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Even in 2016 Africa has been characterized as the continent of contradictions. However, this is part of its history. Africa has been considered, after the end of colonialism, a sort of “basker case”, which has been influenced in its path by the “cold war” and by the debts accumulated because of the euphoria for independence. Hence the programs of “structural readjustment” (with the related social costs) imposed by international financial institutions in the 80s for its readmission into the international circuit, until it reached a new awareness, at the turn of the new millennium, not coincidentally called the “African Renaissance.” From this new reality arises the narration on the growth of the continent, based on the vast availability of untapped natural resources, on the growth of an urban middle class and therefore of an internal market, as evidenced by the fact that, in recent years, for the first time, foreign direct investments have exceeded the “development aid”. Of course, this growth is not homogeneous, affected by civil wars in many areas and by the involvement in the “global war against terrorism”. Furthermore, a powerful brake on the growth is constituted by the widespread corruption. For this reason, now that Africa has freed itself from colonialism and dictatorship, many Africans express the need for a “third liberation”, to get rid of the “poor governance”, which in so many countries makes it impossible to respond to the basic needs of citizens. This is why the strengthening of Amref Health Africa – as an African NGO not only able to give life to projects for the health of populations, but also to create human capital which is conscious and aware – plays a key role to promote the growth of the African civil society, namely the indispensable protagonist for the final liberation of the continent.

Guglielmo Micucci - Director of Amref Health Africa

Growing up:
a year of commitment for Amref, for Africa and for its women

When I first heard people talking about Nice, it seemed to me to hear of a faraway myth. But in 2016 I got to meet her; I saw her in action, I heard her speak, I took her around Italy and a real and true friendship has started between us. Nice, along with the other Amref operators, fights female genital mutilation in Africa. Up to now, Amref operators saved 10,500 young girls. Nice, however, has been the one who saved herself. When she was eight years old, she rebelled and freed herself. And today she fights so that other young girls can be considered free. Well, if I were to tell 2016 through an issue, I would say determination. That of Nice, while saving herself and other girls; that of Amref, in fighting inequalities and obstacles in both Italy and Africa. 2016 has been the year when we came back to Uganda with a vaccination program. It was also the year when we started considering how to increase our actions in Mozambique, also by building partnerships with the world of private enterprise. This year we have activated an emergency program in Ethiopia, to support important structural and development interventions that we carry out in Addis Abeba and in the south of the country. It was the year of Kenya, the beating heart of our organization, where we kept on working, also through the other worldwide Amref offices, basically in all of the 47 counties of the Country. In this annual report you will find a lot of numbers, photographs and descriptions of all the things we have done. You will find our budget slightly up compared to the past. You will find the relationship with all those donors who believe in us and support us with confidence and perseverence. But I’m sure that, between the lines, you will also find the sweat that every day we – many African colleagues and us – shed to keep on fighting. We will not stop doing so because our goal is making that no one, black or white, adult or child, man or woman, lags behind.
An international family

National Headquarters

EUROPE
Austria
France
Germany
Italy
Monaco
Netherlands
Sweden
Spain
United Kingdom

AFRICA
Ethiopia
Kenya
South Africa
South Sudan
Tanzania
Uganda

NORTH AMERICA
United States
Canada
strengthening of health systems at local level. Amref does implement projects for the
equipped as mobile units. Specialist medical care on board small planes
areas, thanks to the Flying Doctors, bringing
provided by Amref operators reaches places
midwives and health personnel. Medical care
centres and mobile units, including training of
local populations in both health
promote health, provide medical assistance
African countries with 160 projects to
take care of Africa.
In 2016, Amref has been operating in 35
countries, the international network is active
in 11 locations in Europe, US and Canada,
with awareness, advocacy and fundraising
activities.

A double passport
Amref believes in more conscious and active communities, in the importance
of inclusive public health systems and in equitable living conditions. In Africa, as
well as in Italy and Europe. On the basis of the African experience, since 1987 Amref
keeps a careful eye on the Italian reality too. Amref maintains dialogue with the
Italian health system to promote policies of investment, strengthening and training of
health personnel, by the search for equity. It does increase the basic health services
in neighbourhoods with high-density of migrants, in order to strengthen the health
offer and encourage integration.
To promote the activation of Italian citizens in decisions affecting their own health, Amref
brings educational programs within public school, discusses with the representatives
of health personnel and strengthens access to services in the most deprived urban
neighbourhoods.

Vision
A world where the right to health is
consciously exercised by every single person
and equally guaranteed by the collectivity.

Values
• We are a non-political and lay organization.
• We do reject all forms of discrimination
• We are motivated by the principles of solidarity and social justice
• We do believe that individuals and communities should be agents of change
• We use the financial resources according to the criteria of effectiveness, efficiency
  and fairness
• We want to be transparent in the management and communication of all activities, responding with full
  responsibility for our choices.
• We ask our partners to adopt practices consistent with the values and goals of our organization
• We do believe in the value of the human resources of our organization, and in the protection of their rights and
  responsibilities as working women/men.

Mission
Needs and rights are globally interdependent, that is why we promote the universality of
the right to health and fight inequalities: prioritarily in Africa by supporting projects on
the ground in partnership with communities and local authorities – by promoting the
creation of vibrant community networks and health professionals informed and aware they
are working together within strong health systems –, and in Italy, consistently, through
dialogue and planning with the jurisdictions and the institutions.

ABOUT US

Health is the way to development. And global
development must necessarily pass through
Africa, the second most populated continent
in the world and the most backward area in
terms of health. Since 1957, Amref operates
in the most remote African communities, believing health arises from the active
involvement of populations, local staff and
public health systems.
All the faces of Amref in Africa – doctors, social workers, nurses, midwives, teachers, hydraulic and technical engineers – come
from the same communities the organization supports. 97% of the staff working with Amref in Africa is African. So that it is up to Africans,
every day, to take care of Africa.
In 2016, Amref has been operating in 35
African countries with 160 projects to
promote health, provide medical assistance
to the local populations in both health
centres and mobile units, including training of
midwives and health personnel. Medical care
provided by Amref operators reaches places
where no one can go, in extremely isolated
areas, thanks to the Flying Doctors, bringing
specialist medical care on board small planes
equipped as mobile units.
Amref does implement projects for the
strengthening of health systems at local level
and the promotion of training and growth of
the personnel with expertise in the field, by
sensitizing the populations on the key issues that affect their own health.
Amref works with communities and local
authorities for the protection of mothers and
their children, to improve maternal and child
health, to provide education to children and
promote the reintegration and rehabilitation of street children, to fight endemic and
pandemic diseases, for the access to sources of clean water through the construction of
infrastructure (such as wells, aqueducts and
cisterns for rainwater collection) and the
strengthening of public health services, not
only by building and equipping the structures, but also through the training of the local
health human resources, by transferring the
skills that will make the future beneficiaries the driving force for the development of their
continent.
Thanks to a movable staff of Flying Doctors,
Amref ensures a specialist health service to the
nomadic and rural populations even in places
where no one can get, in extremely isolated areas of the continent, bringing
medical care and training on board small planes equipped as mobile units.
Besides Africa, where Amref has offices in 7

Every year over 10 million men, women and children
benefit from Amref Africa activities

ACHIEVEMENTS

% More than 10,000 health workers, coming from 33
African countries have been trained by Amref in
the last 5 years in order to provide services to over
20 million people
% 4 million women every
year are assisted by 8000 midwives which are graduated from
Amref
% 1.5 million people benefited from the new wells and water
infrastructure since 2000
Where we work in Africa

The countries marked are those where the Amref Family programs are active. In red the countries where the Italian section of Amref operates specifically.
Projects in Africa
The 2016 has been a difficult year for the country, dealing with the emergency related to drought and the effects of El Niño on the one hand, to the political tension on the other one. This is the worst drought of the last sixty years. According to the EU Commissioner for Humanitarian Aid, Christos Stylianides, only in 2016 there were more than 10 million people who with urgent need of assistance. By reason of El Niño, the first three months of 2016 have been the warmest ever recorded on Earth and also the political season has been ardent: the origin of the crisis were the claims of the Oromos and then those of the Amharas against the government’s plan to incorporate agricultural lands of their community in a macro-region controlled by the capital Addis Ababa.

**ETHIOPIA**

The project aims at creating an organic action on the whole health and environmental chain related to sanitation, involving slum dwellers, their institutional representatives and the private sector. The project takes place in Addis Ababa, in the neighborhoods of Ketema, Cherkos and Lideta, where there are the biggest slums of the city, through the improvement and the construction of proper toilets in public areas and healthy facilities with toilets in the schools, for children and teenagers, for males and females separately. AMREF equips each facility with dispensing points of clean water, ventilated toilets and showers. These facilities are connected to the sewer system.

<table>
<thead>
<tr>
<th>Project</th>
<th>SANITATION DAILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research area</td>
<td>WASH - WATER AND SANITATION</td>
</tr>
<tr>
<td>Context</td>
<td>The project aims at creating an organic action on the whole health and environmental chain related to sanitation, involving slum dwellers, their institutional representatives and the private sector. The project takes place in Addis Ababa, in the neighborhoods of Ketema, Cherkos and Lideta, where there are the biggest slums of the city, through the improvement and the construction of proper toilets in public areas and healthy facilities with toilets in the schools, for children and teenagers, for males and females separately. AMREF equips each facility with dispensing points of clean water, ventilated toilets and showers. These facilities are connected to the sewer system.</td>
</tr>
<tr>
<td>Overall goal</td>
<td>Halve the proportion of people without sustainable access to adequate sanitation, contributing to the achievement of the targets of the Agenda Post 2015 (Sustainable Development Goal 6 - Ensuring the availability and the sustainable management of water and sanitation).</td>
</tr>
</tbody>
</table>
Specific objective

The specific objective of the project is to improve social, health and living conditions in a sustainable way in three slums of Addis Ababa (Ketema, Cherkos and Lideta) through:

- The sustainable increase of toilets.
- The spread of advanced technologies and expertise in the management of sanitation and waste.
- The promotion of sanitation practices and appropriate policies.

Achieved objectives

- In 2016, we carried out the rehabilitation of 6 latrines, already usable by the community. The renovation has been carried out at the request of the local administration, in order to include a water tank and shower points, thus generating income for the group of the local young entrepreneurs. Actually, after the renovation, the facility was handed over to the group of local youths who have been assigned the management thereof. More than 460 members of the community (192 men and 268 women) benefited from this operation.
- The mismanagement of liquid waste is one of the main problems of Addis Ababa (resulting in contamination and lowering of the general level of health), the project has faced this situation in 2016 by building 500 meters of sewerage.
- During the reporting period a training on knowledge and update on contamination and safety was provided to 37 waste collection operators 37 (14 men and 23 women), operating in three districts of Kirkos; 2 WASH Clubs were established in 8 schools; 3 days of training on the issues of collection, sale and recycling of solid waste, for 85 community members.

Context

Integrated intervention, which is able to intervene on maternal, reproductive and prevention of unwanted pregnancies, contributes significantly to the achievement of health care goals linked to maternal and infant mortality rates as well as the reduction of pathologies, in particular HIV / AIDS and malaria. By working closely with the public sector, the project aims at improving the ability of local authorities to provide attentive and quality service to women, such as qualified delivery assistance, maternity care during pregnancy, prevention of cervical cancer and family planning. The project also supports the implementation of public policies and capacity building aimed at increasing access to sexual and reproductive health services at both local and national level.

General objective

Help to reduce poverty levels and improve the well-being of the populations through a better reproductive health and the choice of an informed family planning. The project contributes directly to the achievement of a better access to a wide range of contraceptives and to gender equality, improving maternal health and increasing the resilience and productivity of communities.

Specific objective

General increase of the access to services for reproductive health in the areas of Gamogofa, Wolayta and Segen from 29% to 59% by 2020. Ensuring access to information and to quality reproductive health services for women, the project focuses on the most vulnerable strata with the least access to health services for reproduction.

Achieved objectives

- 28 awareness-raising campaigns to promote reproductive health services. In the context of the awareness campaigns, 12 campaigns were organized specifically on sexually transmitted diseases and HIV/AIDS. Among the participants, 900 (552 men and 348 women) have undergone the HIV test, being assisted, advised and addressed to the respective health structures for further follow up.
- 17 “Health Armies” and 200 “Mutual Support Groups” were set up. The latter led savings activities to increase their own economic power and attained weekly meetings (in 2016 about 90.279 birr have been saved).
- 30 Community Conversation groups were organized to discuss:
  - Issues related to early school leaving
  - Reproductive health and family planning methods
  - Barriers to women’s socio-economic development
  - Social barriers to gender equality and the related consequences
- 20 sites have been identified for the construction of health facilities with sexual and reproductive health centres for young people.
- Courses on emergency obstetrics and gynaecology were organized for 16 health workers.

Project ASURE

Research area SEXUAL AND REPRODUCTIVE HEALTH
Project: DROUGHT EMERGENCY PROJECT
Research area: WASH - WATER AND SANITATION
Context: The project aims to improve the living conditions of the populations most affected by drought in Ethiopia through the provision of basic services in the washing and sanitation sectors and through community and institutional capacity building actions. The project has been developed in such a way as to: 1. deal with the most vulnerable groups of populations and areas not covered by institutional investment, avoiding overlaps or duplications; 2. Even in case of emergency, adopt a long-term response intervention, that is able to reduce the vulnerability of communities increasingly exposed to recurrent environmental disasters through community training and capacity building. Including criteria for site selection in relation to the possibility of responding to emergencies in areas where the organization is already present, in order to be able to count on the support of pre-existing offices and human resources and to achieve maximum effectiveness and efficiency, relying on an in-depth knowledge of places and context.

General objective: Help to mitigate the negative effects of forced migration from the Northern Sciioa Zone by creating alternative income and employment and improving sustainable access to basic essential services.

Specific objective: Improve the resilience and the food safety of the poorest rural communities, especially women and children, in the districts of Ankober and Tarmaber.

Achieved objectives:
- 4 surface wells were built: the four wells will serve a total of 610 family groups (3050 beneficiaries) and their completion took place by December 15, 2016.
- A rainwater collection system was created in Agamber for the benefit of the health center, which serves 300 people every month. The tank of 25 cubic meters includes a system of gutters and links to promote water harvesting.
- Training courses were organized for members of the water management committees for the management and maintenance of the new water supply points provided by the project. The total number of members of the committees that have been set is 95 (68 men and 27 women). Committee members assist the construction and rehabilitation of wells, facilitating the transportation of construction materials and making sites accessible, in order to speed up the implementation of the wells.
- A campaign to promote health and personal hygiene was organized in four different kebeles of Tarmaber district, aiming at create awareness within communities on the prevention of AWD (Acute Watery Diarrhea) and other diseases due to poor sanitation.
- 454 members of the health armies were trained to strengthen health systems at the community level. The health armies are responsible for promoting public health messages at the community level.

"I heard of this program, I was so happy to know that would be invited the women, which are the poorest of the poor. As you know, life is full of difficulties, especially for a woman, who has to depend on the income of her husband, which is obviously not enough. Now things are changing. Through this project, I’m having the opportunity to change my life."

The teller is Abiot Asefa, 25 years old, who lived near the kebele Minch of the woreda Arbaminch and is the mother of 3 children: two boys, 10 and 4 years and a 1 year old female. Abiot was involved in the mutual support groups and gained knowledge about family planning and contraceptive methods, besides participating in planning activities at the nearest health facility. She also benefited from the savings activities, starting an economic activity by opening a small store and raising hens.

"Life was very hard for me and my husband -as she explains- because we didn’t have enough income to pay for the school of our children and other expenses. [...] After becoming a member of this group, my life has changed in two ways. The first concerns my health: now my family and I use clean clothes and I started discussing with my husband and my friends about family planning. The second is that I now have access to a savings fund of the group and I’m running a small shop within my community, that allows me to have a higher income."

The teller is Tadelech Lotta, 26 years old, mother of 2 children, a female and a male, 8 and 1 year respectively.

TESTIMONY OF ABIOT AND TADELECH
The floods that occurred in the North of the country in 2016 have had devastating effects on the population. Among the problems caused by drought, lack of water and poor sanitation, there are the diseases, first among them being cholera. In addition, the socio-political situation has deteriorated between late 2015 and early 2016. The country is going through a political and military crisis that brought thousands of people to flee into the neighbouring countries. This crisis is due to the fight between the Government forces of the Mozambique Liberation Front Party (Frelimo) and the armed wing of the main opposition party, the Mozambican National Resistance (Renamo). Although the civil war was ended officially in 1992, the fights have recommenced in June 2015.

**STAND UP FOR AFRICAN MOTHERS**

**MATERNAL AND CHILD HEALTH**

The Mozambique midwives’ training project is an Amref initiative that aims at helping reduce maternal, newborn and child mortality and morbidity, through the training of midwives and the enhancement of the powers of State training institutions engaged in the provision of training courses.

**Specific objectives**

Train 1,100 midwives, 75% of which (825) already in service and trained on emergency obstetrics and 25% (275) to be trained. Also included in this initiative are the construction and improvement of the capacity of 4 State training institutes which deal with the training of midwives at the institutes of Inhambane and Massinga, in Inhambane province, and at the institutes of Beira and Nhamatanda, in Sofala Province.
Achieved objectives

- In 2016, the number of students enrolled was 105, distributed as follows: Massinga (33), Inhambane (34) Beira (38). The group of female students enrolled in the first two years of training has successfully completed the first year: the 95% of the students passed the exams of the semester, a result that shows the quality of teaching and learning.

- Over the reporting period educational material has been delivered at the educational establishments of Massinga and Beira. The completion of the task of purchase and delivery has reached the result of providing appropriately all the premises of the educational institutions.

- In 2016 were carried out activities to cover costs related to human resources, purchasing of uniforms, meals, transportation and accommodation, in order to improve the training offer.

- The project allowed the purchase of 50 kits for the practical training of midwives, which include: some pairs of sterile surgical gloves; 5 sterile drapes; gauze swabs to clean the baby; a small rubber pump to aspirate secretions from the mouth and the nose of the baby; 3 clamps to clamp the umbilical cord; patch to tie the umbilical cord; scissors to cut the umbilical cord; a blanket to wrap the baby and keep it warm; some sealed diapers to absorb the blood and secretions of the mother.
Despite being the largest economy in Africa, Kenya still bears the imprint of high levels of poverty and inequality. Significant improvements have occurred in recent years, which have led to the lowering of the mortality level of infants and children under 5 years to 39 and 52 deaths per 1,000 births (2015). Access to health services has improved, although a number of serious internal inequalities persist; in 2014 the maternal mortality stood at 362 every 100,000, with 62% of births assisted by qualified staff, compared with 44% of 2008/09. The country is facing a severe drought: the number of persons in a position of insecurity has increased from 1.3 to 2.7 million, and it is estimated that more than 350,000 children and pregnant and lactating women are malnourished.

**Project COASTAL SCHOOL HEALTH & CHILD FOCUS DEVELOPMENT**

**Thematic area**

WASH - WATER, SANITATION AND HEAL TH

**Context**

The project was started by Amref in the districts of Kaloleni and Malindi, in the coastal area of Kenya, in response to the dramatic health conditions in which the population has been living after the devastation caused by El Niño in 1998. Over the years the project has also introduced significant activities for the access to water and food safety. Amref promotes the healthy development of children, by recognizing and protecting their right to education and to a healthy school environment. The intervention focuses specifically on schools, to improve the sanitary conditions, the quality of the environment and the development of children through the implementation of a program based on a comprehensive school health approach (Comprehensive School Health), which is based on the principle that health and learning are interrelated.

**Infrastructure implemented in 2016**

- 20 surface wells with hand pump.
- 1 deep well in Mutito, with 3 kilometres of netting
- 10 giant wells with motorized pump, to promote the creation of community gardens.
- 1 source of access to water at Mukungo.
- 2 classrooms made of cement in the school of Wanamba.
- 6 latrines with the dual access male/female in the school of Kyululu and Kikuu.
- 1500 people trained on community strategy, management and maintenance of water resources, through 12 sessions of community mobilization and awareness.
- Access to clean water for 400 families.
- 30 craftsmen trained on maintenance for the WASH facilities.
- About 2,500 children involved in preventive health and hygiene activities in schools.

**Kenya**

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**WASH**

**Thematic area**

WASH - WATER AND SANITATION

**Context**

In Kitui County access to water is very scarce and most of the water resources are no longer available: the scarcity of the rainy season (averaging 500-700 mm per year) leads to severe drought cycles, such as the kind now going on. Over the years, Amref has put into practice and used precise guidelines in the WASH interventions, such as: contribute to community empowerment; transfer technological skills to the artisans of the community, in order to ensure the sustainability of the initiative; enhance the role of women and contribute to maternal and child health, as a key to ensure an effective capacity-building path; multiple use of water resources to meet the needs of women and children; enhance the role of children as first and excellent agents of change for health promotion in schools and communities. As a result of the intervention of Amref, access to safe water within 2 km from the Northern District of Kitui increased from 28% to 76%, while the medical coverage has increased from 37% to 52%.

- Contribute to the improvement of health, especially for women and children.
- Increase the access to water and sanitation and improve hygiene practices, especially for women and children, in the area of Kitui West and Mutito.

**General objectives**

- Increase sustainable access to water of 20% and improve hygiene practices of 15%.
- Improve hygiene practices of 50% in communities and schools.
- Increase access of mothers and children under 5 years to sexual, reproductive and children health programs of 50%.
- With this intervention started in 1996, Amref, the community and the partners implemented 850 surface wells, 27 deep wells, a 40 km water pipe, 2 dams, 22 classrooms, 32 water collection tanks and 300 latrines at schools and communities in areas affected by poverty. The capacity building of communities has always been at the heart of this intervention and the communities have actively participated in all the interventions. In the areas of intervention has been promoted an integrated approach, with the goal of merging the access to water and primary health with other issues, such as food security, maternal and child health and education.

**Achieved objectives**

- With this intervention started in 1996, Amref, the community and the partners implemented 850 surface wells, 27 deep wells, a 40 km water pipe, 2 dams, 22 classrooms, 32 water collection tanks and 300 latrines at schools and communities in areas affected by poverty. The capacity building of communities has always been at the heart of this intervention and the communities have actively participated in all the interventions. In the areas of intervention has been promoted an integrated approach, with the goal of merging the access to water and primary health with other issues, such as food security, maternal and child health and education.

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- 1500 people trained on community strategy, management and maintenance of water resources, through 12 sessions of community mobilization and awareness.
- Access to clean water for 400 families.
- 30 craftsmen trained on maintenance for the WASH facilities.
- About 2,500 children involved in preventive health and hygiene activities in schools.
General objectives
Contribute to the improvement of the health conditions of children and adolescents and to the increase in access to clean water and sanitation.

Specific objectives
- Increase the participation of 63,100 people of the community in strengthening awareness on the issues related to children’s rights.
- Inform 14,293 adolescents on reproductive health and informed choices, thus improving, at the same time, the awareness of their health.
- Test innovative and appropriate approaches for the promotion of the role and participation of children in the process of decision making within schools.

Achieved objectives
In Magarini and Malindi districts about 18,000 people could improve their health benefiting from these project activities. Interventions that have been made:
- 16 surface wells with manual pumps distributed in the Ngomeni area of Magarini and in the Gahaleni area of Malindi.
- 6 systems for rainwater collection with tanks with capacity up to 16,000 liters within schools.
- 3 classrooms made of cement at the primary school of Povuni.
- 3 latrines with dual access male/female in the schools of Bandacho, Mtsangamali and Povuni.
- 1 tank installed in Majengo, Magarini. 454 children now have the access to clean water.
- 10 washbasins installed in schools.
- 180 training sessions for sexual and reproductive health of adolescents carried out in schools (with the involvement of about 2,000 young people). The sessions have been coordinated by the Youth Friendly officials and by the social workers of the Ministry of Health.
- 300 students involved with school twinning activities. The goal of these activities is to encourage the exchange of ideas and experiences between schools in Italy and in Kenya.
- 16 training sessions carried out monthly. The goal of the sessions was to educate students about: healthy relationships and how to maintain them; how to evaluate the relationships, by dismissing those implying a negative influence; understand the meaning of sexual violence and its consequences.
- 40 teachers have become trainers on hygienic prevention, children’s rights, sexual and reproductive health.
- About 2,800 children involved in hygienic and health prevention activities in schools.
- 16 school clubs for the Rights of Children created and set (with the participation of about 2,500 children).
- 16 sessions of the Parliament of Children made. The Parliament is an educational tool that promotes the expression of the opinions of children and the opportunity to find solutions together about the issues under discussion (education, relationships with adults, rights, promotion of gender equity, etc.).
- 2 community mobilization and sensitization sessions fostered.

Progetto
PUTTING AFRICAN MOTHERS FIRST

Area Tematica
MATERNAL AND CHILD HEALTH

Geographical location
Kenya, districts of Kitui, Mwingi East, Mwingi Center and Migwani.

Context
The program “Putting African Mothers first” aims at improving maternal and child health through contributing to the reduction of the incidence of diseases, such as AIDS, tuberculosis and malaria. This intervention is reinforced by the continuing education of the community regarding reproductive health and maternal and child health through identification of the community health workers and the creation of primary health units in rural areas. The action sustainability is ensured through the continuous and active involvement of local partners, local authorities, communities and beneficiaries.

General objective
Reduce maternal and child mortality of disadvantaged communities in the area of Kitui, in order to contribute to achieve the goals of the Post 2015 Agenda, the strategic plan of the Kitui County and the implementation of Kenya’s Vision 2030, namely the Kenyan national plan for development aimed at promoting the economic growth of the country.

Specific objectives
- Promote the demand and access to maternal and child health services.
- Increase the impact of the nutrition program addressed to mothers, babies and children under 5 years of age.
- Increase the usage and access to sexual and reproductive health and family planning services.
- Strengthen midwifery services, with particular attention to deliveries.
Achieved objectives

- 131 women of reproductive age reached with examination for the prevention and treatment of cervical cancer.
- 716 people reached with the integrated outreach in order to ensure health services and essential information.
- 20 health workers reached with interventions of supervision and mentoring.
- Groups of nursing mothers and their families (137 people) intercepted and reached with information on the benefits of breastfeeding and healthy diets.
- 132 health workers trained on various issues, in order to improve knowledge and efficiency at work.
- 788 people reached with community health education activities, through community health volunteers.
- 18 integrated outreach made. 3,775 people in the rural areas of Mwingi reached with the essential health services, such as immunization and pre-natal care services.
- 1976 community members trained on issues related to reproductive, maternal, child and adolescent health.
- Meetings for 216 women in various support groups for new mothers, with the aim of creating an environment of sharing experience and exchange of information by operators.
- 356 people reached with awareness meetings concerning family planning and information on the benefits of the use of contraceptives.

The project has supported the campaign Malezi Bora at Mwingi in order to improve the outcomes related to nutrition and help mitigate the stunting and wasting through dissemination of information and administration of supplements to children and their families. The activity has reached 855 children and 52 health workers.

Context

The project started in 2001 as a response to the need for protection of children in the slum of Dagoretti, one of the largest in the city of Nairobi. The project strategy is based on 3 methodological tools: capacity building, strengthening of local skills and the empowerment of the civil society organizations; the “4R Method” (recovery, rehabilitation, reintegration and socialization) for reintegrating children into society by integrating sports and creative activities with health and psychological support; the principles of agroecology: namely the integration of traditional techniques with techniques which are appropriate to the climatic conditions of the moment, and the proper management of natural resources, to facilitate the planning of development of the territory.

General objective

Help eradicate extreme poverty in the slums of Dagoretti, by promoting a sustainable community system able to deal with child protection, food safety, rehabilitation and reintegration of youth and adolescents at risk in Nairobi.

Specific objectives

- Improving food safety and environmental protection.
- Improve the level of knowledge concerning health, food, attention to malnutrition and right to food quality.
- Transform communities into protagonists of their own development, through increasing their skills in the field of child protection.
- Contribute to the creation of a North-South dialogue on the issue “Feeding the Planet”, with campaigns in Italy and Kenya.

Achieved objectives

- 2,400 children and adolescents at risk intercepted in the streets and addressed to the Amref Children Village Center.
- 160 children daily admitted at the center and placed in the nutrition programs.
- 300 unaccompanied minors trained on the vocational skills and trained and involved in school catch-up activities.
- 20 schools involved.
- 3,000 people made more aware on child protection.
- 15 community groups formed on ecological farming techniques and made responsible for the management of community gardens and greenhouses.
- 3 community groups trained and responsible for the breeding of small animals (goats, bees).
- 20 members of the School Committees and 2 health clubs in schools received training on health, nutrition, malnutrition, food-health connection.
- 15 community gardens, 6 greenhouses and 15 vertical gardens created.
- 2 workshops on training of trainers and nutrition organized by the partner Reggio Children, with the participation of 125 children and 15 teachers.
- 4 CSOs identified and trained on child protection and child diseases.
Progetto

ACT FOR NUTRITION AND HEALTHY LIFE

Research area
NUTRITION

Geographical location
Siaya County

Context
In Siaya, the infant mortality rate is 691 per 100,000 live births, compared to the national average of 488 per 100,000. Child mortality under 5 years of age is 102 out of 1,000 compared to the national average of 74 out of 1,000. Children under 5 years which are underweight represent 13% of children, while stunting affects 23% of children. This intervention is focused on nutrition in order to: increase the capacity of civil society organizations and local authorities to promote nutrition through the adoption of good eating practices within communities; improving access to quality nutrition services for mothers and children and promoting nutrition as a theme connected to education, Wash and health, improve knowledge of the principles of proper nutrition and increase local expertise to manage and ensure health and nutrition services; promote the adoption of essential nutrition practices among teenage girls through school health initiatives.

General objective
• Strengthen the community social development through the capacity building of civil society organizations (CSOs) and local authorities.
• Increase the community access to health and nutrition services.

Specific objectives
• Strengthen the capacity of Governments, CSOs, and local partners in mobilizing resources and implement and coordinate actions for nutrition.
• Improve access to services through increased quality of the same within health facilities and promote the adoption of proper feeding practices.
• Strengthen production, management and dissemination of information related to nutrition, in order to keep the decision-making authorities updated.

Achieved objectives
• 12 CSOs selected and trained on document production and dissemination of information and knowledge, financial management and skills in health promotion and nutrition.
• The project took part in the weeks of national nutrition promotion (‘Malezi bora’), through outreaches in child development centers and in the rural areas of Siaya County.
• A total of 4,440 children under 5 years received treatments to eliminate intestinal parasites.
• 5,267 children under 5 years and 474 nursing mothers received treatments for the administration of vitamin a.
• 567 nursing mothers were trained on their own nutrition and that of their children.
• 564 children under 2 years were vaccinated.
• 55 community members and nutrition stakeholders were made more aware on national nutrition policies and guidelines through workshops carried out by the Department of Nutrition of the National Government.
**FLYING DOCTORS CLINICAL SERVICES PROGRAM**

**Research area**: HEALTH

**Context**: The program was launched in 1957 to bring essential medical and surgical services to rural hospitals poorly equipped in East Africa. Over time, more than 300 hospitals in 8 countries have benefited from it. In 2016, the program continued to serve marginalized communities, by using light planes owned by Amref Health Africa, commercial flights and road transport to reach over 155 hospitals every year in Kenya, Tanzania, Uganda, Ethiopia, South Sudan. Specialized surgical and medical missions were performed in Senegal and in the Democratic Republic of Congo. The main beneficiaries are poor and disadvantaged patients who live in the remote rural areas of Africa, together with their families and communities. Other beneficiaries are the specialists, the health professionals and the technical staff of the reached hospitals. An estimated 30 million people living in rural areas of Africa have benefited from these activities of the program since its beginning.

**General objective**: The purpose of the program is to strengthen the capacity of the health system and provide quality essential medical services.

**Specific objective**
- Strengthen the ability of health professionals to provide quality clinical and diagnostic services.
- Provide quality medical services in Africa, to the marginalized communities.
- Generate experiences that can disseminate best practice and the policy.

**Achieved objectives**
Specialists have run 2,398 examinations and 220 surgeries. The most frequent interventions were the gynecological ones, eye care, oto-rhino-laryngology, vesico-vaginal fistula, general surgery and reconstructive dental. 351 hours of training were organized for 423 medical professionals, including physicians (18), nurses (88), laboratory personnel (6) and support staff (11).

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**SAFE MOTHERHOOD IN KENYA**

**Research area**: SEXUAL AND REPRODUCTIVE HEALTH

**Context**: In 2016 Amref Health Africa activated a maternal and child health project in Kenya for three years, concerning three areas of Kenya: Turkana, Marsabit and Garissa. The aim is to help support the reduction of mortality and disabilities related to childbirth, including obstetric fistula, until 2018 in three regions of the country which are isolated and hard to reach. The project is addressed to women, men and to all members of the community, healthcare workers, groups of young women, local civil society organizations.

**General objective**: Contribute to the reduction of maternal and child mortality through awareness activities and community and health staff mobilization.

**Specific objective**: By 2018, expand access and use of the reproductive security services for disadvantaged women and girls of three isolated areas of Northern Kenya, Turkana, Marsabit and Garissa.

**Achieved objectives**
- Carry out a community-based preliminary analysis to check for cultural barriers hindering the normal maternal state of health (in 3 counties).
- Start-up meetings with all stakeholders (in the 3 counties).
- Training of community leaders (31 in Marsabit, 25 in Turkana).
- Training of the target communities with respect to maternal and child health (63 in Marsabit, 24 in Turkana).
- Awareness of health personnel (midwives, nurses, clinical officers and doctors), concerning issues such as prenatal care and maternal and child health (40 in Marsabit, 20 in Turkana).
South Sudan is going through a new humanitarian crisis, a result of the latest conflict broke out in December 2013. Hostilities have had tragic consequences on an already fragile population and led to the displacement of more than 2 million internal refugees and more than 706,000 persons in neighbouring countries, besides a serious economic slowdown, driven by a financial crisis unprecedented in the recent history of the country. An immediate consequence is the inaccessibility to the already scarce services and primary subsistence goods. Made even less accessible, due to the condition of general instability that over the past two years has restricted any kind of social welfare services (water replenishment, spring protection systems, training of personnel) and socio-economic activities (such as agriculture, trade, livestock).

SOUTH SUDAN

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Girls participating in the training course and that over the next few years will be able to graduate and gain access to health-scientific specialist education.

Students supported by Italy that soon will reach the status of Clinical Officers and return to their home communities to provide health care at the local health centres.

Teachers and tutors supported by Italy that are part of the teaching staff of the two institutions entrusted with the training of human capital intended to rebuild the country.
Progetto

**MHSI - MARIDI HEALTH SCIENCE INSTITUTE**

Research area

HEALTH/CAPACITY BUILDING

Context

Amref is committed in South Sudan since 1992, and since 1998 has contributed to the development of the Maridi Health Science Institute (Scientific and Medical Training Institute of Maridi), a national center for institutional training of medical assistants: the Clinical Officers. The intervention over the years has proved effective for the purposes of public national health system strengthening; since 1998, over 500 Clinical Officer have been trained within the Institute, equivalent to 80% of those in the area South of Sudan.

General objective

Contribute to the strengthening of South Sudan health system, in order to promote a permanent improvement of health and quality of life for the population.

Specific objective

The specific objective is to support the Ministry of Health in providing professional health education and develop the skills and capabilities of South Sudanese health staff. The project aims at bridging the inadequacy of institutional training system and support the reconstruction of the health system in South Sudan, the increase in access to basic services of the population, and therefore, ultimately, improving their health status.

Achieved objectives

- Launching of training activities as from calendar, in January 2016
- Starting the path for the intakes 20 (second year) and 21 (first year), respectively 25 and 50 students.
- Indoor training: despite the considerable difficulty of the context, students supported through Amref Italy received, besides board and lodging, even a small monthly fee, medical treatments, linen, uniforms, clinical tools to address the practical lessons, textbooks and stationery supplies.
- Outdoor training: the three-year cycle of studies for a diploma in Clinical Officer provides, during the academic year, hands-on activities designed to put into practice the knowledge acquired during the lessons. Second-year students followed a four-week training course at the facilities of the Maridi Hospital, aimed to put into practice the knowledge acquired about anamnesis, identifying diseases, and in general “lifesaving” prenatal care, ambulatory care/ day hospital for babies and children and laboratory analysis.
- Training of trainers: in order to improve and increase skills and technical capabilities of the Institute staff through short and continuous training, the project involved sending two tutors to South Sudanese, Ugandan or Kenyan training institutions. The selection was based on educational and managerial shortcomings and gaps identified.

Bosco Adult Kajok, Clinical Officer

*(Based on Home Hope, text by Gabriela Jacomella)*

A three-day long trip home. Red roads, dust, mud. A three-year wait. Three years, three days, three hundred and sixty kilometres. In the middle of the war. Another one. The second, since I was born. The third, since my country was born. Sixty years of existence, half a century of war. Peace is not a time. Peace is a place. There, I learned that care is synonymous with hope. I leave this place taking a shred of peace away with me, a tiny bundle with the essential tools of care. I flap it before my eyes, like a cobalt blue flag, to remind myself the way. I’m coming back home. Almost everyone left. The friends with whom I used to graze the cows with huge and curved horns. Elderly people, exhausted of escaping from Kalashnikovs and bombs. Mothers on the way with children clinging on, staring at the sun that turns off. To the refugee camps. To the mass graves. To the slums of the capital. To countries less poor, less mangled, less greedy about the future, less ignorant of hope.

I’m staying. In my dreams I saw the village from afar, flying high on the wings of a heron. It seemed like a little knot in a fishing net thrown over the Savannah. Each point a hut, each hut a fire, each fire a family. In my family, fifteen pairs of eyes are waiting for me. I am brother, son, father, husband. I am the hand that feeds, the voice that says, the memory of hope, the look to the future. I am the one who cares. This village, and a hundred others.

A medical centre in the middle of the Savannah, the shelves full of medicines, the books stored in my head. Malaria, cholera, malnutrition. Postpartum haemorrhage, tuberculosis, HIV. Meningitis, measles, kala-azar. A generator, when fuel is there. A mobile phone that runs out too quickly. A cistern of water pumped by the river.

I could go away. I came back. The horizon, around here, is that low and angry line that stops the light and cage your dreams. My horizon is wide open, and finally it let them fly. I rise above the slow curves of the Nile, over the laughter of hyenas, over thorn bushes of the Savannah. I look further out, beyond that line that loomed so close and now seems to stretch to infinity. And here it is, all of a sudden: the future.
Progetto  **WISH - WOMEN IN SCHOOL FOR HEALTH**

**Research area** SEXUAL-REPRODUCTIVE HEALTH/EDUCATION

**Il Contesto** South Sudan keeps on having the highest maternal mortality rate in the world (2,054 per 100,000 live births) and the lowest rates of female literacy. One of the elements that would allow the breaking of the cycle of high maternal mortality rate, lack of development and health insecurity is the increase of the level of education among women and the start of a progressive increase in the number of women among the ranks of health care workers. To break the circle, Amref has launched in 2012 a female secondary education program, which provides the renewal of the pre-existing buildings and the starting of the resident schooling for the progressive educational scientific training of about 40 girls per year of attendance. The intervention represents the starting of the first girls’ school for Secondary Scientific Training in the entire country.

**General objective**
Contribute to the reduction of maternal-infant mortality rate trough the promotion of female secondary education.

**Specific objective**
- Contribute to the improvement of the quality of the education system and educational courses, by incorporating strategies of change of health behaviour and activities for the improving of the school infrastructure.
- Help strengthen the health workforce of South Sudan through the promotion of female secondary education, with a specialization in science subjects.
- Help create awareness for communities and local authorities, with respect to the benefits of a higher education of the female population.

**Achieved objectives**
- School activities were held with regularity, despite the new waves of conflict involving the country (June/July 2016). Because of these difficulties, the final exams of the standard 4 were postponed by several weeks. The session was then tackled successfully by the schoolgirls, who finally got the high school diploma. The 38 girls of the standard 4 represent the first graduates of the secondary scientific training program.
- In the academic year 2015/2016, total staff of the school counts 18 members, including 6 teachers and 12 support staff. The collaboration with the members of the class committee (PTAs – Parents Teachers Association) goes on, in order to complement the school workforce; this collaboration is made possible by the mediation of Amref Health Africa between the community and the educational institution.
- For the concerned academic year, the school has recorded a total of 176 schoolgirls: 38 girls in the senior class 1, 52 girls in senior class 2, 48 girls in the senior class 3 and 38 in the senior class 4. The educational program was completed in November with excellent performances by the students.
- One of the major activities of the 2015/2016 academic year was the completion and commissioning of the facilities already partially restored during the previous year. In particular, the laboratory dedicated to scientific exercises has been finalized; it will assist the theoretical and the practical part of the scientific training.
- The outreach activity, planned in the project thanks to the support and training of Amref Health Africa, is the promotion of sanitation practices within the community and health facilities, promoted by the schoolgirls of the school in their moments off and during the breaks, when they are not studying. Even this year, the new schoolgirls went, in May, to the Civic Hospital of Maridi, to provide their services free of charge. These students, during their visit to the hospital, provided for the cleaning up of the green space around the pavilions, the cutting of weeds and the sweeping throughout the area. On this occasion they also created awareness in the community about the importance of cleaning around their own habitations.
Only in 2016 nearly 490,000 refugees have taken refuge in Uganda because of the very violent clashes which broke out again, in July of the same year, in South Sudan. This is an extraordinary number, given that Uganda is also destination of refugees from the Democratic Republic of Congo and Burundi. More than 90 percent of the arrivals are women and children. Uganda is considered for years one of the countries with the best ability to welcoming migrants. The symbol of the hospitality of Uganda is the Bidibidi refugee camp, in the North of the country, bordering South Sudan. Bidibidi was created between August and September 2016 due to the worsening situation in South-Sudan. Today it is one of the world’s largest refugee camps and hosts about 270,000 people.

**Progetto VACCINATION**

**Area Tematica**

RESEARCH AREA: MATERNAL AND CHILD HEALTH

Nord Uganda, Distretto di Gulu

**General objective**

Achieving and maintaining vaccine covers against diseases for which there is the goal of elimination or significant containment, especially against Measles-Mumps-Rubella (MMR)

The aim of the project is to increase the vaccine covers in newborns and teenagers with the purpose of elimination or significant reduction of measles.

**Specific objective**

- Support the Ministry of Health in the vaccination programme in Northern Uganda
- Raise awareness among the target population and families about the importance of vaccination and recall;
- Disseminate the appropriate knowledge to the community health workers.

In addition to these actions, the key point in all the phases of the project is the monitoring activity and the implementation of synergistic actions.
Achieved objectives

- As a result of adequate mobilization and community awareness, 323 community outreaches were organized by the project. Through this action, 6,300 children below 1 year of age received the different types of vaccines/antigens.
- 8.65 women of reproductive age had access to health services provided over the outreach, including prenatal care, family planning and tetanus.
- Stocks of vaccines as TT, IPV, and supplies of 0.5 ml, 1 ml and 2 ml syringes were distributed at the local dispensaries.
- 116 peripheral health centres were visited to verify the conservation of vaccines and the preparation of the health workers. As a result of such verification, 10 refrigerators were purchased to ensure the cold chain and 36 local operators were trained.
During 2016, European and Italian institutions have responded to the phenomenon of large numbers of migrants arriving in Europe, welding quickly sectors that before were separated, such as development cooperation, migration management and safety, and rapidly changing the internal structures of the three concerned areas. The reduction of migration and the increase of repatriations have become the priority which shapes the partnerships with African countries of origin and transit. In this context, Amref – alone or through the network to which he belongs – has taken a position stressing the need for:

• involving the countries of origin and transit in the management of international flows, but without using the instrument of development cooperation as a leverage for quicker repatriations or reduction of flows;
• broadening the channels of legal migration to Europe, in order to maximize the impact of migration in terms of development, considered as structural processes that need to be managed, not prevented;
• protecting the physical integrity and the health heritage of migrants while travelling, by promoting the integration in destination countries through a real access to health services; do not encourage the exodus of qualified health personnel from countries with labour shortages.

**Advocacy**

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**Link to school**

Link To School is a project of world citizenship education alleging the educational program “At School with Amref”. It consists of a school twinning between Italian and Kenyan schools that aims to enable an active and proactive confrontation between students of every grade through a mutual exchange of experiences and ideas.

The proposal of the school year 2015-2016, “The right to health and to a healthy environment”, focused on issues related to the right to health as universal and was aimed at developing a critical approach and new skills, with a view to the active citizenship; the path indeed is not meant to be solely a deepening of knowledge on the subject of the right to health, but has the more ambitious objective of stimulating a reflection on the relationship of interconnection between North and South, building an exchange between peers from geographically and culturally distant realities and developing critical thinking skills, meta-cognitive skills, communication and comparison competences.

In Italy 79 schools and 260 classes have joined the project, for a total of approximately 5,900 students. In Kenya about 900 pupils participated in the project.


L’incontro ha evidenziato come il tentativo di alcuni paesi europei di attrarre personale sanitario qualificato formato all’estero – visto come una risorsa preziosa “a basso costo” – rischia di aggravare le carenze di personale in altri sistemi sanitari fragili, in Africa ma oramai anche in Italia.

**Migrations: Amref to the European Parliament**


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“We worked on the care of our environment of the classroom, on the importance of health and nutrition. It was a good opportunity for reflection on current and important issues, that urged us to “teach at school” in a different and new way, involving the subjects”

(Benedetta Boattini, teacher of mathematics and science in the Lower Secondary School St. Humility of Faenza, Italy)

“The twinning project has done so much in our school. Receiving materials from Italy, as for instance those dealing with the value of water and how to store it, made our students more responsible in the using water and in minimizing waste. So we are very happy that our children have made friends with Italian children... they have discovered what their Italian friends are learning at school, they got to know that they are studying subjects like maths and English, and they do it in much the same way as we teach in our schools. It is our strong desire to continue this project; indeed we hope there will be even more sharing. We would like very much if one day our children could meet their Italian friends”

(Gladys Mwambire, teacher of Jilore Primary School, in the District of Malindi, Kenya)
Black Pinocchio School camp at the theatre

In 2016 ended the project “Black Pinocchio School Camp at the Theatre”, made in Rome with the support of Regione Lazio, Department of Culture and Fondazione Generali. The project was carried out during two years of schooling, 2014/15 and 2015/16, in first grade primary and secondary schools, with a high percentage of children of foreign origin. Each year have been involved 16 school classes of the districts of Tor Bella Monaca, Quarticciolo, Tor Pignattara, Tor Sapienza and Lido di Ostia.

The intervention of social theatre was based on the experience gained by Amref Health Africa concerning the use of the live show for integration activities, re-socialization and cultural promotion, addressed to children and teenagers who live in areas of severe social exclusion in Africa. In particular, it is based on the experience and project Black Pinocchio. The beneficiaries of the project have been, every year, around 400 students of first grade primary and secondary schools, aged between 9 and 13 years. Each class has concluded its journey with a “school camp at the theatre”, a day spent at the district theatre: Tor Bella Monaca Theatre, Library-Theatre of Quarticciolo, Villino Corsini Theatre and Lido di Ostia Theatre.

Against FGM, even in Italy

The role of the male figures in the fight against female genital mutilation is crucial. This is something of which Peter Ngatia Nguura is very well aware, working in Africa along with the communities to help eliminate the traditional practice of cutting and the specular phenomenon of early marriage.

Peter Ngatia Nguura - project manager of Amref Health Africa - has been in Italy from the 3rd till the 7th of October 2016 to participate as trainer-relator in a series of meetings addressed to the practitioners of ASL Roma 1.

In a survey carried out between 2013 and 2014, by interviewing more than 300 women of the Horn of Africa living in Rome, 65% stated they had undergone genital mutilation. 98% of Somali women interviewed were mutilated, as well as 97% of Eritrean women and 51% of the Ethiopian ones. In this context, the arrival of Peter Ngatia Nguura in Italy, fully embodies the message of the new Global Development Agenda: in the world, there are no more countries of the North and countries of the South, and certain issues are not relegated to only one side of the planet. With this in mind, there is the need of a continuous exchange of knowledge, where even Africa can teach.
A year of communication

**JANUARY**

**“LET’S START FROM AFRICA”, CONFERENCE IN ROME**

Deeper, what is “first” and upstream of migration phenomenon, starting from an analysis of the African continent, its reality and inequality that characterize it. This is the intention of the meeting entitled “Let’s start from Africa—what is on the other side of the Mediterranean Sea”, a reflection promoted by Amref Health Africa, the first African Health Organization, active since 60 years. The meeting is held in Rome on 27 January, at the Hall of the Refectory of the Chamber of Deputies, with the participation of Mario Raffaelli - Chairman of Amref Health Africa in Italy, Ilaria Borletti Buitoni - Honorary President of Amref Health Africa in Italy, Lia Quartapelle - Foreign Relations Committee Secretary of the Chamber of Deputies, Giampaolo Cantini – General Manager DGCS - Ministry of Foreign Affairs and International Cooperation, Carlotta Samil – UNHCR Spokesman for southern Europe, Sveva Sagramola - Author, presenter and testimonial for Amref, the meeting was moderated by Stephen Ogongo – Director of Meltingpot News.

**FEMALE GENITAL MUTILATION: ZERO TOLERANCE**

I heard a young girl recite a poem about the horror of genital mutilation which she had been subjected. I cried. That day, down on my knees, I swore that I would never cut a girl again”. Sabina, until recently, practised circumcision to Masai girls in Kenya. On the occasion of the international day of Zero tolerance against female genital mutilation, on the 6th of February, Amref tells many stories like that of Sabina, and launches the “Stop the cut” campaign. Awareness in African communities through radio, testimonies of those who have been saved thanks to the Alternative Rites of Passage and an appeal to Sylvia Leone, which still hasn’t declared genital mutilation an illegal practice.

**FEBRUARY**

**IN THE SEAS OF MEXICO, WITH AFRICA IN THE HEART**

The new adventure of recordman Francesco Gambella, record holder and Amref sports testimonial starts on the 9th of May. Three days in the seas of Mexico to challenge the currents of the Gulf, the fatigue and the dangers of the sea, represented this time “by the giant of the seas” - as Gambella says - “the whale shark”. The challenge – Yucatán Kayak Expedition 2016 - will begin on the 9th of May. “The latitudes change, but I have always in my eyes what I saw in Africa, travelling with Amref. Even changing countries, also in Latin America, I want to challenge the sea for those children, those mothers, to give voice and real help to the call of Peter, Amref operator, that before leaving asked all friends of the Organization to help Kenya and its thirst for clean water.”

**MARCH**

**A CAMPAIGN FOR THE COURAGE OF AFRICAN MOTHERS**

Maria’s dream will come true, in a few days she will give birth to a baby girl. Melania is pregnant with twins and their arrival is the most exciting event of her life. Malia might not see her baby. She lives in a rural area of Mozambique, hundreds of kilometres from the nearest health facility. These three women are the protagonists of the spot of Amref Italy and of the campaign “It takes courage, it takes your help”, which is part of the international action of Amref Health Africa dedicated to the training of 8 thousand midwives over the next 3 years in Sub-Saharan Africa. In Italy, this campaign goes with the communication activities related to the international day of the Midwife and Mother’s day.

**APRIL**

**CELESTINO DOESN’T HAVE WATER,” CHILDREN’S SOLUTIONS FOR AFRICA**

Celestino, a fictional character, suddenly is without water and we have to find a way to help him. This is the Mission of the first grade students of the school Corrado Alvaro, Istituto comprensivo Rosmini in Rome. Children’s imaginative responses: “we can go and pick it up in the space”, “we can make a hole in the mountains”, “we can make it appear with the help of a fairy”. On the occasion of the World Water Day on 22 March, Amref Health Africa launches a video which aims to raise awareness, through the genuineness of children, on a subject which is delicate and too often ignored by adults. The video is made by the Vudio Agency.

**MAY**

**VANESSA: MIGRATION THEME AT THE THEATER**

Testaccio Lab cultural association and Antonio Amoruso stage “Vanessa”, a show which is intense, addictive and full of suspense, addressing current and imperative issues, such as immigration and racial integration. Copy fitting and the direction are under the responsibility of the director-actress Vittoria Faro. The show, whose revenue is entirely devoted to Amref projects, is played from 10 to 12 June at the Theatre Sala Uno in Rome.
HOME HOPE, A PROJECT TO TELL SOUTH SUDAN

Home Hope. Home and hope, these are the key words of the first graphic novel in virtual reality set in South Sudan. Created by Gabriel Pacheco, one of the most important illustrators in the world. The publication of Pacheco’s artwork took place on the 31st of July, on La Lettura, the supplement of Corriere della Sera. The Corriere – media project partner - the same day published on its own portal the web reportage including the graphic novel, accompanied by voice-over narrative of actor Ludovico Fremont. The web reports, created and coordinated by Gabriela Jacomella together with Andreea Campeanu, Denis Scopas and contributions by Angelo Loy, is enhanced by interviews, pictures, music and a series of questions to test how customers are aware of the world’s youngest Country, recently plunged into a spiral of violence.

AUGUST

YOUNG AMBASSADORS AGAINST GENITAL MUTILATIONS

363 Maasai girls conclude their trip with the blessing by the elders, passing through the Amref Alternative Rites of Passage, they said no to female genital mutilation in Kenya. News of the rites this year: the endowment of 137 boys, as ambassadors against mutilation. Their role will be defending the girls from the “cut” and social exclusion caused by the “no” to mutilation. The issue arouses great interest among the media and Amref.

SEPTEMBER

AT THE ARENA WITH ZUCCHERO, AGAINST DROUGHT

AMREF has dedicated its campaign with solidarity numbering (18-24 September) to drought emergency affecting the populations of the North Shewa, Ethiopia, bringing its appeal even at the “Zucchero Arena 2016 tour”, which kicks off Friday, September 16. Artists such as Pif, Giobbe Covatta, Fiorella Mannoia, Piotta, Cecile and Saba Anglana will be featured in a video-appeal projected into the Arena. Within the adjacent Palazzo della Gran Guardia there is an experiential path, to involve and sensitize the public on the topic of water in Africa. The public is invited to identify with the reality that every day thousands of Africans, mostly women and children, have to deal with to bring drinking water to their homes.

OCTOBER

FGM: IN ITALY NICE, AMREF WORLD AMBASSADOR

When she was only 9 years, she escaped female genital mutilation (FGM), after helping save more than 10,500 teenagers from “cut”, after the meetings in the USA with Bill Clinton and recently with Barack Obama, Nice Nailantei Leng’ete, a 25-year-old operator and Ambassador of Amref Health Africa, returns to Italy from 24 to 29 October. In Rome, Nice met former Foreign Affairs Minister Emma Bonino, Under-secretary at the Culture, Ilaria Borelli Buitoni, Honorary President of Amref and the journalist Alessandra Longo, in a public event dedicated to the theme of women empowerment for the development of Africa and the world. She also participated in the presentation of the quaderni di Sanafo, at the Health Center for Forced Migrants. In Milan, Nice is the protagonist of a public meeting at the Leonardo da Vinci Museum, together with the writer and journalist Claudia De Lillo. Media partner of the event in Milan, the weekly magazine Gioia.

NOVEMBER

GIOBBE IN THE CHILDREN’S PARLIAMENT

Giobbe Covatta – historical testimonials of Amref - visits a children’s Parliament session, ahead of the Universal Children’s Day (20 November). “this is the theory of the small steps, as he said, you start from small decisions to reach eventually decisions affecting the whole planet”. Assemblies made by children for children, organized as a real Parliament, but within schools, with its own candidates, election programmes and votes. This activity, enabled in 2009, is now present in over 16 schools, within the project of long-distance support.

DECEMBER

CHRISTMAS, GIVE WEIGHT TO THOSE WHO DON’T HAVE

Thanks to the meeting of three chefs – Cristina Bowerman, Carlo Cracco and Antonino Cannavacciuolo – and a special cook, Giobbe Covatta, that is how “Give weight to those who don’t have” was born. A campaign to fight malnutrition in Africa, alongside Amref. This collaboration results in a very ironic video, as well as an exclusive Christmas recipe book. Ahead of the official launch of the campaign, on the 7th of December the chef-performer, Don Pasta, along with Giobbe Covatta, led a culinary art event that Amref transmits through his social channels.

THE NUMBERS OF 2016

<table>
<thead>
<tr>
<th>Media releases</th>
<th>Releases on print media (newspapers and magazines)</th>
<th>News on the web</th>
<th>Releases on national and local radio stations and tv</th>
<th>Press Releases launched</th>
<th>Amref Blog articles</th>
<th>Quarterly magazine made</th>
</tr>
</thead>
<tbody>
<tr>
<td>2035</td>
<td>390</td>
<td>1560</td>
<td>85</td>
<td>61</td>
<td>3</td>
<td>51</td>
</tr>
</tbody>
</table>
Websites

The website Amref.it (including all its variations: child sponsorship, occasionidelcuore, corporate, legacies) grew up in 2016 compared to the previous year, both in terms of views and overall interaction. There have been 450,962 sessions (+14.57% compared to 2015), 330,951 users (+12.32%), over 1 million page views (exactly 1,039,285, +16.50%).

Some metrics: we went from 2.27 to 2.30 (+1.68%) pages visited per session; the bounce rate (i.e. the site exit) has gone from 71.31% to 66.45% (-6.81%). The average session has decreased from 1'30 to 1'25, mainly due to the increasing use of smartphones and since we placed online the new site responsive, at the end of 2015, .

2016 shows the overcoming of visits by mobile (from 151,723 to 287,150, +89%) compared to the desktop (from 208,310 to 132,874, -36%). This change has had profound reflections on average visits to the site, because a visit made by smartphone is shorter (1.69 pages and about 49 seconds) than a desktop one (3.62 pages and 2 minutes and 44 seconds).

Digital Activities

On desktop 1 user out of 2 goes through the whole site, by mobile 3 out of 4 stop at the first page. Even the audience is slightly changed, in 2016 the audience was slightly younger and the male component has increased.

The growth of social media

Updates from the field, awareness campaigns, fundraising appeals, news from Africa but not only, on social channels there is ample space for: our window on the world to tell about us and the African continent. 2016 does confirm the positive trend and growth already seen during the previous annuity. Implementing of social features, the operation and involvement of community influencers on campaigns which are strategic for the Organization has produced some encouraging numbers.

Twitter

In March 2016 the Amref official Instagram channel was launched. As of December 31, 2016 followers were 2,100. Christmas campaign “Give weight to those who don’t have”, that has involved the community of Instagramers and igers in order to sensitize people to the theme of child malnutrition in Africa, has produced +56% on the rates of engagement in a one month period (December).
In 2016, almost 23,430 people, companies, foundations and associations have been supporting our projects in Africa and made our interventions possible. The relationship with people who support us every day is our strength, for this reason we dedicate passion and commitment in telling Africa across current and new channels, so that everyone can have access to updates, what’s new, to the stories that tell us about this changing Africa. And we are changing with Africa.

Private Donors
Private donors remain the basement of Amref. Their confidence is one of the cornerstones of the organization. Thousands of private donors are important vehicles to spread our message and to raise public awareness of Italian people to the problems of the African continent. Amref in 2016 has gained about 5,788 Donors, through specific appeals, fundraising campaigns and targeted actions on the web. This allowed us to collect donations for more than 2.2 million euros from 22,921 Donors. Donors are divided into 3 main types: one-off donors, regular donors and donors by the Occasions of the Heart.

Who is the one-off donor
One-off donors are those who decide to make one or more donations to Amref because they believe in a specific campaign or project. These donors are our base of support, the heart of our Organization. Our task is to ensure that they continue to believe in our mission. We have so many ways to try and talk to them:
- Submitting appeals by mail, to inform and involve donors on specific topics.
- Send the quarterly Magazine “In Africa” to keep them updated.

Who is the regular donor
Regular donors are those who support Amref by a constant donation - monthly, quarterly or yearly - allowing us to achieve concrete and lasting benefits, putting ourselves in a position to plan our long-term interventions. Regular donors in 2016 were 3,854.

Who is the donor of the Occasions of the Heart
Occasions of the Heart are a special fundraising initiative. Occasions like Christmas, Valentines, mother’s day and father’s day, but also for a birthday, a wedding, communion or a birth, to share the joy of an important day there is no better way than choosing a gift, a favour box or even a gift registry that will delight those who receive it and, at the same time, will bring health and future to many people living in Africa.

The solidarity shop of the Occasions of the Heart proposes original gadgets, boxes for confetti, birthday cards, scrolls and many other ideas which are made in Africa, with the aim of turning any special occasion into a large and significant gesture of solidarity for Africa.

Donors who have chosen to celebrate an important moment of their lives with Amref solidarity ideas in 2015 were 1,658.

AFRICAN
Ogni giorno con Amref per l’Africa

The AFRICAN donor supports Amref projects every day: water interventions, care of pregnant women, through the training of AfricaN doctors and nurses. Regular AFRICAN donors are updated on the development of projects through a restricted area of the website amref.it dedicated to them (myAmref).

AFRICAN also allows Amref to plan long-term interventions, strengthening the economic independence and action in order to intervene quickly in case of emergency, by reducing administrative and management costs. In 2016 the great family of the AFRICAN project reached 1,957 people for a volume equal to 350,791.26 euros.

LONG-DISTANCE SUPPORT
Through the long-distance support, Amref intervenes in schools of Kenya to improve the health of children and facilitate their learning. To protect the health of the whole school community it carries out health education courses on how to operate against diseases, building systems of access to clean water and proper sanitation. Through the face, the story of a child and updates on his schooling, we show to long-distance supporters how their contribution can make a difference for thousands of children. Child sponsorship in 2016 could count on 1,897 donors, with a total volume of 671,660.24 euros.

THE AFRICAN PROGRAM
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High Value Donors

Corporate
2016 was characterised by an innovative analysis on trends involving corporate in research and the need to build social responsibility projects, social marketing, new philanthropy, employees’ motivation, know-how and best practices sharing.

The new model on which Amref bases the relations with Italian corporate is based on the array of values renewed and strengthened, which aims to build partnerships able to create shared value among the subjects (the beneficiary communities, the stakeholders, the company and the board, Amref).

During this year, Amref has developed new digital services in favour of a simplified and direct dialogue with business.

Profit-nonprofit partnerships
There is a global vision for a renewed role of the taxable profit, which creates regenerative thrusts for society and for the planet.

Just look at the 2030 United Nations agenda or the 25/2014 Law on Italian cooperation, to understand that the future scenario sees more and more companies join the model of profit the maximization of a positive impact towards the communities and environment in which they operate.

Amref, aware of this global view, promotes the study and research of the triple-bottom-line model, accompanying businesses through the path people–planet–profit.

Companies for Africa
In 2016 Amref has launched its exclusive club Companies for Africa, responding to the need for many SMEs to enhance the participation of its brand and mission to the development programmes by Amref.

Each Company for Africa gets a series of customized materials to use in its internal and external communication, timely updates from the field and a contact person dedicated to collaboration.

Companies for Africa use a private Facebook group run by Amref and within which they share updates on the development of programmes in Africa, but also partnership case histories, studies and research on CSR.
MAJOR DONATIONS

Amref Major Donors are individuals and family foundations that, thanks to their important support to our projects, ensure real improvement of health conditions and perspectives of development and social emancipation to the peoples of the African countries in which Amref Italy has got specific objectives. The great interventions funded by them cover a wide basin of beneficiaries and generate a lasting and positive impact on the area and communities.

Achievements
In 2016 the contribution of 207 major individual donors has enabled us to raise 1,041,691 euros, which allowed Amref to implement 40 surface wells, dug 2 deep boreholes, protect a water sources and improve the infrastructure by 20 primary schools, allowing more than 4500 kids to study in safe classrooms, to make use of restrooms and drinking water for personal hygiene. We renovated two health centres. In Mozambique we have supported studies for an entire year to 40 schoolgirls in obstetrics, by preparing them to assist more than 500 deliveries every year. We have increased our efforts in a country extremely difficult and risky such as South Sudan, through investing in the future of hundreds of girls and future medical assistants, providing them with an adequate education and professional training. In Dagoretti, one of Nairobi’s largest slums, at the Amref Children Village, we have ensured daily hot meals to 130 street children, immunized 43 children against measles and rubella, involved 500 children in sports and art workshops.

The importance of participation
We have always been working by giving the opportunity for our supporters to closely monitor the projects on the ground and to be updated, in a timely and transparent manner, on the development of the activities financed. This method has triggered strong and trusted relationships over the years. Each of them approaches Amref projects differently, each has a different motivation, expectation and sensitivity, and our daily work is to recognize this diversity and respect it, creating synergies and fruitful collaborations. In Italy as well as in Africa we are engaged to comply with the characteristics and history of each one, making it an integral part of the improvement process put in place. The tool is the direct and personal relationship with each donor. In this sense the exchanges and meetings with the donor are crucial opportunities to deepen mutual understanding and power the personal involvement, to understand the reasons behind a specific choice of financing, as well as to update donors on the progress of projects.

The testimony of Nice
In October, Nice Nailantei Lang’ete came and see us; she is the proud representative of an Africa made of women who, thanks to the training received and to an incredible charisma, is getting off the continent’s leaders. Nice has been with us in two events, one in Rome and another in Milan, where there were institutions, businesses, media, and donors. In these two occasions, Nice brought to our supporters the testimony of Amref commitment against the practice of female genital mutilation and to protect women’s right to health education. Her experience is an exemplary story of female empowerment, who crosses the borders of Kenya and Africa, and having her in front of us, listening to her telling of her daily work in the villages, has been a great opportunity for us and for our donors and really made us feel part of the change we are promoting.

Legacies
In recent years, several people have chosen to support us through a legacy, by allocating part of their assets to a project in Africa. The legacy is an act of great sensitivity and even of greater knowledge, those who decide to donate this way know they are generating a radical and lasting improvement in people’s lives; they want to leave an indelible sign of their passage. That is why we do seek appropriate solutions to the generosity and the will of the people who make this choice and we put all our focus on managing wealth that is entrusted to us in a respectful and effective way.

Our promise is to use funds from legacies to carry out projects that:
• Have a greater sense of urgency.
• Ensure the right to health of thousands of people in Africa.
• Produce a lasting change in the lives of whole communities.

In 2016 we could fund projects for a total amount of 239,556 euros.
The organizational structure

The identity card of amref health africa italy

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amref Health Africa Onlus in Italy</td>
<td>1987</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NGO approved Eligible by the Ministry of Foreign Affairs by Decree of 18/11/2002</th>
<th>In May 2004 the statutory amendments introduced by the Organization are recorded and recognized, in order to change its name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered at the Registry Office of the NPOs since 2/2/1998 at the Revenue Agency</td>
<td></td>
</tr>
<tr>
<td>Rome, head office and central office - Via Alberico II n.4 - 00193 Rome</td>
<td>Milan, secondary office - Via Camillo Finocchiaro Aprile 14 - c/o A&amp;B Srl - 20124</td>
</tr>
</tbody>
</table>

Shareholders' Meeting
A sovereign body outlining the general guidelines of the association, approving the regulations governing the conduct of the activities and appointing the Board of Directors, the Treasurer and the Board of Auditors. It meets at least once a year for approval of the budget. The Shareholders’ Meeting consists of 26 members, distinguished by Founding members. Subscribers of the Charter; Honorary members Appointed for the importance of donations and activities in favour of the association; Ordinary members Actively participating in the life of the association and supporting its activities, Aggregate members Collaborate with the association by providing their own work for the achievement of social purposes. In 2016, the Shareholders’ Meeting convened twice for the approval of the 2015 Budget and for the renewal of the Board of Directors for the three-year period 2016–2019.

Board of Directors
Ensures the achievement of the goals of the association by regularly confirming its values and mission, by means of a clear strategic direction. On December 20, 2016, the Board of Directors was renewed and reconfirmed by the Shareholders’ Meeting for the three-year period 2016–2019 and passed from 7 to 10 members. During 2016, the Board of Directors convened four times.

President
Mario Raffaelli is president of Amref Health Africa in Italy since 2010 and Vice President of the Amref Health Africa International Board since 2012, after many years of commitment to the peace processes followed as a representative of the Italian Government in several countries around the world. He entered Parliament as Deputy in 1979 and remained there until 1994. During those years he was Secretary of State for Health and then Foreign Affairs Secretary, with a mandate for Africa and International Organizations. The international reputation of Mario Raffaelli is linked in particular to its role as Chief mediator within the peace process in Mozambique, from 1990 to 1992. During the G8 Italian presidency he was appointed expert for peace initiatives in the Horn of Africa. Raffaelli is also known for his long commitment to Somalia, where he was Special Representative of the Italian Government from 2003 to 2008. He is currently a consultant on the institutional reforms of the Somali Parliament Speaker on behalf of the AWEPA (Association of European Parliamentarians with Africa) and the European Union.

He is editorialist for various newspapers, where he writes about Africa and even in politics, and collaborates with the major Italian institutes of international politics (CESPI, IAI, IPALMO, ISPI).

Board of Auditors
Ensures the financial management of the association, ensures the regular keeping of the accounting records, examines the budget estimates and financial statements, draws up specific reports and conducts cash checks. The Board shall consist of 2 members and 1 alternate member appointed by the Shareholders’ Meeting, shall remain in office for three years and may be reappointed. The Shareholders’ Meeting, on 26/04/2016 confirmed the existing Board of Auditors for the next three years 2016–2019.
In 2016, the Board convened five times, of which four times for quarterly audits and one for auditing the annual financial statements.

**Composition of the Board of Auditors as of 31/12/2016**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bientinesi Antonella</td>
<td>President of the College</td>
<td>Appointed in 2006</td>
</tr>
<tr>
<td>La Montagna Maria Maddalena</td>
<td>Member of the Board</td>
<td>Appointed in 2006</td>
</tr>
<tr>
<td>Curti Gaidino delle Tratte Ettore</td>
<td>Alternate member of the Board</td>
<td>Appointed in 2006</td>
</tr>
</tbody>
</table>

**Treasurer**
The Board of Directors appoints a Treasurer to assist the same Board in the management of the Association’s fund, in the keeping of bookkeeping books, in the preparation of the balance sheet and budget. The Treasurer shall remain in office for 3 years and may be reappointed only once. His tasks, specifically include: supervising the correct keeping of accounting records and the financial and administrative services satisfying the requirements of the law, supervising the implementation of resolutions of the Board of Directors in administrative matters, illustrating the annual report to the Shareholders’ Meeting, ensuring the correct advertising of the budgets of the Association, submitting to the Board of Directors any investments, submitting to the Board of Directors the provisional budget and the final balance sheet.

**Staff**
As of 31.12.2016, Amref Health Africa Italia employs 30 people, of which 26 are employed on an indefinite duration (one person is on unpaid leave), 2 with a fixed-term contract and 2 apprenticeships. Of these contracts, 7 are part-time, while 23 are full-time. At the end of December 2016, 3 people collaborate with Amref with a collaboration contract.

In particular, the number of employees in terms of FTE (full time equivalent) as of 31/12/2016 is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Employees</th>
<th>Apprenticeships</th>
<th>Consultants</th>
<th>MoFA Contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.12.2014</td>
<td>36</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>31.12.2015</td>
<td>33</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>31.12.2016</td>
<td>28</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Our staff consists of 27 women and 6 men. The average age is 39 years, while the average experience 7 years (gradual decrease compared to previous years). All contracts for employees during 2016 refer to the CCNL of Commerce. Most of the staff, even in 2016, has been employed in Communications and Fundraising sectors.

**Human Resources Distribution by sector**

- **Staff Directors/Adm. and Human Resources**
- **Programs**
- **Communication and Fundraising**

During this year, the staff could take advantage of the following benefits: food stamps, paid leave for medical examinations, paid leave for medical examinations during pregnancy, health insurance, parental leave of 3 days, timetable flexibility of entry and exit from the office, teleworking hours. In 2016, all the policies provided by the HR Manual have been implemented in terms of selection, management, evaluation and staff training. In particular, since the Performance Management System, we have developed the training plan:

**Funded training – Fondimpresa**

<table>
<thead>
<tr>
<th>Course Description</th>
<th>HOURS</th>
<th>N STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic English course</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Intermediate English course</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Advanced English course</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Intermediate Excel course</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Advanced Excel course</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Individual accounting advanced course</td>
<td>39</td>
<td>1</td>
</tr>
<tr>
<td>Course for coordinators and heads of sector</td>
<td>16</td>
<td>9</td>
</tr>
</tbody>
</table>

**Other courses/workshops co-funded and/or financed in 2016**

<table>
<thead>
<tr>
<th>Course Description</th>
<th>HOURS</th>
<th>N STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs - European projects and foundations</td>
<td>40</td>
<td>4</td>
</tr>
<tr>
<td>Workshop Territory/volunteers</td>
<td>32</td>
<td>2</td>
</tr>
<tr>
<td>On the job training – High Value Donors</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>EU project reporting</td>
<td>40</td>
<td>4</td>
</tr>
<tr>
<td>Master in Public Health</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Digital - new media</td>
<td>Annual</td>
<td>1</td>
</tr>
<tr>
<td>Digital - new media</td>
<td>16</td>
<td>3</td>
</tr>
</tbody>
</table>

Safety courses were also implemented, in addition to the mandatory training for apprentices.

Three employees at management level benefited from the opportunities offered by the Quadriforo fund. Amref Health Africa in Italy, in order to facilitate and encourage the participation of employees to upgrade initiatives, granted to the staff an amount of working hours for training, both internal and external.

**Volunteers**
In 2016, Amref has created events and awareness-raising initiatives over the national territory, with the support of its volunteers, organized into groups or available for specific events.

Local historical groups of Amref are present in the cities of Broni, Turin and Palermo, each consisting of about 15 volunteers. In 2016, two new groups were born in Bologna and Rome, composed of 5 volunteers.

In Milan and Rome, the cities where Amref is headquartered, 3 and 7 volunteers respectively have actively supported the organization in carrying out institutional activities. During the events, organized by Amref or by its supporters, some dedicated volunteers took part in the participants’ reception, active information and fundraising; in detail, 5 volunteers in Rome and 7 in Milan.
Thank You!

Thanks to all Friends that, during 2016, have been together with Amref and Africa, by dedicating us not only donations, but also attention, time, passion, desire of staying together to bring health and hope in the African continent.

Thanks to donors, institutions and institutional references:
Cécile Kyenge, Ignazio Corrao, Giusy Nicolini Sindaco Comune di Lampedusa e Linosa, Laura Boldrini, Roberto Natale, Emma Bonino.


Special thanks to all those that in 2016 have been supporting us through Major Donations, with generosity and attention:
Alfredo e Maria Luisa e i ragazzi del Liceo Scientifico Mancini, Alice e Torquato, Angelo e Ornella, Antonella e Franco, Giuseppe e Silvana, Vanda e Cristina, Sandro e Raffaella, Sante e Maria Grazia, Stefano e Francesca, Agata e Vincenzo, Alberto (Roma), Alberto (Vedano al Lambro), Alfredo, Fondazione Achille a Giulia Boroli, Andrea (Agnadelici), Andrea (Masate), Andrea (Torino), Angela, Anna (Cesena), Anna (Milano), Anna (Roma), Anna Pina, Antonino, Benedetto, Carlo, Chiara e Gianni, Corrado, Cristian, Donatella, Egidio, Elena, Emanuele, Enzo, Ermanno, Ester Maria, Fabio, Fabrizio, Marco, Daniele e Renata, Mario, Vittoria e Alessandro, Famiglia Ricci e tutti gli amici della “Michele Ricci School for life”, Antonio e Giovanna, Corrado, Gabriele e Ornella, Fiammetta, Francescopaolo, Franco (Brugherio), Franco (Milano), Giacinto, Gianni e Patrizia, Gina, Giordano, Giorgio, Giorgio e Wilma, Giovanni (Bassano), Giovanni (Castelnuovo di Garfagnana), Giuditta, Giuseppe e Maria Donata, Grazia, Gustavo, Livio e Paola, Luca, Luigi, Luisa, Marco (Diamante), Marco (Trento), Maria, Maria Giovanni, Maria Grazia (Beinasco), Maria Grazia (Parma), Maria Luisa, Mariapia, Marie Celine, Marilena, Mario, Massimiliano, Matteo C. (Milano), Matteo G. (Milano), Mauro, Norma, Paola, Patrizia, Pierluigi P. (Padova), Pierluigi Z. (Padova), Piero, Pietro (Arzignano), Pietro (Bovino), Pietro (Roveleto), Raffaella, Remo, Roberto, Rosa Maria, Rotary Club Monza Nord Lissone, Sara, Sergio, Stefano, Stefano e Lorena, Tommaso, Vincenzo (Bari), Vincenzo (San Giovanni la Punta), Vito, Viviana.

Thanks to donors that enthusiastically set groups and associations to collect funds in order to bring health to Africa:

Thanks to the companies that every day support our work on the field:

Thanks to our partners and to the networks for the precious joint commitment:

And again, thanks from the heart for supporting us with our communication activities to:

Sincere thanks to all the media which gave voice to Amref work, both in Africa and in Italy. From the front pages of national newspapers till local news websites. Thanks to them; we could tell stories, ask for help, launched appeals for aid, always keeping in mind that the first expression of solidarity is the freedom of information.
REPORT ON ECONOMIC PERFORMANCE

Revenues for the year 2016 amount to € 7,632,592. There is an increase of 7% compared to what was collected in 2015 (7,091,515 euros).

The proceeds are distributed as follows:

Growth compared to 2015 is € 541,077. This is attributable to the increase in funding from institutions (+ 17% compared to 2015) and to the increase in fundraising from leavers (+ 3.7% compared to 2015). The result is in line with the trend recorded in the last three years. The proceeds from private fundraising remain fundamentally stable.

Following the comparison of the last three years in relation to the different sources of collection:
The costs for the year 2016 amount to € 7,628,530. There is an increase of 7% compared to 2015 (€ 7,080,578).

The increase of 7% compared to 2015 for funds allocated to programs in Africa and Italy is in line with the organization’s strategy for expanding its related activities.

Costs associated with overall organization support increase by 5%, less than other costs. In line with the three-year strategy (2015–2018), investment in fundraising and communication should be read, with the aim of increasing the donor base and brand awareness of Amref Health Africa in Italy.

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**BALANCE SHEET TO 31/12/2016**

<table>
<thead>
<tr>
<th>ACTIVE</th>
<th>31/12/16</th>
<th>31/12/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) MEMBERSHIP FEES STILL TO BE PAID</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>B) TOTAL FIXED ASSETS</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1) Intangible fixed assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>II Tangible fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Installations and equipment</td>
<td>6,532</td>
<td>5,796</td>
</tr>
<tr>
<td>3) Other assets</td>
<td>3,839</td>
<td>661</td>
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<tr>
<td>Total</td>
<td>10,372</td>
<td>6,457</td>
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<tr>
<td>III Financial fixed assets</td>
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<td></td>
</tr>
<tr>
<td>1) Shares</td>
<td>1,150</td>
<td>1,150</td>
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<tr>
<td>2) Receivables</td>
<td>14,500</td>
<td>11,400</td>
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<td>3) Other securities</td>
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<td>Total</td>
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<td>12,550</td>
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<td>TOTAL FIXED ASSETS (B)</td>
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<td>19,007</td>
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<td>C) WORKING CAPITAL</td>
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<td>Totale</td>
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<tr>
<td>II Receivables</td>
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<tr>
<td>1) Towards clients</td>
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<tr>
<td>2) Towards others</td>
<td>6,953,265</td>
<td>3,330,622</td>
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<td>Total</td>
<td>6,953,265</td>
<td>3,330,622</td>
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<tr>
<td>III Short-term financial assets</td>
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<tr>
<td>2) Other securities</td>
<td>91,411</td>
<td>130,563</td>
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<tr>
<td>Total</td>
<td>91,411</td>
<td>130,563</td>
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<tr>
<td>IV Cash and cash equivalents</td>
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<td></td>
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<tr>
<td>1) Bank and postal deposits</td>
<td>216,293</td>
<td>459,977</td>
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<td>3) Cash and cash equivalents on hand</td>
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<td>1,885</td>
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<td>Total</td>
<td>219,852</td>
<td>461,862</td>
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<td>TOTAL CURRENT ASSETS (C)</td>
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<td>925,487</td>
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<tr>
<td>D) ACCRUALS AND DEFERRALS</td>
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<tr>
<td>II Deferred assets</td>
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<tr>
<td>TOTAL ACCRUALS AND DEFERRALS (D)</td>
<td>-</td>
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<tr>
<td>TOTAL ASSETS</td>
<td>1,035,609</td>
<td>950,315</td>
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<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>31/12/16</th>
<th>31/12/15</th>
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<tbody>
<tr>
<td>A) NET EQUITY</td>
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<tr>
<td>I Institution’s Endowment Fund</td>
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<td>Total</td>
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<td>60,000</td>
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<tr>
<td>III Free assets</td>
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<tr>
<td>1) Operating profit current year</td>
<td>4,062</td>
<td>10,936</td>
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<td>2) Reserves set aside in previous years</td>
<td>348,564</td>
<td>337,628</td>
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<td>TOTAL NET EQUITY (A)</td>
<td>412,626</td>
<td>408,564</td>
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<tr>
<td>TOTAL NET EQUITY</td>
<td>412,626</td>
<td>408,564</td>
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<tr>
<td>B) FONDI PER RISCHI ED ONERI</td>
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<tr>
<td>1) Per trattamento di quiescenza e obblighi simili</td>
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<tr>
<td>2) Altri</td>
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<td>TOTALE FONDI PER RISCHI ED ONERI (B)</td>
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<td>C) EMPLOYEE SEVERANCE INDEMNITIES</td>
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<td>275,025</td>
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<td>D) PAYABLES</td>
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<td>4) Trade payables</td>
<td>211,708</td>
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<td>5) Tax liabilities</td>
<td>46,860</td>
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<td>6) Payables due to social security institutions</td>
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<td>53,510</td>
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<td>7) Other liabilities</td>
<td>421</td>
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<td>TOTAL PAYABLES (D)</td>
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<td>221,059</td>
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<td>E) ACCRUALS AND DEFERRALS</td>
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<td>I Accrued liabilities</td>
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<td>45,667</td>
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<tr>
<td>TOTAL ACCRUALS AND DEFERRALS (E)</td>
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<td>45,667</td>
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<tr>
<td>TOTAL LIABILITIES</td>
<td>1,035,609</td>
<td>950,315</td>
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</table>
Announcement on MEDIASET networks from September 18 to September 24, 2016.

In 2016, Amref Health Africa devoted its campaign numbering 45594 (18-24 September) to the drought emergency affecting the people of North Shewa, Ethiopia. The campaign was realized thanks to the support of Mediaset and TIM, Vodafone, Wind, 3, PosteMobile, CoopVoce, Tiscali, TWT, Infostrada and Fastweb.

| POSTE MOBILE | 506,00 |
| TISCALI ITALIA Spa | 107,00 |
| TELECOM ITALIA | 14,804,00 |
| FASTWEB | 567,00 |
| WIND | 4,626,00 |
| TWT | 6,00 |
| COOP ITALIA | 148,00 |
| VODAFONE | 5,098,00 |
| **TOTALE** | **25,862,00** |

Report fundraising SMS 2016

Announcement on MEDIASET networks from September 18 to September 24, 2016.

In 2016, Amref Health Africa devoted its campaign numbering 45594 (18-24 September) to the drought emergency affecting the people of North Shewa, Ethiopia. The campaign was realized thanks to the support of Mediaset and TIM, Vodafone, Wind, 3, PosteMobile, CoopVoce, Tiscali, TWT, Infostrada and Fastweb.

The budget documents, the notes to the financial statements and the audit report are available on www.amref.it

MANAGEMENT ACCOUNT TO 31/12/2016

<table>
<thead>
<tr>
<th>CHARGES</th>
<th>31/12/16</th>
<th>31/12/15</th>
<th>INCOME AND REVENUES</th>
<th>31/12/16</th>
<th>31/12/15</th>
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<tbody>
<tr>
<td>1) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>1) Expenses arising from typical activities</td>
<td></td>
<td></td>
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<tr>
<td>1.1) Contributions on projects</td>
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<td>1.1) Purchases</td>
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<td>1.2) Contracts with public agencies</td>
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<td>1.2) Services</td>
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<td>1.3) Associate members</td>
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<td>70.798</td>
<td>1.3) Use of third-party assets</td>
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<td>1.4) From non-members</td>
<td>411,606</td>
<td>429,576</td>
<td>1.4) Staff</td>
<td>411,606</td>
<td>429,576</td>
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<tr>
<td>1.5) Other income and revenues</td>
<td></td>
<td></td>
<td>1.5) Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6) Other operating expenses</td>
<td></td>
<td></td>
<td>1.6) Other operating expenses</td>
<td></td>
<td></td>
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<tr>
<td>1.7) Africa programs</td>
<td>4,338,444</td>
<td>4,064,012</td>
<td>Total charges from typical activities</td>
<td>4,750,050</td>
<td>4,493,588</td>
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<tr>
<td>2) Income from fundraising</td>
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<td></td>
<td>1.1) Expenses arising from typical activities</td>
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<td></td>
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<tr>
<td>2.1) Income from individuals supporters</td>
<td>3,884,146</td>
<td>3,408,835</td>
<td>1.1) Purchases</td>
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<td>1.2) Services</td>
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<td>2.3) Proceeds 5 per mille</td>
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<td>510,628</td>
<td>2.3) Purchases</td>
<td>51,069</td>
<td>78,355</td>
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<td>2.4) Proceeds from legacies</td>
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<td>49,884</td>
<td>2.4) Services</td>
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<td>2.5) Press Office and media relations</td>
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<td>2.5) Use of third-party assets</td>
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<td>2.6) Testimonial and strategic relationships</td>
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<td>2.6) Costs for Corporate area</td>
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<tr>
<td>2.7) SMS Campaign</td>
<td>4,421</td>
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<td>2.7) Costs for Major area</td>
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<td>2.8) Staff costs</td>
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<td>197,875</td>
<td>2.8) Costs for digital area</td>
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<td>2.9) Institutional Communication</td>
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<td>2.9) Costs for special projects</td>
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<td>Total communication activities</td>
<td>336,469</td>
<td>457,695</td>
<td>Total expenses from ancillary activities</td>
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<tr>
<td>Total promotion expenses</td>
<td>1,981,440</td>
<td>1,734,731</td>
<td>Total income from fundraising</td>
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<td>7,000,559</td>
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<td>3) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3) Expenses arising from ancillary activities</td>
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<td></td>
</tr>
<tr>
<td>3.1) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3.1) Purchases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3.2) Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3.3) Use of third-party assets</td>
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<td></td>
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<tr>
<td>3.4) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3.4) Staff</td>
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<td></td>
</tr>
<tr>
<td>3.5) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3.5) Depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6) Income and revenues from ordinary operations</td>
<td></td>
<td></td>
<td>3.6) Other operating expenses</td>
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<td></td>
</tr>
<tr>
<td>Total income from auxiliary activities</td>
<td>2,800</td>
<td>449</td>
<td>Total income from auxiliary activities</td>
<td>2,800</td>
<td>449</td>
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</table>

4) Financial and capital charges | 24,799 | 28,336 | 4) Financial and capital income | | |
| 4.1) On banking relationships | 24,799 | 28,336 | 4.1) On financial relationships | 277 | 376 |
| 4.2) On loans | 24,799 | 28,336 | 4.2) On financial investments | 6,384 | 10,660 |
| 4.3) From built heritage | 24,799 | 28,336 | 4.3) From built heritage | | |
| 4.4) From other capital assets | 24,799 | 28,336 | 4.4) From other capital assets | | |
| 4.5) Extraordinary expenses | 24,799 | 28,336 | 4.5) Extraordinary income | - | 8,673 |
| Total financial and capital charges | 24,799 | 28,336 | Total financial and capital income | 25,862,00 | 25,862,00 |

5) General support charges | | | 5) General support charges | | |
| 5.1) Purchases | 248,332 | 194,266 | 5.2) Services | 151,865 | 156,069 |
| 5.3) Use of third-party assets | 415,060 | 415,750 | 5.4) Staff | 415,060 | 415,750 |
| 5.5) Depreciation | 3,955 | 4,499 | 5.6) Other operating expenses | 1,953 | 558 |
| 5.7) Extraordinary expenses | 51,975 | 52,821 | 5.8) Taxes and fees | 51,975 | 52,821 |
| Total General support charges | 672,241 | 623,923 | Total General support charges | 672,241 | 623,923 |
| Total costs | 7,628,530 | 7,080,578 | Total revenues and income | 7,632,592 | 7,091,515 |
| Results of the financial year | 4,062 | 10,937 | Results of the financial year | 4,062 | 10,937 |