

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

**Trustees' Report  
and  
Financial Statements**

**Year ended 31 December 2011**

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 2011

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### Contents

Legal and administrative details	3
Report of the Board of Trustees	4
Independent Auditors' Report	19
Statement of Financial Activities	21
Balance Sheet	22
Notes to the Accounts	23

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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### Legal and administrative details

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

Deborah Botwood-Smith (appointed February 2012))

Margaret Braddock (appointed February 2012)

Peter Clokey

Professor Anthony Costello

Patricia Croll (Vice-Chair)

Ron Finlay

Jenny Goodwin (resigned October 2011)

Paola de Leo

Hazel Slavin (Chair)

Mary Walsh

Douglas Whitewright (appointed February 2012)

Anthony Williams

#### Company Secretary

Professor Anthony Costello

#### Treasurer

Peter 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 and operational address

4.19 United House, North Road, London N7 9PD

Tel: 020 7700 6309

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

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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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 2011. 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.

The 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.

Women and Children First's 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. Women and Children First develops and shares best practice through extensive monitoring and evaluation of its 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 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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Women and Children First works in poor and marginalised communities in developing countries in sub-Saharan Africa and South Asia which have some of the highest rates of maternal and newborn mortality worldwide. For example, the chances of dying of maternal causes in Malawi, 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).

Women and Children First'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 Women and Children First'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 its 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 and Values 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.

Women and Children First's 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 its 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 advocacy and programme aims.
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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

To achieve these aims Women and Children First works 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.

Women and Children First's 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. Women and Children First's 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.

Women and Children First 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.

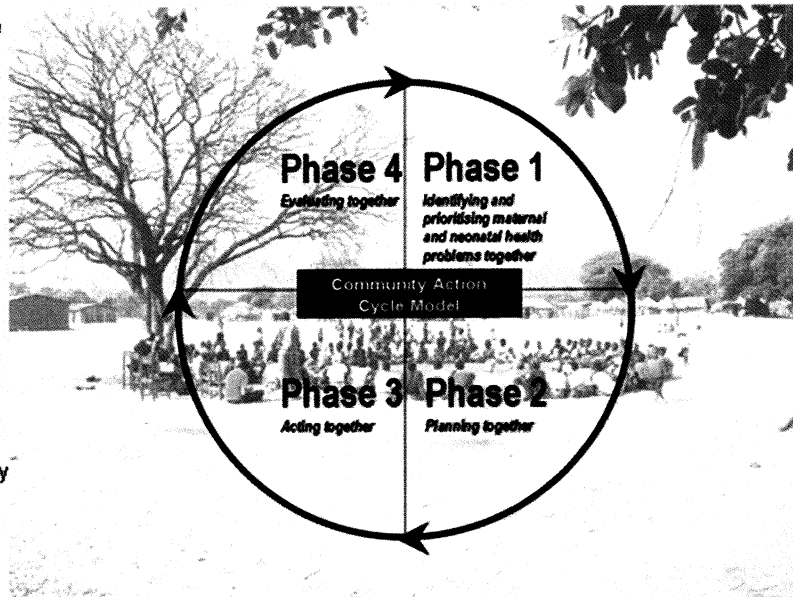
**Phase 1:** Identify and prioritise key health problems.

**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 generation, financing and stewardship. Women and Children First supports training and

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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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 Women and Children First supports its 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. Women and Children First aims 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

Women and Children First believes in building and strengthening the existing capacity of qualified indigenous personnel working in its partners. 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. Women and Children First will continue to secure funding and provide Technical Assistance to support the continued capacity building of its Southern partners.

#### Cross cutting themes

Women and Children First's 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 levels.

In all the countries where Women and Children First works, women and girls are significantly disadvantaged by poor levels of education and access to healthcare. The 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

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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cognitive impairments, short stature, lower resistance to infections and a higher risk of disease and death throughout their lives.

### Achievements during 2011

Indicators for Women and Children First's strategic aims and objectives were piloted in 2011. A baseline was established in January 2011 against which to measure progress by January 2012. The pilot run showed that a number of the indicators could not be collected with the resources available and they will be revised in 2012 to fit with the new Strategic Framework (see Future Plans below).

Progress on selected indicators is reported below and a narrative update on programmes and advocacy work can be found on pages 9 to 14.

### Progress towards strategic aims (in 2011)

- 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:
    - Four new projects were funded in 2011
    - Grant income rose from £ 673,600 in 2010 to £957,214 in 2011.
  
  - Increase the scale and impact of WCF's work and provide evidence for what works well. In 2011:
    - The number of women's groups managed by WCF's partners increased from 2,329 in 2010 to 2,752; membership of groups increased from 44,769 to 66,151.
    - Training was provided to 1,075 medical staff and 6,926 community members.
    - One thousand and four village health and sanitation committees were strengthened and 7,028 committee members involved in Jharkhand and Orissa in India.
    - Twenty-nine health posts and referral links were strengthened and 2,411 pregnant women and 2,163 newborns benefited directly from access to free health services in Mumbai's urban slums.
    - Two hundred and eighty-eight village health committees/task forces were established in Malawi.
  
  - Advocate locally and internationally for robust policies and finance for what works well:
    - Oral evidence was provided to the International Development Committee Inquiry into DFID's programme in India (see page 13).
    - A briefing pack on maternal, newborn and child health issues was developed for Parliamentarians and one to one briefings were delivered to MPs (see page 14).
  
  - Provide quality Technical Assistance in support of its advocacy and programme aims:
    - Feedback from partners included the following comments: Very effective; WCF plays the role of a facilitator and guide; WCF always encourages partners to design and prioritise their own advocacy activities and provide technical support keeping harmony with the partner's goals and priorities; WCF has been very effective in ensuring that their programmes are led by partners in the South.
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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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Six SMART (specific, measureable, achievable, realistic and timed) objectives were established to underpin achievement the Strategic Aims. Progress towards meeting these objectives was achieved as follows:

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 had been secured from Comic Relief in 2010.
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 and an MOU signed with the Society for Nutrition, Education and Health Action (SNEHA) in Mumbai, India.
3. Raise the profile of maternal and newborn health issues with DFID and other policymakers and key UK players:
  - Women and Children First successfully inputted into: the International Development Committee Inquiry into DFID's programme in India; the UN Secretary General's global strategy for Women and Children; and the Labour Party's international development strategy consultation.
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:
  - The Guardian newspaper solicited / accepted three blogs
  - DFID asked Women and Children First to help disseminate their reproductive, maternal and newborn health strategy
  - Social networking was ramped up: Facebook and Twitter followers increased from 301 to 520 and from 120 to 166 respectively, and a Women and Children First page was established on *Linked In*.
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 in 2010 was and updated throughout 2011.
6. Secure sufficient funding to achieve all strategic aims:
  - The annual operating budget was managed without a deficit and reserves policy was met.

### International Programmes

#### ***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.

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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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.

Around 40% 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% 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 through 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 manages 810 women's groups in the **Districts of Bogra, Faridpur and Moulvibazar**, and a monitoring system spanning a population of 500,000. 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. 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.

Women and Children First is leading 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.

In 2011 Women and Children First worked with the consortium partners to ensure their advocacy and communications strategies were updated and provided Technical Assistance as required. New initiatives included the completion of the "Good Practice Guide" to facilitate scale up of the participatory women's groups methodology by other actors. A comprehensive dissemination strategy was developed for the Guide to ensure it reached relevant policy-makers, donors, professional associations, NGOs and other Civil Society Organisations. To facilitate the dissemination, the Guide was published on all the consortium partners' websites and hard copies were printed for distribution in Bangladesh, India and the UK. Strong interest has been expressed in the Guide - for example Harvard University would like to adapt the methodology for use in Haiti, Save the Children's Africa senior health advisors were given the Guide and a talk on community mobilisation at their annual health retreat, and Comic Relief has been disseminating the Guide to their grant holders in Africa.

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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The project held its mid-term review which identified that community mobilisation through women's groups can improve maternal and newborn health in rural communities with high mortality rates and limited access to health services. The approach was deemed to be integrated and holistic, addressing multiple maternal and newborn health issues. Women are treated with respect and this approach gives them a voice. The approach is pro-poor – reaching out to the most disadvantaged and, based on World Bank criteria, is cost effective in high mortality settings. There appear to be broader health and development benefits - for example, on maternal depression and women's agency - which merit further investigation.

### *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% of maternal deaths worldwide, 21% of all under-fives' deaths, and 25% of all neonatal deaths.

**Mumbai** is India's most populous city. According to the 2001 Census, 54% of the city's 16.4 million people live in slums. There is considerable difference in outcomes 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.

Women Children First worked with its local partner, SNEHA, to deliver a DFID funded project to strengthen and scale up the provision of basic health service delivery for women and children in Mumbai slums. The project focused on training health post staff, upgrading emergency obstetric care and initiating International Standards Organisation (ISO) processes. The project trained 759 health professionals in clinical and behavioural skills; achieved a twenty-four per cent increase in the number of pregnant women registering in the first and second trimester at health posts, and a fourteen per cent increase in the number of mothers and their newborns accessing free postnatal care at the health post. A greater than anticipated slum population of 2,338,969 was reached through these activities (scaled up from 801,141 reached previously). By the end of the project 29 health posts were offering free maternal and newborn health services and maternal and newborn health referral links had been initiated across all levels of the health system. A total of 2,411 pregnant women and 2,163 newborns benefited directly.

Women and Children First trained SNEHA staff in advocacy and communications at the project outset and advocacy and communications strategies were developed and implemented. Activities included developing policy briefs and case studies, producing a film and hosting a dissemination event with key Maharashtra and Municipal Corporation of Greater Mumbai decision makers, the result of which was increased commitment and buy-in for maternal and newborn urban health from state and MCGM level decision makers.

Additional funding was secured from Breadsticks, to enable SNEHA to run the 'Aahar' programme which is delivering child health and nutrition for children, women and adolescent girls through two day centres and community outreach in the Dharavi slum. The project is educating groups of pregnant and lactating women about nutrition, hygiene and child care practices and adolescent girls are meeting to discuss nutrition and pregnancy/childcare issues and family planning.

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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### *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. Women and Children First continued to support two programmes in Malawi in 2011.

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 2011, Women and Children First continued its collaboration with the Ministry in Ntcheu District to deliver a Comic Relief funded project working with 144 women's groups, with an average of thirty-six women per group, covering a population of 72,000. This project is improving maternal and child health practices in the community and the quality of health services provided to pregnant women and their children, as well as 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. Achievements in 2011 include training 24 women's group facilitators, and raising awareness of maternal and newborn health issues for 124 Health Surveillance Assistants, 118 village chiefs and 222 village volunteers. The content of training and awareness raising sessions included HIV/AIDS, sexual and reproductive health and family planning as well as maternal and newborn health care issues. Other project activities included growth monitoring sessions, cooking demonstrations and education sessions on breastfeeding, nutritious food and malaria. Eight thousand, two hundred and thirty five children were immunized.

Comic Relief and a BBC film crew spent a week with the project team in Ntcheu, preparing a series of moving films on infant health problems, two of which were shown on television on Red Nose Day on 18 March.

Additional funding from the Persula trust enabled the project team to train 44 traditional leaders on relevant health issues, thus deepening the potential for lasting change through strong local leadership.

The **MaiKhanda** (meaning MotherBaby in Chichewa language) programme 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**. In 2011, Women and Children First continued to provide Technical Assistance to the community intervention of this Health Foundation funded programme, in partnership with the Institute for Healthcare Improvement who advised on Quality Improvement in health facilities and The Institute of Child Health (ICH) who supported the programme's monitoring and evaluation.

During 2011 the community intervention comprised both women's groups and safe motherhood task forces. Eight hundred and eighty-two women's groups were active, of which ninety-six were being run by "promoters" - women who were already in the women's groups who had been trained to lead their own groups - and 202 were new groups run by facilitators who were "freed up" by the promoters. Two hundred and eighty-eight safe motherhood task forces were supported. These task forces, comprising local stakeholders including village chiefs and community health workers, were established to increase knowledge of maternal and newborn health in the community, encourage women to give birth in health facilities and collect

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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community level data to help communities know whether maternal and newborn health is improving.

The programme was evaluated through a randomised control trial, supervised by ICH which showed a sixteen per cent reduction in perinatal mortality where the community intervention alone had been active and a twenty-two per cent reduction in newborn mortality where both the community and facility interventions had been applied.

### ***Policy, advocacy and communications***

The Women and Children First advocacy strategy was updated in 2011 to reflect the evolving policy environment, particularly by fine tuning messaging to sustain the UK government prioritisation of reproductive, maternal and newborn health. In line with building on its evidence base for advocacy messaging, Women and Children First continued to advocate consistently for support for community mobilisation through participatory women's groups as an effective contribution to reducing maternal and newborn mortality.

Funding from UNFPA enabled Women and Children First to continue its leadership of the *Manifesto for Motherhood Coalition*, ensuring co-ordinated UK advocacy for maternal newborn and child health and the capacity to respond to advocacy opportunities relevant for its international programmes.

Highlights of the year's work were:

- Consultative meetings were held with members of the *Manifesto for Motherhood Coalition* at which Women and Children First and colleagues agreed it was necessary to keep up the UK political momentum around reproductive, maternal and newborn health. Activities and messaging were planned in the light of the DFID strategy *Choices for Women* citing the *Coalition* as a partner, and members took advantage of all opportunities provided during the year to begin to hold DFID to account on the commitments made in *Choices for Women*. Women and Children and First, for example, raised the question of the detailed monitoring and evaluation framework for *Choices for Women* in a one to one meeting with a DFID Health Advisor.
  - Two advocacy updates were produced in support of the *Coalition* co-ordinating initiative, informing advocates on relevant issues throughout the year. Update recipients included Women and Children First's database of 280 advocates and global list serves such as Worldpoplist, Action for Global Health, and the UK Network for Sexual and Reproductive Health and Rights.
  - Following a submission on behalf of the Bangladesh and India regional programme consortium (see pages 9-11 above) and SNEHA, Women and Children First received an invitation to submit evidence to the International Development Committee Inquiry into DFID's programme in India. Professor Dave Osrin from ICH gave evidence on behalf of the consortium and SNEHA which recommended that DFID India should maintain its focus on maternal, newborn and child health and Millennium Development Goals 4 and 5, while continuing to ensure that its programme is in line with national priorities and that it supports national schemes which are primarily financed by the Government of India.
  - Continuing its initiative to inform and influence MPs who had been elected in the 2010 General Election, Women and Children First worked in collaboration with the *Coalition* and All Party Parliamentary Group for Population, Reproductive Health and Development to
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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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develop a Briefing Pack for MPS, entitled *Achieving Reproductive, Maternal and Newborn Health: from Commitment to Action*. The Pack was designed to provide key information and messaging in a succinct format to inform MPs about the issues and support their parliamentary activities. One to one briefings were held with six MPs with a view to establishing a core group to maintain political support and hold DFID to account.

- Women and Children First was successful in diversifying communication channels, in particular through blogging on prominent sites such as The Guardian and Mumsnet. This included communicating with key advocates for maternal health such as Sarah Brown, and the Guardian invited Women and Children First to pro-actively blog and respond to relevant entries in their international development pages.

### Developing the organisation

The tenth anniversary celebrations, marked formally by a reception in the House of Lords, facilitated opportunities for raising Women and Children First's profile in a variety of fora and attracted new supporters.

A joint Trustee, Patron and staff Away Day was held mid-year to review progress against the Strategic Framework. An extended discussion on External Relations was held at the Away Day and the Patrons who attended provided valuable advice on fundraising and communications.

A part-time fundraiser was employed during the year, thus strengthening Women and Children First's capacity for consistent ongoing fundraising activities and diversifying funding streams.

As the Strategic Framework was coming to the end of its period of validity (2006 – 2011) a strategic review was held prior to commencing a new strategic planning process. Trustees and staff recognised that the organisation had increased both its portfolio and turnover significantly since 2006 and agreed the need to develop the organisation further in order to be fit for purpose to deliver an increased volume of quality work. External support and facilitation was required to review and develop the new strategy spanning programmes, advocacy work, fundraising, communications and financial planning, and organisational strengthening needed to address developing internal systems and staff capacity for project and organisation financial management and efficient administration. As an existing Comic Relief grant holder, Women and Children First was eligible to apply for, and won, an Organisational Development Grant which is enabling the organisation to address all these areas in depth.

### Relationships with other organisations

Women and Children First continued to work with colleagues at CIHD whose evidence based research and technical support was applied to Women and Children First's international programmes and informed its 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 continue to be developed with various professional, academic and technical organisations as well as other NGOs and networks, such as

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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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.

### Future Plans

In 2012 Women and Children First will engage in strategic planning, organisational strengthening and programme development. More specifically it will:

- Update its Strategic Framework, with inputs from key players in Africa, to guide overall direction
- Develop fundraising, communications, programmes and advocacy strategies to deliver the overall strategy
- Develop a robust financial plan to ensure organisational stability
- Deepen programming in Bangladesh, India and Malawi and complete work already begun to develop new programmes in Ethiopia and Uganda
- Continue to identify new partners who can deliver quality outcomes and jointly develop new programmes of work in focus countries
- Continue leadership of the *Manifesto for Motherhood Coalition* and deliver advocacy and communications activities to further support for reproductive, maternal and newborn health
- Ensure its management systems are fit for purpose with an increased workload and that staff capacity is commensurate with project development, partner capacity-building and management requirements.

### 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 2011:

- The Big Lottery Fund
  - Comic Relief
  - The Croydon Round Table
  - The Department for International Development (DFID)
  - The Fulmer Charitable Trust
  - The Health Foundation
  - The Joffe Charitable Trust
  - The Ernest Kleinwort Charitable Trust
  - The Mishcon Family Trust
  - Omnibus Workspace
  - The Persula Foundation
  - The Austin & Hope Pilkington Trust
  - The Eleanor Rathbone Charitable Trust
  - The Rhododendron Trust
  - The Reuben Foundation
  - Storksak
  - The Tula Trust
  - The UK Stirrup Charitable Foundation
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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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- The UN Population Fund (UNFPA)
- Individual donors including:
  - Patricia Croll
  - A C Richardson
  - Mary Walsh.

### Financial Review

Total income for 2011 was £1,021,296 (2010 - £748,577) of which the majority was from donor grants. Women and Children First continued to receive funds from charitable trusts and corporate sources which had not donated to Women and Children First before and received four repeat trust donations. The organisation also benefited from supporters who engaged in events such as the London Marathon, sponsored walks and birthday gift donations which introduced a new income stream.

Total expenditure was £880,436 (2010 - £713,961). 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 eleven Trustees.

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** – Deborah Botwood-Smith, Peter Clokey, Mary Walsh, Douglas Whitewright
- **Fundraising and Communications Committee** – Peter Clokey, Patricia Croll, Ron Finlay, Paola de Leo, Mary Walsh.
- **Programmes Development Task Force** – Trustees – Margaret Braddock, Anthony Costello, Hazel Slavin, Anthony Williams; Staff – Ros Davies (CEO), Geeta Bandi-Phillips (Policy & Advocacy Manager), Cassie Williams (Programmes Manager).



# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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### Responsibilities of the Trustees (Directors)

The trustees, who are also the directors of Women and Children First (UK) for the purpose 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).

Company law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these accounts, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make sound judgments and estimates that are reasonable and prudent
- Prepare the financial statements on the going concern basis unless it is inappropriate 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.

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

### Management

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

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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### Organisational Policies

#### Risk management

The Trustees have conducted a review of the major risks to which the charity is exposed and systems have been established to mitigate those risks. Risks to external funding have led to the development of a strategic plan, which will allow for the continuation of funding in the medium term through programme grants. Internal risks are minimised by the implementation of good management systems and procedures 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 formulated a policy whereby the free reserves held by Women and Children First should equate to approximately three months of unrestricted expenditure which for 2012 would require approximately £70,000. This should enable current activities to continue in the short term should funding drop significantly.

As at 31 December 2011 the unrestricted reserves amounted to £88,355 (2010 - £57,394) 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 14 June 2011 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 5 July 2012 and signed on their behalf by:



Hazel Slavin, Chair

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# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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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 2011 set out on pages 21 to 28. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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' 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 charitable company and its 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 explained more fully in the Trustees' Responsibilities Statement on page 17, the trustees, who are also the directors of the charitable company for the purposes of company law, are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

#### 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.

#### Opinion on accounts

In our opinion the accounts:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2011, 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
- have been prepared in accordance with the Companies Act 2006.

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2011

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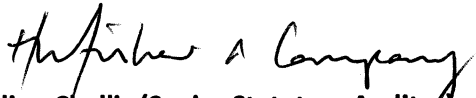
### Opinion on other matter prescribed by the Companies Act 2006

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.



**Julian Challis (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: 9/8/2012

## Women and Children First (UK)

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

Year ended 31 December 2011

	Note	Restricted £	Unrestricted £	2011 Total £	2010 Total £
<b>Incoming resources</b>					
Incoming resources from charitable activities	2	957,214	-	957,214	673,600
<b>Incoming resources from generated funds</b>					
Voluntary income	3	1,000	62,636	63,636	74,690
Investment income		-	446	446	287
<b>Total incoming resources</b>		<u>958,214</u>	<u>63,082</u>	<u>1,021,296</u>	<u>748,577</u>
<b>Resources expended</b>					
<b>Costs of generating funds:</b>					
Fundraising and publicity	4	<u>3,923</u>	<u>16,201</u>	<u>20,124</u>	<u>34,714</u>
<b>Charitable expenditure:</b>					
Project costs - overseas and UK		846,968	9,720	856,688	676,908
Governance costs		<u>1,297</u>	<u>2,327</u>	<u>3,624</u>	<u>2,339</u>
<b>Total charitable expenditure</b>		<u>848,265</u>	<u>12,047</u>	<u>860,312</u>	<u>679,247</u>
<b>Total resources expended</b>		<u>852,188</u>	<u>28,248</u>	<u>880,436</u>	<u>713,961</u>
<b>Net incoming/ (outgoing) resources before transfers</b>	5	106,026	34,834	140,860	34,616
Gross transfers between funds	12	3,873	(3,873)	-	-
<b>Net incoming/ (outgoing) resources</b>		109,899	30,961	140,860	34,616
<b>Funds at 1 January</b>		<u>62,279</u>	<u>57,394</u>	<u>119,673</u>	<u>85,057</u>
<b>Funds at 31 December</b>		<u>172,178</u>	<u>88,355</u>	<u>260,533</u>	<u>119,673</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.

# Women and Children First (UK)

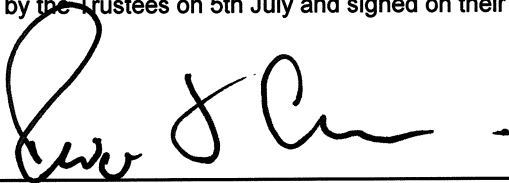
Company Registration No. 03914873

## Balance Sheet

31 December 2011

		2011		2010
	Note	£	£	£
<b>Fixed assets</b>				
Tangible fixed assets	8		1,402	3,389
<b>Current assets</b>				
Debtors	9	16,179		3,948
Cash at bank and in hand		<u>254,153</u>		<u>304,692</u>
		<u>270,332</u>		<u>308,640</u>
<b>Creditors: amounts due within one year</b>	10	<u>(11,201)</u>		<u>(192,356)</u>
<b>Net current assets</b>			<u>259,131</u>	<u>116,284</u>
<b>Net assets</b>			<u>260,533</u>	<u>119,673</u>
<b>Funds</b>				
Restricted funds	12		172,178	62,279
Unrestricted funds			<u>88,355</u>	<u>57,394</u>
<b>Total funds</b>			<u>260,533</u>	<u>119,673</u>

Approved by the Trustees on 5th July and signed on their behalf by



Treasurer

# **Women and Children First (UK)**

## **Notes to the financial statements**

**For the year ended 31 December 2011**

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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 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 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 2011

2.	Incoming resources from charitable activities	2011	2010
		£	£
	The Health Foundation - Malawi	61,828	65,617
	Comic Relief - Malawi	200,850	107,897
	Big Lottery Fund - Strategic Grant	472,273	486,595
	UNFPA - UK Advocacy for MDGs 4 & 5	12,226	9,701
	Future Jobs Fund	-	3,790
	Comic Relief - Capacity Building	35,244	-
	Conservation, Food & Health Foundation - Mumbai	15,979	-
	DFID GPAF - Mumbai	125,968	-
	The Joffe Charitable Trust	12,500	-
	The Breadsticks Foundation	20,346	-
		<u>957,214</u>	<u>673,600</u>
3.	Voluntary income	2011	2010
		£	£
	The Ernest Kleinwort Charitable Trust	25,000	22,500
	The Eleanor Rathbone Charitable Trust	1,000	-
	The Souter Charitable Trust	-	2,000
	The Reuben Foundation	200	-
	The Fulmer Charitable Trust	750	-
	The UK Stirrup Charitable Trust	1,000	-
	The Tula Trust	2,000	-
	The Austin & Hope Pilkington Charitable Trust	1,000	-
	The Joffe Charitable Trust	2,500	-
	The Mishcon Family Trust	250	-
	The Rhododendron Trust	500	-
	The Persula Foundation	-	3,250
	The Cotton Trust	-	1,500
	The Lascelles Charitable Trust	-	1,000
	SMB Trust	-	1,000
	The Allan Charitable Trust	-	500
	The Norton Rose Charitable Foundation	-	5,000
	Anonymous donor	500	15,000
	Peter Clokey	-	10,000
	Shirley Hodgson	-	500
	Sarah Pariss	-	500
	Professor Sir Sabaratnam Arulkumaran	-	500
	Guy and Margaret Beringer	1,000	-
	Other individual donors	25,537	5,759
	Sundry donations	-	759
	BBC Radio 4 Appeal	2,399	4,922
		<u>63,636</u>	<u>74,690</u>



# Women and Children First (UK)

## Notes to the financial statements

### For the year ended 31 December 2011

#### 4. Total resources expended

	Note	Project costs £	Fundraising & publicity £	Governance £	2011 Total costs £	2010 Total costs £
Fundraising		-	5,932	-	5,932	34,714
Grants paid to overseas organisations	see i. below	576,211	-	-	576,211	419,321
Other project costs	see ii. below	54,542	-	-	54,542	41,505
Consultants		14,719	-	-	14,719	8,994
Staff costs	6	190,422	14,192	-	204,614	181,679
Communications		8,204	-	-	8,204	2,194
Travel		9,605	-	-	9,605	17,769
Insurance, recruitment and office expenses		2,985	-	-	2,985	5,446
Professional and legal	see iii. below	-	-	2,548	2,548	1,749
Other costs		-	-	1,076	1,076	590
		<b>856,688</b>	<b>20,124</b>	<b>3,624</b>	<b>880,436</b>	<b>713,961</b>

- 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 £2,548 (2010 - £1,749) for audit fees and £nil (2010 - £nil) for other services.

# Women and Children First (UK)

## Notes to the financial statements

### For the year ended 31 December 2011

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

This is stated after charging:

	2011	2010
	£	£
Depreciation	4,086	1,669
Auditors' remuneration: audit	2,548	1,749
Trustees expenses being the cost of trustee meeting expenses	314	590

#### 6. Staff costs

	2011	2010
	£	£
Salaries	172,404	154,382
Social security costs	17,090	14,915
Pension contributions	15,120	12,382
	<u>204,614</u>	<u>181,679</u>

There were no employees whose annual emoluments were £60,000 or more. Pension contributions outstanding at the end of the year amounted to £525 (£nil - 2010)

The average weekly number of employees (full time equivalent) during the year was 4 (4 - 2010).

#### 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 2011	17,341
Additions	2,099
<b>At 31 December 2011</b>	<u>19,440</u>
<b>Depreciation</b>	
At 1 January 2011	13,952
Charge for the year	4,086
<b>At 31 December 2011</b>	<u>18,038</u>
<b>Net book value</b>	
At 31 December 2010	<u>3,389</u>
At 31 December 2011	<u>1,402</u>

# Women and Children First (UK)

## Notes to the financial statements

### For the year ended 31 December 2011

<b>9. Debtors</b>	<b>2011</b>	<b>2010</b>	
	£	£	
Rent deposit	-	3,873	
Prepayments and accrued income	<u>16,179</u>	<u>75</u>	
	<u><b>16,179</b></u>	<u><b>3,948</b></u>	
<b>10. Creditors</b>	<b>2011</b>	<b>2010</b>	
	£	£	
Trade creditors	<b>2,211</b>	73,261	
Pensions, taxes & social security	<b>2,851</b>	4,485	
Other creditors	-	3,873	
Accruals and deferred income	<u><b>6,139</b></u>	<u>110,737</u>	
	<u><b>11,201</b></u>	<u><b>192,356</b></u>	
<b>11. Analysis of net assets between funds</b>			
	<b>Restricted funds</b>	<b>Unrestricted funds</b>	<b>Total funds</b>
	£	£	£
Tangible fixed assets	1,402	-	<b>1,402</b>
Current assets	179,525	90,807	<b>270,332</b>
Creditors : amounts falling due within one year	<u>(8,749)</u>	<u>(2,452)</u>	<u><b>(11,201)</b></u>
<b>Net assets at 31 December 2011</b>	<u><b>172,178</b></u>	<u><b>88,355</b></u>	<u><b>260,533</b></u>

## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2011

#### 12. Movements in funds

	At 1 January 2011	Incoming resources £	Outgoing resources £	Transfers see note 1 below	At 31 December 2011
Big Lottery Fund - Strategic Grant	37,244	472,273	(459,084)	2,905	53,338
The Health Foundation - Malawi	18,760	61,828	(60,018)	968	21,538
UNFPA - UK Advocacy for MDGs 4 & 5	63	12,226	(12,289)	-	-
Comic Relief - Malawi	2,962	200,850	(138,933)	-	64,879
The Persula Foundation - Malawi	3,250	-	(3,250)	-	-
Comic Relief - Capacity Building	-	35,244	(7,300)	-	27,944
Conservation, Food & Health Foundation - Mumbai	-	15,979	(12,500)	-	3,479
DFID GPF - Mumbai	-	125,968	(125,968)	-	-
Joffe Charitable Trust - Malawi	-	12,500	(12,500)	-	-
Guy Beringer - programme development Uganda	-	1,000	-	-	1,000
The Breadsticks Foundation - Mumbai	-	20,346	(20,346)	-	-
<b>Total restricted funds</b>	<b>62,279</b>	<b>958,214</b>	<b>(852,188)</b>	<b>3,873</b>	<b>172,178</b>
<b>Unrestricted funds</b>					
General funds	57,394	63,082	(28,248)	(3,873)	88,355
<b>Total funds</b>	<b>119,673</b>	<b>1,021,296</b>	<b>(880,436)</b>	<b>-</b>	<b>260,533</b>

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.

i. Transfers represents repayment of office rental deposit from unrestricted to restricted project funds.