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CREATIVITY ENTHUSIASM ENERGY VISION

women and children first (UK)

Trustees' Report and Financial Statements

Year ended 31 December 2008

Charity Number: 1085096
Company Number: 03914873

Women and Children First (UK)
(A company limited by guarantee)

Annual Report and Accounts for the Year ended 31 December 2008

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Legal and administrative details

Women and Children First (UK) was incorporated on 7 January 2000 and was registered as a company limited by guarantee (number 03914873) and was registered as a charity (number 1085096) on 21 February 2001. The governing instrument is the Memorandum and Articles of Association. All the members of the charitable company are Trustees and undertake to contribute to its assets in the event of it being wound up while still a member, such amount as may be required not exceeding £10.

Board of Trustees (Directors)

The following were Trustees during the year:

Peter Clokey	Patricia Croll (Vice-Chair) - appointed 24 January 2008
Professor Anthony Costello	Ronald Finlay
Jenny Goodwin	Paola de Leo – appointed 15 May 2008
Claudia McConnell	Hazel Slavin (Chair) -appointed 24 January 2008
Kerry Swanton - resigned 24 January 2008	Anthony Williams

Company Secretary

Professor Anthony Costello

Treasurer

Peter Clokey

Patrons

Professor David Latchman
Baroness Amos

Baroness Afshar of Heslington
Baroness Massey of Darwen

Chief Executive

Ros Davies

Registered office

30 Guilford Street, London, WC1N 1EH

Operational address

4.19 United House, North Road, London N7 9PD

Tel: 020 7700 6909

Fax: 020 7700 3921

Email: info@wcf-uk.org

Website: www.wcf-uk.org

Auditors

H W Fisher & Co.

Acre House, 11/15 William Road, London NW1 3ER

Bankers

Unity Trust Bank plc

Nine Brindleyplace, Birmingham, B1 2HB

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Report of the Board of Trustees

The Trustees, who are also Directors of the charitable company for the purposes of the Companies Act, present their annual report and the audited financial statements of Women and Children First (WCF) for the year ended 31 December 2008. The Trustees confirm that the annual report and financial statements of the Charitable Company comply with the current statutory requirements, the requirements of the Charitable Company's governing document and the provisions of the Statement of Recommended Practice "Accounting and Reporting by Charities" issued in March 2005.

Objectives, Aims and Approach

Charitable Objectives

The company is a charity whose principal objects are to improve the health, nutrition and welfare of women and children in poor communities.

Vision, Mission and Values

Women and Children First's Vision is an equitable world where all women understand and exercise their right to health, and they and their newborns enjoy optimal wellbeing.

Our Mission is to improve the health and wellbeing of women, girls and children in poor and marginalised communities with an emphasis on pregnant women and the first 28 days of the newborn's life.

Our Values encompass:

- A Southern partner-led approach to international programmes
- International programmes build on research and evidence-based work and incorporate a rights-based approach
- Equity in partnerships
- Equitable access to health information and services
- Transparency and accountability
- Providing value for money
- Ethical funding.

Strategic Approach

Women and Children First works in partnership with NGOs, governments and academic institutions to promote innovative, low cost solutions designed to reduce maternal and newborn mortality and increase wellbeing for women, girls and newborns. We develop and share best practice through extensive monitoring and evaluation of our work and disseminating lessons learned to health officials, policymakers, parliamentarians, other practitioners and advocates to ensure research findings are applied to policy and practice.

Public Benefit

The Trustees have complied with the duty in section 4 of the Charities Act 2006 to have due regard to public benefit guidance published by the Charity Commission.

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Women and Children First works in poor and marginalised communities in developing countries in sub-Saharan Africa and South Asia which have some of the highest rates of maternal and newborn mortality worldwide. For example, the chances of dying of maternal causes in Malawi are one in 18 (compared to one in 8,200 in the UK) and the chances of newborn babies dying are 26 in 1,000 (three in 1,000 in the UK).

Our programmes are designed with local partners and key stakeholders to ensure key government targets for reducing Maternal and Newborn Mortality are reached and the programmes reach those most in need.

Because the aim of the work is to reduce maternal and newborn death and improve the health of women, newborns and other children, direct beneficiaries include women of child-bearing age, girls, pregnant women and their newborns.

Indirect beneficiaries include family members (fathers, siblings), community members (village and religious leaders) and health care staff. Beneficiaries do not make any financial contribution to programme activities.

No one receives any private benefit from Women and Children First's work.

Monitoring and Evaluation

Monitoring and evaluation is built in to all our programmes and WCF works in close collaboration with University College London's Centre for International Health and Development at the Institute of Child Health (CIHD) to ensure our programme outcomes can be satisfactorily measured using a combination of quantitative and qualitative methodologies.

Achievement and Performance

Women and Children First's strategy

The five year strategic plan, launched in 2006 was reviewed in mid-2008 and reframed as a Strategic Framework for organisation and programme development. The Vision, Mission, Values and Strategic Aims were reviewed and agreed as above. Four Strategic Aims were agreed and cross-cutting themes were identified and key activity areas were defined to work towards the Aims and guide activities appropriate in scaling up activities.

Our strategic aims are to:

1. Secure funding to assist Southern partners to deliver programmes of activities that empower women and girls and their wider communities to press for and use local health services.
2. Increase the scale and impact of our work and provide evidence for what works well.
3. Advocate locally and internationally for robust policies and finance to provide affordable, accessible, quality health services for all women, girls and newborns.
4. Provide quality Technical Assistance in support of our advocacy and programme aims.

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To achieve these aims we work in partnership with key stakeholders including communities, health care providers and policy makers to develop and deliver effective interventions and influence national and international policies to reduce maternal and newborn mortality.

Our activities encompass:

1. Community mobilisation

Community mobilisation stimulates improvements to the health and wellbeing of communities by empowering community members to identify and address important needs. Our approach to community mobilisation adopts women's groups as a key intervention, an approach that has been demonstrated to be an effective component in reducing maternal and newborn mortality, but also recognises the important roles played by men as husbands, partners, fathers, brothers and sons.

2. Health system strengthening

Health system strengthening aims to develop the capacity of low income countries to plan, manage and deliver high quality healthcare equally within communities. The World Health Organisation (WHO) states that a health system comprises all organisations, institutions and resources devoted to producing actions the primary intent of which is to improve health. The four essential functions of a health system have been defined as service provision, resource generation, financing and stewardship. We support training and other capacity development initiatives to improve the scope and quality of services and equitable access to these services.

3. Policy, advocacy and dissemination

Policy analysis and advocacy initiatives can influence those in positions of power to bring about changes that make a real difference to people's health and welfare. Within each country programme WCF supports our partners to engage in local and national advocacy and represent their programme users' concerns about safe motherhood and newborn health. Our UK-based policy and advocacy work engages with key policy and decision makers to communicate the concerns of Southern partners and the communities they work with. We aim to influence the UK leadership and engage in wider international policy forums to ensure that maternal, newborn and child health is a high priority on the political agenda.

4. Capacity building

We believe in building and strengthening the existing capacity of qualified indigenous personnel working in our partner organisations. Capacity building also assists in strengthening the capacity of communities to organise and demand appropriate services, and to assist in developing the skills and knowledge of the health care workers who provide maternal and newborn health care. WCF will continue to secure funding and provide Technical Assistance to support the continued capacity building of our Southern partners.

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Cross cutting themes

Our programmes are designed to ensure sustainability in terms of local management and coordination with the maternal and newborn health policies and strategic goals of governments at district and national level.

In all the countries where WCF works, women and girls are significantly disadvantaged by poor levels of education and access to healthcare. Our focus is on working with women in communities and, where there is scope, to expand this work to reach larger numbers including reaching out to younger and the most marginalised women.

Maternal health cannot be achieved without access to affordable high quality sexual and reproductive health services. Sexual and reproductive health services encompass three main areas: contraceptive services, maternal health services (including safe abortion and treatment for incomplete and botched abortion), and services related to the diagnosis and treatment of sexually transmitted infections (including HIV).

Malnutrition poses a variety of threats to women and children. It weakens women's ability to survive childbirth, makes them more susceptible to infections, and leaves them with fewer reserves to recover from illness. HIV-infected mothers who are malnourished may be more likely to transmit the virus to their infants and to experience a more rapid transition from HIV to AIDS. Malnutrition undermines women's productivity, capacity to generate income, and ability to care for their families. A pregnant woman's nutrition directly influences the course of her pregnancy and normal foetal development. Children of malnourished women are more likely to face cognitive impairments, short stature, lower resistance to infections and a higher risk of disease and death throughout their lives.

Achievements during 2008

Specific objectives for 2008 were to:

- Build on achievements to date to scale up work in Bangladesh and Malawi and establish a scale-up programme in India
 - Strengthen communications and advocacy work in the UK
 - Secure additional high profile supporters to assist in raising the organisation's profile
 - Increase and diversify income sources particularly through voluntary fundraising to fund core costs.
-
- **Build on achievements to date with partners in Bangladesh, Malawi and India**

During the year Women and Children First continued to work with existing partners in Bangladesh and Malawi and began working with a new partner in India.

Bangladesh

During 2008 Women and Children First continued to work on a programme supported by Big Lottery Fund with the Diabetic Association of Bangladesh (BADAS) in the three Districts of Bogra, Faridpur and Moulavibazar. The project, which came to a close in mid-2008, covered a total population of 500,000 and mobilised communities to focus on maternal and newborn health through women's groups. The project established a total of 162 women's groups, and with support from their communities women's groups members implemented locally appropriate strategies to address their most important maternal health problems. These solutions included

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community awareness activities, increasing communication with healthcare staff and developing emergency funds to pay for healthcare or transport to a hospital. The project also provided healthcare staff with training in maternal and newborn healthcare skills, so when women do access health facilities they are treated with respect and receive high-quality care.

The impact of the project activities on maternal and newborn health was evaluated with the support from CIHD. This demonstrated a 12 per cent decrease in newborn deaths and no maternal deaths had been recorded among women's group members since 2006. There have also been improvements in the uptake of antenatal care, exclusive breastfeeding for six weeks after birth and immediate care of the newborn baby.

Bangladesh and India Regional Programme

Rural indigenous communities on the Indian subcontinent are some of the most vulnerable as they often represent the poorest and most marginalised. Rural women in *Bangladesh* have very limited access to healthcare - many give birth at home, resulting in a high number of maternal and newborn deaths. In spite of reductions in child mortality, maternal mortality remains stubbornly high. *India* has made great strides to decrease poverty levels over the last ten years but accommodating a quarter of the world's poor, there are still huge health inequalities to be addressed.

With consortium partners CIHD, BADAS and Indian NGO, Ekjut (meaning "coming together for a cause"), Women and Children First is working to address these issues. We have received a 5-year strategic grant from the Big Lottery Fund to mobilise communities through community groups to address their maternal, newborn and child health challenges and strengthen healthcare to improve timely use of better quality services.

Ekjut will significantly scale up the number of women's groups it manages within rural indigenous communities in the Indian states of Jharkhand and Orissa, influence scale up in a total of seven states and strengthen health services through innovative approaches such as "Appreciative Inquiry". BADAS will increase and influence scale up of community mobilisation and health system strengthening activities in safe motherhood and essential newborn care in Bangladesh's Districts of Bogra, Faridpur and Moulavibazar, and use lessons learned to work towards national level scale up.

Women and Children First is taking the lead on policy, advocacy and communications to establish dialogue with governments and policy makers. Our goal is to increase commitment within these spheres of influence to address maternal, newborn and child health in both programme countries and across Asia and Africa. CIHD is leading on programme monitoring and evaluation.

Malawi

Malawi is one of the poorest countries in Sub-Saharan Africa. Many women chose not to give birth in health facilities as the care they receive is poor because of limited staff and resources and access from remote rural areas is problematic. During 2008, WCF continued to support two programmes in Malawi.

Women and Children First has worked in partnership with the Ministry of Health in Ntcheu District since 2005 to improve the health of women and children through women's groups, community awareness activities and training of health care staff. A three and a half year project, supported by the Big Lottery Fund, which covered half of the District (200,000 population) and

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had a key goal of working with communities to improve links between pregnant women and healthcare providers came to an end in August 2008. The project evaluation showed an impressive 14 per cent reduction in newborn deaths. In addition, women had greater knowledge of danger signs during pregnancy and childbirth and how to act on them, and there was an increased uptake of antenatal care and hospital deliveries.

The second programme, The Health Care Foundation Consortium, has re-branded itself with a local identity and is now known as MaiKhanda (meaning MotherBaby). This maternal and newborn health programme which continues to be funded by the Health Foundation is being implemented in partnership with the Institute for Healthcare Improvement and supports both the community and the health system to play an active part in achieving better health and saving lives in the three Districts of Lilongwe, Salima and Kasungu.

Women and Children First has supported the project team to establish 729 women's groups – the largest intervention of its kind in Africa. The groups have identified the maternal and newborn healthcare problems they face in their communities and are now working to overcome these problems with low-cost solutions they have devised and will put into action themselves including: growing iron-rich vegetables, purchasing bicycle ambulances and obtaining bed-nets to prevent malaria.

The organisation has established a Programmes Development Task Force, comprising both staff and Trustees, which has met several times to prioritise new programme development and identify possible new programming partnerships.

▪ **Strengthening communications and advocacy work in the UK**

Funding from UNFPA and DFID enabled Women and Children First to increase its advocacy activities in 2008, with notable results in galvanising other UK advocates to increase focus on maternal and newborn health advocacy.

Our initiative to harness UK advocacy expertise on maternal, newborn and child health and stimulate joint working amongst these groups encompassed a variety of activities including:

- A workshop and reception to explore how UK-based organisations can best co-ordinate efforts to reach Millennium Development Goals (MDGs) 4 and 5. The day was a great success which attracted 85 delegates and included high level speakers including Sarah Brown, Dr. Francisco Songane (the Director of the Partnership of Maternal Newborn and Child Health) and Prasanta Tripathy (President of Ekjut)
- A consultative meeting with key stakeholders to plan co-ordinated collaboration and inform the production of an MDG 4 and 5 advocacy toolkit which was widely distributed to UK advocates
- The development of an internet-based communications hub, a newsletter to update the advocacy toolkit, and a forum to bring UK advocates together to begin work on a joint advocacy strategy. These activities improved communication among advocates and provide access to various resources and an events diary.

In addition, WCF submitted written and oral evidence to the All Party Parliamentary Group for Population, Development and Reproductive Health Parliamentary Hearings on Maternal Morbidity, and the Chief Executive was a member of the Hearings' Steering Committee.

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▪ **Secure additional high profile supporters to assist in raising the organisation's profile**

Since the beginning of 2008 WCF has appointed three new Patrons – Baroness Afshar of Heslington, Baroness Amos and Baroness Massey of Darwen. Plans are under development for them to assist in raising our profile

▪ **Increase and diversify income sources particularly through voluntary fundraising to fund core costs**

There was a planned investment in fundraising as freelance trust fundraisers were engaged for several months to support the Chief Executive's fundraising endeavours. This activity has already produced a significant return on investment with several applications to charitable trusts having responded positively to requests for gifts.

Developing the organisation

In addition to the specific objectives for 2008, WCF developed to ensure it was fit for purpose to deliver on the objectives. Additional funding enabled us to increase our staff team and develop our internal systems. In the second half of the year we appointed a full time Policy and Advocacy Manager, and a part-time Administrator and part-time Finance Officer who all contribute primarily to the work on the Bangladesh and India regional programme.

An increased staff team necessitated a larger office and in September WCF moved into its own office and took on an office license. There was investment in office equipment and a financial software package, which have resulted in increased efficiency and effectiveness.

Relationships with other organisations

Women and Children First continued to work with the Centre for International Health and Development, providing evidence based research and technical support which is being applied in the international programmes.

In addition to being a member of the Partnership for Maternal, Newborn and Child Health, Women and Children First is a member of the White Ribbon Alliance, the UK Network for Sexual & Reproductive Health and Rights and the Action for Global Health UK Network.

Other mutually beneficial working relationships are being developed with various professional and academic organisations as well as other NGOs, such as the Royal College of Midwives.

Future Plans

In 2009 and 2010 Women and Children First intends to continue developing within its Strategic Framework. This will include:

- Continuing to support and scale up existing programmes in Bangladesh, Malawi and India
 - The employment of an experienced International Programmes Manager who will make a significant contribution to identifying new programme partners in existing programme countries and other countries with high levels of maternal and newborn mortality in South Asia and Sub-Saharan Africa, designing new programmes and securing funds to implement them
 - Working with existing and new partners to design and fund new projects
-

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-
- Build on policy analysis in programme countries and internationally to deliver evidence based advocacy with a view to stimulating increased support for proven methods of reducing maternal and neonatal mortality and improving maternal, newborn and child health
 - Making a significant investment in fundraising through hiring fundraisers to focus on raising funds from trusts and foundations and individuals.

Principal Funding Sources

Women and Children First receives funding from a number of sources and is grateful to the following donors for their support and collaboration in 2008:

- The Big Lottery Fund
- The Department for International Development
- The Health Foundation
- The Hilden Charitable Fund
- The UN Population Fund (UNFPA)
- Paola de Leo and a number of other individual donors
- CIHD for their technical advice and for hosting Women and Children First at UCL's Institute of Child Health until September 2008.

Financial Review

Total income for 2008 was £534,029 (2007 - £186,909) of which the majority was from donor grants. This year was the first time that Women and Children First received funding from the Department for International Development and a charitable trust.

Total expenditure was £491,230 (2007 - £242,255).

All expenditure during the year was in support of the organisation's specific objectives.

Structure, Governance and Management

Organisational Structure

The company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. Under those Articles, one third of the Trustees retires by rotation each year, but may seek re-election at the AGM. There is no maximum number of Trustees. There are currently eight Trustees.

Kerry Swanton resigned as a Trustee on 24 January 2008 and the Board thanked her for her contributions to Women and Children First's work. Paola de Leo was appointed as a Trustee at the May 2008 Board meeting. Women and Children First extends a warm welcome to the new Trustee who brings valuable additional knowledge, skills and experience to the Board.

The Board of Trustees meets four times during the year and is responsible for policy decisions which are then implemented by the staff.

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In 2008 the Board established a Finance Committee which meets prior to each Board meeting and a Fundraising and Communications Committee focuses on raising the organisation's profile and securing voluntary income.

Responsibilities of the Trustees (Directors)

Company law requires the Trustees to prepare financial statements that give a true and fair view of the state of affairs of the company/charity and of the profit and loss of the company/charity at the end of the financial year. In preparing those financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Make sound judgments and estimates that are reasonable and prudent
- Prepare the financial statements on the going concern basis unless it is appropriate to presume that the company will continue in business.

The Trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enables them to ensure that the financial statements comply with the Companies Act 1985. The Trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Trustees

The Trustees, who are Directors for the purpose of company law and Trustees for the purpose of charity law, who served during the year and up to the date of this report, are set out on page three.

Trustees have skills and knowledge in international development, maternal and newborn health, paediatrics, primary healthcare programme management, nutrition, public health, reproductive health, health promotion and communications, finance, communications, public relations, fundraising, policy and advocacy, working with the media, research and evaluation.

Methods for recruitment and appointment of Trustees

Trustees are recruited through open advertising and through professional networks and are appointed by existing Trustees who are the members of Women and Children First.

Trustee induction and training

New Trustees are given an introduction to the organisation by the Chair and Chief Executive and a Trustee Induction Pack.

All Trustees are encouraged to attend relevant, affordable external Trustee training courses.

Management

The Trustees delegate day to day management of the charity to the Chief Executive, Ros Davies whose scope of decision making powers are defined by the Trustees.

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Organisational Policies

Risk management

The Trustees have conducted a review of the major risks to which the charity is exposed and systems have been established to mitigate those risks. Risks to external funding have led to the development of a strategic plan, which will allow for the continuation of funding in the medium term through programme grants. Internal risks are minimised by the implementation of good management systems and procedures from the Women and Children First office ensuring consistent quality of delivery for all operational aspects of the charitable company. These procedures are periodically reviewed to ensure that they still meet the needs of the charity.

Investment policy

The Trustees have considered the most appropriate policy for investing funds. Funds are placed with a leading financial institution.

Reserves Policy

The Trustees have formulated a policy whereby the free reserves held by Women and Children First should equate to approximately three months of unrestricted expenditure which for 2009 would require approximately £12,000. This should enable current activities to continue in the short term should funding drop significantly.

As at 31 December 2008 the unrestricted reserves amounted to £28,203 (2007 - £14,179) which did meet policy requirements

Both the policy and its implementation are under regular scrutiny at both meetings of the Board of Trustees and the Finance sub-committee.

Auditors

Disclosure of information to auditors

Each Trustee has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are aware of such information.

HW Fisher & Company was appointed as the charitable company's auditors at the Annual General Meeting held on 15 May 2008 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 1 June 2009 and signed on their behalf by:

Hazel Slavin, Chair



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Independents Auditors' Report

To the Members of Women and Children First (UK)

We have audited the accounts of Women and Children First (UK) for the year ended 31 December 2008 set out on pages 16 to 22. These accounts have been prepared under the accounting policies set out on page 18.

This report is made solely to the company's members, as a body, in accordance with section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustees and auditors

As described on pages 12, the Directors, who also act as Trustees for the charitable activities of Women and Children First, are responsible for the preparation of accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards (UK and Ireland).

We report to you our opinion as to whether the accounts give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you whether in our opinion the information shown in The Trustees' Report is consistent with the accounts, if the charity has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit, or if information specified by law regarding Trustees members' remuneration and transactions with the charitable company is not disclosed.

We read other information contained in the Trustees' Report, and consider whether it is consistent with the audited accounts. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the accounts. Our responsibilities do not extend to any other information.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the Trustees in the preparation of the accounts, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or

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other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounts.

Opinion

In our opinion:

- the accounts give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice of the state of the charity's affairs as at 31 December 2008 and of its incoming resources and application of resources, including its income and expenditure, in the year then ended;
- the accounts have been properly prepared in accordance with the Companies Act 1985; and
- the information given in the Trustees' Report is consistent with the accounts.



H. W. Fisher & Company
Chartered Accountants & Registered Auditor
Acre House
11-15 William Road
London
NW1 3ER
United Kingdom

Dated: 8 June 2009

Women and Children First (UK)

Statement of financial activities *(incorporating an income and expenditure account)*

Year ended 31 December 2008

	Note	Restricted £	Unrestricted £	2008 Total £	2007 Total £
<i>Activities in furtherance of the Charity's objects</i>					
Grants received	2	512,225	-	512,225	170,585
Donations		-	20,523	20,523	12,845
Investment income		-	1,281	1,281	2,968
Sundry income		-	-	-	511
Total incoming resources		<u>512,225</u>	<u>21,804</u>	<u>534,029</u>	<u>186,909</u>
Resources expended					
<i>Costs of generating funds:</i>					
Fundraising and publicity	3	2,175	7,780	9,955	1,434
<i>Charitable expenditure</i>					
Project costs - overseas and UK		478,816	-	478,816	239,635
Governance costs		2,459	-	2,459	1,186
Total charitable expenditure		<u>481,275</u>	<u>-</u>	<u>481,275</u>	<u>240,821</u>
Total resources expended		<u>483,450</u>	<u>7,780</u>	<u>491,230</u>	<u>242,255</u>
Net incoming/(outgoing) resources before transfers	4	28,775	14,024	42,799	(55,346)
Funds at 1 January		<u>29,368</u>	<u>14,179</u>	<u>43,547</u>	<u>98,893</u>
Funds at 31 December		<u>58,143</u>	<u>28,203</u>	<u>86,346</u>	<u>43,547</u>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 11 to the financial statements.

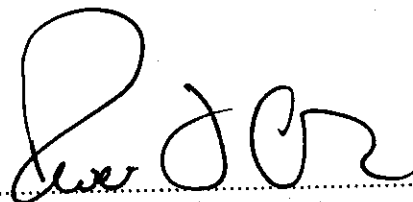
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Balance sheet

31 December 2008

	Note	£	2008 £	2007 £	£
Fixed assets					
Tangible fixed assets	7		10,013		1
Current assets					
Debtors	8	4,683		698	
Cash at bank and in hand		<u>85,184</u>		<u>49,254</u>	
			<u>89,867</u>	<u>49,952</u>	
Creditors: amounts due within one year	9	<u>(13,534)</u>		<u>(6,406)</u>	
Net current assets			<u>76,333</u>		<u>43,546</u>
Net assets			<u>86,346</u>		<u>43,547</u>
Funds					
Restricted funds	11		58,143		29,368
Unrestricted funds			<u>28,203</u>		<u>14,179</u>
Total funds			<u>86,346</u>		<u>43,547</u>

Approved by the Trustees on 1 June 2009 and signed on their behalf by:


 Treasurer

Women and Children First (UK)

Notes to the financial statements

Year ended 31 December 2008

1. Accounting policies

- a) The financial statements have been prepared under the historical cost convention and in accordance with applicable accounting standards and the Companies Act 1985. They follow the recommendations in the Statement of Recommended Practice, Accounting and Reporting by Charities (issued in February 2005).
- b) Voluntary income is received by way of donations and gifts and is included in full in the statement of financial activities when receivable. Volunteer time is not included in the financial statements.
- c) Grants are recognised in full in the statement of financial activities in the year in which they are receivable, unless they relate to a specific future period, in which case they are deferred.
- d) Resources expended are recognised in the period in which they are incurred. Resources expended include attributable VAT which cannot be recovered.
- e) Governance costs include the management of the charitable company's assets, organisational management and compliance with constitutional and statutory requirements.
- f) Depreciation is provided at rates calculated to write down the cost of each asset on a straight line basis to its estimated residual value over its expected useful life, which in all cases is estimated at three years. Items of equipment are capitalised when the purchase price exceeds £500.
- g) Restricted funds are to be used for specific purposes as laid down by the donor. Costs which meet these criteria are charged to the funds.
- h) Unrestricted funds are donations and other incoming resources receivable or generated for the objects of the charity.
- i) The costs of generating funds relate to the costs incurred by the charitable company in raising funds for the charitable work.
- j) The charity operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charity to the funds. The charity has no liability under the scheme other than for the payment of those contributions.

2. Grants received

	2008	2007
	£	£
Big Lottery Fund - Malawi	82,753	60,805
The Health Foundation - Malawi	39,429	18,709
Big Lottery Fund - Bangladesh	76,464	78,476
Big Lottery Fund - Strategic Grant	239,028	-
UNFPA - UK Advocacy for MDGs 4 & 5	17,113	12,595
DFID - UK Advocacy for MDGs 4&5	52,438	-
Hilden Charitable Fund - Malawi	5,000	-
	<u>512,225</u>	<u>170,585</u>

Women and Children First (UK)

Notes to the financial statements

Year ended 31 December 2008

3. Total resources expended

		2008		2007	
	Note	Project costs £	Fundraising & publicity £	Governance £	Total costs £
Fundraising			9,955		9,955
Grants paid to overseas organisations	see i. below	266,918			266,918
Other project costs		73,624			73,624
Consultants		6,388			6,388
Staff costs	5	114,262			114,262
Communications		2,709			2,709
Travel		10,062			10,062
Insurance, recruitment and office expenses		4,853		1,835	4,853
Professional and legal	see iv. below			624	1,835
Other costs					624
		<u>478,816</u>	<u>9,955</u>	<u>2,459</u>	<u>491,230</u>
					<u>242,255</u>

- i. Grants to overseas organisations are monitored by the charity on a quarterly basis and reports made to the initial funders.
- ii. Project costs include support costs and overhead costs recoverable in accordance with agreements with funders.
- iii. Free office accommodation was provided by The Centre for International Health and Development until July 2008
- iv. Governance costs include payments to the auditors of £1,495 (2007 - £1,100) for audit fees and £nil (2007 - £nil) for other services.

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2008

4. Net incoming resources for the year

This is stated after charging:

	2008	2007
	£	£
Depreciation	5,090	-
Auditors' remuneration: audit	1,495	1,100
Trustees' expenses	624	516
being the reimbursement of travel costs to 2 trustees (2 - 2007)		

5. Staff costs

	2008	2007
	£	£
Salaries	95,945	76,241
Social security costs	10,148	8,023
Pension contributions	8,169	9,344
	<u>114,262</u>	<u>93,608</u>

No employee earned emoluments of more than £60,000 (similarly - 2007).

Pension contributions outstanding at the end of the year amounted to £525 (£Nil - 2007).

The average weekly number of employees (full-time equivalent) during the year was 4 (2.0 - 2007).

6. Taxation

The company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

7. Tangible fixed assets

	Fixtures, fittings & equipment £
Cost	
At 1 January 2008	2,158
Additions	15,102
At 31 December 2008	<u>17,260</u>
Depreciation	
At 1 January 2008	2,157
Charge for the year	5,090
At 31 December 2008	<u>7,247</u>
Net book value	
At 31 December 2008	<u>10,013</u>
At 31 December 2007	<u>1</u>

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2008

8. Debtors	2008	2007
	£	£
Rent deposit	3,873	-
Prepayments and accrued income	810	698
	<u>4,683</u>	<u>698</u>

9. Creditors	2008	2007
	£	£
Other creditors and accruals	13,009	6,406
Pensions, taxes & social security	525	-
	<u>13,534</u>	<u>6,406</u>

10. Analysis of net assets between funds

	Restricted funds	Unrestricted funds	Total funds
	£	£	£
Tangible fixed assets	5,868	4,145	10,013
Current assets	25,580	64,287	89,867
Creditors : amounts falling due within one year	(6,106)	(7,428)	(13,534)
Net assets at 31 December 2008	<u>25,342</u>	<u>61,004</u>	<u>86,346</u>

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2008

	At 1 January 2008 £	Incoming resources £	Outgoing resources £	At 31 December 2008 £
Restricted funds:				
Big Lottery Fund - Malawi	3,522	82,753	(86,275)	-
Big Lottery Fund - Bangladesh	4,119	76,464	(79,383)	1,200
Big Lottery Fund - Strategic Grant	-	239,028	(210,411)	28,617
The Health Foundation - Malawi	18,377	39,429	(35,252)	22,554
UNFPA - UK Advocacy for MDGs 4 & 5	3,350	17,113	(14,691)	5,772
DFID	-	52,438	(52,438)	-
Hilden Charitable Fund	-	5,000	(5,000)	-
Total restricted funds	29,368	512,225	(483,450)	58,143
Unrestricted funds:				
General funds	14,179	21,804	(7,780)	28,203
Total funds	43,547	534,029	(491,230)	86,346

The purpose of all restricted funds is to improve the health and welfare of women and children in poor communities in the countries specified