

# Trustees' Report and Financial Statements

Year ended 31 December 2012

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 2012

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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 16 February 2012) Margaret Braddock (appointed 16 February 2012) Peter Clokey **Professor Anthony Costello** Patricia Croll (Vice-Chair) Ron Finlay (retired 13 June 2012) Paola de Leo (resigned 20 September 2012) Hazel Slavin (Chair) Mary Walsh (resigned 20 February 2013) Douglas Whitewright (appointed 16 February 2012)

**Company Secretary** 

**Anthony Williams** 

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@womenandchildrenfirst.org.uk Website: www.womenandchildrenfirst.org.ukm

### **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 and Accounts for the Year ended 31 December 2012

### **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 audited financial statements of Women and Children First for the year ended 31 December 2012. 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 and children have good health. Women and Children First's **Mission** is to improve maternal, new-born and child health in poor and marginalised communities in developing countries.

This contribution to sustainable development is achieved by working with partners to raise awareness of maternal, newborn and child health issues. We mobilise communities, healthcare providers, funders and influencers to find solutions that empower women to exercise their health rights.

Women and Children First's Values are:

- Southern partner-led approach
- Evidence-based programmes
- Rights-based approach
- Equity in partnerships
- Equitable access to health information and services
- Transparency and accountability
- Value for money
- Ethical funding

### **Approach**

Over 385,000 women and 3 million newborns die each year during pregnancy, childbirth or the first month of life. In some parts of the world, one in every eight women is affected.

Women and Children First is an international development organisation dedicated to reducing these unacceptably high, but largely avoidable, levels of mortality. Women and Children First works primarily through women's groups in rural communities in the poorest parts of Africa and Asia to improve maternal, newborn and child health. Women and Children First empowers women to find their own solutions to maternal, newborn and child health problems.

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Women and Children First is a niche organisation offering technical expertise, support and consultancy to its partners. It uses evidence-based methods to empower women to advocate for their right to health, building women's capacity to take control of their and their children's health. Women and Children First adopts complementary approaches and supports communities to develop demand for quality health services to be provided by government, the private sector and NGOs at local and national level.

Women and Children First also advocates for maternal, newborn and child health to be at top of the agenda in policy and practice, both locally and internationally.

The charity has an excellent record of working with partners to deliver projects which have a proven impact on maternal, newborn and child health. Funding for this work has come from a range of sources including the UK government, UNFPA, the UK Big Lottery Fund, charitable trusts, corporate supporters and individual donors.

### **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.

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.

### Women and Children First's strategy

Women and Children First's Trustees and staff carried out a strategic review, a comprehensive stakeholder consultation and a strategic planning exercise between September 2011 and September 2012.

Key findings from the stakeholder consultations were:

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- Community mobilisation through participatory women's groups is seen to be an effective and appropriate approach for Women and Children First
- The technical assistance provided to Women and Children First's programming partners iss of a very high level and the Women and Children First team are precise, responsive and add value
- Women and Children First is perceived to be the main credible maternal and child health NGO in the UK due to promoting an approach that has been scientifically demonstrated to reduce newborn mortality.

The Vision, Mission and Values were reviewed at a two-day strategic planning workshop and agreed as above. Five strategies and key actions were agreed to deliver the Mission:

### Strategy 1: International programming

Increase the scale and impact of our work to mobilise communities and healthcare providers to improve maternal, newborn and child health.

We will work with women, adolescent girls and children under five to prevent unnecessary death in childbirth and ensure that women receive the information, services and support they need.

### Strategy 2: Providing technical assistance

Establish Women and Children First as the leading expert to provide technical assistance in the participatory learning and action cycle (women's groups) approach to improving maternal, newborn and child health.

We will identify other organisations which work to improve maternal, newborn and child health and offer our services to enable them to include the tried and tested women's groups approach in their programmes.

### **Strategy 3 - Effective influencing**

• Keep maternal, newborn and child health at the forefront of the evolving international and sustainable development policy agenda.

We will keep maternal, newborn and child health at the heart of international development by influencing key policy and decision-makers, and developing strategic alliances and networks in the UK and internationally.

### Strategy 4: Financing the Strategic Plan

Ensure funding is in place to deliver the plan

We will use our evidence and experience to raise ambitious donations sufficient to share knowledge and deliver large scale women's group programmes for maternal, newborn and child health in our current and new high priority areas.

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### Strategy 5: People and organisational development

Ensure optimum staffing is in place to deliver the Strategic Plan.

We will ensure staff knowledge, skills and expertise are appropriate to deliver annual plans.

SMART (specific, measurable, achievable, realistic and time-bound) objectives have been devised in relation to each of the strategies and these will form the basis of measuring progress in delivering the strategy. The CEO will provide a progress report to each Board meeting and Trustees and staff will jointly review progress annually.

### **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 Institute for Global Health at the Institute of Child Health to ensure its programme outcomes can be satisfactorily measured using a combination of quantitative and qualitative methodologies.

### **Achievements and Performance**

### **International Programmes**

### Asia Regional Programme (Bangladesh and India)

With consortium partners UCL's Institute for Global Health (IGH), the Diabetic Society of Bangladesh (BADAS) and Indian NGO, Ekjut, Women and Children First is working to address maternal and newborn mortality through a five-year strategic programme funded by the Big Lottery Fund (2008 – 2013) to mobilise communities through women's 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 Moulavibazar**, and a monitoring system spanning a population of 500,000. Learning from the community programme is 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

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maternal, newborn and child health (MNCH) and improve the quality of MNCH policies and implementation in India and Bangladesh, and internationally.

Women and Children First's inputs to the programme in 2012 focused mainly on a dissemination meeting which was held in London in November. Women and Children First designed and managed all aspects of the meeting which was attended by over one hundred representatives from academia, donors, government, NGOs, Professional Associations and UN agencies. In collaboration with the Institute for Global Health and the country programme partners, Women and Children First produced country programme reports for both Bangladesh and India and developed a photo exhibition for distribution and display at the event.

The country reports show mortality reductions, improved maternal and child health seeking behaviour and improvements in maternal, newborn and child care practices at home. Highlights are:

### In India

- A 45% reduction in neonatal mortality and 57% reduction in moderate maternal depression.
- In the five districts where 561 women's groups focused on maternal and newborn health at a coverage of one group per 312 of the population there was a 28% reduction in neonatal mortality over 12 months and a 32% reduction in perinatal mortality.
- More mothers in the intervention areas put their infants against their skin after birth to keep them warm, and delayed bathing their babies compared to those in control areas
- More mothers practised exclusive breastfeeding for the first six weeks after delivery. More mothers in the intervention areas also had three or more antenatal care checkups, made plans for their delivery, and sought care for a newborn health problem.
- The programme has been adopted by the Government of Jharkhand and rolled out through Accredited Social Health Activists (ASHAs) in five new districts.

### In Bangladesh

- Approximately 30% reduction in newborn mortality in project areas
- Hygienic delivery and newborn care practices were improved
- There was a more than a two-fold increase in the use of clean delivery kits for home deliveries
- Thermal care of the newborn has improved
- Babies born in intervention areas were more likely to be breastfed within an hour of birth and exclusively breastfed for the first six weeks
- Equity analyses show that PCP's women's groups are reaching lower socio-economic groups very well, with high participation levels among the lower and middle strata of society.

Women and Children First also continued work with the partners to update their advocacy and communications strategies to serve in the run up to the project end (June 2013) and beyond.

### Ethiopia

Women and Children First secured funding from Comic Relief to work with the Family Guidance Association of Ethiopia (FGAE) to develop a programme to improve maternal and newborn health in the Southern Nations National Peoples' Republic of Ethiopia. Women and Children First engaged a consultant to work with FGAE and other stakeholders in Ethiopia to design a project

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which will introduce the women groups approach at the same time as improving health service delivery at community level and strengthen referrals to appropriate health facilities.

The grant also provided for a south-south learning visit which enabled members of the FGAE team and representatives from the Ministry of Health to visit Women and Children First's partners in Malawi to learn about the women's groups approach first hand, and discuss how the women's groups approach supports the Malawi Ministry of Health's strategies. The visit was considered to be a great success and the Ethiopian delegation returned home with increased motivation and clear ideas on how they could tailor the approach to their context.

### India

During 2012 Women and Children First worked with the Society for Nutrition, Education and Health Acton (SNEHA) in Mumbai on two programmes – one addressing child health and nutrition and the other focused on family planning.

'Aahar' - A second year of funding from Breadsticks is supporting this programme in the Dharavi slums where SNEHA is delivering child health and nutrition for children, women and adolescent girls through two day centres and community outreach. 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. SNEHA is bringing about changes in four areas they have identified as causal factors for addressing malnutrition: exclusive breastfeeding up to 6 months of age; appropriate introduction of semi-solid food; complete immunisation; and reduction in illness episodes and prompt care seeking during illness.

By the end of 2012, SNEHA had worked with 5,350 children under the age of three. The children had been screened and categorised by nutrition grade. Those found to be severely malnourished (4%), were admitted to SNEHA's day care centres and fed on a special medical nutrition therapy. If they were moderately malnourished (11%), or in the normal weight for height grade, they were visited monthly by SNEHA's community workers and their mothers were counselled on appropriate nutrition and hygiene practices.

SNEHA also worked with the government systems and found two significant and encouraging trends: (i) an increase in the uptake of Integrated Child Development Services by 10%; and (ii) the local government will set up over 30 malnutrition treatment centres, akin to SNEHA's day care centres, to treat severe and moderate malnutrition.

*jut*: Increasing the uptake of family planning in Mumbai's slums, funded by Conservation Food and Health - The project, working in Gandhi Nagar, Dharavi, has a catchment area of approximately 25,000 people and is directly targeting 2,258 married women of reproductive age. The project objectives are to:

- Improve the contraceptive prevalence rate in the community
- Improve capacity (knowledge, attitude, skills) of married women regarding family planning
- Create direct links between the community and health service providers
- Improve service delivery at the community municipal health post.

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The project started in January 2012 when peer educators were trained to reach up to 320 women each and form women's groups in their neighbourhoods. SNEHA collaborated with the Family Planning Association of India for technical support and updates on family planning methods, procurement of contraceptives, referral of cases, and provision of mobile clinic facilities. Women reported appreciation of the ante-natal care, child care and general health check ups that are extended to them through the mobile clinic. Results so far show that among the 1,518 (73%) women who had not already undergone sterilization to limit fertility, uptake of modern temporary contraceptives increased from 19% at the baseline to 40%.

### Malawi

Women and Children First continued to work with two partners in Malawi in 2012: the Ministry of Health in Ntcheu District and MaiKhanda in the Central Region of Malawi.

The Comic Relief funded collaboration with the Ministry of Health in Ntcheu continued working with 144 women's groups 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.

The project's mid-term review carried out in April 2012 identified a number of significant achievements:

- Increase in facility deliveries from 77% at baseline to 92%. A combination of community education and encouragement from women's group facilitators, Health Surveillance Assistants (village health workers) and volunteers has helped deliver this increase. Traditional leaders' support for the project and providing advice to women has been very valuable
- Raised awareness on the need for a waiting house at the district hospital. The district has committed to building a maternity waiting shelter as, with the increased facility deliveries, there is an urgent need to have accommodation for up to 120 women at a time who come from distant villages to the hospital up to a month before their babies are horn
- Increase in timeliness of post natal visits. The survey showed an increase in post-natal attendance within two weeks of delivery to 84% of women, and even more significantly 60% of women attended post-natal care within one week of delivery. The survey also indicated that the quality of post natal service was high and follows MoH protocols.
- The importance of traditional leaders in promoting maternal, newborn and child health (MNCH). Traditional leaders and other community members are taking a leading role in championing MNCH improvements in their communities. In recognition of his interest and action Traditional Authority Kwataine has been appointed by the President of Malawi as the Chairperson of the Chiefs' Committee on Safe Motherhood.

Comic Relief and a BBC film crew again spent time with the project team in Ntcheu filming material which will be shown on two BBC television programmes for several weeks in the run up to Red Nose Day in March 2013.

The **MaiKhanda** (meaning MotherBaby in Chichewa language) programme came to an end of its field work in early 2012. Women and Children First successfully concluded its technical support

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to the community interventions in the three districts of Lilongwe, Salima and Kasungu and contributed to a Learning Report and paper on the programme's randomised control trial, both of which will be published and disseminated in 2013. The publications will highlight a 16% 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. Women and Children First and MaiKhanda have begun planning two new projects for which it is hoped funding will be secured in 2013.

### Uganda

A Women and Children First technical consultant visited Uganda in early 2012 to work with the AMREF Uganda team to carry out a feasibility study for a maternal and newborn health programme applying the Women and Children First approach in Northern Uganda. The consultant worked with AMREF at national and district level to assess needs and a possible response. On the basis of a baseline study AMREF carried out in 2011 and subsequent research and consultation, a project has been designed for which Women and Children First is actively seeking funding with a view to launching the project in 2013.

### Policy, advocacy and communications

Funding to support Women and Children First's policy and advocacy work was once again secured from UNFPA but was less than in previous years as UNFPA's own resources being reduced. Highlights of 2012 were:

- Work with members of the Women and Children First led Manifesto for Motherhood Coalition focused on holding the UK Government to account on progress within its 2010 reproductive, maternal and newborn health strategy "Choices for Women". A letter was sent to the Secretary of State early in the year asking for information on the strategy's progress and monitoring mechanisms and a detailed reply was received. Coalition representatives were also invited to an update meeting with DFID mid-year.
- Women and Children First led on the development of a submission to the International Development Committee in response to a request for evidence for its Inquiry into the Development Situation in Malawi. Colleagues from Malawi, the Institute of Child Health and the Health Foundation provided inputs to the submission. Following the publication of the Report from the Inquiry, Women and Children First wrote to the Secretary of State pointing out that important issues such as DFID's contribution to fertility decline, the importance of girls' education, the number of midwives in Malawi and community engagement had not been fully addressed in the Report. A response invited Women and Children First to discuss the issues with the DFID Health Advisor in Malawi. A series of Parliamentary Questions were prepared in response to a request from the All Party Parliamentary Group for Population, Development and Reproductive Health.
- Women and Children First was actively engaged in high profile London Family Planning Summit hosted by the Bill and Melinda Gates Foundation and DFID and attended by heads of state, government ministers and donors from around the globe. A civil society side event on demand and empowerment was co-hosted with Save the Children. Commitments were made by approximately 30 individuals from Asia, Africa and UK e.g. "Launch a contraception and family planning policy" by representatives of the South Africa Ministry of Health. Women and Children First will follow up on commitments

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made. Women Children First also delivered high profile social networking (Facebook and Twitter) on the day resulting in an interview on Russian Radio in London.

- Two advocacy updates were produced informing UK-based advocates on relevant issues.. Update recipients included Women and Children First's database of 268 advocates and global list serves such as Worldpoplist, Action for Global Health and the UK Network for Sexual and Reproductive Health and Rights.
- Women and Children First is a signatory to a new joint campaign against global hunger initiated by ActionAid, Bond, Cafod, Christian Aid, ONE, Oxfam, Save the Children and Tearfund with a commitment to input in campaign areas that have an impact on maternal, newborn and child health.

A 2012 Annual Review was not produced as "Women and Children First at 10" had been produced at the end of 2011 and was a substantial document with a long shelf life.

Women and Children First's online communications increased in 2012, notably through more intensive activity on Facebook and Twitter. The website was refreshed with a more user-friendly address – <a href="https://www.womenandchildrenfirst.org.uk">www.womenandchildrenfirst.org.uk</a> - and now includes a blog and additional pages on a range of key issues: the Millennium Development Goals, pregnancy and childbirth, maternal health and maternal mortality, safe motherhood, infant mortality and newborn health, and reproductive health and family planning.

A number of blogs related to Women and Children First's programmes and the Family Planning Summit were published:

- Traditional Birth Attendants and Neonatal Care in Bangladesh
   <a href="http://www.healthynewbornnetwork.org/blog/traditional-birth-attendants-and-neonatl-care-bangladesh">http://www.healthynewbornnetwork.org/blog/traditional-birth-attendants-and-neonatl-care-bangladesh</a>
- Women's Groups Saving and Changing Lives
   <a href="http://midwifeinternational.org/how-to-become-midwife/womens-groups-improving-maternal-health/">http://midwifeinternational.org/how-to-become-midwife/womens-groups-improving-maternal-health/</a>
- A Good News Year for Women and Children?
   <a href="http://www.huffingtonpost.co.uk/geeta-bandiphillips/good-news-year-for-women-and-children">http://www.huffingtonpost.co.uk/geeta-bandiphillips/good-news-year-for-women-and-children</a> b 1653554.html?utm hp ref=uk

### **Developing the organisation**

In September 2011 Women and Children First was awarded an Organisation Development grant by Comic Relief. This funding supported the strategic review and strategic planning as well as reviews of financial systems, fundraising and international programme management tools. Following these reviews, and with the support of external experts, Women and Children First developed a financing plan, a fundraising strategy and an international programming strategy.

Several organisational strengthening activities were carried out to support delivery of these strategies:

 A new financial policy and procedures manual was introduced and a finance software upgrade improved the financial reporting facility

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- A highly experienced part-time Trusts fundraiser was contracted, a new part-time role was established to develop individual giving, particularly through new media techniques, and the functionality of the fundraising database was improved
- A range of programme development tools were developed, including a partner assessment check-list, a partnership statement, a partnership framework tool and a partner agreement template.

The organisation development exercise also highlighted the need for an anti-bribery and corruption policy and a disaster recovery strategy both of which are now in place.

### Relationships with other organisations

Women and Children First continued to work with colleagues at the Institute of Child Health 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 the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and the International Federation of Obstetricians and Gynaecologists.

### **Future Plans**

In 2013 Women and Children First will finalise its strategy update process and put the new strategic plan into action. The main activities for the year to achieve the strategy's SMART objectives are:

- Identify new partners and/or projects with whom Women and Children First can Increase the scale and impact of its work to mobilise communities and healthcare providers to improve maternal, newborn and child health
- Plan action research projects to test the efficacy of interventions (such as Prevention of Mother To Child Transmission, improving nutrition, family planning) which can be delivered through the women's groups approach
- Carry out a feasibility study to assess the potential market for delivering technical assistance on the women's groups approach to other agencies working to improve maternal, newborn and child health
- Review and update Women and Children First's advocacy strategy to keep maternal, newborn and child health at the forefront of the evolving international and sustainable development policy agenda
- Establish a database of influencers, policy and decision makers, national level alliances and networks in the UK, in programme countries and at global level
- Identify sources of funding to run Women and Children First's UK office and operations and projects in Africa and Asia
- Update Women and Children First's advocacy and communications strategies.

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### **Funding Sources**

Women and Children First received funding from a number of sources and is grateful to the following donors for their support and collaboration in 2012:

- The Wallace Bell Charitable Trust
- The Cotton Trust
- The Big Lottery Fund
- Comic Relief
- The Dischma Trust
- The Alan & Nesta Ferguson Charitable Settlement
- The Ernest Kleinwort Charitable Trust
- The Mageni Trust
- The Laurie & Gillian Marsh Trust
- The Persula Foundation
- The Reuben Foundation
- The Rhododendron Trust
- The Souter Charitable Trust
- The Stirrup Foundation
- Individual donors including:
  - o Patricia Croll
  - o Pam Jackson

### Financial Review

Total income for 2012 was £948,579 (2011 - £1,021,296) of which the majority was from funders' grants. Women and Children First continued to receive funds from charitable trusts 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 the sale of a photo calendar.

Total expenditure was £852,564 (2011 - £880,436). 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 nine Trustees.

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

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### Report and Accounts for the Year ended 31 December 2012

The Board has a Finance Committee and a Fundraising and Communications Committee, each of which meets prior to each Board meeting. The Programmes and Advocacy Committee meets twice a year to review new programming opportunities, plan new work and address any current technical issues. The composition of each of these committees is as follows:

- Finance Committee Peter Clokey, Mary Walsh, Douglas Whitewright, Deborah Botwood Smith
- Fundraising and Communications Committee Deborah Botwood Smith, Peter Clokey,
   Patricia Croll and Mary Walsh
- Programmes and Advocacy Committee Margaret Braddock, Anthony Costello, Hazel Slavin, Anthony Williams.

### **Responsibilities of the Trustees (Directors)**

The law applicable to charities in England and Wales requires the Trustees who are also the Directors of Women and Children First (UK) 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
- 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 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 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.

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### 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 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, that 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 2013 would require approximately £70,000. This should enable current activities to continue in the short term should funding drop significantly.

As at 31 December 2012 the unrestricted reserves amounted to £79,066 (2011 - £88,355) 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 5 July 2012 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 9 May 2013 and signed on their behalf by:

Hazel Slavi

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 2012 set out on pages 19 to 26. 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 charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees 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 are responsible for the preparation of accounts which give a true and fair view.

We have been appointed as auditors under Section 144 of the Charities Act 2011 and report in accordance with regulations made under Section 154 of that Act. 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 charity'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 charity's affairs as at 31 December 2011 and of its incoming resources and application of resources, 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 requirements of the Charities Act 2011.

(A company limited by guarantee)

### Report and Accounts for the Year ended 31 December 2012

### Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees Report is inconsistent in any material respect with the accounts; or
- sufficient accounting records have not been kept; or
- the accounts are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

J S 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: 14/6/2013.

H W Fisher & Company is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006.

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

### Year ended 31 December 2012

				2012	2011
		Restricted	Unrestricted	Total	Total
	Note	£	£	£	£
Incoming resources					
Incoming resources from charitable activites	2	879,495	0.5	879,495	957,214
Incoming resources from generated funds					
Voluntary income	3	10,500	58,182	68,682	63,636
Investment income		500	402	402	446
Total incoming resources	2. <del>-</del> 2. <del>-</del>	889,995	58,584	948,579	1,021,296
Resources expended	4				
Costs of generating funds:					
Fundraising and publicity		2,617	15,595	18,212	20,124
Charitable expenditure:			×	-	
Project costs - overseas and UK		781,207	50,660	831,867	856,688
Governance costs		867	1,618	2,485	3,624
Total charitable expenditure		782,074	52,278	834,352	860,312
Total resources expended	_	784,691	67,873	852,564	880,436
Net incoming/ (outgoing)					
resources before transfers	5	105,304	(9,289)	96,015	140,860
Gross transfers between funds	12	-	-	-	-
Net incoming/ (outgoing) resources		105,304	(9,289)	96,015	140,860
Funds at 1 January	<u>:</u>	172,178	88,355	260,533	119,673
Funds at 31 December		277,482	79,066	356,548	260,533

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 2012

				2012		2011
	Note	£		£	£	£
Fixed assets						
Tangible fixed assets	8			705		1,402
Current assets						
Debtors	9		4,197		16,179	
Cash at bank and in hand			369,251		254,153	
			373,448		270,332	
Creditors: amounts due within one year	10	_	(17,605)		(11,201)	
Net current assets				355,843		259,131
Net assets				356,548		260,533
Funds						
Restricted funds	12			277,482		172,178
Unrestricted funds				79,066		88,355
Total funds				356,548		260,533

Approved by the Trustees on 9 May 2013 and signed on their behalf by

Itari Slauni

### Notes to the financial statements

### For the year ended 31 December 2012

### 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 2012

2. Inc	coming resources from charitable activities	2012	2011
Th	e Health Foundation - Malawi	£ 8,160	£ 61,828
	omic Relief - Malawi	73,919	200,850
	g Lottery Fund - Strategic Grant	689,566	472,273
1	NFPA - UK Advocacy for MDGs 4 & 5	6,041	12,226
	omic Relief - Ethiopia Planning Grant	49,920	12,220
	omic Relief - Canacity Building	3,916	35,244
	onservation, Food & Health Foundation - Mumbai	15,127	15,979
	FID GPAF - Mumbai	10,127	125,968
	e Joffe Charitable Trust	12,500	12,500
	e Breadsticks Foundation	20,346	20,346
111	o broadstoks i odnadon	879,495	957,214
3. Vo	oluntary income	2012	2011
		£	£
	e Ernest Kleinwort Charitable Trust	25,000	25,000
Th	e Eleanor Rathbone Charitable Trust	0(0)	1,000
Th	e Souter Charitable Trust	1,000	Ę
Th	e Reuben Foundation	200	200
Th	e Fulmer Charitable Trust		750
Th	e UK Stirrup Charitable Trust	5€	1,000
Th	e Tula Trust	n.	2,000
Th	e Austin & Hope Pilkington Charitable Trust	R <b>⇒</b> E	1,000
Th	e Joffe Charitable Trust	3 <b>.</b>	2,500
Th	e Mishcon Family Trust	8₩	250
Th	e Rhododendron Trust	1,000	500
Th	e Persula Foundation	3,000	2
Th	e Cotton Trust	1,500	-
Th	e Alan & Nesta Ferguson Charitable Settlement	5,000	ш
Th	e Dischma Trust	1,000	=
Th	e Mageni Trust	500	¥
Th	e Wallace Bell Charitable Trust	1,000	-
An	onymous donors	1,000	500
Th	e Laurie & Gillian Marsh Trust	500	-
Th	e Stirrup Foundation	1,000	€
Pa	tricia Croll	1,000	-
Gu	ıy and Margaret Beringer		1,000
Ot	her individual donors	25,982	25,537
BE	3C Radio 4 Appeal	98.	2,399
		68,682	63,636

Notes to the financial statements

For the year ended 31 December 2012

Total resources expended						
					2012	2011
		Project	Fundraising	Governance	Total	Total
		costs	& publicity		costs	costs
		сH	લ	сti	લ	ત્મ
	Note					
Fundraising		NE	6,192	•	6,192	5,932
Grants paid to overseas organisations	see i. below	491,169	į	9	491,169	576,211
Other project costs	see ii. below	54,938	à	*	54,938	54,542
Consultants		73,682	i	ř	73,682	14,719
Staff costs	9	181,817	12,020	ř	193,837	204,614
Communications		5,506	î		5,506	8,204
Travel		21,126	(i	(iii	21,126	9,605
Insurance, recruitment and office expenses		3,629	Ü	ï	3,629	2,985
Professional and legal	see iii. below	ı	ij	1,668	1,668	2,548
Other costs		•	P <sub>i</sub>	817	817	1,076
		831,867	18,212	2,485	852,564	880,436

i. Grants to overseas organisations are monitored by the charity on a quarterly basis and reports made to the initial funders. ii. Project costs include support costs and overhead costs recoverable in accordance with agreements with funders. iii. Governance costs include payments to the auditors of £1,668 (2010 - £2,548) for audit fees and £nil (2010 - £nil) for other services.

### Notes to the financial statements

### For the year ended 31 December 2012

5.	<b>Net incoming resources for the year</b> This is stated after charging:		
		2012	2011
		£	£
	Depreciation	697	4,086
	Auditors' remuneration: audit	1,668	2,548
	Trustees expenses being the cost of trustee meeting expenses	803	314
6.	Staff costs	2012	2011
		£	£
	Salaries	150,785	172,404

 Salaries
 150,785
 172,404

 Social security costs
 15,278
 17,090

 Pension contributions
 15,754
 15,120

 181,817
 204,614

There was one employee whose annual emolument was more than £60,000. Pension contributions outstanding at the end of the year amounted to £999 (£525 - 2011)

The average weekly number of employees (full time equivalent) during the year was 4 (4 - 2011).

### 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 2012	19,440
Additions	0
At 31 December 2012	19,440
Depreciation	
At 1 January 2012	18,038
Charge for the year	697
At 31 December 2012	18,735
Net book value	
At 31 December 2011	1,402
At 31 December 2012	705

### Notes to the financial statements

### For the year ended 31 December 2012

9.	Debtors	2012	2011	
		£	£	
	Prepayments and accrued income	4,197	16,179	
		4,197	16,179	
			2	
10.	Creditors	2012	2011	
		£	£	
	Trade creditors	9,486	2,211	
	Pensions, taxes & social security	4,153	2,851	
	Accruals and deferred income	3,966	6,139	
		17,605	11,201	
11.	Analysis of net assets between funds			
		Restricted	Unrestricted	Total funds
		funds	funds	
		£	£	£
	Tangible fixed assets	705	3 <del>=</del> 1	705
	Current assets	291,681	81,767	373,448
	Creditors : amounts falling due within one year	(14,904)	(2,701)	(17,605)
	Net assets at 31 December 2012	277,482	79,066	356,548

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2012

12. Movements in funds	At 1	Incoming	Outgoing		At 31
	January	resources	resources	Transfers	December
	2012	લ	сtì		2012
Big Lottery Fund - Strategic Grant	53,338	689,566	(533,453)	•	209,451
The Health Foundation - Malawi	21,538	8,160	(21,605)	ť	8,093
UNFPA - UK Advocacy for MDGs 4 & 5	•	6,041	(6,041)	**	300
Comic Relief - Malawi	64,879	73,919	(93,987)	•	44,811
The Persula Foundation - Malawi	ï	3,000	(3,000)	ì	ì
Comic Relief - Capacity Building	27,944	3,916	(31,860)	•	•
Conservation, Food & Health Foundation - Mumbai	3,479	15,127	(3,479)	ij.	15,127
Comic Relief - Ethiopia Planning Grant	•	49,920	(49,920)		•
Joffe Charitable Trust - MaiMwana	•	12,500	(12,500)	9	
Guy Beringer - programme development Uganda	1,000	**	(1,000)	î	•
The Alan & Nesta Ferguson Charitable Settlement - Mumbai	ř	2,000	(2,000)	£	1
The Cotton Trust - Malawi	i	1,500	(1,500)	e e	•
The Laurie & Gillian Marsh Trust - Bangladesh		200	(200)	(0)	ı
Anonymous donor - Malawi		200	(200)	9	
The Breadsticks Foundation - Mumbai	i	20,346	(20,346)	*	•
Total restricted funds	172,178	889,995	(784,691)	•	277,482
Unrestricted funds					
General funds	88,355	58,584	(67,873)	Ü	990'62
Total funds	260,533	948,579	(852,564)		356,548

The restricted balance at 31st December 2012 for Big Lottery Fund - Strategic Grant includes £155,065 grant funds due for payment to our Bangladesh partner in 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. the first quarter of 2013.