Welcome to our 2016 Annual Report
Robert Wolk | Board Chair

Welcome to our 2016 Annual Report. I am delighted to have the opportunity to share with you an overview of Amref Health Africa’s essential work.

Africa has 16% of the world’s population, but 49% of the world’s maternal deaths and 50% of the world’s children-under-five deaths. Furthermore, there is a critical lack of access to trained healthcare workers, especially in rural areas.

That’s where Amref Health Africa comes in. Amref Health Africa is the largest healthcare NGO in Africa and aims to create lasting change by empowering communities, strengthening health systems and training trusted health workers to serve in their communities. This year alone we trained over 234,000 health workers (the majority of whom are women).

Having visited many of Amref Health Africa’s programs, I have witnessed firsthand the commitment and dedication of the organization – and our amazing staff – to the communities we serve and the impact the health workers we train make.

As Board Chair, I am incredibly proud of the work Amref Health Africa does, which we could not accomplish without your support. However, I recognize there is still an enormous need and we can do so much more to improve the lives and enhance the potential of women, men and children across sub-Saharan Africa. We are profoundly grateful for your continued support and hope you enjoy our 2016 Annual Report.
Message from the Executive Director
Robert Kelty | Executive Director

Dear Friends,

2017 marks Amref Health Africa's 60th anniversary. 60 years of bringing grass-roots, sustainable, effective programs to communities across sub-Saharan Africa. In 60 years, we have reached millions upon millions of women, men and children, thanks entirely to our donors.

Now more than ever, we recognize the importance of our supporters. For organizations dedicated to providing care for the most vulnerable populations in Africa, the drastic reductions in foreign aid from the US Government makes these especially challenging times. The current administration’s budget for next year proposes a 32% reduction in all foreign humanitarian aid, with the greatest cut to family planning programs. This means that the population that Amref Health Africa primarily serves—women and children—would be the hardest hit.

In 2016, in anticipation of these potential changes, we ramped up our activities to reach more supporters and raise awareness of our work. We created our now annual fundraising event, ArtBall, ran the TCS New York City Marathon, engaged young professionals, and went after private foundation funding. I am also proud to announce we were awarded our first grants from the Bill & Melinda Gates Foundation and the Rockefeller Foundation. I hope you enjoy reading about these initiatives, and of our work on the ground in Africa that helped expand access to maternal care, prevent HIV infections on a large-scale basis, and so much more.

We know that because of your support, we will not only continue to run our life-saving and life-changing programs, but we will strive to be more innovative than ever before – thank you!
About Amref Health Africa

What We Do:
To achieve our vision of lasting health change in Africa, we strengthen health systems from the ground up through the critical areas of: maternal and child health, fighting infectious disease, clean water and sanitation, clinical and surgical outreach, and girls empowerment. We train local health workers at all levels, from Community Health Workers – health workers who are elected by their community – to midwives and nurses, using tried-and-true methods like on-the-job training and innovative solutions like using mobile phones as an educational platform. Our 60 years on the ground has also taught us that change lies in Africa’s communities, which is why we partner directly with communities and equip them with the knowledge, skills and means to transform their health.

Why Amref Health Africa:
With nearly 97% of our staff coming from the communities in which we work, we specialize in African solutions to African problems using African expertise

2016 Highlights:

13 million people reached with health services
234,000 health workers trained
63% of health workers trained were women
Maternal Health and Child Health
Reducing illnesses and preventable deaths

Fighting Infectious Diseases
Preventing and treating HIV/AIDS, TB, Malaria and Ebola

Clean Water and Sanitation
Making sure more communities have access to clean and safe water

Improving Surgical, Diagnostic and Clinical Services
Expanding access to quality health services for disadvantaged communities

Girls Empowerment
Ensuring that young girls are equipped with the right knowledge to make informed decisions about their health and future

Training Health Workers
Creating a strong backbone for local health systems that will last for generations to come
Improving Maternal and Child Health in Iten, Kenya

Iten is known as the marathon training capital of the world because its high altitude makes it ideal for endurance training. Despite its notoriety, historically less than 35% of the women in Iten received assistance from a trained health worker, like a midwife, while giving birth. Without the presence of a health worker, a woman in labor increases her chances of death, or of complications that can last a lifetime. Thanks to supporters like you, Amref Health Africa has changed this.

To combat this, we launched a project in Iten in March 2016 with marathon superstars Mary Keitany and Wilson Kipsang to show their support for the people in their home communities. The work included increasing local women’s access to quality Reproductive, Maternal and Child Health (RMNCH) services by training health workers like midwives and nurses to provide better care to women before, during and after childbirth, and to provide the community, especially expecting and new mothers, with health education to make informed decisions about their health.

Additionally, we trained midwives and other health workers on how to manage common childhood illnesses in young children. Recognizing that Traditional Birth Attendants (TBAs) — respected women who perform traditional rituals — are important in the community, we trained TBAs to refer women to health facilities for care, and to promote healthy behaviors such as washing their hands and attending at least four antenatal care visits while pregnant.

We also organized monthly dialogue days where trained health workers held meetings to provide health education, and community members could discuss their health concerns.
We also organized regular outreach days where health workers would visit community members who lived in harder-to-reach areas, miles away from the closest health facility.

The following are a few highlights of what your support has made possible:

- **24 midwives and nurses** trained to improve the quality of antenatal care services offered to pregnant women
- **25 health workers** (including nurses and midwives) trained in the management of childhood diseases
- **20 TBAs** were trained to offer health promotion and education and to refer pregnant women and women in labor to a health facility
- **28 midwives** trained in Basic and Emergency Obstetric and Newborn Care, enabling these midwives to assist women in labor safely deliver their newborns
- **1,000 people** reached with various RMNCH services, including antenatal care, cervical cancer screenings, family planning, and HIV/AIDS testing and counseling across four outreach days
- During one community dialogue day in particular, the community agreed that HIV/AIDS was an issue they wanted to collectively address. As a result, a “health action day” was organized – where community members could receive voluntary counseling and testing to know their HIV status. Over **600 community members** benefitted from these services.
Scaling up HIV/AIDS Prevention in Uganda

Within Uganda’s population of 30 million, approximately 1.1 million are infected with HIV, with 132,000 new infections of HIV occurring annually. Since 2010, Amref Health Africa, in partnership with the Centers for Disease Control and Prevention (CDC), has helped to reduce the number of new HIV infections in Uganda through the Scale-up of Comprehensive HIV/AIDS Prevention (SCHAP) Program. The focus of SCHAP is to reduce new HIV infections by expanding HIV/AIDS prevention services with Voluntary Medical Male Circumcision (VMMC) as the key intervention, as VMMC has been proven to reduce the risk of contracting HIV by over 60%.

We’ve also been able to improve treatment and prevention of other sexually transmitted infections (STIs) and condom distribution. We trained health workers to offer quality HIV testing and counseling services including couples counseling. As part of the program, when someone happens to find out they are HIV positive, health workers have been trained to immediately refer them to treatment as well as group counseling.

Part of the program’s success is due to satisfied VMMC beneficiaries who volunteer to become community mobilizers, and go out into their community and educate their friends, family and neighbors about VMMC and other prevention services they’ve received. This has been crucial in mobilizing other men to seek out VMMC themselves. SCHAP was originally planned to end in 2016, but the program was so successful that the CDC extended the program for an additional year into 2017.
Because of our supporters, we’ve been able to achieve the following:

1,967 HIV positive patients linked with anti-retroviral treatment and counseling

302,227 HIV tests provided

- Provided VMMC services to 336,383 males aged 10 years and above against an original target of 294,554 (114% achievement)
- Conducted 6,678 couples counseling sessions
- Provided 11,320 men and women with STI treatment services
- Distributed over 3 million condoms
According to a recent UN report, more than 200 million girls and women in 30 countries around the world have undergone Female Genital Cutting (FGC) – a dangerous practice that involves the partial or total removal of female genital organs for non-medical reasons. In some communities throughout sub-Saharan Africa, FGC is still considered an important tradition that marks a girl’s transition from girlhood to womanhood. The practice, however, is extremely harmful, can lead to death, and is internationally recognized as a human rights violation.

This is why we have taken the ambitious stance to end FGC in Africa by 2030. For the past 10 years, we have successfully partnered with communities to end the practice and adopt the Alternative Rites of Passage Program (ARP), and we know we can go further.

ARP is a community-led and community-driven alternative to FGC that retains the harmless cultural rituals and celebrations around womanhood while removing the harmful cut for girls. In Kenya in 2009, Amref Health Africa worked side-by-side with the Maasai community who proposed the alternative to FGC themselves to roll out ARP. ARP offers training that sensitizes local communities to the dangers of FGC, and promotes a collective decision to abandon it and embrace ARP. The new ritual combines the traditional ceremony with sexual and reproductive health education and the promotion of girls’ education.

To date, more than 10,000 girls in Kenya and Tanzania have participated in the ARP program, enabling them to escape child marriage, and continue their education. In 2016, we created The Wangechi Mutu Alternative Rites Education Scholarship which will cover the schooling fees for 35 girls who have undergone ARP.

Working Towards Our Vision of a Continent Free of FGC by 2030

10,000 girls have undergone ARP and escaped FGM and child marriage
Meet Midwife Jaseline

“Since the training, I have not had any maternal deaths or fetal deaths.”

Jaseline is a 31 year old midwife who lives and works in Iten. She was one of the midwives we trained thanks to your support.

Before Amref Health Africa began training midwives there, Jaseline says “In this region, many mothers were delivering at home with traditional birth attendants. But I’ve seen a drastic change, especially in delivery. So many mothers are coming to deliver at the health facility.” Jaseline recounts a day at work when the training she received helped her and her patient in a time of need:

“One day, I delivered a mother and the baby was asphyxiated. Through the training I received from Amref Health Africa, I was able to resuscitate the baby and the process was successful.

As a midwife, it was important for me to get training especially on Basic and Emergency Obstetric and Newborn Care because I work in the labor ward and it has helped me to manage emergencies before, during and after labor. The training has helped me a lot to even diagnose complications before they happen and I can provide the necessary help to the mother. Since the training, I have not had any maternal deaths or fetal deaths and I can say that is the important thing about the training.”
Young Professionals Board

Last year, Amref Health Africa in the USA launched the Young Professionals Board (YPB) to help raise awareness and support for our work among professionals under the age of 35 in the New York area as well as throughout the USA. The YPB offers an environment where members can deepen their understanding of international development, gain leadership experience, and have a greater network of peers and established professionals interested in reducing global poverty.

The YPB is currently comprised of up-and-coming professionals from a variety of backgrounds including finance, media, and global health, and have been essential in raising Amref Health Africa’s visibility. Alvin Massy is a Chief Risk Employee at Barclays. He joined the YPB in 2016. Read why Alvin joined the YPB:

“On October 15, 2015, I returned to the US, marking my second trip to the “continent” after spending almost 2 weeks in Tanzania. I only saw a small cross sample of how people in Tanzania lived, but it made me understand how fortunate I was to enjoy certain amenities that I take for granted. It was enough to invoke a deep sense of servitude and a desire to start my own not-for-profit.

It was upon my return, where I was introduced to Nyagaka Ongeri, a member of Amref Health Africa’s Board of Directors, by way of my manager at Barclays. Nyagaka described who Amref Health Africa was and its importance and impact on Africa. Given that I manage healthcare credit counterpartners at Barclays, I reveled at the idea of marrying the social impact with my day job. In the Spring of 2016, I joined Amref Health Africa as a member of the YPB.

At Amref Health Africa and by extension - YPB, we act like a family driven by a passion to improve the quality of life through our various outreach programs.”
ArtBall

On June 8, 2016 in New York City, we hosted our inaugural Amref Health Africa ArtBall – a contemporary African art auction and event whose proceeds went to support our work on the ground in Africa.

ArtBall honored acclaimed contemporary Kenyan artist, Wangechi Mutu, with the Rees Humanitarian Award for her work in celebrating and empowering African communities. Artwork auctioned at the event was generously donated by renowned contemporary artists representing 11 different African countries including Mutu’s home of Kenya, as well as Burkina Faso, Cameroon, Congo, Egypt, Ghana, Ivory Coast, Nigeria, Senegal, South Africa and Tanzania. The event was attended by over 300 people and in total raised over $100,000.

With a generous contribution from Liz Rees, daughter of Amref Health Africa founder Tom Rees, we created the Wangechi Mutu Alternative Rites Education Scholarship. The scholarship was presented to Wangechi during the event alongside the Rees Humanitarian Award. Inspired by Ms. Mutu’s work, the scholarship will pay the education fees for 35 girls in Kenya who have successfully avoided FGC and have undergone the Alternative Rites of Passage (ARP) Program. ARP keeps all the traditional ceremonies associated with becoming a woman in Maasai communities, but replaces the act of FGC with reproductive health education and empowerment to finish their education. The scholarship will ensure that the girls can carry on what they learned through the program and are encouraged to share knowledge with their peers.
TCS New York City Marathon

For the second year in a row on November 6, 2016, along with over 50,000 other runners, Team Amref Health Africa ran in the TCS New York City Marathon – the world’s largest and most popular major marathon.

Every year, the TCS NYC Marathon selects a handful of charities to participate in its Official Charity Partner Program, which awards each charity with entries to the race. Our team this year was comprised of 11 runners from a diverse array of professional and personal backgrounds. This year, eight runners came from states all over the USA including New York, Texas, Massachusetts and Illinois. Three runners traveled all the way from Nigeria to participate.

Together the team raised over $35,000. Sarah Bilson from Oak Park, Illinois explains why she decided to join Team Amref Health Africa:

“I ran the TCS NYC Marathon for Amref Health Africa because I believe it’s an injustice that so many people continue to suffer or die from preventable health issues, while treatments exist. I wanted to do my small part to change it.”
Financial Summary

Amref Health Africa is committed to financial transparency. We are a 501(c)(3) nonprofit organization registered with the Internal Revenue Service, and we are proud of the way we manage our contributions.

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<tr>
<th></th>
<th>Unrestricted</th>
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<td>Federal Awards</td>
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<td><strong>TOTAL REVENUE</strong></td>
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|                      |              |                        |                  |                  |
| **EXPENSES**         |              |                        |                  |                  |
| Program Expenses     |              |                        |                  |                  |
| Health training, education and primary care | 2,608,999 | - | 2,608,999 | 2,263,541 |
| Clinical services    | 2,180,448    | -                      | 2,180,488        | 1,591,987        |
| Evaluation and operations research | 59,838 | - | 59,838 | 884,477 |
| **Total Program Expenses** | 4,849,285 | - | 4,849,285 | 4,740,005 |

| Support Expenses     |              |                        |                  |                  |
| Management and general | 603,637 | - | 450,373 | 424,630 |
| Fundraising           | 528,548      | -                      | 681,812          | 1,013,541        |
| **Total Support Expenses** | 1,132,185 | - | 1,132,185 | 1,438,171 |

| **TOTAL EXPENSES**   | 5,981,470    | -                      | 5,981,470        | 6,178,176        |

| Increase (decrease) net assets | 107,888 | (298,936) | (191,048) | 354,726 |

| **NET ASSETS**        |              |                        |                  |                  |
| Beginning             | 2,153,223    | 298,936                | 2,452,159        | 2,097,433        |
| End                   | 2,261,111    | -                      | 2,261,111        | 2,452,159        |
Thank You to Our Donors

We extend our deepest gratitude to all those who help us work toward our vision of lasting health change in Africa. Our work would not be possible without the contributions of these generous individuals, foundations, corporations, partners, government agencies, NGOs, and multilateral agencies that supported Amref Health Africa in the USA during the 2016 fiscal year (October 1, 2015 - September 30, 2016).

$500,000+
Anonymous
Johnson & Johnson

$250,000–$499,999
Centers for Disease Control and Prevention

$50,000–$249,000
Joseph Handleman I Believe In You Trust Foundation
The Search Foundation

$25,000–$49,999
The Branchville Agency Insurance
Michael Cushing
Flying Doctor’s Society of Africa
Mary Cooney and Edward Essl Foundation
Smile Train

$10,000–$24,000
Anonymous
Louis Auer Private Foundation
The Benevity Community Impact Fund
Ruth Ann Geisbuhler Trust
Global Impact
Peter Goldstein
Cynthia Hermes and Tom Wilson
Liya Kebede (lemlem Foundation)
Luz and William H. MacArthur Management Sciences for Health
The Nommontu Foundation
Newman’s Own Foundation
Inosi Nyatta
The Jay & Rose Phillips Family Foundation of Minnesota
Liz Rees
Bruce and Lori Rosenblum
Timothy Wilson

$5,000–$9,999
El Anatsui
Rajeev Bhaman
Chemonics
Kathy Echternach
Mark Hanhardt
Lazare Kaplan International Inc.
Richard and Jane Mescon
Milwaukee Jewish Day School
Brian M. Stewart
Maurice Templesman
Rob Wolk and Kyung-Ah Park
World Bank Community Connections Fund
$1,000-$4,999
Michael Anderson
Ned and Jean Bandler
Antonia Belt
Catherine Cahill and William Bernhard
Amy Bilkey
Bruce Bodner
Karen Bychowski
Stephen Cummings
Lawrence Daniels
Laura Donnelley
Fregens Duvalsaint
Lucy Fato
Fidelity Charitable Gift Fund Anonymous
Gretchen Fisher
Robert Garthwait
Dale Glasser
Global Giving Foundation
Benjamin Glover
Richard Goldsmith
The Good Works Foundation
Mary Hamra
Nate Holobinko
Nancy Hsiung and Charles Keough
Philip W. Johnson
Michael Jung
Peter Kahane
Natalie Kates
Reed Kendall
Bryan Kleist
Landmark Charitable Foundation, Inc.
Ronald and Valerie Lauderdale
The Lawson Family Charitable Fund
Matthew Levie
Bob and Susan Lilley
Susan MacLaury
Madison Performance Group
Phillip Marriott
John Morris
Charles Mott
Greg Muir
Jennifer Nadeau
Alexander Obbard
Akintunde Ogumodee
Nyagaka Ongeri
Igbal Paroo
James Protz
Leigh Rawdon
William Revelle
Peter A. Ridings Foundation
Anonymous
David Rolf
The Schmitz-Fromherz Family Fund
Christine Schulter
Schwab Charitable Fund
Stoddard Sennott
Richard Sine
Michael Steele
Madlyn Stokely
Jeffrey Sturchio
Madeline Thomas
Jan Van Dam
Tom Varkey
Cynthia Wachtell and Jeffrey N. Neuman

$500-$999
Eritrea Abraha
Ehimhen Agunloye
Smita Aiyar
Nelson Aluya
Ameriprise Financial Employee Gift Matching Program
Olubukonla Anyanwu
Kobby Bentsi-Enchill
John Bilson
Neil Blumstein
Lee Brekke
Steven Brown
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Rebecca Hoppy
IBM Employee Services Center
Maryanne Ilnickij
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Linda Jones
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Microsoft Giving Campaign
Henry Middleton
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Jessica Neuwirth
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Pius Nyutu
George Odongo
Tayo Oviosu
Douglas Pasto-Crosby
Carolyn and Bill Patterson
Jennifer Pickett
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Priscilla Pochna
Philip Pope
Margaret Quinn
Gary Rawdon
Kent Redding
Dennis Reid
Eric Rogoff
Terry Roller
Paul Schuman
Robert Schweich
Oludare Senbore
Kathleen Shafer
Dean Shuey
Richard Sime
Anonymous
Anonymous
John Sweeney
United Health Group Employee Giving Campaign
United Way of Central Maryland
United Way of Central New Mexico
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Donald Weaver
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