TRANSFORMING LIVES

BY BUILDING SUSTAINABLE HEALTH SYSTEMS IN AFRICA

2015

ANNUAL REPORT
IN ANY AFRICAN VILLAGE, YOU WILL FIND MOTHERS CARRYING THEIR CHILDREN IN COLOURFUL FABRIC. THIS FABRIC GOES BY MANY NAMES; SOME CALL IT LESO WHILE OTHERS SIMPLY REFER TO IT AS KHANGA.

WE HAVE TAKEN INSPIRATION FROM THIS BEAUTIFUL AFRICAN GARMENT AS A VISUAL DEVICE IN THIS REPORT TO SYMBOLIZE THE ROLE CHSS PLAYS IN THE SUPPORT OF THE AFRICAN CHILD.
Message from the Chair
The year 2015 was a challenging one for global health in general, and for Amref Health Africa in particular. It marked the end of the Millennium Development Goals and transition into the Sustainable Development Goals. It was also a year of change for the organisation as we came to the end of our Business Plan 2011-2014 and adopted a Transitional Business Plan (2015-2017).

At macro level, 2015 marked a steady deterioration in access to significant programme funding from traditional donors. The global operating environment was rather fluid, but the organisation was nevertheless quite stable. We received some significant new funding, and our general direction of growth was upwards.

In total, in the three years of the Business Plan, Amref Health Africa reached over 31.5 million people and trained over half a million health workers and community members, the majority of whom are women. Of the people served by Amref Health Africa programmes, 75% were women and children, keeping with the focus of the Business Plan and Africa’s primary populations in need.

Amref Health Africa continued to play a key role in advocating for policies and practice to reduce maternal mortality, especially by increasing the numbers of midwives trained in emergency obstetric care, and overall strengthening of health systems.

The vulnerability of Africa’s health systems was brought home by the Ebola epidemic in some parts of West Africa. Amref Health Africa supported the emergency efforts, and is now working with the Government of Guinea to strengthen its community health system so that it is better prepared in future for this and other emergencies.

Moving forward, Amref Health Africa is seeking to develop enterprises and innovations that will increase our income so that we can do more for health development in Africa. We recognise that this is the new frontier for financing charity work as donor funding decreases and becomes increasingly restricted and restrictive in how it can be applied. We are therefore looking to engage donors and other stakeholders in partnerships which will ensure that communities are reached with services that are both relevant and sustainable.

I am pleased to welcome Dr Githinji Gitahi as the Group CEO of Amref Health Africa following the retirement of Dr Teguest Guerma. I am confident that he will take this organisation to next necessary level for the benefit of African communities. I also wish to thank Dr Lennie Kyomuhangi-Igbodipe for efficiently bridging the leadership gap as Interim CEO. To all our partners, donors and supporters, I thank you for the confidence and trust you continue to show in our work and in our leadership in the African health development arena.

Mr Omari Issa
MESSAGE
FROM THE
GCEO
I joined Amref Health Africa on June 1, 2015, taking over the leadership of this great organisation from Dr Lennie Kyomuhangi-Igbodipe, who was holding forte as acting CEO following the retirement of former Director General Dr Teguest Guerma at the end of 2014.

A lot has happened since then as we seek deliberately to ensure that we continue to effectively meet the needs of the communities we serve, and that we remain relevant in the changing and challenging social development environment in which we are operating.

In multiple ways, 2015 was a challenging year. The civil war in South Sudan in the first half of the year slowed down implementation of programmes and diverted resources to emergency treatment for people caught up in the conflict. Terror activity in Somalia raised fears of a spill-over effect in Kenya, Uganda and Ethiopia, while in West Africa the governments and partners continued to grapple with the aftermath of the Ebola epidemic and new pockets of infection. Apprehension over elections in Uganda affected project implementation while in Europe, the emerging immigration issue began to divert attention of donors away from Africa to the humanitarian crisis developing closer home.

Challenges notwithstanding, we managed to reach over 11 million people across the continent with our programmes, services and training. Despite civil strife and Ebola we continued to work in South Sudan and West Africa respectively, and in Somalia we held discussions on how we can provide health services to the people safely.

In 2015, the world prepared to transition from the MDGs to the Sustainable Development Goals with donor preferences increasingly shifting from aid to trade and sustainability development. Internally, we too began to make important changes in both our programming and our internal structures and processes to position the organisation in the new funding dispensation, and to improve our efficiency and impact.

Since the late 1990s and with the implementation of the MDGs, the organisation had been through a period of rapid growth that has plateaued recently, leading to a need to rationalise our cost base and ensure value for money in our support functions. With the end of the MDGs, many donors held back on new grant awards as they formulated policies consistent with the SDGs.

Challenges also arose in our activities in South Sudan following a very difficult security period.

The consequences are that we generated deficits of $7.5m in the financial periods 2013/2014 and 2014/2015 and we have taken the necessary hard decisions to ensure the future financial viability of the organisation. These include changing the way we deliver our projects; budgeting in such a way that the likelihood of deficits is significantly reduced; managing our people more actively; investing in systems support and development; general cost-cutting. This is in addition to merging of support functions in our Headquarters and Kenya Country Office, downsizing our activities in South Sudan and returning key elements of the country’s support activities to headquarters, and driving a new culture focused around enterprise.

We already have made some successful steps into entrepreneurship. Amref Flying Doctors is now a flourishing enterprise, generating funds for Amref Health Africa’s work and for charity evacuations of patients who need but cannot afford the
service. In addition the International Board gave the go-ahead for the Amref International University, which will specialise in training of health workers. The income from these and other outfits will enable us to continue serving communities in a more sustainable manner.

To improve financial performance we sought to strengthen our capacity in proposal writing and private fundraising in Africa, and to boost mobilisation of funds by our offices in Europe and North America. In addition to other prudent financial measures, our Board-approved budget of $73 million grew to $92 million.

I wish to sincerely thank all Amref Health Africa staff members for the hard work, teamwork and dedication that enabled us to make a difference in the lives of millions of people. I appreciate the support of our donors, our partnerships with governments, corporates and individuals, as well as the leadership and guidance of our International Board in our quest for Lasting Health Change in Africa.

Dr Githinji Gitahi
SUCCESS
Curbing the Ebola outbreak through Social Mobilisation against Ebola project in Guinea

From 2014 through to mid-2015, Africa experienced an Ebola outbreak that saw 28,000 cases of the disease reported. Liberia, Sierra Leon and Guinea were the worst hit by the outbreak. In the period under review, there were 3,804 reported cases of Ebola in Guinea. 2,536 people out of the 3,804 reported, succumbed to the disease.

As declared by the World Health Organization, and other global development and health actors, poor community engagement strategies fueled the spread of Ebola and disabled control efforts at the early stages of the epidemic.

In response to the epidemic, we launched the Social Mobilisation against Ebola project in Guinea in mid-September 2015. The project builds on the achievements of several community engagement activities done in the prefectures of Forécariah and Coyah in Guinea. We also added two other regions, Dubreka and Kindia, to the target regions of the project. The overarching goal of the project is to interrupt the transmission of Ebola in the Coyah, Dubreka, Kindia, and Forécariah regions of Guinea by strengthening community systems, dispelling rumours, and modifying behaviours.

Through the six month project, 50 community leaders have been identified and trained on the essential concepts of Ebola in an attempt to realise the complete eradication of the Ebola virus in Guinea by strengthening the community-engagement activities in the four high-risk districts. Community Health Volunteers and other stakeholders were also sensitised and empowered to create awareness, change behaviour, and stop the spreading of rumours in the target population.

40 Traditional Birth Attendants were also trained on the effective prevention of Ebola infection, and how to conduct proper referral of suspected Ebola cases. As TBAs do not normally conduct referrals to health facilities, the training focused on strengthening their capacities and abilities in this area to allow for quick access to health facilities for any suspected Ebola case. All training materials that were used were provided and approved by the Ebola response partners, including UNICEF.

The burden of Ebola cases in Guinea has declined considerably to less than 10 cases per week since the inception of the project. The last new cases in the four regions were recorded in the Forécariah prefecture in October. In addition, the last confirmed Ebola case in Guinea, recovered at the Nongo Ebola Treatment Centre in Conakry, was on November 16, 2015. Guinea is expected to be declared Ebola-free if no new cases of Ebola emerge before December 29, 2015. The Social Mobilisation against Ebola project in Guinea has indeed played a key role in lowering and eventually eradicating Ebola from Forécariah, Coyah, Dubreka and Kindia.
Community Engagement in Health Service taking shape in Tanzania

Community Engagement in Health Service Management project, also known as Afya Bora Shirikishi, aims at contributing to sustained improvement of quality health service delivery in Itilima District by piloting a scalable model of community engagement in health service delivery.

The Community engagement model seeks to promote effective, transparent, and accountable systems underpinned by a rights and equity perspective. We view communities as more than mere recipients of services; they are, and must be, active participants in increasing demand and improving delivery of health care services. The core of our approach is empowering the community to better engage and participate in health service delivery and management with the overall goal of contributing to the sustained improvement of quality health service delivery in Itilima District.

By empowering health committees and the communities, we will ensure that they better engage in health service delivery and management. Additionally, building capacity of community representatives and reviving/strengthening community health structures such as Health Governing Committees and the Council Health Service Board to participate in priority settings, planning and monitoring of health services and providing regular feedback to the community they represent, will lead to improved transparency on resource allocation and expenditure, accountability for service management and delivery, and increased local revenue.

All these will contribute to improved quality and responsiveness of health services, and ultimately, lead to better health outcomes of the population, particularly women and children. From July to December 2015, the project was able to train 22 ward health committees with 176 (90 male and 86 female) members; 3 Health Centre Governing Committees with 24 (17 male and 7 female) members; and 27 Dispensary Governing Committees with 216 (142 male and 85 females) on roles and responsibilities in managing health service activities in the communities.

We have also been able to conduct trainings for members of the Council Health Service Board on their roles and responsibilities in supervising health related activities in the district. Through combined quarterly supportive supervision, 27 health facilities and 22 wards in the district were mentored.

The Afya Bora Shirikishi project aims to increase its reach to 30 Health Facility Governing Committees, 22 Ward Development Committees, 102 Village Health Committees, 1 Council Health Service Board, 20 Council Health Management Team members, 30 in-charges of health facilities (dispensaries and health centers). The secondary targets of the project are 76,806 under five children, 67,942 women of reproductive age, 510 community influencers (5 from each village), 816 Community Health Workers and the Itilima community in general.
Amref Health Africa in Kenya turns to mobile solutions to improve health reporting

The Community Health Strategy (CHS) was introduced in Kenya to strengthen linkages between communities and the formal health system. Within the CHS, a Community Based Health Information System (CBHIS) provides a framework for monitoring health status by providing information to support dialogue and action towards improving community health.

One of the major drawbacks of the CHS, however, has been reporting. The manual processes for capturing data by Community Health Volunteers (CHVs), as well as analysis done by the Community Health Extension Workers (CHEWs), have presented challenges in timeliness and accuracy of analysis of data from Community Units (CUs). Additionally, it proved difficult to integrate data collected at community level with the national systems, presenting a gap in timely interventions and response to community-level health concerns.

Mobile-Jamii Afya LInk (m-JALI) is an innovation by Amref Health Africa that aims at improving efficiency of health reporting at community level. The innovation also includes a mobile application for capturing data from the household level and transmits it online to a web-based database. The device-side application runs on an Android platform, designed to capture community health data as per the community strategy data collection tools and submit via a GPRS/3G network to the back-end database, which is supported by a web application enabling data validation, report generation and information sharing.

The goal of this innovation is to improve health indicators by facilitating timely, accurate, and complete data for enabling decision making and appropriate action. Currently, 150 CHVs are actively using the innovation in Makueni and Bungoma counties. Experience from use of this solution has indicated a substantial improvement in the capacity of the health care system at all levels to make appropriate decision promptly in order to enhance service delivery right from the community level.

Amref Health Africa in Kenya is in the process of integrating the application with the Ministry of Health District Health Information System (DHIS2) to enhance nationwide dissemination of health information from Community Units.
Amref Health Africa in Austria had a lot of activities in the period under review. Our traditional Days of Dialogue (DOD) with the slide show “50 treasures of Kenya” was very successful. We were also able to screen a documentary, organise and do some workshops, organise some charity concerts such as the MoZuluArt, a music group that combines Mozart and African music, and a charity classic concert in a church with the international orchestra Violinissimo.

During the period under review, we shot a TV spot with Caterina Murino and the world champion of paraskiing Magdalena Schwertl. The spot was screened in September all over Austria during the best sending time. Production, cutting and sending by ORF (Austrian Broadcasting Cooperation) was pro bono.

Also, an article was published in the “Austrian Midwives Journal” in April, which reported on the work of Esther Madudu, and has since attracted much attention for Amref and SU4AM. A similar article was published on the European Year for Development website.

We were happy to host Dr Koki Kinagwi, the Chief of Party APHIplus IMARISHA, as a honourary guest, upon the invite of Palfinger. Dr Koki presented a project dubbed Social Investment for TMPCL to government representatives and her presentation was received with great interest. The visit was documented and put up on the government website.

Additionally, we sent, in cooperation with Labdoo, 22 laptops with computer programmes in both Swahili and English languages, to schools in Turkana, Kenya. The transport costs were catered for by Palfinger.

On 3rd October we held our Black & White Charity affair. The highlight was a Rose May charity concert. Also, the TV spot developed earlier was screened in the presence of Magdalena Schwertl and the stage director Lothar Riedl.

Donations accumulated through the year have been directed to the outreach programme; several activities in Kakuma; Laboratory; Knowledge Management and Heritage; and midwife trainings among other local projects.
During the year, it was acknowledged that the organisation, through significant funding, helped increase number of skilled deliveries in South Omo, Ethiopia, from 27.3% to 85%. Having access to a trained health worker during delivery significantly reduces the risk of losing a mother, or her baby. Partnerships created with government health officials; community and religious leaders; and local groups, mean the project successes will continue even as Amref Heath Africa’s role ends. A significant amount of funding came from the Government of Canada through the Department of Foreign Affairs, Trade and Development (DFATD), and additional support from Canadian businesses, foundations and individuals.

A mother and her baby shortly after delivery at the Berka Health Centre in the South Omo region of Ethiopia

Canadians Support Healthy African Communities

Dr Makaziwe Mandela, the eldest daughter of Nelson Mandela, wowed more than 200 guests at Amref Health Africa in Canada’s MAMATOTO fundraising gala with her keynote address. Guests also delighted in African-style drumming lessons from Master Drummer Muhtadi Thomas, a delicious array of African-inspired food, and unique silent and live auction items. Held in May, MAMATOTO raised more than US$100,000 in support of Amref Health Africa’s work.

Passing the Torch

When Amref Health Africa’s global CEO, Dr Githinji Gitahi, visited the Canadian office soon after his appointment, he held a meeting with Bridget Lawson, the first Executive Director of the organisation in Canada. Thanks to the early leadership of Ms Lawson, and the tremendous support of Canadians Dr. Gitahi also met that day, Amref Health Africa in Canada has grown to contribute nearly US$ two million per year directly to life-saving projects in sub-Saharan Africa.

Dr Makaziwe Mandela gives the keynote address at the MAMATOTO gala. Photo by Jeff Nafeesa Jalal
In the year 2015, Amref Health Africa in Ethiopia reached around 733,772 (398,178 female and 335,594 male) beneficiaries through its programmes. In this period, a total of approximately 15,712 (6,460 female and 9,252 male) people were trained through Amref Health Africa in Ethiopia programmes. The country office reached 741 districts and increased its reach to nine regions compared to the six in the 2013/2014 period through its interventions.

2015 marked a year of recognition for Amref Health Africa in Ethiopia. We received a trophy from H E Prime Minister Hailemariam Dessalegn for being selected as the first development partner in the Southern Nations, Nationalities, and Peoples’ Region (SNNPR) during the 2015 Federal Pastoralist Day Celebrations. The Ethiopian Government celebrates Pastoralist Day to create opportunities to pastoral communities to meet the local, regional and federal government officials to set development agenda. Moreover, in the month of February, Addis Ababa city Mayor Office organised an awarding event that recognised NGOs that contributed to creating a clean and green Addis Ababa for the 2013/14 period. Amref Health Africa in Ethiopia was one of the awarded NGOs.

In addition, Amref Health Africa in Ethiopia has ranked one of the top ten NGOs in Ethiopia through its best practices in Clinical Specialist Outreach at CCRDA (Consortium of Christian Relief & Development Associations). Dr Florence Temu, the then County Director, also received a certificate from the Federal and Pastoral Development Affairs Minister Kassa Teklebirhan on the annual national NGO Good Practice Day. At the event, the president of Ethiopia H E Dr Mulat Teshome, and other dignitaries visited Amref Health Africa in Ethiopia to see our work and interact with the staff. Through its winning clinical outreach programme, Amref Health Africa in Ethiopia conducted a total of 6,200 surgeries.

Similarly, Amref Health Africa in Ethiopia was awarded for best performing organisation in Lideta sub city of the capital, Addis Ababa, by Mr Adugna Wondemu, the CEO of Lideta sub city administration. The organisation was awarded for efforts exerted in improving sanitation of the urban slum dwellers through construction of sanitation facilities and related activities implemented in collaboration with its partners. Some of the collaborations led to the establishment of Access, Service, and Knowledge for Women Cancer (ASK4Cancer) Project supported by the Bristol-Myers Squibb Foundation; Improving WASH & Livelihoods Project funded by Comic Relief; and other key partnerships with AUC, UNECA, African Centre for Women, and the government.
Programme support

In 2015, Amref France signed a partnership with AFD (Agence Française de Développement, the French Government’s financial institution dedicated to international cooperation) and received a Euro€500,000 grant to accelerate Maternal and Child Health programmes in Southern Senegal. Thanks to these funds, the “Cellel e Kisal” project (“Health and Welfare”) was launched, combining mHealth, eLearning and telemedicine to support health workers and improve the link between rural communities and health facilities.

Throughout 2015, Amref France also increased its support to new programmes in West Africa (child health, maternal health) and Ethiopia (WASH).

Stand Up for African Mothers

For the 3rd year running Amref France led a national fundraising and advocacy campaign to promote and gain support for SU4AM. Fundraising kits were sent to midwives associations all over France, to raise funds and sensitise the general public on the need for training midwives in Africa. A total of Euro€12,000 was raised this way from the general public, to support Amref’s midwife upgrading programmes in West Africa.

In May 2015, Amref France also organised a field visit in Senegal with five renowned ambassadresses of the campaign and two French midwives, who met Senegalese midwives trained thanks to the campaign and discovered Amref’s programmes on sexual and reproductive health.

Amref France also renewed its partnership with the brand Klorane bébé: a charity product (baby soap) and a Facebook contest. This innovative corporate partnership raised Euro€40,000 and gave much visibility to SU4AM.

Amref in Monaco

As part of Amref’s Francophone hub, Amref France united its efforts with Amref Monaco to organise a charity gala in October 2015 in association with the Princess Charlene of Monaco Foundation. This event was held in the presence of H.S.H. Prince Albert II of Monaco and 240 high-profile guests. Our GCEO Dr Githinji Gitahi attended the event, as well as Ugandan midwife Esther Madudu, who gave a moving speech on her work as an African midwife and the need to train more health workers in maternal health. In total, Euro€240,000 were raised through this charity event.
In 2015 Amref Health Africa Germany significantly contributed to the organisation’s response to the humanitarian crisis in South Sudan. Through seven projects funded by the German Federal Ministry for Economic Cooperation and Development (BMZ), “Sternstunden e.V.” and “BILD hilft e.V. - Ein Herz für Kinder” Amref Health Africa Germany provided urgently needed medical assistance in South Sudan and in the refugee camps in Kenya, Uganda and Ethiopia. The generous financial support of UK£ 2.75 million helped to conduct more than 26,000 additional treatments and operations in local hospitals to benefit the refugees and the hosting communities. Moreover, Amref Health Africa Germany carried out activities that are aligned to the local necessities in the project areas. To prevent disease outbreaks like cholera, the National Reference Laboratory (NRL) in Juba has been strengthened. In total, up to one million people were reached through the various activities supported.

Additionally, Amref Health Africa Germany was present at several big events to promote its work, and to raise awareness. One such event was the “United against Poverty” event which was done during the run up to the G7 summit in Germany. During the event, personalities such as the German Development Minister Gerd Mueller and Nobel Peace Prize winner and President of Liberia Ellen Johnson Sirleaf raised awareness towards the fight against extreme poverty, hunger and preventable diseases. Other highlights were the “Citizens Festival of the German Federal President” in Berlin, the “Open Day of the German Federal Government” and an “African-Caribbean” concert facilitated by Amref Health Africa Germany’s chairman Amadou Diallo in support of the Stand Up for African Mothers campaign.
The project “Health workers for all and all for health workers” (HW4All) was a European civil society-led advocacy initiative aimed at contributing to a sustainable health workforce world-wide. With the support of health workers and citizens, it called upon policymakers to implement the WHO Code of Practice on the International Recruitment of Health Personnel. The project, which ended in the year under review, was co-funded by the European Commission and actively supported by WHO Regional Office for Europe.

Over 50 countries, mainly in Africa, suffer from a critical shortage of health personnel. In Europe aging fuels demand for health workers, driving migration amongst health personnel. The recruitment of health workers abroad is a way of meeting the domestic demand, but can worsen the shortage of qualified personnel in countries of origin.

HW4All took up these challenges by bringing together civil society from eight European Union (EU) countries (Amref Health Africa was involved from Italy), with the aim to increase the coherence between development cooperation policies and domestic health policies and practices of European states with regard to the strengthening of the health workforce.

HW4All also developed a dialogue at EU level, building on the European Commission’s Action Plan for the EU Health Workforce. It monitored the way in which member states equip themselves to foresee future shortages of health workers and plan accordingly, in the perspective provided by the WHO Code of Practice. This topic was part of a workshop promoted by HW4All at the European Parliament in May 2015.

In December 2015 during the ‘Exploring the migration-development nexus; Global health aspects of the implementation of the WHO Code of Practice’ conference, HW4All also recommended that EU migration policy tools be coherent with the WHO Code of Practice. These tools should create possibilities of return, for health workers, to their countries of origin after a period of work in the EU, under good conditions.
The Community Health Strategy (CHS) was introduced in Kenya to strengthen linkages between communities and the formal health system. Within the CHS, a Community Based Health Information System (CBHIS) provides a framework for monitoring health status by providing information to support dialogue and action towards improving community health.

One of the major drawbacks of the CHS, however, has been reporting. The manual processes for capturing data by Community Health Volunteers (CHVs), as well as analysis done by the Community Health Extension Workers (CHEWs), have presented challenges in timeliness and accuracy of analysis of data from Community Units (CUs). Additionally, it proved difficult to integrate data collected at community level with the national systems, presenting a gap in timely interventions and response to community-level health concerns.

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Amref Health Africa in the Netherlands has been selected as one of the 25 strategic partners from the Dutch Ministry of Health. Together with ACHEST, HAI and Wemos, we formed the Health Systems Advocacy for Africa (HSA4A) partnership, in which we aim to strengthen the capacity of local organisations to advocate and influence the sexual and reproductive health and rights of marginalised groups and vulnerable populations. Altogether we received € AMOUNT TO BE FILLED IN.

Female Genital Mutilation (FGM) and the Community-Led Alternative Rite of Passage (ARP) were a big topic in the Netherlands. Together with UNFPA Goodwill Ambassador Goedele Liekens, we traveled to Ethiopia to visit the Unite for Body Rights! Project. We also visited the ‘Mother of all ARPs’ that took place in Kenya, with enthusiastic major donors and press. This resulted in two publications in the national print media.

In the course of the year under review, we said goodbye to our former director Jacqueline Lampe and we welcomed our new director, Patricia Vermeulen. Patricia comes from Red Cross and is fully dedicated to better health in Africa.

More than 10.6 million people have been reached with ads, in newspapers and magazines, online (websites and Facebook) and mupi’s in Amsterdam, that the office developed. Additionally, together with Ugandan midwife Esther Madudu, we visited several Dutch VIPs, like the Minister of Development Cooperation. Also, through our campaigns, we received Euro€52,500 from ASN Bank and Euro€14,000 from WakaWaka, which is intended for the training of midwives.

The ‘Yes I Do’ alliance was also formed by Amref Flying Doctors in the Netherlands through Plan Nederland, Choice for Youth and Sexuality, KIT and Rutgers. The alliance receives Euro€27 million from the Dutch Ministry of Foreign Affairs for a programme (2016-2020) that addresses gender inequality and the lack of rights for girls, which underlines the persistence of female genital mutilation, child marriage and teenage pregnancies in Ethiopia, Kenya, Malawi, Mozambique, Zambia, Mali, Sierra Leone, Bangladesh, Indonesia and Pakistan.

Amref Flying Doctors and other non governmental organisations from the WASH Alliance received great news from the Dutch Ministry of Foreign Affairs: the alliance was been granted Euro€6 million to continue our collaboration in 2016. In this alliance, Amref Health Africa in the Netherlands works together with local NGOs, governments and businesses to make sure everyone has sustainable access to water and sanitation. The WASH Alliance International is an international consortium of over 100 partners worldwide.

Lastly, our support base of private donors keeps growing. In 2015 more than 84,000 people supported our work. That is more than a 15% increase compared to 2014, when we noted 72,479 individual givers.
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AMREF Nordic initiated a 3-year project in cooperation with Amref Health Africa in the Netherlands to scale up fundraising activities on the Nordic market. The cooperation is a pilot and part of the Amref Health Africa Global Fundraising Strategy, in which evidence and success factors can be identified and then replicated and further implemented to other markets in Europe, North America and South Africa.

A private donor base has been built up through direct mail campaigns, face-to-face recruitments, telemarketing as well as campaigns in social media; giving very good results. Some of the issues that were highlighted in the process were Cleft Lip and Fistula.

The project “Development and Improvement of Midwife Education in Somali Region, Ethiopia” financed by Radiohjälpen and Världens Barn, was also conducted and recorded very good results.

AMREF Nordic also conducted a web-based Mother’s Day campaign in cooperation with White Ribbon with focus on maternal health care. Additionally, just before Christmas, AMREF Nordic conducted a web-based campaign to sponsor the “Stand up for African Mothers” campaign. Throughout the year, all board members took part in several networking seminars and meetings in which information about Amref Heath Africa was spread to representatives from embassies, corporations and institutions.
In the year under review, the Regional Hub Office for South Africa (SA) in Pretoria was closed due to cost saving restructuring that has seen each Field Office being operated as a standalone. The SA project staff moved to the Limpopo provincial field office which is in Polokwane.

Due to the restructuring, a significant number of staff were let go and some replaced by officials from other regional offices across Africa. The concept of shared resources was also birthed, where the Director for Field Offices and Regional Programmes, Head of Programmes, Head of Finance and the Human Resources Officer work together to support all field offices in the region.

The SA Field Office also started talks with corporate donors to increase the programme portfolio from the current single project to three in early 2016. The Limpopo RMNCH (PHC) project has seen an increase in the rate of antenatal first visit before 20 weeks, from 45.15% to 62.48% in the first year of implementation.

Additionally, the Limpopo PHC project office supported several provincial Department of Health events including the cancer awareness relay hosted by the Provincial Minister of Health. After the cancer awareness campaign, cervical cancer screening shot from 40% to 60%. To ensure accountability, the office is keen on audits. We received the unqualified one year external audit report for the Limpopo EC PHC re-engineering project.
In 2015, we joined the third International Midwives Seminar, the most important annual event organised by the Spanish Midwives Association. More than 300 professionals participated in this meeting, which took place in the Gomez Ulla Hospital, Madrid. Our CEO, Auxi Reula, presented the SU4AM campaign, explaining the results achieved so far and calling for support for the initiative. Pepa Jiménez Calero, a writer, midwife, and a committed supporter of Amref Health Africa in Spain and the SU4AM campaign, presented her novel “El parto de Clara” (“Clara’s delivering”), in which she shows the experience of a mother before the birth of her baby and the experience itself. Pepa Jimenez offered 20% of income from the novel to support Amref Health Africa in Spain for the SU4AM campaign.

Among the events we had in 2015, we should remark the special importance of two of them. On May 2015, we celebrated the “Fiesta for the African midwives”. This was pushed up with the support and commitment of the Rotary Club of Tres Cantos and other people of Rotary International, which hosted more than 200 people. Also, in October of the same year, we had a charity dinner in El Jardín de Somontes restaurant, also focused on the SU4AM campaign. In both events, we had the kind support of the Spanish actress Silvia Tortosa.

Our Castilla y León regional delegation organised a great concert dubbed the “Pink Tones” Concert, in Segovia, to pay tribute to the band Pink Floyd. The Juan Bravo Theatre hosted the event, where more than 500 people were in attendance. Our presence in social media also improved throughout the year. We also started establishing a routine of weekly publications aligned with HQ and reference media contents.
As part of the Pamoja Tunaweza Alliance, and in collaboration with the member organisations, Amref Health Africa in Tanzania has been advocating for right to education for pregnant girls and young mothers. Through the alliance, advocacy sessions with stakeholders to disseminate findings and push for the approval of the Education and Training policy and development of re-entry guideline were conducted. We facilitated travel for a group of technical staff from the Ministry of Health Community, Development, Gender, Elderly and Children (MoHCDGEC) and the Ministry of Education to Malawi, a country which had implemented a similar policy for more than 20 years, to learn from their experience.

Amref Health Africa in Tanzania, in collaboration with East African Breweries Limited (SBL/Diageo), also improved access to clean water supply to 75,000 people in Kongwa, Hanang and Moshi Municipality by constructing three deep solar operated boreholes with 10,000 litres storage tanks each.

In regard to research and advocacy, six abstracts were accepted for international conferences, two manuscripts were accepted for publication, and five research projects related to HIV and RMNCAH were successful conducted.

Also, in October 2015, Amref Health Africa in Tanzania in collaboration with School of Journalism and Mass Communication (SJMC) of the University of Dar es Salaam (UDSM) trained Amref Health Africa in Tanzania staff in media and communication issues. Also, we partnered with Kenya Commercial Bank, in designing and managing the SALIMIKA media campaign which focused on raising awareness of HIV testing and counselling, and Sexual and Reproductive Health Right (SRHR) for youth in Tanzania.

On the same note, Amref Health Africa in Tanzania through the capacity building unit supported the Ministry of Health Community, Development, Gender, Elderly and Children (MoHCDGEC) to scale up the upgrading programme of nurses through E-learning to 16 additional schools making a total of 26 schools in Tanzania offering eLearning course.

Through the Stand up for African Mothers Campaign, the Capacity Building unit in collaboration with MOHSW managed to train 254 nurses through provision of full scholarship.
Amref Health Africa in Uganda, in close collaboration with Uganda Ministry of Health and the Office of the First Lady, held a fundraising dinner gala in October 2015. Several corporates, donor organisations and media companies from the East African region were in attendance. The event main sponsors were MTN Uganda and Nation Media Group. The event raised a total sum of UGX287,768,741, which will go towards training midwives in the country through the eLearning programme.

We trained 161 midwives, achieving 22% of the three-year target 2011 – 2015 for Uganda under the Stand-Up for African Mothers Campaign. Also, the midwives received in-service training which focused on enhancing midwives knowledge and skills for basic emergency obstetric care. The eLearning registered midwives in-service upgrading course enrolled an additional 231 midwives currently undergoing training and the group will graduate by May 2017.

The Uganda Country Programme was successful in partnering with Elizabeth Glaser Pediatric AIDS Foundation and won a US$60 million project, which will integrate HIV services with tuberculosis, malaria, family planning, nutrition and other health services in southwestern Uganda. The country programme, with support from Amref Health Africa in the UK, was also awarded a Comic Relief grant.

Additionally, we established a cost recovery system and an improved financial management system that have helped us to improve cost recovery, financial management and control over expenditure. We concluded the year with surplus budget which was a remarkable achievement provided the long history of deficit in Amref Health Africa in Uganda.
In 2015, Amref Health Africa UK funded 20 projects across 14 countries. From 2014 to 2016, Amref Health Africa UK was selected as Allen and Overy Global Charity of the year. To date, the partnership has raised nearly UK£1 million. The total income generated for the year under review was UK£5.7 million, up from UK£4.4 million in 2014. Additionally, from December 2014 to January 2015, Amref Health Africa UK featured as a beneficiary in the Times Christmas Appeal. Nine articles were run, with a focus on maternal health and prevention of Female Genital Mutilation (FGM). The partnership raised UK£158,788 from public donations and received a UK£ 20,000 match fund from GSK.

Amref Health Africa UK also became the Annual Beneficiary of the Qatar Goodwood Festival, thanks to the support of our President, the Duke of Richmond and Gordon, and his son, the Earl of March and Kinrara. Through the event over UK£171,000 was raised. In the same breath, income from individual givers surpassed the UK£ 00,000 mark, exceeding all expectations.

2015 saw the development and start-up of seven large projects across Africa, including the expansion of our Sexual Reproductive Health and Rights programme in Tanzania, and our maternal and child health portfolio in Kenya and Uganda. Together, these projects will reach almost 400,000 people.
The US office has been awarded some significant grants this past year. In October, one of our major donors provided funding to conduct an assessment in Guinea to identify why the approach to eradicate Ebola at that time was not effective in actually reducing the spread of the virus. Our results informed a highly successful community-centric approach, which was expanded through a six-month grant from the Paul G. Allen Ebola Programme and has contributed to the control of the Ebola outbreak.

In partnership with the Ministry of Health in South Sudan and others, the Centers for Disease Control and Prevention (CDC) awarded the US office a five-year US$6 million grant. The project aims to build the capacity of laboratory and blood transfusion services in South Sudan.

The US office also won another CDC grant focused on Global Health Security to strengthen disease surveillance at the community level in Tanzania. The project is designed to build capacity to prevent, detect, respond and control infectious disease outbreaks, strengthen border security, and mitigate other health threats.

Together with long time corporate partner Johnson & Johnson and others, Amref Health Africa in the US celebrated 10 years of the Management Development Institute (MDI) at a ceremony at headquarters in Nairobi. Graduating over 900 health leaders from more than 30 countries, MDI contributes to strengthening health systems by developing the leadership and management skills of senior African health professionals.

Communications & Fundraising

Led by Executive Director Bob Kelty and comprised of 12 enthusiastic runners who champion our work, team Amref Health Africa in the USA ran in the 2015 TCS New York City Marathon. We raised over US$60,000 and above all, had a terrific team experience. Watch out for our new supporters in next year’s marathon!

We also established the Young Professionals Board in the year under review by selecting a group of smart, enthusiastic individuals aged between 21 and 35 who are passionate about our cause, and eager to volunteer their time and expertise with us.

Our website was redesigned to engage and appeal more to our donor base through stronger and better images, introduce a user-friendly look and easy to navigate sections. The US office has also significantly increased its social media activity both on Facebook and Twitter, resulting in increased followers and overall engagement.

As members of the Clinton Global Initiative, we attended the annual meeting where Group CEO Dr Githinji Gitahi participated in a panel discussion on the use of technology in international development. It was a good opportunity to increase our visibility and meet a large number of key stakeholders, potential funders and partners.

Our advocacy activities continued as a founding member of the Frontline Health Workers Coalition, particularly in the area of developing a US strategy for Human Resources for Health (HRH) and supporting health workers in developing countries.
AMREF Flying Doctors

We launched the Medical evacuation Cover for Civil Servants and Members of the Disciplined Forces and also acquired an aircraft, Citation Sovereign C680. In the year under review, Mike Black was appointed the Chief Operating Officer. AMREF Flying Doctors also got into a new partnership with an Italian Designer to provide special edition pilots sunglasses.
The financial year ended 30 September 2015 has been a very hard one as we have addressed a number of significant challenges across the organisation. We have recognised a deficit of over $5m in the period which has been caused by losses in delivering our core activities; very difficult operating conditions in our South Sudan country programme; the recognition that many project balances that had previously been classified as recoverable from donors were not in reality recoverable; the costs of reorganising our corporate services functions in Kenya as an efficiency and cost saving measure; and the making of provisions for other costs to ensure that the organisation is fit for purpose for the next phase of its development. These actions have been necessary to restore the organisation’s financial position and to put it on a sound financial footing for the future. The benefits of these actions are being seen in the current financial period with surpluses being generated and significant new grant wins being achieved. While the deficit for the year under review has had a negative impact on the organisation’s cashflow, the Board and senior management team are confident that the actions being taken by management will lead to the financial position of the organisation being restored and that its position as Africa’s largest indigenous healthcare organisation will be further developed.

Grants and other income received in the year fell by 15% to $86.6m while expenditure fell by 12% to $91.6m. Grant write offs of $5.6m have recognised the impact of many years of over-optimism in the recoverability of project balances. We have significantly downgraded our South Sudan operations, delivering many of the support services through our shared service centre in Kenya. This has saved costs but importantly has given us greater control and oversight of the operations in that challenging country.

The financial performance of Amref Flying Doctors, the organisation’s wholly-owned company limited by guarantee, has been exceptionally good with its surpluses increased by a third compared with the previous year. Its tax exempt status has been reconfirmed for a further five years, meaning that its entire surplus of $1.2m is available to be invested in the organisation’s charitable activities.
### Statement of profit or loss and other comprehensive income for the year ended 30 September 2015

<table>
<thead>
<tr>
<th></th>
<th>2015 (US$'000)</th>
<th>2014 (US$'000)</th>
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<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
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<tr>
<td>Grants – restricted</td>
<td>69,145</td>
<td>83,346</td>
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<tr>
<td>Other income</td>
<td>2,571</td>
<td>3,134</td>
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<tr>
<td>Financing income</td>
<td>148</td>
<td>259</td>
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<tr>
<td>Income from commercial activities</td>
<td>14,706</td>
<td>15,036</td>
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<tr>
<td><strong>Total income</strong></td>
<td><strong>86,570</strong></td>
<td><strong>101,775</strong></td>
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<td><strong>EXPENDITURE</strong></td>
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<tr>
<td>Direct programme activity</td>
<td>63,830</td>
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<td>Programme monitoring and support</td>
<td>5,299</td>
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<td>Institutional development</td>
<td>2,160</td>
<td>2,371</td>
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<tr>
<td>Administration</td>
<td>6,896</td>
<td>6,763</td>
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<tr>
<td>Expenditure relating to commercial activities</td>
<td>13,460</td>
<td>14,106</td>
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<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>91,645</strong></td>
<td><strong>104,182</strong></td>
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<tr>
<td><strong>DEFICIT FOR THE YEAR</strong></td>
<td><strong>(5,075)</strong></td>
<td><strong>(2,407)</strong></td>
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</tbody>
</table>

The above statement of profit or loss and other comprehensive income has been extracted from the full financial statements of Amref Health Africa, on which the auditors, Deloitte & Touche, expressed an unqualified opinion. Copies of the full financial statements can be obtained from:

**Group Chief Finance Officer**

Amref Health Africa

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Kenya
INTERNATIONAL BOARD MEMBERS
Chair Issa

Gautam_Dalal

Henry Leblanc

Irene Odera Kitinya

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Prof Richard Muga

Teshome Gebre

Tim Wilson

Tjark de Lange
1. Githinji Gitahi - CEO, Amref Health Africa
2. Abenet Berhanu - Country Director, Amref Health Africa, Uganda
3. Anne-Marie Kamanye - CEO, Amref Health Africa, Canada
4. Austin Beebe - Programme Leader, Water, Sanitation and Hygiene
5. Auxi Reula - CEO, Amref Health Africa, Spain
6. Bettina Vadera - CEO, Amref Flying Doctors
7. Betty Muriuki - Content Manager
8. Desta Lakew - Head of Fundraising in Africa
9. Festus Ilako - Technical Director, Medical Services
10. Florence Temu - Country Director, Amref Health Africa, Ethiopia
11. Frances Longley - Ag. Country Director, Amref Health Africa, UK
12. Guglielmo Micucci - CEO, Amref Health Africa, Italy
13. Helena Bonnier - Amref Nordic
14. Henri Leblanc - CEO, Amref Health Africa, France
15. Jane Carter - Technical Director, Clinical and Diagnostics
16. Joachim Osur - Technical Lead, Reproductive and Child Health
17. Jonathan Dutton - Director of Finance
18. Josephat Nyagero - Programme Leader, Research
19. Lennie B. Kyomuhangi-Igbodipe - Chief Programmes Officer
20. Marcus Leonhardt - CEO, Amref Health Africa, Germany
21. Meshack Ndirangu - Country Director, Amref Health Africa, Kenya
22. Nancy Muriuki - Director, Human Resources
23. Nzomo Mwita - Ag. Head of Monitoring and Evaluation
24. Patricia Vermeulen - CEO, Amref Health Africa, Netherlands
25. Peter Ngatia - Director, Capacity Building
26. Rita Noronha - Ag. Country Director, Amref Health Africa, Tanzania
27. Robert Kelty - CEO, Amref Health Africa, USA
28. Shiprarah Kuria - Programme Manager Reproductive and Family Planning
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30. Water Schmidjel - Amref Health Africa, Austria
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d. Antonio Oyarzábal Marchesi
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f. Irene Tato Maluquer
g. Cristina Morodo Cañeque
h. Domingo Tiquaque Ramiro
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Mark Chambers (Chairman May 2016 – present)

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Chairman of Board/Advisory Council
Anthony Durrant
Board Members/Advisory Council
Honorary Director, Hon Cabinet Secretary for Defence Raychelle Omamo
Amar Kantaria
Dr Amit Thakker
Christopher Getonga
Prof. Clyde Thomson
Dr Githinji Gitahi
Irene Kitinya
Muthoni Kuria
Dr Terry Martin
<table>
<thead>
<tr>
<th>AUSTRIA</th>
<th>CANADA</th>
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<tbody>
<tr>
<td>1. ADA (Austrian Development Agency)</td>
<td>1. AG Hair – Women Leading Change Foundation</td>
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<td>20. Ian King</td>
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<td>29. Land Salzburg</td>
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<td>30. Mag. Marius Holzer</td>
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<td>35. Murino Caterina</td>
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<td>36. Neudegghof in Eben</td>
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<td>37. ORF</td>
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<td>38. Österreichisches Hebammgremium Landesgeschäftsstelle Salzburg</td>
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<td>39. Palfinger KR Ing. Hubert</td>
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<td>40. Palfinger AG</td>
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<td>53. Schwertl Magdalena</td>
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<td>54. SFA Dr. Klinger &amp; Rieger Steuerberatung für Ärzte</td>
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<td>55. Spiceworld GmbH</td>
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<td>58. Taxi 8111 Salzburger Funktaxi</td>
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<td>59. TDT Ton- und Datentechnik Viktor Mayer</td>
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<td>60. Turkish Airlines</td>
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<td>61. UniCredit Bank Austria</td>
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<td>62. Verkehrsbüro Ruefa Reisen</td>
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<td>63. Vita Club Salzburg</td>
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<td>64. Volksbank Salzburg</td>
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<td>65. Zanetti Barbara</td>
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22. Arthur and Sonia Labatt
23. Thomas Lane
24. Diane MacDiarmid
25. Mary Ann MacKenzie
26. Sandy McFadden
27. Mind Concepts Inc
28. John and Gloria Morrison
29. Mary Nixon
30. Northleaf Capital Partners Canada Ltd
31. Jeff Pentland and Astrid Guttmann
32. Propeller Communications
33. Philip Reid
34. Alana Rondi and Allen Garson
35. Lindsay Ryerson
36. Manjit Sidhu
37. Becky Sigmon
38. Suresh Singh and Nicole Koziel
39. The Blossom Foundation
40. The John Nixon Memorial Fund
41. The Norman and Margaret Jewishson Charitable Foundation
42. The Toronto Community Foundation
43. Keith N and Tanja Thomson
44. UNIFOR – Canadian Auto WORKERS’ Union Social Justice Fund
45. United Way of Greater Toronto
46. United Way of Ottawa
47. Wines of South Africa
48. Denise Young
49. Margaret Zeidler

**ETHIOPIA**
1. AECID (The Spanish Agency for International Development Cooperation),
2. AQUA FOR ALL,
3. Bristol-Myers Squibb ,
4. CCF (Carter Charitable Foundation),
5. Comic Relief, DFID (Department for International Development),
6. DFATD (Foreign Affairs, Trade and Development Canada),
7. Dutch Ministry of Foreign Affairs,
8. European Union,
9. Euro Money,
10. German Federal Ministry of Economic Cooperation and Development (BMZ),
11. GlaxoSmithKline (GSK),
12. Ministry of Health Ethiopia,
13. OFDA (Office of U.S. Foreign Disaster Assistance) through IRC (International Rescue Committee),
14. Ordesa foundation,
15. Packard foundation,
16. Smile Train,
17. UKAID/ Christian aid,
18. UNICEF,
19. USAID/Core group

**FRANCE**
1. 21 Central Partners
2. A.I.A. Associés
3. Agence Française de Développement (Government of France)
4. Airbus
5. Allen&Overy
6. Arressy et Associés
7. Artcurial
8. Attijariwafa bank
9. August & Debozzy
10. A-Z Convergences
11. Barrier et Fils
12. Berceau magique
13. Cape & Cape
14. Carrefour
15. Cartier Charitable Foundation
16. CFAO
17. Club Santé Afrique
18. Coopération internationale du Gouvernement de la Principauté de Monaco
19. Editions Viviane Hamy
20. EDF
21. Fondation Congo Assistance
22. Fondation de l’Orangerie
23. Fondation Princesse Grace de Monaco
24. Fondation Princesse Charlène de Monaco
25. Fondation Sanofi Espoir
26. Fondation Stavros Niarchos
27. Fondation Suez Environnement Initiatives
28. Fondation Sylvia Bongo Ondimba
29. Foundation GDF Suez
30. Galerie Lucas Ratton
31. Go4TH Films
32. Group Novelty
33. Groupama
34. Groupe Axantis
35. Groupe Constructa
36. Groupe Cyril Lignac
37. Groupe EDF
38. Groupe Fabrice Larue
39. HSBC
40. Infiniti
41. Ingenico
42. Jean Doucet Paris
43. Klorane bébé – Laboratoires Pierre Fabre
44. Ligne de Front
45. Lorene Agency
46. MCFL
47. Monaco Check-In
48. Monaco Live Productions
49. Monte-Carlo Food & Wine Festival
50. Monte-Carlo Société des Bains de Mer
51. NORT IA SAS
52. Rubis
53. Novelty
54. Ogéio Comptoir des Oeuvres
55. Pitch Promotion
56. Potel & Chabot
57. Radio Monaco
58. Rothschild & Compagnie
59. SAS Dauchez
60. SCHUCO International
61. SOCFIM
62. Société FBI
63. Société Générale
64. Spartoo
65. The Beautiful Watch
66. Tilder
67. Tildor
68. Vivendi
69. WBC Wine&Business Club

**GERMANY**
1. BMZ – Federal Ministry for Economic Cooperation and Development
2. GIZ - German Society for International Cooperation

**Foundations:**
1. Apotheker ohne Grenzen (Pharmacists without borders)
2. BILD Hilfe - Ein Herz für Kinder e.V.
3. Knorr Bremse Global Care e.V.
4. Sternstunden e.V.
5. Stiftung Zukunft Mensch
6. WMF Barmherzigkeit e.V.

**Corporates**
1. DHL
2. Grace Advisory & Corporate Finance GmbH
3. Novotergum AG
4. Portawin Kriege
5. Sanofi Aventis
6. Steiff
7. STRABAG International

**HEADQUARTERS**
1. ABT Associates/SHOPS
2. Alexander & Phobes
3. Carnivore Restaurant
4. Chasebank
5. EBRAK
6. Elsevier
7. General Electric
8. Glaxosmithkline
9. Johnson & Johnson
10. Kenya Airways
11. MPesa Foundation
12. Nairobi Hospital
13. Nairobi Womens Hospital
14. Path
15. Philips
16. PS Kenya
17. Samsung
18. San Valencia
19. Sarova Panafric
20. Silversprings Hotel
21. Sos Children’s Village
22. Technology Today
23. UHGE

**ITALY**
$500,000 and up
European Union
Ministero Affari Esteri – Direzione Generale per la Cooperazione allo Sviluppo
$250,000 to $499,000
C E I – Conferenza Episcopale Italiana – Italian Bishop’s Conference
$100,000 to $249,000
Fondazione Zegna
$50,000 to $99,000
Agata Pezzino
Comune di Milano
CRAI Secom
Fondazione Mediolanum
Fondazione Prosolidar
Fondazione Simonetta Seragnoli
Fondazioni 4 Africa (Cariplo, MPS, Compagnia San Paolo, Cariparma) Franco Schiavon
Future Time
Nando Peretti Foundation
$25,000 to $49,000
Air Chef
Arena Italia spa
Associazione Dottori del Sorriso
Comune di Roma
Cusan Matteo
Fondazione BNL
Fondazione Grisanti Santarato
Petrone Group
Provincia di Firenze
San Pellegrino
SEA Aeroposti di Milano
$10,000 to $24,000
Althea spa
Atlascopco
Ayan Scratuglia
Cataldi Giovanni
CC Motorday
Chiara Alini e Gianni Ballestra
Chiesa Evangelica Valdese – Union of the Methodist and Waldensian Churches
Damasceni Giovanni and Adriana
Francesca Soprani e Stefano Romano
Gagliardi Edvige
Giacinto Introini
Lottomatica
Novarese Zuccheri
Polisportiva Euplo Natali Regione Lazio
Regione Toscana
Roberto Rampon
Salvatore La Perna and Raffaella La Perna
Sante Sacilotto and Maria Grazia Verzotto
Veltron Walter
Partners & network AGIRE - Agenzia Italiana per la Risposta alle Emergenze
Associazione Medici di Origine Straniera in Italia (AMSI)
CINI: Cooordinamento Italiano Network Internazionali
Comitato UNORA: payroll giving
Federazione IPASVI
Federazione Nazionale Collegi delle Ostetriche (FNCO)
Federazione Nazionale Ordini Medici Chirurghi e Odontoiatri (FNOMCeO)
FIGC: Federazione Italiana Giuoco Calcio
Fondazione Reggio Children – Centro Loris Malaguzzi
GCAP – Coalizione Italiana contro la Povertà
Global Health Workforce Alliance
HWAI – Health Workforce Advocacy Initiative
Medicus Mundi International Network
Ministero della Salute
OMS Organizzazione Mondiale della Sanità
Osservatorio Italiano sull’Azione Globale contro l’AIDS
Osservatorio Italiano sulla Salute Globale (OISG)
Società italiana di Medicina delle Migrazioni (SIMM)
Wemos Foundation
WHO Europe

KENYA
1. Amref Health Africa in Canada
2. Amref Health Africa in Germany
3. Amref Health Africa in Italy
4. Amref Health Africa in Netherlands
5. Amref Health Africa in Spain
6. AMREF Nordic
7. Assrazeneca
8. Big Lottery Fund
9. CDC
10. Comic Relief
11. Danida
12. DFID
13. European Commission
14. Fintrac
15. GIZ
16. Global Fund
17. Jhpiego
18. Karolinska
19. MSH
20. Safaricom- MPESA Foundation
21. Sight Savers International
22. UNICEF Funds
23. University Of British Columbia
24. UNOPS
25. USAID

NETHERLANDS
1. Amsterdam RAI
2. Anna Muntez Stichting
3. Aqua for All
92. S & H Productfulfillment BV
93. Mr I N van Schaik
94. Mr C A Schoorl
95. Mr/Mrs M M H Schotel-Nederlof
96. Mr/Mrs P F J Sjoukes
97. Solera Nederland
98. St Amphia Locatie Lange
99. St Berkenzathe
100. St Mundo Crastino Meliori
101. Stichting Doelwijk
102. Stichting Eekhoorn Leiden
103. Stichting FFFCVM
104. Stichting Herason
105. Stichting Het Schild
106. Stichting Hoop
107. Stichting van Leeuwen
108. Mr A P Simons and Mrs L Stolk
109. Mr R G Steures
110. Stichting Beheer Het Schild
111. Stichting Njokuti
112. Stichting Pelgrimshoeve
113. Stichting Retourschip
114. Stichting Thukrowfonds
115. Stichting van Leeuwen
116. Mr A P Simons and Mrs L Stolk
117. Mr E Talens
118. Mrs M W Tamerius
119. TAUW
120. Mrs M L A J Thissen
121. Mrs M J Tholenas
122. Mr C L M Timmer
123. Van der Meer-Boerema Stichting
124. Mr C G J van der Velden
125. Mr J W Veldwisch
126. Mr/Mrs J W Veneman
127. Mrs J M Visser-Brandhof
128. Mrs B de Voogt
129. Vriendenloterij
130. VRIMS Foundation
131. Mr A van Vuuren
132. VaAGroep BV
133. Mr T B de Waart
134. Werkgroep Vrouwen voor Vrede
135. Willem Nico Scheepstra Stichting
136. Mr and Mrs F R de Winter
137. Zusters Ursulinen van St Salvador
138. Zuijderduijn Art Productions
139. Zusters Dom van Neer Bosch

NORDIC
1. A number of private donors

SOUTH AFRICA
1. European Union Delegation in South Africa

SPAIN
Institutional Donors:
1. Spanish National Cooperation Development Agency (AECID)
2. Castilla y León Regional Government
3. Madrid Regional Government

Corporate Donors:
1. Arnáiz & Partners
2. Bankia
3. BinterTechnic
4. Sappiencia
5. Clifford Chance
6. El Corte Inglés
7. Ferrovial
8. Fundación ACS
9. Fundación Carmen Gandarias
10. Fundación Roviralta
11. Grupo Ramiro Restaurantes
12. Ontex
13. Semines / Minersa
14. Teatro Juan Bravo + Diputación de Segovia
15. Grupo Lezama
16. L’Oreal
17. Talleres Eléctricos M. Serrano
18. Universidad Complutense de Madrid
19. Universidad de Alcalá
20. Universidad de León
21. Visionlab

TANZANIA
1. Allen & Overy
2. Bank M
3. Barclays Bank
4. Big Lottery Fund
5. Castilla& Leone Council
6. Center for Disease Control and Prevention (CDC)
7. Danish International Development Agency (DANIDA)
8. Department for International Development (DFID)
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<th>Department of Foreign Affairs Trade and Development (DFADT) Canada</th>
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<td>Dutch Foreign Ministry (MFS)</td>
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<td>Dutch Postcode Lottery</td>
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<td>East Africa Breweries Limited /Serengeti Breweries Limited</td>
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<td>GlaxoSmithKline (GSK)</td>
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<td>International Development Agency (Ministry of Foreign Affairs-Spain)</td>
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<td>Irish Aid</td>
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<td>Junta De Castilla y Leon</td>
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<td>Kenya Commercial Bank (KCB)</td>
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<td>Madrid Regional Government-Spain</td>
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<td>Save the Children</td>
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<td>SONGAS</td>
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<td>Swedish International Development Agency</td>
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<td>22.</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>23.</td>
<td>UN Women (UN Trust Fund to End Violence Against Women)</td>
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<td>UNFPA</td>
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<td>UNICEF</td>
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<td>USAID</td>
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<td>Water Aid Tanzania</td>
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**UGANDA**

1. Big Lottery Fund (BLF) UK
2. Department of Foreign Affairs, Trade and Development (DFATD)
3. Centers for Disease Control and Prevention (CDC)
4. The Dutch Ministry of Foreign Affairs
5. Danish International Development Agency (DANIDA)
6. European Union
7. GlaxoSmithKline
8. Grand Challenges Canada
9. Jochnick Foundation
10. Sanofi
11. MacArthur Foundation
12. Post Code Lottery Swedish
13. Broadcasting Cooperation (SBC)
14. Smile Train USA
15. Jersey Overseas Aid Commission (JOAC)
16. Deutsche Gesellschafter Internationale Zusammenarbeit (GIZ)

**UNITED KINGDOM**

**Corporate Partners**

1. Accenture Foundation
2. Allen & Overy
3. Diageo
4. Euro Money Institutional Investor
5. GSK
6. Nelsons
7. Simmonds and Simmonds
8. Somak
9. Viiv Healthcare UK Ltd
10. Williamson Tea

**Institutions**

1. Big Lottery Fund
2. British Council
3. Comic Relief
4. Department for International Development
5. European Commission
6. Jersey Overseas Aid Commission

**Trusts and Foundations**

1. The Golden Bottle Trust
2. The Cotton Trust
3. The St Mary’s Charity
4. The Austin Bailey Foundation
5. Somerset Local Medical Benevolent Fund
6. Miss K M Harbinson’s Charitable Trust
7. The A and E Education Trust
8. The Pennycress Trust
9. Peter Storrs Trust
10. The Prince of Wales’s Charitable Foundation
11. P F Charitable Trust
12. The Charities Advisory Trust
13. Daily Mail and General Trust
14. The Michael and Anna Wix Charitable Trust
15. The Sylvia Adams Charitable Trust
16. Gilander Foundation
17. The Hermitage Trust
18. The Allan & Nesta Ferguson Charitable Trust
19. A P Bartelet Trust
20. The Souter Charitable Trust
21. The Emerton-Christie Charity
22. The Vernon – Educational Trust
23. Mainhouse Charitable Trust
24. The Leswyn Charitable Trust
25. The Batchworth Trust
26. The N Smith Charitable Settlement
27. The Paget Charitable Trust
28. Bryan Guinness Charitable Trust
29. The Lord Deedes of Aldington Charitable Trust
30. Evans Trust
31. The Honourable M L Astors 1969 Charity
32. The Thousandth Man – Richard Burns Charitable Trust
33. Cumber Family Charitable Trust
34. The De La Rue Charitable Trust
35. The Beatrice Laing Charitable Trust
36. The Fulmer Charitable Trust
37. Tula Trust
38. Simon’s Charity
39. The Hollick Family Charitable Trust
40. Professor D G Montefiore Charitable Trust
41. Sheila Whitley Trust
42. Andor Charitable Trust
43. The Dulverton Trust
44. Pawle Charitable Trust
45. Roger Vere Foundation
46. The Seventh Earl of Bradford’s 1981 Charitable Trust
47. Lord Maclay Charitable Trust
48. The Ardwick Trust

Community Partners & Supporters
1. People for People
2. Sally Poltimore – Hungerford Christmas Fair
3. Wolfson College, University of Oxford

Individuals
1. Adam Williams
2. Alice Zhang
3. David Baker
4. Ian McQueeney
5. John Fuller
6. Mick Csaky
7. Mike Beswick
8. Simon Waters

USA
$500,000+
1. Anonymous
2. Johnson & Johnson
3. McBride Family & Aspen Business Center Foundation

$250,000 TO $499,999
1. Barr Foundation
2. World Vision

$50,000 TO $249,000
1. Audrey Irmas Foundation for Social Justice
2. The Boeing Company
3. The Search Foundation
4. Smile Train

$25,000 TO $49,999
1. The Branchville Agency Insurance
23. Pfizer Foundation Matching Gifts Programme
24. World Bank Community Connections Fund

$1,000 TO $4,999

1. Eritrea Abraha
2. Accenture Mygiving
3. Altman/Kazickas Foundation
4. Michael Anderson
5. Anonymous
6. Bill & Melinda Gates Foundation
7. Jerry Baldridge
8. Rutgers Barclay
9. Catherine Besse
10. Diane Bowes
11. Alicia Brown
12. Catherine Cahill and William Bernhard
13. Elizabeth Carr
14. Tammy China
15. Michael Clarke
16. John Cogman
17. Stephen Cummings
18. Michael Cushing
19. Lawrence Daniels
20. Deutsche Bank Americas Foundation
22. Jan-Roelof Falkena
23. Susan Fennell
24. Fidelity Charitable Gift Fund Anonymous
25. Lesley Fisher
26. Gretchen Fisher
27. Damaris Ford
28. Frank Ford
29. Tom Freudenheim
30. Jeff Gardner
31. Robert Garthwait
32. Yusupha Gassama
33. Charles Gilmour
34. Give with Liberty
35. Dale Glasser
36. Global Giving Foundation
37. Richard Goldsmith
38. The Good Works Foundation
39. Jay Haertel
40. Sabine Hagemann
41. Harvey Family Charitable Foundation
42. Michael Hecht
43. Clyde Heckert
44. Carmen Hills-Mekoba
45. Andrea Hoinacki
46. Naze Holobinko
47. Nancy Hsiung and Charles Keough
48. International Monetary Fund
49. Alejandro Jaimes
50. Ethan Johnson
51. Aaron Jones
52. Linda Jones
53. Just Give
54. Peter Kahane
55. Fuat J. Kavak
56. Reed Kendall
57. Robert Kindler
58. Bryan Kleist
59. Kari La Rocco
60. Wade Lamble
61. Landmark Charitable Foundation, Inc.
62. Ronald and Valerie Lauderdale
63. Joel Lawson
64. Matthew Levy
65. Helen & William Mazer Foundation
66. Microsoft Matching Gifts Programme
67. Peter Mika
68. David Morena
69. Katharine Morgan
70. Charles Mott
71. Greg Muir
72. Jennifer Nadeau
73. National Philanthropic Trust
74. Matthew Neiger
75. David Newcorn
76. Northeastern Mosquito Control Association
77. Alexander Obbard
78. Lisa Oberholzer-Gee
79. James Protz
80. Margaret Quinn
81. Gary Rawdon
82. Elizabeth Rees
83. William Revelle
84. Peter A. Ridings Foundation
85. David Rolf and Leigh Rawdon
86. Seymour and Sylvia Rothchild Family 2004 Charitable Foundation
87. Veronique Salins
88. Leon Sauke
89. The Schmitz-Fromherz Family Fund
90. Sandra Shaffer
91. David Shamma
92. Anne Sullivan
93. Mark Thielking
94. Madeline Thomas
95. George van der Ploeg
96. Cynthia Wachtell and Jeffrey N. Neuman
97. Karen Walkowski
98. Lakeicha Watson
99. Alan Weamer
100. Yahoo Inc.

$500 TO $999
1. AbbVie Inc. Employee Giving Campaign
2. Jennifer Ahn-Newman
3. Alexander Aledo
4. Joaquin Alemany
5. Miriam Alper
6. America’s Charities
7. Anonymous
8. Apple Inc
9. Elron Awase
10. Jay Blahnik
11. Richard Brenner
12. Steven Brown
13. Mary Bunting
14. Frank Chervenak
15. Rob Clarkson
16. Elizabeth Colton
17. Philip Cook
18. Elizabeth Cooke
19. Jes Cornette
20. Andrea Dell’Apa
21. Laurence Eggers
22. George Evans
23. Brian Farrer
24. Amy Finlay
25. Madison S. Finlay
26. Ted Flicker
27. Mary Flower
28. Michael Folk
29. Sharon George
30. Yvette Gerrans
31. Theo Giesy
32. Dale Glasser
33. Jerome Hanner
34. Robert Henry
35. Christian Hinrichs
36. John Hirschi
37. Richard Howe
38. R.J. Hutton
39. Robert Johnson
40. John Judd
41. JustGive
42. William Kaynor
43. Hugo Keunen
44. Family Khosla
45. Richard Kirby
46. Patrice Kopistansky
47. Allen Kwon
48. Nadya Lefaivre
49. Robert Losonsky
50. Mireille Louis Charles
51. Madison Performance Group
52. McBride Family & Aspen Business Center Foundation
53. George McCartney
54. Mary McConnell
55. McKinsey
56. Joanna Mendis
57. John Morriss
58. David Mustone
59. Ernest Osei-Tutu
60. Robert Peacock
61. Carol Penn
62. Arthur Phinney
63. Priscilla Pochna
64. Philip Pope
65. Francisco Rotich
66. Robert Schweich
67. Richard Sine
68. Simran Singh
69. Jeffrey Sloss
70. Wesley Smith
71. Colin Smith
72. Kelsi Sutton
73. John Sweeney
74. Tesla Energy Solutions
75. The H & S Menowitz Foundation
76. The P.T.M. Charitable Foundation
77. The World Bank
78. Truest Connect
79. United Way of Central New Mexico
80. Marjolein van der Meulen
81. Donald Weaver
82. Joseph Weintrop
83. Susanna Weiss
84. Jeffrey West
85. Wichita Falls Area Community Foundation
86. Eleanor Worth
87. Li Zhu

WEST AFRICA

1. Ministère de la santé et de l'action sociale
2. Ministère de l'Education Nationale
3. Ministère de la Famille
4. Association Sénégalaise pour le Bien être Familial (ASBEF)
5. Groupe d'Etude pour l'Enseignement de la Population (GEEP)
6. WATERAID
7. Save the children
8. One World UK
9. Club Santé Afrique
10. Una Gota Una Vida
11. Coopération Espagnole
12. Fondation Stavros Niarchos
13. Charitable Fondation Cartier
14. Fondation Sanofi Espoir
15. Fonds des Nations Pour la Population
16. Banque Islamique de Développement
17. Agence Française de Développement
18. Ministère des Affaires Étrangères du Pays Bas
19. Sénégal mines
20. Global health Workforce alliance
21. Fondation RAJA