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CREATIVITY ENTHUSIASM ENERGY VISION

Trustees' Report and Financial Statements

Year ended 31 December 2010

Charity Number: 1085096 Company Number: 03914873

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

Report and Accounts for the Year ended 31 December 2010

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Legal and administrative details

Women and Children First UK was incorporated on 7 January 2000 and registered as a company limited by guarantee (number 03914873) and then 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 Hazel Slavin (Chair)

Anthony Williams

Professor Anthony Costello

Ron Finlay Paola de Leo

Mary Walsh

Company Secretary

Professor Anthony Costello

TreasurerPeter Clokey

Patrons

Baroness Afshar of Heslington

Professor Sir Sabaratnam Arulkumaran

Kathy Lette Surina Narula **Baroness Amos**

Professor David Latchman
Baroness Massey of Darwen

Juliet Stevenson

Chief Executive

Ros Davies

Registered office

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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 2010. 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 (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, Bangladesh and India are one in 18, one in 51 and one in 70 respectively, compared to one in 8,200 in the UK. The chances of newborn babies dying are 29 in 1,000 in Malawi and 37 per 1,000 in both Bangladesh and India (three per 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 (UCL) 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, crosscutting 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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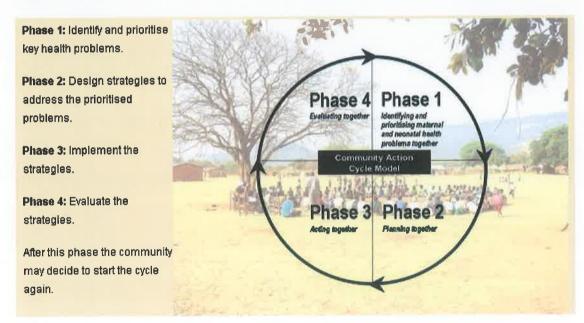
To achieve these aims we work in partnership with key stakeholders including communities, health care providers and policy makers to develop and deliver effective interventions and influence national and international policies to reduce maternal and newborn mortality.

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.

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.



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.

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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 2010

Specific objectives within our strategic aims and results for 2010 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.
 - Funding for a three year programme was secured from Comic Relief. This new project commenced in August 2010 and will improve maternal and child health practices in the community whilst also improving the quality of health services provided to pregnant women and their children. (See further details on page 11)
- 2. Secure concrete commitment evidenced by a signed Memorandum of Understanding (MOU) from one new southern partner to develop a programme with Women and Children First.

 A new working relationship was established with the Society for Nutrition, Education and Health Action (SNEHA) based in Mumbai, India. Following the signing of an MOU a project was designed and funding secured from DFID for a one year project to strengthen and scale up the provision of basic health service delivery for women and children in slum areas in Mumbai (See page 10)
- 3. Raise the profile of maternal and newborn health issues with DFID and other policymakers and key UK players.

 Continued 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 page 12.)
- 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.
 - We achieved modest success in 2010. A volunteer PR officer distributed a number of press releases, two of which attracted coverage in local newspapers in London and Plymouth. The CEO was highlighted in the Royal College of Midwives magazine after addressing their students' conference and had a letter published a letter in the BMJ. WCF was referenced when our partners published field trial results in the Lancet and our advocacy work was cited in Grazia magazine. Additional profile raising with the public was 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 was finalised and will be updated regularly.
- 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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During 2010 a set of indicators were developed to track achievements against the strategic framework in a more detailed way. A baseline for these indicators was established in early 2011 and progress will be reviewed in 2012.

Ongoing Work

Bangladesh and India Regional Programme

There are 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 per cent give birth at home, resulting in a high number of maternal and newborn deaths. In spite of reductions in child mortality, 45 per cent of under-fives' deaths occur in the first month of life and maternal mortality remains stubbornly high.

Around 40 per cent of the total population of the Indian 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 per cent of women are illiterate.

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. WCF is 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 continues to manage 810 women's groups in the **Districts of Bogra, Faridpur and Moulvibazar**, and a monitoring system set-up to cover a population 500,000. 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 an increase of community mobilisation and health system strengthening activities in safe motherhood and essential newborn care to promote national level scale up. This has included improving communication between local health facilities, health authorities and health service providers and maintaining and establishing new links with community health committee members at Uppazila, Union and community levels.

In India, Ekjut is managing 899 women's groups in rural indigenous communities in Jharkhand and Orissa and has a monitoring system which covers a population of 250,000. 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" and supporting the establishment and ongoing functionality of village health committees.

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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 and disseminated widely, including at the *Women Deliver* conference in Washington DC. Evidence showed:

In India

- A 45 per cent reduction in newborn mortality rates in comparison with babies born to women who did not participate in the project, even though their access to and use of healthcare services was the same
- A 57 per cent reduction in moderate maternal depression in the last evaluation year
- Substantial improvements in home care practices: mothers were more likely to ask birth attendants to 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 higher among women who had participated in the project.

In Bangladesh

- 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 the significance of the density of population coverage and the proportion of newly pregnant women enrolled in women's groups is a critical factor in demonstrating impact.

Women and Children First is taking the lead on the regional programme'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. In 2010 a project leaflet synthesising the main project activities, methodology and findings was developed and distributed in hard copy and on partner's websites and was reported in the press in both India and UK. WCF also led on the development of a programme communications strategy and work started on a "Good Practice Guide" to facilitate scale up of the women's groups methodology by other actors.

India

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 per cent of maternal deaths worldwide, 21 per cent of all under-fives' deaths, and 25 per cent of all neonatal deaths.

Mumbai is India's most populous city. According to the 2001 Census, 54 per cent of the city's 16.4 million people live in slums. There is considerable difference in outcome amongst the poor in the urban slums; the poorest socio-economic quartiles experience a newborn mortality rate of 25 per 1,000, significantly higher than among the more affluent quartiles for whom the rate is 16.

This project, funded by the UK Department for International Development, (DFID) is expanding free MNCH services across 30 health posts in the most vulnerable areas of Mumbai to benefit a target population of approximately 2.25 million people; developing a model for the expansion of free MNCH healthcare services to support other health service providers to roll out MNCH services free at the point of delivery; improving the quality standards in 14 hospital facilities and

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50 health posts; and influencing policymakers to address MNCH issues in urban slum areas of Mumbai.

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 2010, 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 early 2010 WCF successfully concluded a programme with 86 women's groups, which laid the groundwork for a new three-year programme, funded by Comic Relief, which began in July 2010.

The new project continues the collaboration with the Ministry of Health to set up 144 women's groups in Ntcheu District, covering a population of 72,000. The project builds on previous learning to improve maternal and child health practices in the community whilst also improving the quality of health services provided to pregnant women and their children. In addition, we are implementing a low cost data collection system to support health service planning and establishing an informal referral service to ensure the provision of skilled care

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 and the Cincinnati Children's Hospital.

The programme was evaluated through a randomised control trial, supervised by CIHD, which came to an end in December 2010. The analysis of the trial results is expected to be published during 2011. The end of the trial meant it was possible to develop new activities and work in "control" areas and a strategy was developed jointly by the partners to maximise lessons learned and test ideas for scale up and sustainability before current programme funding comes to an end in early 2012.

By the end of the trial, of the 729 women's groups established originally, 651 were still active. As part of the testing for sustainability and spread, "promoters" - women who were already in the women's groups who could be trained to take their groups through a new cycle - were identified, freeing up the original facilitators to establish new groups in surrounding villages. Ninety-six promoters were oriented before the year-end and total of 202 new groups were established by facilitators who have been "freed up" by the promoters. The manual that facilitators use to support the groups was revised reflecting the fact that the new groups would have fewer meetings in a more concentrated period to allow the cycle of meetings to be completed before the end of the project.

Another strategy adopted to push for sustainability was the establishment of maternal health task forces, which had already begun in 2009. The task forces, comprising local stakeholders including village chiefs and community health workers, were established to increase knowledge

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of maternal and newborn health in the community, encourage women to give birth in health facilities and collect community level data to help communities know whether maternal and newborn health is improving.

Policy and advocacy work in the UK

Early in 2010 WCF agreed an Advocacy strategy which served as a framework for policy and advocacy work during the year. Highlights in 2010 were:

- Continuing to work with other leading UK advocates to coordinate advocacy activities and consistent messaging on MNCH. Three consultative meetings were held to identify and plan action on key advocacy opportunities such as DFID's updated maternal health strategy and post UK election work. Two advocacy newsletters were produced in support of this coordinating initiative, informing advocates on MNCH progress throughout 2010 and important upcoming events in 2010 and 2011 around which the advocacy community could work together.
- Following the success of the WCF-lead Manifesto for Motherhood, in 2009, to highlight the importance of MNCH in preparation for the 2010 UK General Election, interest expressed by newly elected MPs was followed up by the preparation and distribution of a First 100 days in Parliament document. This was sent to all new MPs and gained written support from 25 of them. The widespread use of the Manifesto by major organisations was an additional unexpected outcome this included an Amnesty International film to support the Manifesto delivered by UK actors including Keira Knightley, Annie Lennox, James Purefoy and Beverley Knight, screened at a Mothers' Day event in The House of Commons.
- WCF was active in consultations for the UN Millennium Development Goals Summit and other related initiatives which culminated in the Global Strategy for Women's and Children's Health. This included input into consultations led by the UN Non-Governmental Liaison Service consultation and the UK NGO umbrella organisation, BOND and signing a joint letter to Deputy PM Nick Clegg and Secretary of State for International Development, Andrew Mitchell, prior to the UN Summit.
- WCF co-ordinated a written submission focussing on MNCH on behalf of the BADAS, CIHD and WCF Consortium for the International Development Select Committee Inquiry into DFID's programme in India, following which WCF was invited to present oral evidence in the House of Commons. The Committee members noted the issues raised and input from the Consortium was received with great interest and included in the subsequent Inquiry report.
- WCF was asked by several organisations to provide information and expertise, including a request from DFID to attend a consultation on their revised reproductive, maternal and newborn health strategy, a request from the Maternal Mortality Campaign to input into strategic discussions for their 2011 plans and a request from Oxfam to comment on published reductions in global maternal mortality.

Developing the organisation

WCF continued to identify individuals who could help promote the organisation in selected fora and with the general public and were delighted to welcome Surina Narula and Juliet Stevenson as new Patrons.

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A successful Board and staff Away Day was held to review progress against the Strategic Framework and discuss plans for the next twelve months. We were delighted to welcome a representative from the Department for International Development policy team and the BOND Chief Executive who spoke about current DFID policy and northern NGO issues from their perspective which helped inform our strategic discussions.

A new website with improved design and enhanced functionality was launched towards the end of the year. There has been very positive feedback on the new site, which allows visitors to sign up to receive e-newsletters and supporters to make one-off or regular donations.

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, the International Federation of Obstetricians and Gynaecologists, and the Dutch Royal Tropical Institute (KIT).

Future Plans

In 2011 Women and Children First will 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 by working with new programme partners in Ethiopia, Tanzania and Uganda.
- 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 to stimulate increased support for proven methods of reducing maternal and neonatal mortality and improving MNCH.
- Strengthening fundraising through diversifying institutional income sources and developing the voluntary income fundraising strategy.
- Celebrating WCF's 10th anniversary and maximising opportunities to raise WCF's profile throughout the year.

Towards the end of 2011 we will begin a strategic review as a first step in developing a new Strategic Framework for the next three to five years.

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Funding Sources

Women and Children First receives funding from a number of sources and is grateful to the following for their support and collaboration in 2010:

- The Allan Charitable Trust
- The BBC Radio 4 Appeal
- The Big Lottery Fund
- Comic Relief
- The Cotton Trust
- The Department for International Development (DFID)
- The Health Foundation
- The Ernest Kleinwort Charitable Trust
- The Mitchell Trust
- The Norton Rose Charitable Foundation
- The Persula Foundation
- The SMB Charitable Trust
- The Souter Charitable Trust
- The UN Population Fund (UNFPA)
- Peter Clokey
- Shirley Hodgson
- Sarah Pariss
- Professor Sir Sabaratnam Arulkumaran
- and a number of other individual donors.

Financial Review

Total income for 2010 was £748,577 (2009 - £564,389) of which the majority was from donor grants. We continued to receive funds from charitable trusts which had not donated to Women and Children First before and received three repeat trust donations. The organisation was successful in a bid for a BBC Radio 4 Appeal which enabled us to broadcast our messages to the UK public and this resulted in over 198 donations, raising over £10,000, and a number of donors committing themselves to regular monthly donations.

Total expenditure was £713,961 (2009 - £565,678). 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 reelection at the AGM. There is no maximum number of Trustees. There are currently eight Trustees.

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The Board of Trustees meets four times during the year and is responsible for policy decisions which are 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), Cassie Williams (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.

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.

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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.

Reserves Policy

The Trustees have a policy whereby 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 2010 the unrestricted reserves amounted to £57,394 (2009 - £29,965) 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 16 June 2010 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 14 June 2011 and signed on their behalf by:

Hour Sam

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 2010 set out on pages 19 to 26. These accounts have been prepared in accordance with the accounting policies set out on page 21.

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors'

Respective responsibilities of trustees and auditors

As described on page 15, the trustees, who are also the directors of Women and Children First (UK) for the purposes of company law, are responsible for preparing the Trustees' 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 Trustees' 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 Trustees' Report and consider the implications for our report if we become aware of any apparent misstatements within it.

Scope of the audit of the accounts

An audit involves obtaining evidence about the amounts and disclosures in the accounts sufficient to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the accounts. In addition, we read all the financial and non-financial information in the Trustees' Report to identify material inconsistencies with the audited accounts. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

(A company limited by guarantee)

Report and Accounts for the Year ended 31 December 2010

Opinion on accounts

In our opinion:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2010, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- the accounts have been prepared in accordance with the Companies Act 2006 and comply with the requirements

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Report for the financial year for which the accounts are prepared is consistent with the accounts.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the accounts are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

H W Tigrovt &

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:

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

Year ended 31 December 2010

				2010	2009
		Restricted	Unrestricted	Total	Total
	Note	£	£	£	£
Activities in furtherance of the Charity's objects					
Grants received	2	669,810	3,790	673,600	505,861
Donations	3	19,750	54,940	74,690	58,393
Investment income		-	287	287	135
Total incoming resources		689,560	59,017	748,577	564,389
Resources expended	4				
Costs of generating funds:					
Fundraising and publicity		19,391	15,323	34,714	18,455
Charitable expenditure:					
Project costs - overseas and UK		661,218	15,690	676,908	545,014
Governance costs		1,764	575	2,339	2,209
Total charitable expenditure	-	662,982	16,265	679,247	547,223
Total resources expended		682,373	31,588	713,961	565,678
Net incoming/ (outgoing)					
resources before transfers	5	7,187	27,429	34,616	(1,289)
Gross transfers between funds	12		-	(*	0
Net incoming/ (outgoing) resources		7,187	27,429	34,616	(1,289)
Funds at 1 January		55,092	29,965	85,057	86,346
Funds at 31 December	_	62,279	57,394	119,673	85,057

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.

Company Registration No. 03914873

Balance Sheet

31 December 2010

31 December 2010					
			2010		2009
	Note	£	£	£	£
Fixed assets			2 200		E 0E9
Tangible fixed assets	8		3,389		5,058
Current assets					
Debtors	9	3,948		7,256	
Cash at bank and in hand		304,692		181,210	
		308,640		188,466	
Creditors: amounts due within one year	10	(192,356)		(108,467)	
Net current assets			116,284		79,999
Net assets			119,673		85,057
Funds					
Restricted funds	12		62,279		55,092
Unrestricted funds			57,394		29,965
Total funds			119,673		85,057

Approved by the Trustees on 14 June 2011 and signed on their behalf by

Hand Slam

Notes to the financial statements

For the year ended 31 December 2010

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 March 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 seperately from those of the charity in an independently administered fund. The pension cost charge represents contirbutions 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.

Notes to the financial statements

For the year ended 31 December 2010

2.	Grants received	2010	2009
		£	£
	The Health Foundation - Malawi	65,617	51,586
	Comic Relief - Malawi	107,897	11=
	Big Lottery Fund - Strategic Grant	486,595	412,444
	UNFPA - UK Advocacy for MDGs 4 & 5	9,701	20,230
	Future Jobs Fund	3,790	
	Centre for International Health & Development - Malawi	:**	6,000
	The Alan & Nesta Ferguson Charitable Trust - Malawi	/ <u>#</u>	10,000
	The Funding Network - Malawi		5,601
		673,600	505,861
3.	Donations received	2010	2009
J.	Donations received	£	2009 £
	The Ernest Kleinwort Charitable Trust	22,500	22,500
		22,500	
	The Eleanor Rathbone Charitable Trust		1,000
	Christadelphian Meal a Day Fund	-	3,670
	The Ryklow Charitable Trust	2 000	750
	The Souter Charitable Trust	2,000	2,000
	The Reuben Foundation	-	200
	The Stella Symons Charitable Trust		250
	V C Gangani Social Welfare Fund	1	251
	Investcorp		5,000
	The Persula Foundation	3,250	2,900
	The Cotton Trust	1,500	U.#.
	The Lascelles Charitable Trust	1,000	
	SMB Trust	1,000	-
	The Allan Charitable Trust	500	-
	The Norton Rose Charitable Foundation	5,000	0.5
	Anonymous donor	15,000	•
	Peter Clokey	10,000	: -
	Shirley Hodgson	500	
	Sarah Pariss	500	(-
	Professor Sir Sabaratnam Arulkumaran	500	
	Other individual donors	5,759	15,393
	Contributions for Advocacy Conference:		
	Action for Global Health	· ·	1,000
	Royal College of Midwives		2,654
	Sundry donations	759	825
	BBC Radio 4 Appeal	4,922	
		74,690	58,393

Notes to the financial statements

For the year ended 31 December 2010

Total resources expended

	Other costs	Professional and legal	Insurance, recruitment and office expenses	Travel	Communications	Staff costs	Consultants	Other project costs	Grants paid to overseas organisations	Fundraising					
		see iv. below				တ		see iii. below	see ii. below	see i. below	Note				
676,908	i i	1	5,446	17,769	2,194	181,679	8,994	41,505	419,321			מז	costs	Project	
34,714	r	200	9	1		c	(10)			34,714		מא	& publicity	Fundraising	
2,339	590	1,749	00	а	,	×	6	1	,	*		ליז		Governance	
713,961	590	1,749	5,446	17,769	2,194	181,679	8,994	41,505	419,321	34,714		m	costs	Total	2010
713,961 565,678	709	1,500	5,955	17,739	1,646	170,268	7,913	47,376	294,117	18,455		מיו	costs	Total	2009

i. Fundraising costs include the cost of trust fundraisers engaged to work with the Chief Executive to increase income through voluntary fundraising and the initiation of a major donor fundraising programme.

ii. Grants to overseas organisations are monitored by the charity on a quarterly basis and reports made to the initial iii. Project costs include support costs and overhead costs recoverable in accordance with agreements with funders Grants to overseas organisations are monitored by the charity on a quarterly basis and reports made to the initial funders

iv. Governance costs include payments to the auditors of £1,749 (2009 - £1,500) for audit fees and £nil (2009 - £nil) for other services.

Notes to the financial statements

For the year ended 31 December 2010

5. Net incoming resources for the year

This is stated after charging:

	2010	2009
	£	£
Depreciation	1,669	5,036
Auditors' remuneration: audit	1,749	1,500
Trustees expenses	590	212
being the cost of trustee meeting expenses		

6.	Staff costs	2010	2009
•		£	£
	Salaries	154,382	141,298
	Social security costs	14,915	14,173
	Pension contributions	12,382	14,797
		181,679	170,268

There were no employees whose annual emoluments were £60,000 or more. Pension contributions outstanding at the end of the year amounted to £nil (£1,775 - 2009)

The average weekly number of employees (full time equivalent) during the year was 4 (4 - 2009).

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 £
Cost	
At 1 January 2010	17,341
Additions	(46)
At 31 December 2010	17,341
Depreciation	
At 1 January 2010	12,283
Charge for the year	1,669
At 31 December 2010	13,952
Net book value	
At 31 December 2009	5,058
At 31 December 2010	3,389

Notes to the financial statements

For the year ended 31 December 2010

9.	Debtors	2010	2009	
		£	£	
	Rent deposit	3,873	3,873	
	Prepayments and accrued income	75	3,383	
		3,948	7,256	
			-	
10.	Creditors	2010	2009	
		£	£	
	Trade creditors	73,261	86,221	
	Pensions, taxes & social security	4,485	5,980	
	Other creditors	3,873	3,873	
	Accruals and deferred income	110,737	12,393	
		192,356	108,467	
11.	Analysis of net assets between funds			
		Restricted	Unrestricted	Total funds
		funds	funds	
		£	£	£
	Tangible fixed assets	2,634	755	3,389
	Current assets	252,001	56,639	308,640
	Creditors: amounts falling due within one year	(192,356)		(192,356)
	Net assets at 31 December 2010	62,279	57,394	119,673

Notes to the financial statements

For the year ended 31 December 2010

12. Movements in funds

Total funds	Unrestricted funds General funds	Total restricted funds	V C Gangani Social Fund - Malawi	Anonymous donor	The Persula Foundation - Malawi	The Cotton Trust - Malawi	Comic Relief - Malawi	UNFPA - UK Advocacy for MDGs 4 & 5	The Health Foundation - Malawi	Big Lottery Fund - Strategic Grant			
85,057	29,965	55,092	87	ï	î	ř.	î.	2,768	16,754	35,483	2010	January	At 1
748,577	59,017	689,560	1	15,000	3,250	1,500	107,897	9,701	65,617	486,595	ליו	resources	Incoming
(713,961)	(31,588)	(682,373)	(87)	(15,000)	,	(1,500)	(104,935)	(12,406)	(63,611)	(484,834)	מז	resources	Outgoing
		*	,	3 4 83	71	,	ŧ		8∎0	я		Transfers	
119,673	57,394	62,279		3/ # (2	3,250	,	2,962	63	18,760	37,244	2010	December	At 31

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

Funds received from an anonymous donor were a contribution to UK marketing and publicity 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.