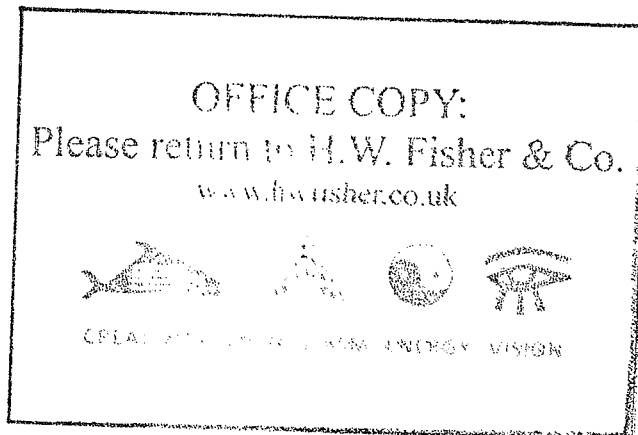


**WOMEN<sup>A</sup>  
AND<sup>N</sup>  
CHILDREN<sup>D</sup>  
FIRST (UK)**

**Trustees' Report  
and  
Financial Statements**

**Year ended 31 December 2009**



# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2009

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Charity Number: 1085096  
Company Number: 03914873

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# Women and Children First (UK)

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## Report and Accounts for the Year ended 31 December 2009

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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)

Jenny Goodwin

Claudia McConnell – resigned 2 April 2009

Anthony Williams

Professor Anthony Costello

Ron Finlay

Paola de Leo

Hazel Slavin (Chair)

Mary Walsh – appointed 4 February 2010

#### Company Secretary

Professor Anthony Costello

#### Treasurer

Peter Clokey

#### Patrons

Baroness Afshar of Heslington

Professor Sir Sabaratnam Arulkumaran

Kathy Lette

Baroness Amos

Professor David Latchman

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](mailto:info@wcf-uk.org)

Website: [www.wcf-uk.org](http://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

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2009

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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 2009. 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 (UK)

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## Report and Accounts for the Year ended 31 December 2009

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Women and Children First UK (WCF) 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).

WCF's 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 WCF's programmes and the organisation 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.

## Achievements 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, 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.

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2009

4. Provide quality Technical Assistance in support of our advocacy and programme aims.

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.

WCF promotes a four-phase participatory action cycle focused on women's groups which generally meet monthly over a two year period to identify, prioritise and act on their maternal and newborn health problems, then evaluate their own work, as summarised in the diagram below.

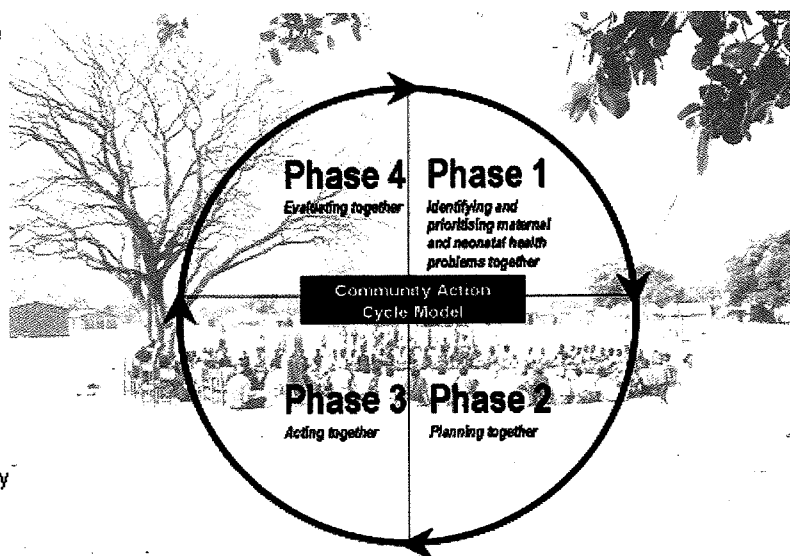
**Phase 1:** Identify and prioritise key health problems.

**Phase 2:** Design strategies to address the prioritised problems.

**Phase 3:** Implement the strategies.

**Phase 4:** Evaluate the strategies.

After this phase the community may decide to start the cycle again.



### 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

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2009

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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.

#### 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.

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### Achievements during 2009

#### Specific objectives within our strategic aims and results for 2009 were:

1. Design a project, develop a proposal and secure funding for the next phase of the programme in Ntcheu Malawi by mid-2010 and sustain low-intensity activity until that time through trust fundraising.  
*Two major proposals were developed to deepen and extend the work in Ntcheu and submitted for funding consideration – decisions on these will be known by mid-2010. Funding was secured from a number of trusts to complete the women's groups action cycle and the feasibility of a final evaluation is being considered.*
  2. Secure concrete commitment evidenced by signed Memoranda of Understanding (MOUs) from two new southern partners (in Africa) to develop a programme with Women and Children First.  
*Working relationships have been established with two new partners in Malawi, Parent and Child Health Initiative and the White Ribbon Alliance for Safe Motherhood Malawi, two new partners in Ethiopia, the Family Guidance Association of Ethiopia and Mary Joy Development Association, and AMREF Uganda. WCF is now working with all the new partners to design new projects and establish new programmes.*
  3. Raise the profile of maternal and newborn health issues with DFID and other policymakers and key UK players.  
*Funding from UNFPA enabled WCF to continue its pivotal role in co-ordinating UK advocacy for maternal newborn and child health as well as responding to advocacy opportunities relevant to our international programme. (See further details on pages 10 and 11.)*
  4. Raise Women and Children First's profile with selected segments of the UK public through briefing and developing working relations with three journalists and persuading at least one of them to write at least one article on Women and Children First's work/mentioning Women and Children First.  
*A number of journalists from the Guardian, the Independent, the Times, the British Medical Journal, the Lady and the BBC were briefed and stories were pitched on the work being done by WCF and its partners. These resulted in references to WCF and our partners' work appearing in the Guardian, the British Medical Journal (online), Grazia, Time Magazine and NDTV India. Additional profile raising with the public is being achieved through social networking sites Facebook, Twitter and YouTube.*
  5. Establish Women and Children First's institutional memory, build the evidence base and document learning through developing a paper which encapsulates Women and Children First's approach to international programmes and advocacy and summarises projects carried out to date.  
*This internal tool is being developed and may form the basis of a marketing document.*
  6. Secure sufficient funding to achieve all strategic aims.  
*The Chief Executive and her team worked hard to generate focused bids, proposals and fundraising appeals throughout the year. In spite of the global economic downturn, income from both restricted and unrestricted sources increased during the year.*
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### Ongoing Work

#### *Bangladesh and India Regional Programme*

There are still huge health inequalities to be addressed on the Indian subcontinent where rural indigenous communities 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 – around 85% give birth at home, resulting in a high number of maternal and newborn deaths. In spite of reductions in child mortality, 45% of under-fives' deaths occur in the first month of life and 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, the country accounts for 20% of maternal deaths worldwide, 21% of all under-fives' deaths, and 25% of all neonatal deaths. Around 40% of the total population of the States of Jharkhand and Orissa live below the poverty line. The average life expectancy among women in both states is around 60 years, and an estimated 63% of women cannot read.

With consortium partners UCL's Centre for International Health and Development (CIHD), the Diabetic Society of Bangladesh (BADAS) and Indian NGO, Ekjut, Women and Children First is working to address these issues, building on learning from previous work undertaken in Bangladesh, Nepal and India. We are engaged in a five-year strategic programme funded by the Big Lottery Fund (2008 – 2013) 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.

In Bangladesh, BADAS has scaled up its community programme and is now managing a phenomenal total of 810 women's groups in the Districts of Bogra, Faridpur and Moulavibazar. There are 162 "old" women's groups which have been meeting since 2005 which are now going through a second meeting cycle addressing nutrition and under fives' health, while 648 "new" groups are concentrating on pregnancy, childbirth and the neonatal period. Learning from the community programme is being applied to influence scale up of community mobilisation and health system strengthening activities in safe motherhood and essential newborn care to promote national level scale up.

In India Ekjut has also significantly scaled up the number of women's groups it manages within rural indigenous communities in the Indian states of Jharkhand and Orissa and its programme now comprises 518 groups:- 244 "old" groups and 274 "new" ones. Ekjut is also working to influence scale up in a number of Indian states with poor maternal and newborn health indicators and strengthen health services through innovative approaches such as "Appreciative Inquiry".

Results of randomised controlled trials on the effect of participatory community groups on neonatal mortality undertaken by Ekjut and BADAS between 2004 and 2008 were published in the Lancet in March 2010. Evidence showed:

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### In India

- A 45% reduction in newborn mortality rates in comparison with women who did not participate in the project, even though their access to and use of healthcare services was the same
- A 57% reduction in moderate maternal depression in the last evaluation year
- Substantial improvements in home care practices: mothers were more likely to have birth attendants wash their hands, use a safe delivery kit and a plastic sheet, boil the thread used to tie the cord and cut the cord cleanly. The proportion of mothers practising exclusive breastfeeding was also higher among women who had participated in the project.

### In Bangladesh

- Some improvements in hygienic delivery practices such as using a safe delivery kit, exclusive breastfeeding for the first six weeks and avoiding early bathing
- Important lessons have been learned, particularly for scaling up participatory women's group approaches, including that population coverage is significant, and that the proportion of newly pregnant women enrolled in women's groups is a critical factor.

Women and Children First is taking the lead on the consortium's policy, advocacy and communications work to establish dialogue with governments and policy makers to influence policy makers to address maternal, newborn and child health (MNCH) and improve the quality of MNCH policies and implementation in India and Bangladesh, and internationally. One successful example of this is the work we did with Ekjut to hold a strategic workshop in Delhi to disseminate the results of the Ekjut trial. One outcome from the workshop was that the Government of India has indicated that it will include some of the learning from the trial in their 11th Five Year Plan.

### **Malawi**

*Malawi* is one of the poorest countries in Sub-Saharan Africa. Many women choose 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 2009, 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.

In 2009 the Ntcheu Project Manager worked with the women's groups to bring the participatory action cycle to a successful conclusion, albeit with minimal resources. The groups implemented phases three and four of the action cycle, implementing their own community based strategies to address their most important maternal and newborn healthcare problems. Their strategies included setting up vegetable gardens and rearing fish, poultry or pigs for consumption or as income generating activities. Approximately half of the groups evaluated their progress and decided whether to continue implementing the same strategies, start again in identifying new problems and developing new strategies, or cease meeting. Some of the programme activities were been absorbed into the local Ministry of Health budget during the year – a significant mark of sustainability - while WCF and the Project Manager designed two new projects and submitted proposals for funding, the outcomes of which will be known in the second half of 2010.

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The second maternal and newborn health programme, MaiKhanda (MotherBaby), 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**. The programme continues to be funded by the Health Foundation and is being implemented in partnership with the Institute for Healthcare Improvement.

The programme has 729 women's groups which went through the first two phases of the women's groups action cycle (identifying and prioritising maternal and newborn health problems) in 2007/8. In 2008/9 the groups devised and implemented their strategies to improve maternal and newborn healthcare and then evaluated their work. A summary report demonstrated that:- on average the women rated their groups' work fairly high; their most important problems were haemorrhage, anaemia, ruptured uterus, retained placenta, prolonged/obstructed labour, tetanus, malaria (in pregnancy), neonatal sepsis, pneumonia, and malpresentation; and vegetable gardens bicycle ambulance, health education, animal rearing, mobile clinics, insecticide treated bednets; clean/safe water; income generating activities; a village fund; and, a health post were the most popular strategies. The strategies more reliant on local resources, such as vegetable gardens, were generally perceived to have been implemented more successfully, whereas the strategies requiring more external inputs such as mobile clinics were less successfully implemented.

During the year the local team also worked with the communities to establish maternal health task forces which worked to increase knowledge of maternal and newborn health in the community, encouraged women to give birth in health facilities and collected community level data to help communities know whether maternal and newborn health is improving.

### ***Communications and advocacy work in the UK***

The main successes in 2009 were:

- In response to a request made by the Royal College of Midwives for WCF to collaborate on advocacy work, to mark the International Day of the Midwife on 6 May 2009, WCF and the Royal College of Midwives co-hosted a meeting on global maternal, newborn and child health (MNCH). The event comprised two panels and speakers including the then Parliamentary under Secretary of State for International Development, Ivan Lewis, and former UN Special Rapporteur on the Right to Health, Paul Hunt, alongside academics, NGO representatives and medical practitioners. The speakers provided an overview of progress made in the area of MNCH, and identified the upcoming challenges and future opportunities for collaboration. Around 70 participants from MNCH civil society attended and a rich discussion and debate resulted in key recommendations for the UK government being agreed. The event report and recommendations were disseminated to the International Development Select Committee, the All Party Parliamentary Group on Population Development & Reproductive Health, the Department for International Development (DFID) and the participants and speakers at the event.
- Working with other key UK MNCH advocates a joint strategy was developed for coordinated advocacy and agreement on consistent messaging. Three consultative meetings were held to identify and plan action on key advocacy opportunities such as the Department for International Development (DFID) review of its maternal health strategy and the UK general election. Two advocacy newsletters were produced in support of this co-ordinating initiative,

# Women and Children First (UK)

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informing advocates on MNCH progress throughout 2009 and important upcoming events in 2009 and 2010 around which the community could work together.

- WCF led on the development of the UK advocates' *Manifesto for Motherhood* which was circulated to all prospective parliamentary candidates for the 2010 General Election, eliciting support from more than 40 candidates across all parties. The *Manifesto* was also used widely by other major NGOs, such as Amnesty International who used it as the basis for a campaign film which featured high profile celebrities such as actress Keira Knightley.
- WCF co-ordinated a written submission focussing on MNCH on behalf of BADAS, CIHD and WCF for the International Development Select Committee Inquiry into DFID's programme in Bangladesh, following which we were invited to present oral evidence in the House of Commons. The Committee members were very interested in the issues raised and input from BADAS-CIHD-WCF was received with great interest and included in the subsequent inquiry report.

### Developing the organisation

During 2009, Women and Children First continued to strengthen itself, particularly through developing policies and strategies in support of its strategic aims. The Board approved an ethical policy, an advocacy strategy and a programmes position paper which together guide all aspects of fundraising, financial transactions, international programmes and policy, advocacy and communications work.

Continuing in its quest to secure additional high profile support to assist in raising the organisation's profile, new patrons were identified. Writer and celebrity Kathy Lette and the newly elected President of the Royal College of Obstetricians and Gynaecologists, Professor Sir Sabaratnam Arulkumaran, have agreed to support Women and Children First.

Investment in fundraising continued with freelance trust fundraisers being engaged to work with the Chief Executive to increase income through voluntary fundraising. This resulted in increased income from trusts and foundations and the initiation of a major donor fundraising programme. It is recognised that it will take several years, particularly in the current global economic climate, for these streams of income to achieve their maximum potential.

### 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 and informing our advocacy work.

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, academic and technical organisations as well as other NGOs and networks, such as the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, Kings College London and the Liverpool School of Tropical Medicine.

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# Women and Children First (UK)

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### Future Plans

In 2010 and 2011 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.
- Developing the international programmes portfolio through working with recently identified new programme partners in existing programme countries and two new countries, Ethiopia and Uganda, and possibly other countries with high levels of maternal and newborn mortality in South Asia and Sub-Saharan Africa.
- Working with existing and new partners to design and fund new projects.
- Continuing to build on policy analysis in programme countries and internationally to deliver evidence informed advocacy with a view to stimulating increased support for proven methods of reducing maternal and neonatal mortality and improving maternal, newborn and child health.
- Strengthening fundraising through diversifying institutional income sources and developing the voluntary income fundraising strategy.
- Building a campaign to celebrate and maximise profile raising opportunities around the 10<sup>th</sup> anniversary of charity registration on 21 February 2011.

### 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 2009:

- The Big Lottery Fund
- The Health Foundation
- The UN Population Fund (UNFPA)
- CIHD for their technical advice and a grant for work in Malawi
- The Alan and Nesta Ferguson Charitable Trust
- Ernest Kleinwort Charitable Trust
- Christadelphian Meal a Day Fund
- V C Gangani Social Welfare Fund
- Investcorps
- Persula Foundation
- Eleanor Rathbone Charitable Trust
- Reuben Brothers Foundation
- Ryklow Charitable Trust
- Stella Symons Charitable Trust
- Souter Charitable Trust
- The Funding Network
- Guy and Margaret Berringer, Iain and Sarah Tait and a number of other individual donors.

### Financial Review

Total income for 2009 was £564,389 (2008 - £534,029) of which the majority was from donor grants. A number of charitable trusts donated to Women and Children First for the first time and

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# Women and Children First (UK)

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the organisation was selected to make a presentation to the Funding Network which attracted funding for work with the Ntcheu programme in Malawi from a number of Network members.

Total expenditure was £565,678 (2008 - £491,230). 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.

Claudia McConnell resigned as a Trustee on 2 April 2009 and the Board thanked her for her contributions to Women and Children First's work which dated back to the charity's inception. Mary Walsh was appointed as a Trustee at the February 2010 Board meeting. Women and Children First extends a warm welcome to the new Trustee who brings valuable 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.

The Board has a Finance Committee and a Fundraising and Communications Committee, each of which meets prior to each Board meeting. Trustees and staff jointly form a Programmes Development Task Force which meets twice a year to review new programming opportunities and plan new work. The composition of each of these committees is as follows:

- **Finance Committee** - Peter Clokey, Ron Finlay.
- **Fundraising and Communications Committee** – Peter Clokey, Patricia Croll, Ron Finlay, Paola de Leo, Mary Walsh.
- **Programmes Development Task Force** – Trustees - Anthony Costello, Patricia Croll, Jenny Goodwin, Hazel Slavin, Anthony Williams; Staff – Ros Davies (CEO), Ruth Duebbert (Policy & Advocacy Manager), Suzanne Taunton (Programmes Manager).

### 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.

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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 2006. 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, gender, 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.

## 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 in 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.

# Women and Children First (UK)

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### 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 2010 would require approximately £12,000. This should enable current activities to continue in the short term should funding drop significantly.

As at 31 December 2009 the unrestricted reserves amounted to £29,965 (2008 - £28,203) 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 1 June 2009 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 16 June 2010 and signed on their behalf by:



Hazel Slavin, Chair



# Women and Children First (UK)

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## Report and Accounts for the Year ended 31 December 2009

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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 2009 set out on pages 19 to 26. These accounts have been prepared under the accounting policies set out on page 21.

This report is made solely to the company's members, as a body, in accordance with section 3 of part 16 of the Companies Act 2006. 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 page 14 and 15, the trustees, who are also the directors of Women and Children First for the purposes of company law, are responsible for preparing the Directors' Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and for being satisfied that the accounts give a true and fair view.

Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the accounts give a true and fair view, have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and have been prepared in accordance with the Companies Act 2006. We also report to you whether, in our opinion, the information given in the Directors' Report is consistent with those accounts.

In addition we report to you if, in our opinion, the charity has not kept adequate accounting records, if the charity's accounts are not in agreement with the accounting records and returns, if we have not received all the information and explanations we require for our audit, or if certain disclosures of trustees' remuneration specified by law are not made.

We read the Directors' Report and consider the implications for our report if we become aware of any apparent misstatements within it.

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2009

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### 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 judgments made by the trustees in the preparation of the accounts, and of whether the accounting policies are appropriate to the company'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 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 of the state of the charity's affairs as at 31 December 2009 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 United Kingdom Generally Accepted Accounting Practice;
- the accounts have been properly prepared in accordance with the Companies Act 2006; and
- the information given in the Trustees' Report is consistent with the accounts.

*H W Fisher & Co.*

S P Mehta (Senior Statutory Auditor)  
For and on behalf of H. W. Fisher & Company

Chartered Accountants & Statutory Auditor  
Acre House  
11-15 William Road  
London  
NW1 3ER  
United Kingdom

Dated: *25 June*  
*2010*

## Women and Children First (UK)

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

Year ended 31 December 2009

	Note	Restricted £	Unrestricted £	2009 Total £	2008 Total £
<b><u>Activities in furtherance of the Charity's objects</u></b>					
Grants received	2	503,260	2,601	505,861	512,225
Donations	3	33,954	24,439	58,393	20,523
Investment income		-	135	135	1,281
<b>Total incoming resources</b>		<u>537,214</u>	<u>27,175</u>	<u>564,389</u>	<u>534,029</u>
<b><u>Resources expended</u></b>					
<b>Costs of generating funds:</b>					
Fundraising and publicity	4	3,516	14,939	18,455	9,955
<b>Charitable expenditure:</b>					
Project costs - overseas and UK		533,827	11,187	545,014	478,816
Governance costs		1,545	664	2,209	2,459
<b>Total charitable expenditure</b>		<u>535,372</u>	<u>11,851</u>	<u>547,223</u>	<u>481,275</u>
<b>Total resources expended</b>		<u>538,888</u>	<u>26,790</u>	<u>565,678</u>	<u>491,230</u>
<b>Net incoming/ (outgoing) resources before transfers</b>	5	(1,674)	385	(1,289)	42,799
Gross transfers between funds	12	(1,377)	1,377	-	-
<b>Net incoming/ (outgoing) resources</b>		(3,051)	1,762	(1,289)	42,799
<b>Funds at 1 January</b>		<u>58,143</u>	<u>28,203</u>	<u>86,346</u>	<u>43,547</u>
<b>Funds at 31 December</b>		<u>55,092</u>	<u>29,965</u>	<u>85,057</u>	<u>86,346</u>

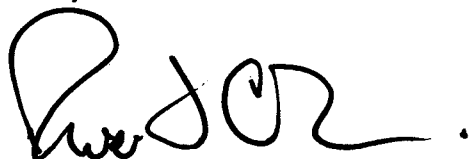
All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 12 to the financial statements.

Balance Sheet

31 December 2009

		2009		2008	
	Note	£	£	£	£
<b>Fixed assets</b>					
Tangible fixed assets	8		5,058		10,013
<b>Current assets</b>					
Debtors	9	7,256		4,683	
Cash at bank and in hand		<u>181,210</u>		<u>85,184</u>	
		188,466		89,867	
<b>Creditors: amounts due within one year</b>	10	<u>(108,467)</u>		<u>(13,534)</u>	
<b>Net current assets</b>			<u>79,999</u>		<u>76,333</u>
<b>Net assets</b>			<u>85,057</u>		<u>86,346</u>
<b>Funds</b>					
Restricted funds	12		55,092		58,143
Unrestricted funds			<u>29,965</u>		<u>28,203</u>
<b>Total funds</b>			<u>85,057</u>		<u>86,346</u>

Approved by the Trustees on 16 June 2010 and signed on their behalf by



Treasurer

# Women and Children First (UK)

## Notes to the financial statements

### For the year ended 31 December 2009

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#### 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 2006. 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.

## Women and Children First (UK)

### Notes to the financial statements

For the year ended 31 December 2009

<b>2.</b>	<b>Grants received</b>	<b>2009</b>	<b>2008</b>
		<b>£</b>	<b>£</b>
	Big Lottery Fund - Malawi	-	82,753
	The Health Foundation - Malawi	51,586	39,429
	Big Lottery Fund - Bangladesh	-	76,464
	Big Lottery Fund - Strategic Grant	412,444	239,028
	UNFPA - UK Advocacy for MDGs 4 & 5	20,230	17,113
	DFID - UK Advocacy for MDGs 4 & 5	-	52,438
	Centre for International Health & Development - Malawi	6,000	5,000
	The Alan & Nesta Ferguson Charitable Trust - Malawi	10,000	-
	The Funding Network - Malawi	5,601	-
		<u>505,861</u>	<u>512,225</u>
<b>3.</b>	<b>Donations received</b>	<b>2009</b>	<b>2008</b>
		<b>£</b>	<b>£</b>
	The Ernest Kleinwort Charitable Trust	22,500	-
	The Eleanor Rathbone Charitable Trust	1,000	-
	Christadelphian Meal a Day Fund	3,670	-
	The Ryklow Charitable Trust	750	-
	The Souter Charitable Trust	2,000	-
	The Reuben Foundation	200	-
	The Stella Symons Charitable Trust	250	-
	V C Gangani Social Welfare Fund	251	-
	Investcorp	5,000	5,000
	The Persula Foundation	2,900	-
	Individual donors	15,393	15,523
	Contributions for Advocacy Conference:		
	Action for Global Health	1,000	-
	Royal College of Midwives	2,654	-
	Sundry donations	825	-
		<u>58,393</u>	<u>20,523</u>

# Women and Children First (UK)

## Notes to the financial statements

### For the year ended 31 December 2009

	Note	Project costs £	Fundraising & publicity £	Governance £	2009 Total costs £	2008 Total costs £
<b>4. Total resources expended</b>						
Fundraising		-	18,455	-	18,455	9,955
Grants paid to overseas organisations	see i. below	294,117	-	-	294,117	266,918
Other project costs	see ii. below	47,376	-	-	47,376	73,624
Consultants		7,913	-	-	7,913	6,388
Staff costs	6	170,268	-	-	170,268	114,262
Communications		1,646	-	-	1,646	2,709
Travel		17,739	-	-	17,739	10,062
Insurance, recruitment and office expenses		5,955	-	-	5,955	4,853
Professional and legal	see iii. below	-	-	1,500	1,500	1,835
Other costs		-	-	709	709	624
		<u>545,014</u>	<u>18,455</u>	<u>2,209</u>	<u>565,678</u>	<u>491,230</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. Governance costs include payments to the auditors of £1,500 (2008 - £1,495) for audit fees and £nil (2008 - £nil) for other services.

# Women and Children First (UK)

## Notes to the financial statements

### For the year ended 31 December 2009

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#### 5. Net incoming resources for the year

This is stated after charging:

	2009	2008
	£	£
Depreciation	5,036	5,090
Auditors' remuneration: audit	1,500	1,495
Trustees expenses being the reimbursement of travel costs to 1 trustee (2008 - 2)	212	624

#### 6. Staff costs

	2009	2008
	£	£
Salaries	141,298	95,945
Social security costs	14,173	10,148
Pension contributions	14,797	8,169
	<u>170,268</u>	<u>114,262</u>

There were no employees whose annual emoluments were £60,000 or more. Pension contributions outstanding at the end of the year amounted to £1,775 (£525 - 2008).

The average weekly number of employees (full time equivalent) during the year was 4 (4 - 2008).

#### 7. Taxation

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

#### 8. Tangible fixed assets

	Fixtures, fittings & equipment £
<b>Cost</b>	
At 1 January 2009	17,260
Additions	81
<b>At 31 December 2009</b>	<u>17,341</u>
<b>Depreciation</b>	
At 1 January 2009	7,247
Charge for the year	5,036
<b>At 31 December 2009</b>	<u>12,283</u>
<b>Net book value</b>	
<b>At 31 December 2009</b>	<u>5,058</u>
<b>At 31 December 2008</b>	<u>10,013</u>



# Women and Children First (UK)

## Notes to the financial statements

For the year ended 31 December 2009

<b>9. Debtors</b>	<b>2009</b>	<b>2008</b>	
	£	£	
Rent deposit	3,873	3,873	
Prepayments and accrued income	3,383	810	
	<u>7,256</u>	<u>4,683</u>	
<b>10. Creditors</b>	<b>2009</b>	<b>2008</b>	
	£	£	
Trade creditors	86,221	5,918	
Pensions, taxes & social security	5,980	525	
Other creditors	3,873	3,873	
Accruals and deferred income	12,393	3,218	
	<u>108,467</u>	<u>13,534</u>	
<b>11. Analysis of net assets between funds</b>			
	Restricted funds	Unrestricted funds	Total funds
	£	£	£
Tangible fixed assets	3,932	1,126	5,058
Current assets	150,432	38,034	188,466
Creditors : amounts falling due within one year	(99,272)	(9,195)	(108,467)
<b>Net assets at 31 December 2009</b>	<u>55,092</u>	<u>29,965</u>	<u>85,057</u>

## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2009

#### 12. Movements in funds

	At 1 January 2009	Incoming resources £	Outgoing resources £	Transfers	At 31 December 2009
Big Lottery Fund - Bangladesh	1,200	-	(1,200)	-	-
Big Lottery Fund - Strategic Grant	28,617	412,444	(405,578)	-	35,483
The Health Foundation - Malawi	22,554	51,586	(57,386)	-	16,754
UNFPA - UK Advocacy for MDGs 4 & 5	5,772	20,230	(21,857)	(1,377)	2,768
Centre for International Health and Development - Malawi	-	6,000	(6,000)	-	-
The Alan & Nesta Ferguson Charitable Trust - Malawi	-	8,000	(8,000)	-	-
The Funding Newtork - Malawi	-	5,000	(5,000)	-	-
The Souter Charitable Trust - Malawi	-	1,800	(1,800)	-	-
The Persula Foundation - Malawi	-	2,446	(2,446)	-	-
Christadelphian Meal a Day Fund - Malawi	-	3,303	(3,303)	-	-
V C Gangani Social Fund - Malawi	-	251	(164)	-	87
Advocacy Conference	-	3,654	(3,654)	-	-
The Ernest Kleinwort Charitable Trust	-	22,500	(22,500)	-	-
<b>Total restricted funds</b>	58,143	537,214	(538,888)	(1,377)	55,092
<b>Unrestricted funds</b>					
General funds	28,203	27,175	(26,790)	1,377	29,965
<b>Total funds</b>	<u>86,346</u>	<u>564,389</u>	<u>(565,678)</u>	<u>-</u>	<u>85,057</u>

Funds received from Action for Global Health and the Royal College of Midwives were contributions to the Advocacy Conference.

Funds received from The Ernest Kleinwort Charitable Trust were a contribution to UK support costs.

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