of our income that unrestricted funding represents from 10% to around 30%. This means focusing on, and investing in, the **tailored supporter care** we know our community appreciates, as well as in **attracting new supporters**: particularly regular givers, whose support enables us to plan ahead with confidence.
- We will aim to **double the total number of regular donors we have by the end of 2023**, and to **double individual giving income by the end of 2023**.
- We will continue to **nurture our relationships in the strategically important areas of trusts and foundations, corporate partnerships, and institutional funding** – and, where possible, leverage these relationships to foster new ones.
- We will remain true to our ethos: we are African-led, community-centred, and impact-driven.
- **Strong, ethical storytelling will remain the bedrock of our engagements** with supporters, partners, and other key stakeholders. We will continue to produce communications that inspire UK supporters to engage with and invest in Amref Health Africa. We will take every opportunity to amplify African voices and perspectives, using our power to convene to create space for important conversations.
- **We will not undertake targeted policy advocacy work** before the end of the current Strategy period. However, some aspects of advocacy will continue to exist across multiple roles within the organisation – pivoting on opportunities as they present themselves.

Our ultimate ambition – to increase the reach and impact of our work in Africa – is unchanged. The most significant outcome of the Mid-Term Review relates to our approach to mobilising the resources that will enable us to meet that ambition in a sustainable way.

The next step in the process is to incorporate this new, tighter focus into our budgets, workplans, and monitoring and evaluation for the remainder of the initial Strategy period. In order to achieve our ambitions, we will need to invest in our teams, our tools, and our processes. At the time of writing, internal operations are being reviewed and adjusted in light of the outcomes of the review; we will provide a more detailed update on any changes implemented in the 2022 edition of this report.

Looking forward

Throughout 2021, despite extremely challenging circumstances, we have maintained our commitment to creating sustainable, community-led health change. We were able to do this thanks to our strong financial position, a skilled staff team, and our dedicated supporters and partners.

Although the situation continues to evolve – and although the UK fundraising landscape remains uncertain – we enter 2022 determined to build on our successes, learn from the challenges we have encountered, and, as always, take the lead from the communities we serve. Everything we do will be grounded in, and guided by, our newly-focused 2020 – 2023 Organisational Strategy.

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

Our Achievements: Programme Development

In 2021, Amref Health Africa UK supported **19 programmes across five countries**.

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

NB. The reduction in Amref UK’s geographical footprint as compared to previous years is due to the (planned) end of the decade-long Frontline Health Worker Partnership, funded by GSK. Amref UK’s relationship with GSK continued to evolve in 2021, and they are now funding an ambitious programme that seeks to address TB and malaria in both Ethiopia and Kenya, both high-burden countries that have seen significant damage to routine services as a result of the pandemic. See p.16 for more details on our evolving relationship with GSK.

The table below outlines the programmes that were part of Amref UK’s portfolio between 1st January and 31st December 2021. During this period, Amref UK provided support with programme implementation and management as well as partner stewardship.

Country	No. programmes	Areas of activity	Partners / Funders (NB. names not aligned with areas of activity)
Ethiopia	3	Disease Control and Prevention HRH: COVID-19 Emergency Response HRH: Health Worker Training	GSK ViiV Healthcare Positive Action Waterloo Foundation
Kenya	7	Disease Control and Prevention HRH: COVID-19 Emergency Response HRH: Health Worker Training SRHR	Clifford Chance Foundation GSK Kilpatrick Fraser Charitable Trust The Mercury Phoenix Trust People’s Postcode Lottery Rabelais Trust

		WASH and SRHR (Ending FGM/C)	The SOL Foundation Veta Bailey Charitable Trust Wolfson College, Oxford University
Malawi	2	SRHR	Allan and Nesta Ferguson Charitable Trust Comic Relief
Tanzania	2	HRH Livelihoods MNCH SRHR	A major anonymous trust supporter James Percy Foundation The National Community Lottery Fund
Uganda	4	HRH Livelihoods MNCH WASH	A major anonymous trust supporter Souter Charitable Trust
Regional	1	SRHR (Ending FGM/C)	UK government: Foreign, Commonwealth and Development Office (FCDO)
Total	19		

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

Ethiopia and Kenya: Combatting Tuberculosis and Malaria

In partnership with: GSK

Areas of activity: Disease Control and Prevention; Human Resources for Health (Health Worker Training)

Since January 2021, Amref UK has been implementing a programme to combat tuberculosis (TB) and malaria in Ethiopia and Kenya. Every year, high-impact communicable diseases such as these cause millions of preventable deaths worldwide. The African region bears the greatest burden, and the COVID-19 pandemic was expected to

exacerbate this, with fewer people accessing health services and seeking diagnosis/treatment as well as the redirection of already scarce health resources to pandemic response.

To address this, Amref is implementing a 20-month £2.2 million project, funded by our long-standing partner GSK. The programme aims to improve prevention, diagnosis and management of TB and malaria through training health workers, improving diagnosis of these diseases at health facilities, increasing community awareness, and strengthening data for high-level decision-making.

During the project's first year in Kenya, we adapted TB and malaria curriculums, trained approximately 2,000 frontline health workers (face-to-face and/or digitally) across six counties on disease management, and trained health managers on supply chain management. We also supported county management teams in various ways including mentorship and with leadership training, and provided data training for TB and malaria co-ordinators at the county level to improve data use.

In Ethiopia, we are working in two regions, Afar and Somali. Over the first year of the project, we trained approximately 300 health workers on TB and malaria. To improve diagnosis of these diseases, we also trained laboratory technicians, and supported quality testing in 25 health facilities and 60 community health posts. At the community level, we trained 134 volunteers on case detection and screened 300 people for TB through outreach services.

Our work in Ethiopia is integrated into a larger USAID-funded programme focussing on maternal and child health services, so our activities are focused on tackling TB and malaria in mothers and children. Towards the end of 2021, we also secured £334,000 funding from ViiV Healthcare Positive Action to integrate HIV interventions into the GSK and USAID projects over an 18-month period. This new project aims to contribute to the prevention of mother-to-child transmission of HIV, and this alignment is particularly important given the well-established links between TB and HIV.

Malawi: Dance for Change

In partnership with: Comic Relief

Area of activity: Sexual and Reproductive Health and Rights

In 2021, Amref UK began implementing a new 18-month project in Mangochi District, Malawi. The project supports teenage girls aged between 15 and 19. We have chosen to focus on this group because teenage pregnancy and child marriage rates in Malawi remain some of the highest worldwide.

For girls, marriage at such a young age - often to a much older man - is damaging in several ways. It often limits or prohibits access to education or employment opportunities, can lead to social isolation, and in many cases is accompanied by sexual or domestic violence. Early marriage is closely linked to early pregnancy. When a young girl becomes pregnant, marriage is often viewed as the only option. Girls who are forced to marry early lack the power, resources, and support to decide when to have children, and early pregnancy poses significant risks to their physical and mental wellbeing.

Alongside teenage pregnancy and child marriage, girls and young women in Mangochi face other problems related to their sexual and reproductive health and rights. One in five young women has experienced sexual violence. Often a culture of silence is the norm, so girls suffer in silence and are even labelled as the culprit, responsible for seducing the perpetrator. This can have long-lasting ramifications for girls' mental as well as physical health.

These problems all stem to some degree from a lack of gender equality. Instead, patriarchal beliefs around the inferiority of girls and women prevail, stopping them from fulfilling their potential. This project seeks to challenge

these norms by supporting boys and girls from Mangochi to access the resources and knowledge they need to make informed choices about their reproductive health, contributing to a reduction in teenage pregnancy, early marriage, and sexual and gender-based violence among teenage girls. Using an experiential learning approach that utilises music, dance, and other creative facilitation techniques, young people will be equipped with knowledge and skills to better understand themselves, each other, and the world around them. This project will also strengthen local capacity for ‘sports for change’ approaches.

In total, the project will deliver a participatory music and dance programme to 6,400 boys and girls in Mangochi and will increase knowledge of, and access to, youth-specific SRHR topics and services, in turn helping to reduce cases of teenage pregnancy, early marriage, and sexual and gender-based violence among teenage girls.

Kenya: Alternative Rites of Passage (ARP) / WASH Phase II

In partnership with: Rabelais Trust

Areas of activity: Sexual and Reproductive Health and Rights (Ending FGM/C); Water, Sanitation and Hygiene

Over the past decade, Amref Health Africa has been working to end Female Genital Mutilation/Cutting (FGM/C) in Kajiado County in Kenya. In 2021, these efforts were re-energised through the implementation of a project that develops a community-driven-and-led initiative using Amref’s Alternative Rites of Passage (ARP) model to work towards ending FGM/C, retaining the significance of cultural rituals and celebrations during the transition to womanhood while removing the harmful ‘cut’ for girls.

Kajiado is home to Maasai communities that maintain FGM/C as an integral part of their way of life, despite the introduction of the Prohibition of Female Genital Mutilation Act in 2011 which effectively banned and criminalised the practice of FGM/C. Because of this, the rate of FGM/C in Kajiado Central Sub-County remains well above the national average at 51%, according to a 2017 study.

An evaluation of Amref’s Community-Led Alternative Rites of Passage (CL-ARP) programming in Kajiado County has shown that CL-ARP plays a decisive role in decreasing FGM/C, as well as child, early and forced marriage. Since Amref began working in the area, FGM/C rates among girls in the region have declined by 24.2%. Girls stayed in school for an average of 2.5 years longer and were more likely to delay marriage and childbirth, with teenage pregnancy declining by 6.3%.

Throughout this second phase of the project, Amref is applying its experience to reach 3,000 individuals with safe water, sanitation, and hygiene (WASH) services, which is an effective entry point into communities, from which, conversations on Sexual Reproductive Health Services and Rights (SRHR) topics among adolescent girls and women of reproductive age develop. By working with the community, Amref develops its ARP approach to prevent 1,500 girls from undergoing FGM/C practices and child marriage in the county. And to ensure skills, knowledge, and capacity to work towards better health in Kajiado continue once the project ends, Amref is also deploying a mixture of in-person activities and its mobile learning platform, Leap, to train 90 Community Health Workers (CHWs) and link them to villages to monitor and track gender-based violence.

Uganda: Piwa Maleng (“Our Clean Water”) Phase II

In partnership with: A major anonymous trust

Areas of activity: Sexual and Reproductive Health and Rights; Water, Sanitation and Hygiene

In 2021, Amref UK successfully ended the first phase of an 18-month Water, Sanitation and Hygiene (WASH) programme in Amuru District, Northern Uganda. WASH is essential for reducing sanitation-related diseases in women and children, but approximately 31% of people in Amuru do not have access to safe water, lower than the national average. This is due to factors such as non-functional water sources as well as a lack of education about safe water and sanitation.

The first phase of the Piwa Maleng project, funded by a major anonymous trust, aimed to address these challenges by drilling and/or rehabilitating 36 boreholes in villages to improve access to clean and safe water for 10,800 people as well as providing education on sanitation and hygiene.

We surpassed our target and drilled/rehabilitated a total of 49 boreholes, supporting approximately 14,700 people to access a safe water source close to their homes. As a result of this work, we increased the percentage of people accessing safe water from 32% to 98% and reduced the distance to access safe water with 55% of households travelling less than 500 metres compared to 40% of people before the project. We also improved water safety, with a reduction in *E. Coli* contamination from 60% to 30% in a range of water sources. In addition, the programme aimed to improve hygiene and sanitation practices through activities such as community dialogues and radio talk shows. 12 villages were declared open defecation-free. To ensure that the project's successes continued beyond its lifespan, committees and mechanics were trained to be able to operate and repair the boreholes as well as continue to promote hygiene within the communities.

The success of this programme led to the development of a second phase which began in September 2021. Funded by the same anonymous trust, this £2.5 million project is being implemented over five years and builds upon the successes and lessons of the first phase. Like its predecessor, Phase II is also focused on improving access to safe water in Amuru District, but aims to bring water even closer to homes by setting up solar-powered systems to direct water from boreholes to taps in schools and villages. Additionally, the programme will introduce education on sexual and reproductive health and rights (SRHR) and tackle this alongside WASH interventions through joint events and dialogues. The overall aim of this exciting second phase is to reduce the rate of teenage pregnancy and improve access to WASH for 39,000 people living in Amuru.

Research

Research is a crucial step towards achieving lasting health change in Africa and is a key component of Amref Health Africa's mission. Amref Health Africa aims to embed research within our programmes in order to (1) identify priority areas for programming and (2) provide evidence-based solutions to challenges facing the communities we serve. The overall purpose is to generate evidence in order to transform policies and practices in health development.

At Amref UK, we have been supporting this vision by incorporating research studies into our programmes to inform decision-making for future work, as well as using evidence within the UK to demonstrate the impact of our work and provide thought leadership on health development in Africa.

In 2021, we incorporated research studies into some of our newly-funded programmes to look into:

- The effectiveness of integrating disease control and prevention (DCP) interventions into maternal and child health services
- The effectiveness of malaria community case management
- Mental health issues associated with TB stigma
- The effectiveness of integrating SRHR and WASH interventions

We also published research from previous UK-funded programmes including:

- Kiarie *et al.* (2021) The prevalence and associated factors of undernutrition among under-five children in South Sudan using the standardized monitoring and assessment of relief and transitions (SMART) methodology. *BMC Nutrition* 7:25
- Mulenga D, *et al.* (2020) Adequacy of Prenatal Care and its Association with Low Birth Weight in Ndola and Kitwe, Zambia. *J Preg Child Health* 03:108
- Nyirenda HT, *et al.* (2020) Postpartum Depression among Postnatal Women as a Result of Disrespect and Abuse During Labour and Delivery. *J Preg Child Health* 03:109

Key lessons from these publications can be used for effective programme design. For example, mothers who started prenatal care in the first trimester are more likely to receive all screening tests, so initiation of prenatal care and access to services is important for quality of care (Mulenga *et al.*, 2020). Additionally, disrespect and abuse during labour can lead to depression, so there is a need for respectful maternity care as well as assessing signs of poor mental health for early interventions (Nyirenda *et al.*, 2020).

Our Achievements: Income-Generation

Amref UK raised a total of £809,000 in unrestricted and £4.3 million in restricted funds in the year 2021. The most significant portion of our income came, as in the previous year, from trusts and foundations, with a number of large grants totalling £2.6 million in 2021. 2021 also marked the thirty-third year of our partnership with GSK and saw the start of an ambitious new 20-month programme with £1.7 million of income received in 2021 (see Income from Charitable Activities, p.15). We also saw a modest but encouraging increase in unrestricted gifts from major donors.

Approach and Stewardship

2021 was a busy and creative year for our income-generating teams at Amref Health Africa UK, with many initiatives continuing to develop as well as new ones launching. The teams were supported by several volunteers as well as Amref Health Africa HQ and country offices, Amref's other European and North American offices, and the Board of Trustees.

Halfway through the year, we launched our ambitious new fundraising and engagement campaign, 'Vaccine Solidarity with Africa'. This campaign brings together our communications with a clear and cohesive message and provides a tangible and impactful message for donors giving unrestricted funds. It also allows us to integrate our response to the COVID-19 pandemic into our core messaging and fundraising rather than keep it as an add-on and recognises how positively our supporters responded to our emergency appeal in 2020.

To support our unrestricted fundraising, we created a Development Council, with members drawn from the Board of Trustees, existing donors, and new supporters. The goal of the Development Council is to raise funds from major donors, trusts, and companies to support the 'Vaccine Solidarity' campaign.

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

Amref UK renewed its membership with the Fundraising Regulator and attended sector conferences and training to ensure best practice across income-generating activities. The Charity received no complaints related to fundraising in 2021, there were no data protection breaches, and there were no reported instances of failures to comply with any

schemes or standards including those of the Fundraising Regulator. In the 2021 financial year, Amref UK did not work with any commercial participators or professional fundraisers on fundraising activities.

Treating supporters with respect and dignity remained a key priority in 2021. We reviewed our Privacy Policy and how we use our database as well as how we record and manage consent preferences, and our supporter journeys for individuals. We ensured that the Privacy Policy, Fundraising Regulator logo and other essential statements were displayed in online and printed fundraising materials. We undertook a review of our legitimate interest basis for contacting individuals as part of our GDPR compliance early in 2021 and will do so again in early 2022, taking the appropriate actions.

Within working hours, we responded to all supporter queries and requests within 24-48 hours (but often within a couple of hours of receiving the request) and we were efficient at updating consent preferences and opt-out requests. Amref UK does not specifically work with children or other vulnerable groups, but we recognise vulnerable individuals will be included within our supporters and our database. We used our Safeguarding Policies to help ensure communications were appropriate and adjusted communications for any individuals who appeared to be in a vulnerable position. The most postal mailings any supporter received from Amref UK in 2021 was four, with up to 23 emails for those who had opted into the mailing list. We sent significantly more emails in 2021 than in 2020 due to an increased focus on digital communications driven by the pandemic and customer demand. This remains a highly engaged audience, with open rates that consistently surpass industry standard. Our communications are designed to inform, inspire, and encourage.

Incoming Resources from Donations and Legacies

We raised £598,000 (£567,000 unrestricted and £31,000 restricted) of Incoming Resources from Donations and Legacies in 2021. The majority related to income from individuals, including major donors. Fundraising from individuals was a key focus in 2021 as it forms the basis of our strategy for the next few years. We saw 2021 as a year to keep doing what we do well, and to research and plan new activities for the following year.

We continued to fundraise from individual donors with £379,000 being raised in 2021. Once again, we did not invest in regular giving acquisition, but our goal to minimise attrition and maximise organic recruitment of new donors meant that the majority of individual donor income came from our regular givers. We look forward to significantly investing in this area in 2022 in line with our new strategic focus. We also fundraised from individuals through direct-mail appeals; these generally performed well, exceeding targets and raising a total of £66,000. We continued to segment data, offer different gift amounts, and use new case studies and supporting materials to engage our donors. For the 2021 Christmas Appeal, we worked with a designer to give supporters a 'make your own Christmas bauble' to celebrate Amref Flying Doctors and their response to the pandemic. We also used a match-funding mechanism once again to further encourage supporters to donate.

We invested modestly in digital fundraising and online donations, with an improved donation page, online campaign collateral, supporter webinars and a more frequent and timelier e-newsletter. We raised a total of £25,000 in online donations, compared to just over £30,000 the previous year. The drop is mainly due to more major donors giving directly rather than through the website. We also worked closely with the Communications team on the development of a new website and selection of a new online donation provider, which launched in early 2022 and provides a springboard for our investment in digital fundraising.

Gifts from major donors (£5,000 and above) was a priority area in 2021 and we raised a total of £52,000, compared to £18,000 the previous year. We aim to double this again in 2022. Our new giving circle, the Mbele Movement, proved popular with supporters, attracting eight members who have committed major gifts for at least three years. In-person engagement with high-net-worth individuals was limited due to pandemic-related restrictions, and we had

clear feedback from the Development Council that more engagement opportunities are essential if we are to further grow our major giving income; this will be a priority for 2022.

The COVID-19 pandemic continued to affect and disrupt our Community and Events calendar, with several events changed, postponed, or cancelled at short notice and therefore we did not raise as much as we had hoped, with end-of-year income from Individual Sponsorship & Events Donations at £20,000. Key events included the London Marathon, London Landmarks Half Marathon, and Royal Parks Half Marathon – the first time we have had a team compete in this latter event. In addition, we promoted our own event, the Spring Step Challenge, for the second year running.

The nature and size of our database means that legacy and in memoriam income is always difficult to predict. 2021 was a strong year for this income stream, with a total of £59,000 received.

We saw an uplift in unrestricted, flexible gifts from trusts and foundations in 2021 – reflective of the wider sector response to the pandemic and a greater understanding by trusts of the value of flexible funding. We received repeat annual gifts of £100 - £5,000 from many loyal trust donors, for which we are very grateful. In addition, we secured a two-year £50,000 flexible funding grant from a new donor, the Schroder Foundation, prompted by our 'Vaccine Solidarity with Africa' campaign; and £30,000 from People's Postcode Lottery to support our communications activities in the UK, including the revamp of our website.

Income from Charitable Activities

We raised £4.6 million (£0.2 million unrestricted and £4.3 million restricted) of Income from Charitable Activities in 2021. Trusts and foundations continued to be a vital source of income for Amref Health Africa with £2.5 million raised. A further £1.7 million was received from GSK.

A key focus for 2021 has been excellent stewardship of existing donors, in line with our fundraising strategy to focus on increasing commitment from existing, loyal trust donors given the current competitive fundraising environment.

Several major restricted projects funded by trusts and foundations came to an end in 2021, including our 'Uzazi Uzima' (Safe Deliveries) project in Tanzania, the 'Kasisiro Zaabu' (Waste is Gold) waste recycling project in Uganda, and the 'Sport for Health' project in Kenya. We hope to share new proposals with the donors who funded these projects in 2022.

Significant new grants secured in 2021 included £2.5 million over five years from a major trust supporter, wishing to remain anonymous, to extend our work in Amuru District, Northern Uganda through Piwa Maleng Phase II, an integrated WASH/SRHR project; £220,000 from People's Postcode Lottery, representing an extension of its support for our 'Sport for Health' project in Nairobi, Kenya; £75,000 from The Waterloo Foundation, (£48,000 of which has been recognised in 2021) for our COVID-19 response in Uganda; and £214,000 from new partner the Croda Foundation, also for the COVID-19 response in Uganda (programme to start in 2022). Amref UK also brokered and supported an application to Comic Relief which saw £206,000 of income secured for and recognised by Amref Malawi (the programme is managed by Amref Malawi, supported by Amref UK).

At the end of the year we were delighted to work with People's Postcode Lottery to change our partnership to a more long-term model with more flexible funding and submitted an application for a flexible grant of £400,000 in 2022, with the same amount available in 2023 and 2024. The income from this partnership will support both UK core costs and programmes in Africa.

The GSK Partnership

2021 marked the thirty-third year of our partnership with GSK and saw the start of an ambitious new 20-month programme. Under this renewed partnership, Amref and GSK agreed to deliver a programme addressing TB and malaria in Ethiopia and Kenya between 2021 and 2022. Towards this intervention, GSK will be investing £2,200,000 over the period. Of this income, £1,650,000 was received in 2021.

Under this partnership, GSK also introduced Amref to tech company Cognizant and agreed to fund a £211,000 programme towards improving the effectiveness of digital health worker training. This income will be received in 2022 and the programme will launch in March.

We also renewed our partnership with ViiV Healthcare Positive Action, closely connected to GSK, with a £334,000 HIV programme in Ethiopia. The 18-month programme began in October 2021 and £257,000 of the income was received during the year 2021 (£7,000 of which was recognised in 2021). The Head of Programmes and Strategic Partnerships continues to engage with GSK's leadership as our partnership continues to evolve beyond 2021.

Our Achievements: Communications

Throughout 2021, the Communications function continued to focus on supporting income-generation through the Fundraising and Programmes teams (as per our 2020 – 2023 organisational strategy), producing compelling, tailored content that inspires our key audiences to engage with Amref Health Africa.

Campaigns

The key focus of communications activity in 2021 was the 'Vaccine Solidarity with Africa' campaign. Launching in June, this ambitious, integrated campaign will run for a total of two years, aiming to raise £2 million to support vaccination-related programming across the continent. The Communications team took the lead on creative concepts and communications collateral (messaging, visual assets, content). We provided strategic, messaging and design support with various fundraising products and publications as well as coordinating the launch event, which received the highest turn-out to date in our long-running series of supporter webinars. The campaign's timeliness and bold messaging has resonated with a broad range of audiences. The 'Vaccine Solidarity' theme will continue to underpin Amref UK's communications and fundraising activities in 2022.

Another milestone was the UK publication of a memoir written by Amref Health Africa's Global End-FGM/C Advisor Nice Nailantei Leng'ete. We organised an online launch event chaired by Sky News presenter Kimberley Leonard and secured coverage on Sky as well as Times Radio. We had planned to host Nice in the UK for a major donor event in Q4 of 2021, but her travel plans were disrupted by the Omicron variant. We hope to be able to reschedule the event in early 2022.

Digital Communications

Amref UK's digital community continued to grow in 2021. We began the year with 53,989 followers across four social media platforms (Facebook, Instagram, LinkedIn, and Twitter) and ended it with a combined following of 77,217. The pace of growth has slowed as compared to 2020, which is line with – in fact, slightly better than – our predictions. The substantial increase in our online audience in the past couple of years means we have a solid base on which to build as we begin to scale up digital fundraising, in line with the new strategic focus on individual giving (see p.7).

Our newsletter audience also grew in 2021. This remains a highly engaged audience, with open rates consistently averaging above 50% (against an industry average of around 20%). The ‘Vaccine Solidarity’ campaign sought to capitalise on this engagement, with tailored email journeys specific to segments of the database. We will refine and scale up this approach in 2022 as per our new strategic focus.

Thanks to a generous grant from long-time supporters People’s Postcode Lottery, we were able to embark on a total redesign of our website in early 2021. After a competitive tender process, we commissioned Syndicut to design and build the site. We pursued a persona-driven approach based on audience research conducted over the past several years, testing our assumptions against quantitative data pulled from Google Analytics and social media metrics as well as qualitative data drawn from interviews with real-life users. Decisions about structure and content were based on this research, ensuring we were catering to the needs and motivations of our audiences.

Key intended outcomes of the project were as follows:

- Improved online donation functionality, particularly for those setting up new regular gifts;
- More, and more straightforward, opportunities for users to take action and engage with Amref;
- Integration of the website with Amref UK’s CRM, Raiser’s Edge, as well as payment platforms – enabling the Fundraising team to economise time they would previously have spent on admin and donation processing;
- An all-round superior experience for users of all kinds.

[The new site](#) launched in January 2022, and we are closely monitoring key metrics. As we pursue our new strategic focus, we are treating the site as one element of a broader, integrated digital ecosystem.

Thought Leadership

Brand recognition continued to grow in 2021, in large part thanks to Amref’s prominent role in the COVID-19 response in Africa. During 2021, Amref Health Africa’s expertise was sought out by a number of high-profile media platforms. Members of the Amref Health Africa family spoke about the topic of vaccine (in)equity on Channel 4 News, CNN International, and Sky News. It is encouraging to see the UK media recognise and seek out African perspectives and expertise. Amref was also asked to comment on cuts to the UK Aid budget by The Financial Times and The Guardian.

The topic of ethical storytelling continued to have traction. 2021 provided several opportunities for Amref UK to showcase its thought leadership in this field, including speaker slots at events organised by Bond, Charity Comms, Charity Digital, and the Resource Alliance. We continued to co-chair Bond’s People in the Pictures working group, which aims to guide and support UK INGOs on ethical approaches to gathering and using images.

Also in 2021, we partnered with researchers at the University of East Anglia and the University of the Arts London on a research project called ‘Who Owns the Story?’, which allows us to take our strategic commitment to ethical storytelling to the next level by live-testing participatory approaches to content production. The project intends to help UK INGOs make evidence-based decisions on ethical approaches to communications and fundraising. The findings will be published in Q1 of 2022, and we hope to secure interest from sector media. We have partnered with Bond to host an online launch, and hope to organise an exhibition of the photos in Nairobi, so the participants – all Community Health Workers operating in Kibera – can showcase their work.

Financial Review

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

Unrestricted income was 89% higher in 2021 compared to the previous period with continued strength in Individual Giving and Trusts and Foundations. The year-on-year increase was, in part, due to the decision to run our COVID-19 response campaign in early 2020 as a restricted rather than an unrestricted appeal whereas all four of our 2021 campaigns were unrestricted. We also saw an increase in our income from major donors with the expansion of our Mbele Movement giving circle as well as more legacy income compared to 2020. Working as part of a consortium of partners, we secured funding from the UK Government (Foreign, Commonwealth and Development Office – FCDO) to support the Africa-led movement to end FGM/C in September 2020. Due to its contractual nature, this funding is unrestricted and 2021 saw the completion of the co-creation phase and implementation underway with a full year of funding in 2021 compared to four months' worth in 2020. Unrestricted expenditure was 23% higher than the previous period primarily due to expenditure relating to the 'Support to the Africa-Led Movement to End FGM/C' programme and a higher staff headcount. Amref UK's expenditure profile has been kept under continual review and there has been a sustained focus on cost recovery. An agreement was also reached with GSK in the year to reassign and repurpose some funding received in previous periods. More detail is provided in Note 16 to the Financial Statements but one of the effects was the releasing of £89,000 to unrestricted, thereby boosting the overall unrestricted position for the year. There was an unrestricted surplus of £264,000. The effect of this is covered in more detail in the Reserves Policy section below.

Our restricted income was 95% higher than the previous period primarily due to the effect of our renewed partnership with GSK with a programme in 2021 addressing TB and malaria in Kenya and Ethiopia as well as year-on-year growth in Trusts and Foundations with new grants with both existing and new funders being secured in 2021. Restricted expenditure in the period was 9% higher than the previous period. This is predominantly made up of transfers to Africa for programme implementation and relates to programme requirements reflecting progress in implementation. This period's restricted surplus of £997,000 reflects the timing of receipt of grants compared to their disbursement to Amref Health Africa's HQ in Nairobi.

Reserves Policy

We end the year with funds of £3.0 million. 67% of this, however, is restricted, and therefore not available for the general purposes of the Charity. This is a result of timing differences and represents funds pending disbursement to Amref Health Africa's HQ in line with programme implementation and progress.

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

The calculations showed that as of the end of 2021 we should aim to hold £590,000 - £895,000 in unrestricted free reserves.

The unrestricted free reserves held as of 31st December 2021 were £967,000, made up of unrestricted reserves less the net book value of tangible fixed assets. This is above the target range, and has largely arisen due to the release of £89,000 of GSK funding to unrestricted, unexpected legacy receipts just before the year-end and some key items of expenditure that were originally expected for the final months of 2021 but will now fall in 2022. Although the unrestricted free reserves level is above target range, the ambitious plans for investment in Individual Giving fundraising in 2022 and beyond mean that this level of funds stands the organisation in good stead to manage the associated risks and opportunities accordingly. The unrestricted free reserves levels will continue to be monitored closely to ensure that they are brought back into target range.

Please refer to the COVID-19 section of this report (under Risk Management Statement, p.21) for further information on the potential impact of the pandemic on the Charity's reserves position. We will continue to review our reserves policy to ensure it meets the needs of the Charity.

Investments

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

Related Party Transactions

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

Structure, Governance, and Management

Constitution and Governing Documents

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

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

Governance

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

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

There were no changes to the Board of Trustees in 2021. However, new Trustees are recruited through a formal process which includes external advertising of the vacancy, written applications, and formal interviews with current Trustees and the Chief Executive. Following appointment, new Trustees undertake an induction process which covers their formal and informal roles and responsibilities as Trustees and gives a detailed introduction to the aims and work of the organisation.

Good governance is supported through a suite of policies and procedures which are reviewed on an annual or biennial basis. Within this period, a number of policies and procedures were reviewed and amended to ensure they were fit for purpose and conducive to the remote working environment arising from the COVID-19 restrictions where appropriate.

Pay Policy for Senior Staff

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

Remuneration of all executive staff including the Senior Management Team follows a clear policy: each position level is banded, and market data is considered to ensure that the salary bands reflect the Charity's desire to pay competitively compared to similar organisations in the sector, and that inflation levels are reflected where possible. A percentage increase was applied across all salaries with effect from 1st January 2021 which comprised an inflationary increase as well as a performance-related-pay element and a further percentage increase was applied from the start of 2022.

Risk Management Statement

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

COVID-19 and Going Concern

As the COVID-19 pandemic remains with us across the globe, Amref Health Africa UK continues to closely monitor the situation and the risks that it poses to the organisation here in the UK as well as to the communities we support in Africa. Amref UK, having been quick to respond to the emerging crisis in early 2020 with the launch of our urgent 'Stop the Spread' appeal, has continued to adapt to the changing nature and priorities of the pandemic with the launch of our 'Vaccine Solidarity with Africa' campaign in June 2021. We would like to thank our funders and supporters for their positive response to this campaign. We also continue to work closely with our funders and colleagues in-country to manage – and, where possible, minimise – the ongoing impact of the pandemic on existing non-COVID-19 health programmes.

The potential financial impact on Amref UK is being closely monitored, with particular focus on the effect on the organisation's cashflow and free reserves position. To date, we have not needed to draw on the UK Government Coronavirus Job Retention Scheme or any other Government assistance, nor have we had to make any roles redundant as a result of the pandemic. Nevertheless, we will continue to pursue the creative and dynamic approach which allowed us to manage and thrive in 2021 against a backdrop of challenge and uncertainty. As things stand, we are expecting to be able to manage our free reserves position in 2022 and beyond through unrestricted income generation, close management of our unrestricted expenditure base, and the cost recovery built into our restricted funding, which remains strong. As per the three-year Budget for 2022-2024 approved by Trustees at the end of 2021, we are expecting to end 2022, 2023 and 2024 within or above the free reserves target range set out in the Reserves Policy section of this report (p.18). We are also monitoring the organisation's projected cash position and are currently expecting that our cashflows can be managed effectively during this time.

The financial impact of COVID-19 will be monitored on an ongoing basis throughout the financial year and beyond. We have also reviewed our accounting policies and have assessed that no changes are required at this stage. Specifically, we have assessed the Charity's financial position in light of COVID-19 for at least a 12-month period from the date of these accounts being signed. We have concluded that whilst uncertainties exist, these do not represent material uncertainties and as such, the going concern basis, upon which the Financial Statements have been prepared, remains appropriate.

Principal Risks and Uncertainties

Beyond the risks and uncertainties associated with COVID-19 outlined above, the principal risks for the Charity in 2022 relate to our planned investment in Individual Giving with a view to enhancing the level of regular, unrestricted income generated in the medium to longer term as well as the payment-by-results contract in which we are a sub-contractor within a consortium delivering the 'Support to the Africa-Led Movement to End Female Genital Mutilation or Cutting (FGM/C)' programme, funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO). Whilst this brings a great opportunity for Amref UK and the global Amref family, the inherent nature of such arrangements raises risks regarding unrestricted cashflow management with the need to pre-finance activities and the need to achieve specified milestones and performance levels in order to receive payment in full and as scheduled. Our unrestricted cashflow in particular will be monitored extremely carefully and in early 2021, we secured a £205,000 loan from Amref Netherlands to ease the cashflow pressures over the contract term.

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

competitive. Our focus on Trusts and Foundations continues to bring in significant income and as mentioned in the Fundraising section above, there will be renewed focus on developing the Individual Giving and Major Giving income streams in 2022.

Retention and motivation of staff continues to be a key risk against a backdrop of prolonged uncertainty in the world beyond Amref UK. We seek to mitigate this through a culture of staff engagement and development, an emphasis on staff wellbeing, and by ensuring that we are paying the market rate to our people – along with competitive benefits. We have also developed and are currently trialling a hybrid-working approach which seems to be reaping benefits with the flexibility it offers staff. The work around our commitment to anti-racist values will continue in 2022 and remains a priority for the whole organisation.

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

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

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

Trustees' Responsibility Statement

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

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

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

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

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

In so far as the Trustees are aware:

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

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

This report was approved and authorised for issue by the Board of Trustees on 27 May 2022 and signed on its behalf by:

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

Mr Paul Davey, Chair of the Board of Trustees

Audit Report

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

Opinion

We have audited the financial statements of Amref Health Africa (the 'Charity') for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2021 and of
- its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

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

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

Auditors' responsibilities for the audit of the financial statements

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

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

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

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

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

Statutory Auditor

London, United Kingdom

Date: 1 June 2022

Amref Health Africa Statement of Financial Activities (incorporating an income and expenditure account) for the year ended 31 December 2021

	Note	2021			2020		
		Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
		£	£	£	£	£	£
Income from:							
Donations and legacies	2	567,026	30,500	597,526	402,289	728,184	1,130,473
Charitable activities	3a	240,756	4,310,534	4,551,290	21,978	1,495,103	1,517,081
Other trading activities	3b	1,372	-	1,372	2,216	-	2,216
Investments		55	-	55	547	-	547
Total income		809,209	4,341,034	5,150,243	427,030	2,223,287	2,650,317
Expenditure on:							
Raising funds	4	511,967	19,289	531,256	415,334	7,876	423,210
Charitable activities	4	122,055	3,235,466	3,357,521	97,747	2,983,924	3,081,671
Total expenditure		634,022	3,254,755	3,888,777	513,081	2,991,800	3,504,881
Net income / (expenditure) before other gains		175,187	1,086,279	1,261,466	(86,051)	(768,513)	(854,564)
Other gains		-	-	-	2,321	-	2,321
Net movement in funds		175,187	1,086,279	1,261,466	(83,730)	(768,513)	(852,243)
Transfers to / (from) funds	16	89,102	(89,102)	-	-	-	-
Net movement in funds after Transfers		264,289	997,177	1,261,466	(83,730)	(768,513)	(852,243)
Total funds brought forward		710,743	1,009,270	1,720,013	794,473	1,777,783	2,572,256
Total funds carried forward	12	975,032	2,006,447	2,981,479	710,743	1,009,270	1,720,013

All income and expenditure derive from continuing activities.

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

The notes on pages 31 to 39 form part of these financial statements.

Amref Health Africa Balance Sheet as at 31 December 2021

	Note	2021 £	2020 £
FIXED ASSETS			
Tangible Assets	9	<u>8,206</u>	<u>6,005</u>
CURRENT ASSETS			
Debtors	10	355,249	128,169
Cash at bank and in hand		<u>3,668,120</u>	<u>2,232,268</u>
		4,023,369	2,360,437
CREDITORS			
Amounts falling due within one year	11a	<u>(840,296)</u>	<u>(636,829)</u>
NET CURRENT ASSETS			
		<u>3,183,073</u>	<u>1,723,608</u>
Total assets less current liabilities			
		<u>3,191,279</u>	<u>1,729,613</u>
Creditors: amounts falling due after more than one year	11b	(209,800)	(9,600)
Net assets			
		<u>2,981,479</u>	<u>1,720,013</u>
FUNDS			
Unrestricted Fund - General	16	975,032	710,743
Restricted Funds	16	<u>2,006,447</u>	<u>1,009,270</u>
Total funds			
		<u>2,981,479</u>	<u>1,720,013</u>

These financial statements have been prepared in accordance with the provisions of the Companies Act 2006 applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees and authorised for issue on 27 May 2022 and signed on their behalf by:



.....
Paul Davey, Chair

Company number: 00982544

The notes on pages 31 to 39 form part of these financial statements.

Amref Health Africa Statement of Cash Flows and Analysis of Changes in Net Debt for the year ended 31 December 2021

Statement of Cash Flows

	Note	2021 £	2020 £
Cashflow from operating activities	17	<u>1,440,999</u>	<u>(788,170)</u>
Cashflow from investing activities			
Interest income		55	547
Purchase of tangible fixed assets		(5,202)	(4,121)
Net cashflow from investing activities		<u>(5,147)</u>	<u>(3,574)</u>
Net increase / (decrease) in cash and cash equivalents in year		<u>1,435,852</u>	<u>(791,744)</u>
Cash and cash equivalents at beginning of year		<u>2,232,268</u>	<u>3,024,012</u>
Total cash and cash equivalents at end of year		<u><u>3,668,120</u></u>	<u><u>2,232,268</u></u>

Analysis of Changes in Net Debt

	At 1 Jan 2021	Cash Flows	At 31 Dec 2021
Cash and cash equivalents			
Cash at bank and in hand	2,232,268	1,435,852	3,668,120
Borrowings			
Debt due after one year	0	(205,000)	(205,000)
Total	2,232,268	1,230,852	3,463,120

The notes on pages 31 to 39 form part of these financial statements.

1 Summary of significant accounting policies

(a) General information and basis of preparation

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

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

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

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

(b) Funds

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

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

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

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

(c) Income recognition

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

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

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

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

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

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

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

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

(d) Expenditure recognition

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

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

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

1 Summary of significant accounting policies (continued)

(e) Support costs allocation

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

The analysis of these costs is included in note 5.

(f) Tangible fixed assets

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

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

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

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

(h) Provisions

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

(i) Leases

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

(j) Foreign currency

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

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

(k) Employee benefits

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

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

(l) Tax

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

(m) Going concern

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the impact of COVID 19 on the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The projected income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

(n) Financial Instruments

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

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

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

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

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021

2 Incoming resources from donations and legacies	2021	2020
	£	£
Individual sponsorship / event donations	20,038	24,244
Individual donors	379,116	349,403
Legacies	58,525	9,637
Corporate Donors	23,083	255,250
Trusts and Foundations	106,764	491,939
Donated Services	10,000	-
	<u>597,526</u>	<u>1,130,473</u>
3a Income from charitable activities	2021	2020
Corporates		
GlaxoSmithKline	1,650,000	-
ViiV Healthcare	5,607	-
Total Corporates	1,655,607	-
Governments		
FCDO	240,756	150,100
Total Governments	240,756	150,100
Other Institutional donors		
The National Lottery Community Fund	178,038	247,462
Comic Relief	2,482	-
Total Other Institutional donors	180,520	247,462
Trusts and Foundations		
Donor wishing to remain Anonymous	1,728,570	599,078
People's Postcode Lottery	220,000	250,000
The SOL Foundation	179,460	69,953
The Rabelais Trust	164,184	44,394
James Percy Foundation	82,227	196,884
The Waterloo Foundation	47,727	-
The Schroder Foundation	25,000	-
Other Trusts < £15k	27,239	(40,790) *
Total Trusts & Foundations	2,474,407	1,119,519
	<u>4,551,290</u>	<u>1,517,081</u>

*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	2021	2020
	£	£
Christmas cards	<u>1,372</u>	<u>2,216</u>

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021

4 Resources Expended

	Expenditure on		
	Raising funds	Charitable activities	2021 total
	£		£
Staff Costs	390,540	358,315	748,855
Direct costs	49,960	2,911,675	2,961,635
Support costs	90,756	87,531	178,287
	531,256	3,357,521	3,888,777

	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

Direct costs of charitable activities are predominantly (£2,899,471 (2021), £2,587,676 (2020)) made up of grants remitted to Amref HQ for objectives.

5 Support costs allocation

	Raising funds	Charitable activities	2021 total
	£	£	£
Premises costs	38,770	37,393	76,163
Governance costs	7,840	7,561	15,401
Other office and operational costs	44,146	42,577	86,723
Total	90,756	87,531	178,287

	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

6 Governance costs

	2021	2020
	£	£
Auditors remuneration - Current period audit fee	15,180	17,820
Auditors remuneration - Audit fee in respect of prior years	-	-
Other costs	221	170
	15,401	17,990

£nil was reimbursed or paid by the charity for Trustees during the year to / for trustee for travel and other expenses incurred on the charity's business (2020 - £nil).

7 Staff costs and numbers

	2021 £	2020 £
The aggregate payroll costs comprised:		
Wages and Salaries	626,342	538,311
Social Security Costs	64,333	53,789
Employer's Pension costs	47,198	38,068
Other staff costs	10,982	76,613
	<u>748,855</u>	<u>706,781</u>

Average number of staff during the year by function:

	2021	2020
Fundraising	5	3
Communications	2	2
Programmes	5	4
Governance and Administrative Support	5	4
	<u>17</u>	<u>13</u>

The employee benefits for key management personnel, who are detailed on page 3, (including employer's National Insurance costs) were £373,109 (2020: £342,909).

In the year ended 31 December 2021, there were the following number of employees with remuneration in excess of £60,000:

	2021	2020
£70,000-£79,999	-	1
£80,000-£89,999	1	-

During the year, no Trustee received any remuneration (2020: none).

8 Net outgoing / (incoming) resources

	2021 £	2020 £
Is stated after charging:		
Auditors remuneration:		
Current year audit fee	15,180	17,820
Audit fee in respect of prior years	-	-
Non-audit fees - taxation advice	600	1,440
Depreciation of Fixed Assets	3,001	7,199
Lease rentals	<u>53,424</u>	<u>49,524</u>

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021

9 Fixed assets – equipment and computers

	£
Cost brought forward as at 1 January 2021	79,915
Additions	5,202
Cost carried forward as at 31 December 2021	85,117
Depreciation brought forward as at 1 January 2021	73,910
Charge during the year	3,001
Depreciation carried forward as at 31 December 2021	76,911
Net book value brought forward as at 1 January 2021	6,005
Net book value carried forward as at 31 December 2021	8,206

10 Debtors

	31/12/2021	31/12/2020
	£	£
Accrued income	148,486	96,159
Prepayments and other debtors	5,323	4,466
Amounts due from AMREF HQ	201,440	27,544
	<u>355,249</u>	<u>128,169</u>

11a Creditors: amounts falling due within one year

	31/12/2021	31/12/2020
	£	£
Trade Creditors	656	2,046
Taxation & Social Security	28,821	17,639
Amounts due to AMREF HQ	146,002	18,620
Accruals and other creditors	46,959	35,020
Deferred income	613,058	558,704
Leasing liability	4,800	4,800
	<u>840,296</u>	<u>636,829</u>

	£
Deferred Income	
Balance brought forward as at 1 January 2021	558,704
Released in 2021	(558,704)
Income received and deferred in 2021	613,058
Balance carried forward as at 31 December 2021	613,058

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

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

	31/12/2021	31/12/2020
	£	£
Leasing liability	4,800	9,600
Loan from Amref NL*	205,000	-
	<u>209,800</u>	<u>9,600</u>

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

12 Reconciliation of funds

	Unrestricted: General Funds	Restricted Funds	2021
	£	£	£
<u>Analysis of Reserves</u>			
Tangible Fixed Assets	8,206	-	8,206
Net Current Assets	1,176,626	2,006,447	3,183,073
Creditors of more than one year	(209,800)	-	(209,800)
	<u>975,032</u>	<u>2,006,447</u>	<u>2,981,479</u>
<u>Analysis of Reserves (Prior Year)</u>			
Tangible Fixed Assets	6,005	-	6,005
Net Current Assets	714,338	1,009,270	1,723,608
Creditors of more than one year	(9,600)	-	(9,600)
	<u>710,743</u>	<u>1,009,270</u>	<u>1,720,013</u>

During the course of the period our reserves calculations were updated in line with our policy as detailed in the Trustees' Report. The closing level of unrestricted free reserves above the aimed-for range. Further information is provided in the Trustees' Report.

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

Amref Health Africa Notes to the Financial Statements (continued) for the year ended 31 December 2021

13 Capital and Financial commitments

At 31 December 2020, the charity committed to subscribe to a London Marathon Golden Bond during the next year at £1,980 per annum including VAT. No such commitment had been made as at 31 December 2021.

At 31 December 2021 the Charity had future minimum lease payments under non-cancellable operating leases due in the periods below as follows:

	Leasehold Property £	Equipment £
Within one year	47,069	2,115
Between two to five years	11,767	8,641

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

Lease payments of £53,424 (2020: £49,524) have been recognised as an expense.

There are no contingent liabilities at the end of December 2021.

14 Liability of Members

At 31 December 2021 the charity had 8 members (2020: 8 members). The liability of each member to contribute to the assets of the charity in the event of winding up is limited to £10.

15 Related party transactions

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

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

The transactions with Amref HQ were as follows:

	2021 £	2020 £
Balances due to Amref UK at the start of the year	8,924	51,631
Grants and other payments payable from Amref UK to Amref HQ in the year	(2,899,471)	(2,587,676)
Net payments made from Amref UK to Amref HQ	2,945,985	2,544,969
Balance due to Amref UK at end of the year	55,438	8,924

During 2021, Amref UK also acted as agent for the receipt and transfer of £16,555 for Amref HQ. More detail is provided in Note 18.

- b) During the year, Amref UK received a loan of £205,000 from Amref NL. The loan is on an interest-free basis and is for a 5 year period, payable by 31 March 2026. The loan arrangement is in place to support Amref UK's management of unrestricted cashflow in light of the pre-financing requirements of the contract funded by FCDO.
- c) During the year, £72 (2020: £144) was spent on coffee beans with Capital Coffee Roasters Ltd., a company owned by the parents of one of the Key Management Personnel. There was no balance due at the year end. Amref UK has also entered into a loan agreement without charge with this company for the provision of a coffee machine.
- d) Donations from Related Parties
Unrestricted donations and Christmas card sales of £10,214 were recorded from 8 KMP, Trustees and their connected entities in the year (£4,238 from 6 Trustees and KMP in 2020).

16 Funds

The income of the charity includes both restricted and unrestricted funds. The table below summarises the funds balances held at 31 December 2021.

Country	Brought Forward 01/01/2021 £	Transfers*	Transfers** £	Income £	Expense £	Carried Forward 31/12/2021
Restricted						
Ethiopia	11,685	2,478	200,000	405,606	(219,769)	400,000
Kenya	370,840	(213,723)	(33,435)	1,836,883	(1,721,519)	239,046
Tanzania	10,364	(217)	-	260,266	(270,413)	-
Uganda	362,536	(30)	-	1,776,297	(878,449)	1,260,354
AMREF HQ & Regional Work	239,229	215,225	(244,784)	2,000	(104,623)	107,047
UK office	3,733	(3,733)	-	57,500	(57,500)	-
Malawi	-	-	-	2,482	(2,482)	-
Namibia and Botswana	10,883	-	(10,883)	-	-	-
Unrestricted	710,743	-	89,102	809,209	(634,022)	975,032
Total	1,720,013	-	-	5,150,243	(3,888,777)	2,981,479

Details of the programmes delivered in the year under our four thematic areas can be found in the table on pages 8-9 of the Trustees Annual Report.

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

**During the year, agreement was reached with GSK to reassign and repurpose some funding received in previous financial years, the majority of which originally related to the ten-year GSK 20% Frontline Health Worker Training Programme, shown here as transfers between funds. £200,000 was reassigned to the GSK TB & Malaria programme in Ethiopia and £89,102 was released to unrestricted.

Country	Brought Forward 01/01/2020 £	Income £	Expense £	Carried Forward 31/12/2020
Restricted				
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
Unrestricted	794,473	427,030	(510,760)	710,743
Total	2,572,256	2,650,317	(3,502,560)	1,720,013

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

	2021 £	2020 £
Net movement in funds	1,261,466	(852,243)
Add back depreciation charge	3,001	7,199
Deduct interest income	(55)	(547)
Increase in debtors	(227,080)	(17,526)
Increase in creditors	403,667	74,947
Net cash generated / (used) in operating activities	1,440,999	(788,170)

18 Agency Arrangements

Agency arrangements

Balance brought forward as at 1 January 2021	-
Amounts received in 2021	16,555
Amounts paid out in 2021	<u>(16,555)</u>
Balance carried forward as at 31 December 2021	<u>-</u>

In 2021, Amref UK received £16,555 of Comic Relief funding from Amref HQ for Rutgers in the Netherlands for the Dance4Life programme in Malawi. The funds were transferred to Rutgers on the same day as received from Amref HQ. No agency funds were held as at 31 December 2021.