

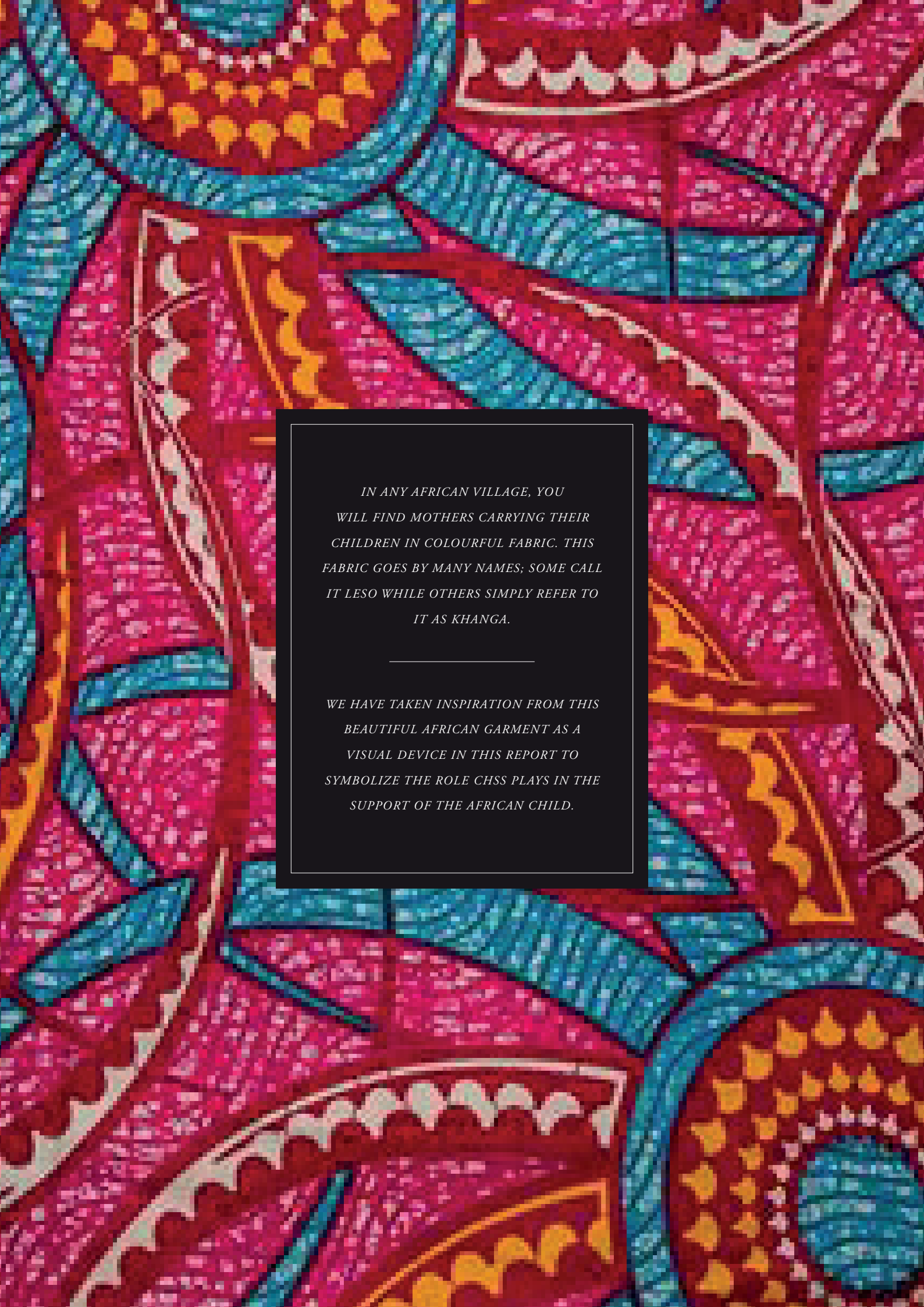
TRANSFORMING LIVES

BY BUILDING SUSTAINABLE HEALTH SYSTEMS IN AFRICA

2015



ANNUAL
REPORT



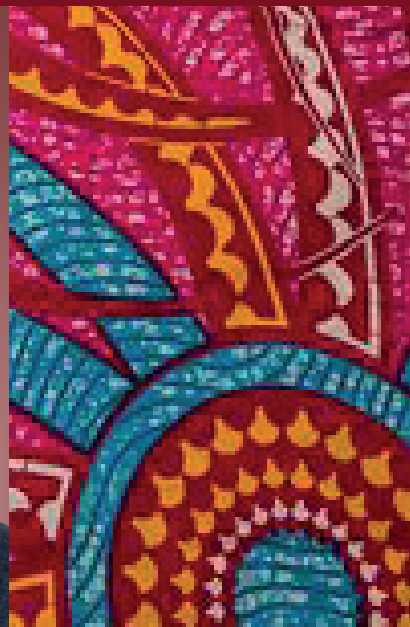
*IN ANY AFRICAN VILLAGE, YOU
WILL FIND MOTHERS CARRYING THEIR
CHILDREN IN COLOURFUL FABRIC. THIS
FABRIC GOES BY MANY NAMES; SOME CALL
IT LESO WHILE OTHERS SIMPLY REFER TO
IT AS KHANGA.*

*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

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.

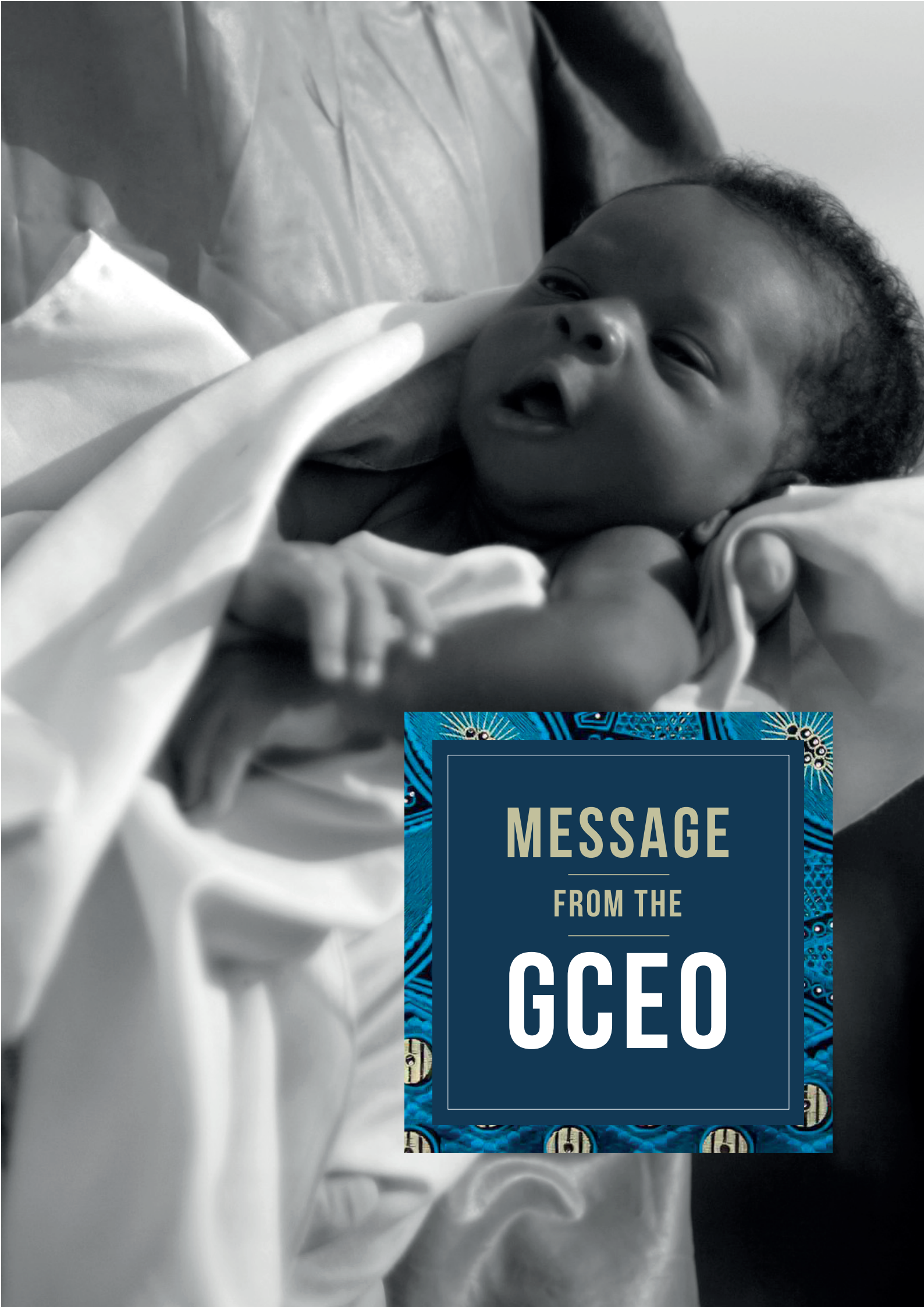
Amref Health Africa continued to play a key role in advocating for policies and practice to reduce maternal mortality, especially by increasing the numbers of midwives trained in emergency obstetric care, and overall strengthening of health systems.

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

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.

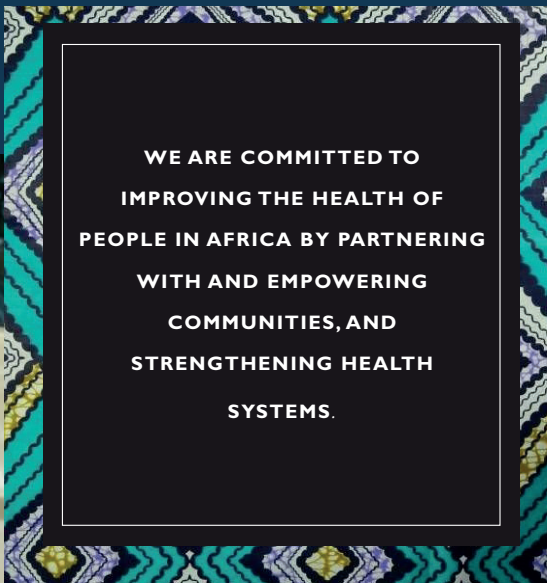
We already have made some successful steps into entrepreneurship. Amref Flying Doctors is now a flourishing enterprise, generating funds for Amref Health Africa's work and for charity evacuations of patients who need but cannot afford the

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



WE ARE COMMITTED TO
IMPROVING THE HEALTH OF
PEOPLE IN AFRICA BY PARTNERING
WITH AND EMPOWERING
COMMUNITIES, AND
STRENGTHENING HEALTH
SYSTEMS.



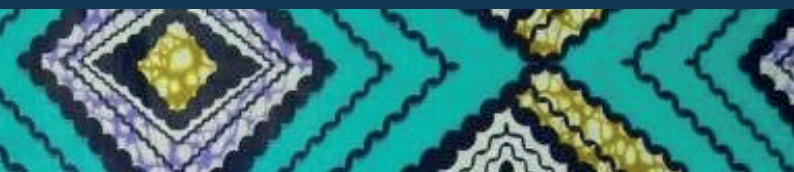
AMREF

South Sudan



SUCCESS





STORIES



GUINEA

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.



TANZANIA



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



KENYA



Amref Health Africa in Kenya turns to mobile solutions to improve health reporting

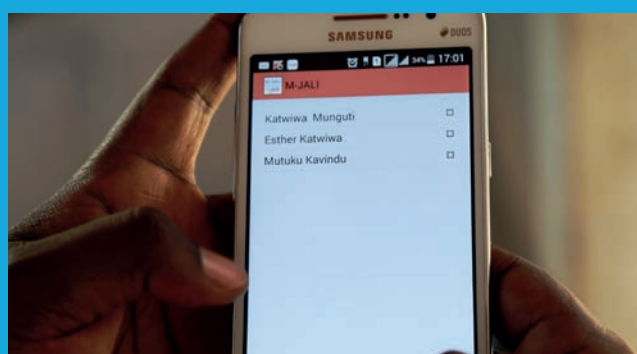
The Community Health Strategy (CHS) was introduced in Kenya to strengthen linkages between communities and the formal health system. Within the CHS, a Community Based Health Information System (CBHIS) provides a framework for monitoring health status by providing information to support dialogue and action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





COUNTRY HIGHLIGHTS



AUSTRIA



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 Schvertl. 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 APHIAplus IMARISHA, as a honorary 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 Schvertl 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.

CANADA

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 Health 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[Image: Dr Mandela]

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.



[Image: Dr Gitahi and Bridget]

Dr Makaziwe Mandela gives the keynote address at the MAMATOTO gala. Photo by Jeff Nafeesa Jalal



ETHIOPIA

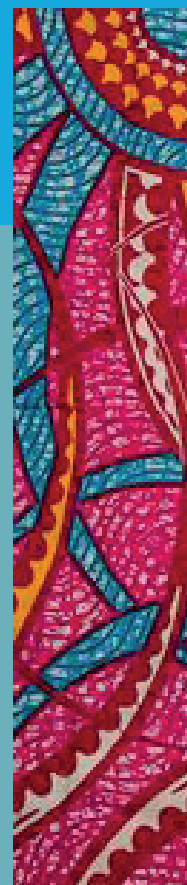


In the year 2015, Amref Health Africa in Ethiopia reached around 733,772 (398,178 female and 335,594 male) beneficiaries through its programmes. In this period, a total of approximately 15,712 (6,460 female and 9,252 male) people were trained through Amref Health Africa in Ethiopia programmes. The country 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 Aduugna 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.



FRANCE



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 “Celle 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 ambassadors 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.

GERMANY



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



ITALY



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.



KENYA



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NETHERLANDS

Amref Health Africa in the Netherlands has been selected as one of the 25 strategic partners from the Dutch Ministry of Health. Together with ACHES, 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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NORDIC



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 Radiohjälp 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 Health Africa was spread to representatives from embassies, corporations and institutions.



SOUTH AFRICA



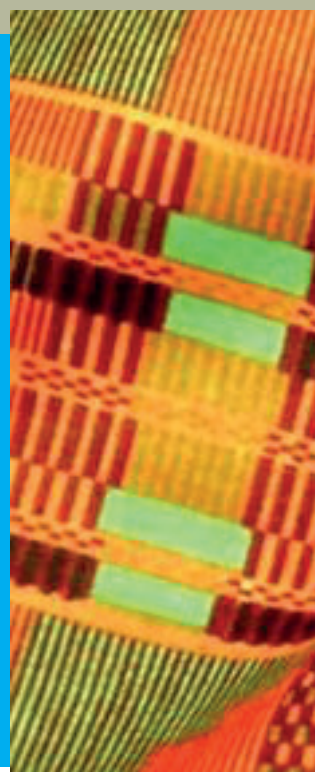
In the year under review, the Regional Hub Office for South Africa (SA) in Pretoria was closed due to cost saving restructuring that has seen each Field Office being operated as a standalone. The SA project staff moved to the Limpopo provincial field office which is in Polokwane.

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.



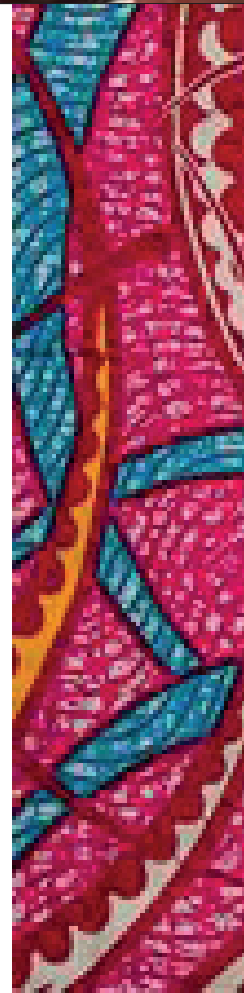
SPAIN



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.



TANZANIA



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.



UGANDA



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.



UNITED KINGDOM (UK)



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.



USA



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 Keltz 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



FINANCIAL REVIEW

FINANCIAL REVIEW

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

INCOME	2015 (US\$'000)	2014 (US\$'000)
Grants – restricted	69,145	83,346
Other income	2,571	3,134
Financing income	148	259
Income from commercial activities	14,706	15,036
Total income	86,570	101,775
EXPENDITURE		
Direct programme activity	63,830	75,651
Programme monitoring and support	5,299	5,291
Institutional development	2,160	2,371
Administration	6,896	6,763
Expenditure relating to commercial activities	13,460	14,106
Total expenditure	91,645	104,182
DEFICIT FOR THE YEAR	(5,075)	(2,407)

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:

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LadySue Woodford Hollick

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Prof Keith McAdam

Mrs. Marry de Gaay Fortman

Mr Joseph Edward Pegues

Mrs. Muthoni Kuria

Mr Gautam Dalal

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Dr Tewabech Bishaw

Mr Nicholas Merindol

Prof Richard Otieno Muga

Mrs Irene Odera Kitinya

Ms Mary Ann Mackenzie

Ms Kellen Eileen Kariuki

Mr. Tjark de Lange



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Gautam_Dalal

Henry Leblanc

Irene Odera Kitinya

Kellen Kariuki

Mario_Raffaell

Prof Richard Muga

Teshome Gebre

Tim Wilson

Tjark de Lange

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| 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 |
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| 16. Joachim Osur | - Technical Lead, Reproductive and Child Health |
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| 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 |
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- d. Mr Solomon Teklehaimanot
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- Dinese Hannewald
- René Hermann
- Professor Dr Marion Kiechle
- Professor Dr Volker Klauss
- Cornelia Kunze
- Dr Goswin von Mallinckrodt
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8. One World UK
9. Club Santé Afrique
10. Una Gota Una Vida
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12. Fondation Stavros Niarchos
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15. Fonds des Nations Pour la Population
16. Banque Islamique de Développement
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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)
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