



Trustees' Report and Financial Statements

Year ended 31 December 2013

**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 2013

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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
Margaret Braddock
Peter Clokey
Professor Anthony Costello
Patricia Croll (Vice-Chair)
Esther Sharma (appointed 18 July 2013)
Hazel Slavin (Chair)
Douglas Whitewright
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

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Tel: 020 7700 6309

Fax: 020 7700 3921

Email: info@womenandchildrenfirst.org.uk

Website: www.womenandchildrenfirst.org.uk

Auditors

H W Fisher & Co.

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

Bankers

Unity Trust Bank plc

Nine Brindleyplace, Birmingham, B1 2HB

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Report of the Board of Trustees

The Trustees, who are also Directors of the charitable company for the purposes of the Companies Act, present their annual report and audited financial statements of Women and Children First for the year ended 31 December 2013. 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 250,000 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

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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.

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 that 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, Comic Relief, the UK Big Lottery Fund, the Positive Action for Children 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. The maternal mortality ratio in developing countries is 240 per 100,000 births versus 16 per 100,000 in developed countries (WHO 2012). For example, the chances of dying of maternal causes in Malawi, Bangladesh and India are one in 36, one in 51 and one in 170 respectively, compared to one in 8,200 in the UK. The chances of newborn babies dying are 27 in 1,000 in Malawi, 33 per 1,000 in Bangladesh and 32 per 1,000 in 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.

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Women and Children First's strategy

Women and Children First's Trustees launched a new three-year strategic plan at the beginning of 2013. The strategy is based on the key findings from a stakeholder consultation carried out in the previous year which showed:

- 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 is of a very high calibre 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 because it promotes an approach that has been scientifically demonstrated to reduce newborn mortality.

Five strategies and related key actions are being implemented to deliver Women and Children First's 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 that 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.

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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.

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 form the basis of measuring progress in delivering the strategy. The CEO provides a progress report at each Board meeting and Trustees and staff jointly review progress annually.

Delivering the strategy: overview

Good progress was made on each strategy during the year. Particular success was achieved in securing funding for new projects that are important building blocks for delivering the strategy during 2014 and 2015. Priority was given to new business development and securing funding to underpin all the work, so there were human resource constraints in terms of time to dedicate to developing strategy 2. However, as there was increased interest in the women's groups approach, stimulated by several scientific journal publications in 2013 and the Women Deliver Conference in Kuala Lumpur where Women and Children First and partners presented the successful approach to global players, a number of organisations approached Women and Children First to discuss potential partnerships.

A detailed breakdown of progress against the SMART objectives against each strategy can be found at Appendix 1 (pages 28 – 33). A summary of how international programmes and advocacy achievements contributed to delivering the Mission are in the Programme Achievements section below.

Programme Achievements

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 successfully completed the five-year strategic project (2008-2013) funded by the Big Lottery Fund project to address maternal and newborn mortality by mobilise communities through women's groups to address

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their maternal, newborn and child health challenges and strengthen healthcare to improve timely use of better quality services.

The final evaluation was carried out in 2013 and showed key programme outcomes were:

- 31% reduction in newborn death rates in India
- 25% reduction in perinatal mortality in India
- 38% reduction in newborn death rates in Bangladesh
- Significant improvements in hygienic home delivery practices and the use of safe delivery kits
- Delayed infant bathing and exclusive breastfeeding for the first six weeks.

The evaluation also showed:

- 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. This approach is integrated and holistic, addressing multiple maternal and newborn health issues.
 - The approach is pro-poor – reaching out to the most disadvantaged and is highly cost effective by World Bank criteria.
 - There appear to be broader health and development benefits, for example, on maternal depression and women's agency and these require further investigation.
 - The participatory learning and action cycle is an intensive process that takes time, but using a systematic approach allows women's groups to develop cohesion and mutual support, work together to identify problems and solutions and take collective action, and is more effective than *ad hoc* approaches to community mobilisation.
 - Careful planning is essential. It is particularly important to allow enough time to identify communities where this approach could have most impact, consult the community and secure the support of community leaders and decision makers. It is also important to allow time to learn about the community. Piloting the process before starting to work at a larger scale can help to determine whether the approach is appropriate to the context and to learn about local communities.
 - There are advantages both to working with existing women's groups and to establishing new groups, but working with existing groups that are familiar with participatory approaches could be simpler and more efficient.
 - Women's group facilitators play a central role in this approach. Recruiting local women with the right attitudes and skills as facilitators and providing them with adequate support is critical to success. Achieving positive health outcomes depends on targeting and coverage of women's groups. Targeting women of reproductive age, in particular pregnant, newly married women as well as the poorest and most marginalised women, and achieving high coverage of pregnant women are likely to be fundamental to achieving results.
 - High levels of women's participation can be achieved without financial or other incentives, if meetings address topics that are relevant to women, such as newborn and child health. Covering different topics, using different methods during the meetings, and
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informing women about the topic for the next meeting helps to ensure good participation. Reach is further extended as women's group members share knowledge with, and provide support to, other women in the community.

- In some places political, social, cultural, religious and practical factors may be a barrier to women's participation in women's group meetings and strategies are needed to address these, including securing the support of those who are influential within the community and the family. Religious leaders can wield huge influence in society as a whole, so having them on board can persuade (male) members of the family to allow women (especially pregnant women) to attend meetings.
- Participation in women's groups can contribute to wider empowerment. Women are treated with respect and this approach gives them a voice. Women reported increased confidence in their ability to take action and to speak out in community meetings. The establishment of emergency funds has helped in medical emergencies in particular.

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 - funded by Breadsticks and the Funding Network (2011-2013). In 2013 SNEHA delivered child health and nutrition for children and women through two day centres and community outreach in the Dharavi slums. The Aahar project educated groups of pregnant and lactating women about nutrition, hygiene and child care practices. SNEHA brought about changes in four areas identified as causal factors for addressing malnutrition: exclusive breastfeeding up to at least six months of age, appropriate introduction of semi-solid food, complete immunisation and reduction in illness episodes and prompt care-seeking during illness.

Because of effective micro-planning, by the end of 2013 SNEHA had increased its outreach to work with 21,376 families. Its targeted approach enabled SNEHA to reduce malnutrition to 1.7% of the target group from the baseline of 4%.

In 2014 SNEHA will integrate Aahar with existing Mahila Mandals (women's groups) to mobilise community participation and increase participation among the 15,000 adolescent girls in Dharavi.

jut: Increasing the uptake of family planning in Mumbai's slums, funded by Conservation Food and Health on an annual basis. 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 with each peer educator trained to reach up to 320 women and form women's groups in their neighbourhoods. SNEHA collaborated with the Family Planning Association of India (FPAI) for technical support and updates on family planning methods, procurement of contraceptives, referral of cases, and provision of mobile clinic facilities.

In 2013 the project focused on improving the contraceptive prevalence rate in the community, increasing married women's knowledge and skills regarding family planning, creating direct links between the community and health service providers, and improving service delivery at the community municipal health post.

SNEHA successfully trained seven peer educators who conducted 2,085 home visits per month, formed 21 women's groups held a total of 273 meetings, ran three community events with approximately 500 attendees, and organised a preliminary meeting with men and five focus group discussions exploring their opinions.

Project outcomes in 2013 included: a further 10 per cent increase in uptake of modern contraceptives (total increase is 21 per cent), an increase in confidence, sense of identity and recognition of peer-educators and improved community to facility linkages for family planning. However, there was little evidence of improvements in service quality and key project challenges include difficulties using mobile phones to share family planning messages, which led to this component being abandoned. Men proved to be hard to reach and there were difficulties in breaking down myths and conceptions regarding family planning. Finally, there were difficulties in getting adequate supplies of contraceptives from FPAI. SNEHA will address these challenges in 2014 (for which Conservation Food and Health has agreed funding) as well as expanding the project to specifically target adolescents, married men and couples in addition to married women and the wider community.

Malawi

In 2013 Women and Children First continued to work with its longstanding partner the Ministry of Health in 144 villages covering a population of 82,000 in Ntcheu District to improve maternal and child health practices in the community and the quality of health services provided to pregnant women and their children.

A three year Comic Relief grant (2010-2013) which funded Women and Children First's work with the Ministry of Health's Perinatal Care Project (PCP) ended in the middle of the year but an extension project grant was awarded, allowing work to continue until the beginning of 2015.

Considerable achievements had been document by the end of the project's first three years. Facility deliveries had increased from 77 per cent at baseline to 90 per cent by the end the grant period and 95 per cent of all births occurring in a facility are now attended by a skilled birth attendant (up from 50 per cent at baseline). Attendance for post-natal care (PNC) within two weeks of birth increased from 45 per cent to 75 per cent and, very importantly as the first week of life is crucial to newborn survival, 71 per cent of attendance was within one week of birth. The impact on antenatal care (ANC) was less marked, rising from 31.4 per cent at baseline to just over 44 per cent.

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The extension project continues to work in the same 144 villages but feedback and learning from the first three years has been incorporated to strengthen the work:

- PCP has formalised male inclusion in the community action groups' (CAGs)¹ meetings. Three men-only meetings bring them up to speed on the women's learning before merging them into mixed groups.
- Health service improvement is addressed through a mentorship programme to ensure optimum skills and knowledge among midwives and nurses working in maternal and neonatal care. Four of the project area's best midwife practitioners were trained to work with other nurses and midwives in facilities in the project catchment area. Each was assigned four facilities and will visit them on a monthly basis to provide a personalised support programme.
- In line with learning from other Women and Children First projects, PCP has moved from Health Surveillance Assistants (Government employed community health workers) running the groups to engaging village based volunteers (promoters). It is expected that promoter led groups will be more sustainable in the longer term as the promoters have a vested interest in improving maternal and child health in their home villages.

In addition to maternal, newborn and child health issues, new topics being addressed through the groups include:

- Youth sexual and maternal health
- Harmful traditional practices
- The importance of a happy family life.

Research by UNICEF identified three areas in Ntcheu District where ANC attendance is particularly weak so the extension project is providing ANC support in these areas to improve take-up of this vital service.

Uganda

Funded by a Development Grant from the Big Lottery Fund, Women and Children First worked with AMREF Uganda to finalise a project design begun in 2012 and developed a funding proposal for a maternal and newborn health programme that will apply the Women and Children First approach in Northern Uganda. The funding covered the costs of a freelance consultant and the CEO to visit Uganda and work with the AMREF team to finesse the project. A monitoring and evaluation expert from the UCL Institute for Global Health worked with AMREF and Women and Children First to develop a robust monitoring and evaluation framework. During her visit the CEO gained commitment from AMREF's senior management team for efficient and effective delivery of the project. The funding proposal was submitted to the Big Lottery Fund and was approved for three years' funding from 2014.

¹ Formerly called "women's groups" but now called CAGS as men are included

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Policy, advocacy and communications

A small one-year grant to fund Women and Children First's policy and advocacy work was secured from UNFPA. This was the final contribution from UNFPA as its strategy is changing and advocacy in Europe is now a low priority.

In spite of limited funding, a number of important strategic activities were delivered during the year:

- The Parliamentarian's Briefing Pack *Achieving Reproductive, Maternal, Newborn and Child Health* produced in 2011 was updated and now includes inserts on the post-2015 development agenda and the global Bill and Melinda Gates Foundation and UK Department for International Development (DFID) initiated Family Planning 2020 initiative (FP2020). The updated Pack was distributed to all members of the All Party Parliamentary Groups on Population, Development and Reproductive Health and Global Health and members of the International Development Select Committee (IDC).
- Letters regarding reproductive, maternal and newborn and child (RMNCH) health were sent to key Ministers and MPs (for International Development, IDC members, the Parliamentary Under-Secretary of State for Inequalities) as well as the lead spokesperson for DFID in the House of Lords, and all were provided with the updated Briefing Pack.
- One to one briefings on maternal, newborn and child health were held with Members of Parliament throughout the year.

Through provision of the materials and one-to-one briefings with MPs Women and Children First helped to increase the membership of the All Party Parliamentary Group on Population, Development and Reproductive Health (APPG) to over 70 members.

These activities ensured that key policy-makers and influencers, including Parliamentarians and civil society actors, will be up to date on RMNCH and have relevant information to inform their work in the run up to the MDG 2015 target date, the development of the post-2015 agenda and the 2015 UK general election.

Input was provided to DFID's mid-term review (MTR) of its reproductive, maternal and newborn health strategy (RMNH), *Choices for Women*. Parliamentarians' crowded diaries and the delayed timing and limited scope of MTR made it difficult to engage, but it is gratifying to note that the UK continues to champion RMNH, and is a major driving force and donor behind FP2020.

To promote ground-breaking evidence on the effectiveness of the women's groups approach in reducing maternal mortality published in *The Lancet* (May 2013) and to capitalise on increased interest in maternal health around the 2013 Women Deliver conference in the same month, Women and Children First successfully organised a reception in the House of Commons to disseminate the learning. Hosted by the APPG and planned with UCL's Institute for Global Health, findings were presented from Bangladesh, India, Malawi, and Nepal which show that with the participation of at least a third of pregnant women and population coverage of 450–750 per group, women's groups practising participatory learning and action are a cost-effective strategy to improve maternal and neonatal survival in resource-poor settings. Speakers included the

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Chair of the APPG, Baroness Tonge, Prof Anthony Costello, Dr Audrey Prost (both of IGH) and Ruth Duebbert from Women and Children First.

As preparation for the 2015 UK general election begins, Women and Children First has been contacted by charities interested in basing their RMNCH advocacy and messaging on the *Manifesto for Motherhood* the development of which Women and Children led in 2009. Advice and information has been provided with the updated Briefing Pack.

Social media and online communications were used successfully during the year to disseminate information on RMNCH news and Women and Children First's programming achievements, notably through the charity's Facebook and Twitter pages and website. The number of Facebook supporters rose during 2013 by 25 per cent to almost 900 and Twitter followers increased by 40 per cent to over 500. Monthly website hits rose from an average of 3,134 per month in the first quarter of the year to 7,507 in the last quarter in response to refinements to the website making it more appropriate and accessible to people undertaking web searches for RMNCH issues and the countries where Women and Children First's programmes are active.

Monitoring and Evaluation

Monitoring and evaluation is built into all Women and Children First's programmes and the organisation works in close collaboration with UCL's Institute for Global Health to ensure its programme outcomes can be satisfactorily measured using a combination of quantitative and qualitative methodologies.

Developing the organisation

Women and Children First engaged in strategic planning and extensive organisation strengthening during 2011 and 2012 and the priority for 2013 was to institutionalise the new strengthened systems and apply new tools, such as the partnership assessment framework and finance and fundraising strategies, to ensure efficient and effective delivery of the Strategic Plan.

Relationships with other organisations

Women and Children First continued to work with colleagues at the UCL Institute for Global 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 and the Action for Global Health UK Network and sits on the Steering Committee of the UK Network for Sexual & Reproductive Health and Rights.

Other mutually beneficial working relationships were maintained with various professional, academic and technical organisations as well as other NGOs and networks, such as the Royal

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College of Midwives, the Royal College of Obstetricians and Gynaecologists and the International Federation of Obstetricians and Gynaecologists.

Future Plans

In 2014 Women and Children First will continue to implement its 2013-2016 Strategic Plan with a particular emphasis on:

- Setting up the four major projects recently funded by the Big Lottery Fund, Comic Relief, DFID and the Positive Action for Children Fund for work in Malawi and Uganda
- Developing an internal Monitoring and Evaluation framework to reflect accurately programme/organisation impact
- Identifying new partners and/or projects with whom Women and Children First can continue to increase the scale and impact of its work to mobilise communities and healthcare providers to improve maternal, newborn and child health
- Planning 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
- Continuing to assess the market potential market for, and promoting our services to deliver, technical assistance on the women's groups approach to other agencies working to improve maternal, newborn and child health
- Securing funding to run Women and Children First's UK office and operations and projects in Africa and Asia.

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 2013:

- The Eleanor Rathbone Charitable Trust
- The C B & H H Taylor Charitable Trust
- The Evan Cornish Foundation
- Comic Relief
- The Big Lottery Fund
- The Baring Foundation
- The Ernest Kleinwort Charitable Trust
- The Milbourn Charitable Trust
- The Laurie & Gillian Marsh Trust
- The Persula Foundation
- The Reuben Foundation
- The Rhododendron Trust
- The Lascelles Charitable Trust
- The Norton Rose Charitable Foundation
- Individual donors including:
 - Patricia Croll

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- Juliet Carter
- Laine and Magnus Jaderberg
- Paolo de Leo
- Guy and Margaret Beringer
- Storksak

Financial Review

Total income for 2013 was £361,233 (2012 - £948,579) 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. One company makes regular monthly donations and another matched its employees' fundraising for Women and Children First through its corporate foundation. The charity also benefited from supporters who engaged in events such as the London Marathon and the British 10K.

Women and Children First's accounting policy is to record income when money is received. In 2012 a significant grant was received shortly before year end and was included in the 2012 Balance Sheet as Cash at Bank prior to it being spent as project costs in 2013.

Total expenditure was £552,279 (2012 - £852,564). 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 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.

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, Douglas Whitewright
- **Fundraising and Communications Committee** – Deborah Botwood Smith, Peter Clokey and Patricia Croll
- **Programmes and Advocacy Committee** – Margaret Braddock, Anthony Costello, Hazel Slavin, Esther Sharma, Anthony Williams.

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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 judgements and estimates that are reasonable and prudent; and
- prepare the accounts on the going concern basis unless it is appropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Companies Act 2006. They 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 professional networks and are appointed by existing Trustees who are the members of Women and Children First.

Trustee induction and training

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

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

Management

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

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Organisational Policies

Risk management

The Trustees 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 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 2014 would require approximately £70,000. This should enable current activities to continue in the short term should funding drop significantly.

As at 31 December 2013 the unrestricted reserves amounted to £70,529 (2012 - £79,066) 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.

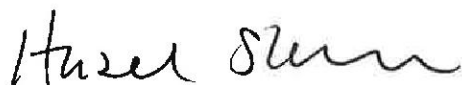
Auditors

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 9 May 2013 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 17 June 2014 and signed on their behalf by:



Hazel Slavin, Chair

Women and Children First (UK)

(A company limited by guarantee)

Report and Accounts for the Year ended 31 December 2013

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 2013 set out on pages 19 to 27. 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 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 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 16, 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 and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 2013, 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
-

Women and Children First (UK)

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- have been prepared in accordance with the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

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

Matters on which we are required to report by exception

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

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

H W Fisher & Company

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: *22/7/2014*

Women and Children First (UK)

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

Year ended 31 December 2013

	Note	Restricted £	Unrestricted £	2013 Total £	2012 Total £
<u>Incoming resources</u>					
Incoming resources from charitable activities	2	261,242	-	261,242	879,495
<u>Incoming resources from generated funds</u>					
Voluntary income	3	-	99,674	99,674	68,682
Investment income		-	317	317	402
Total incoming resources		261,242	99,991	361,233	948,579
<u>Resources expended</u>					
Costs of generating funds:					
Fundraising and publicity		2,370	31,906	34,276	18,212
Charitable expenditure:					
Project costs - overseas and UK		441,381	73,438	514,819	831,867
Governance costs		-	3,184	3,184	2,485
Total charitable expenditure		441,381	76,622	518,003	834,352
Total resources expended		443,751	108,528	552,279	852,564
Net incoming/ (outgoing) resources before transfers	5	(182,509)	(8,537)	(191,046)	96,015
Gross transfers between funds	12	-	-	-	-
Net incoming/ (outgoing) resources		(182,509)	(8,537)	(191,046)	96,015
Funds at 1 January		277,482	79,066	356,548	260,533
Funds at 31 December		94,973	70,529	165,502	356,548

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.

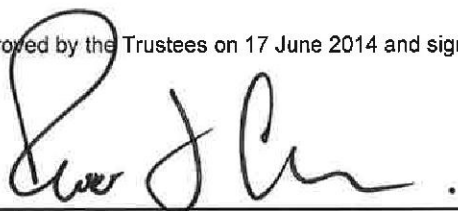
Women and Children First (UK)
 Company Registration No. 03914873

Balance Sheet

31 December 2013

		2013		2012
	Note	£	£	£
Fixed assets				
Tangible fixed assets	8		1,354	705
Current assets				
Debtors	9	22,549		4,197
Cash at bank and in hand		<u>156,982</u>		<u>369,251</u>
		179,531		373,448
Creditors: amounts due within one year	10	<u>(15,383)</u>		<u>(17,605)</u>
Net current assets			<u>164,148</u>	<u>355,843</u>
Net assets			<u>165,502</u>	<u>356,548</u>
Funds				
Restricted funds	12		94,973	277,482
Unrestricted funds			<u>70,529</u>	<u>79,066</u>
Total funds			<u>165,502</u>	<u>356,548</u>

Approved by the Trustees on 17 June 2014 and signed on their behalf by



Peter Clokey, Treasurer

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2013

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 2013

2.	2013	2012
	£	£
The Health Foundation - Malawi	-	8,160
Comic Relief - Malawi	5,280	73,919
Comic Relief - Malawi extension	137,573	-
Big Lottery Fund - Strategic Grant (Asia regional)	84,264	689,566
Big Lottery Fund - Uganda Development Grant	10,000	-
UNFPA - UK Advocacy for MDGs 4 & 5	6,511	6,041
Comic Relief - Ethiopia Planning Grant	-	49,920
Comic Relief - Capacity Building	-	3,916
Conservation, Food & Health Foundation - India	17,269	15,127
The Evan Cornish Foundation - Bangladesh	345	-
The Joffe Charitable Trust - Malawi	-	12,500
The Breadsticks Foundation - India	-	20,346
	<u>261,242</u>	<u>879,495</u>
3.	2013	2012
	£	£
The Ernest Kleinwort Charitable Trust	26,000	25,000
The Eleanor Rathbone Charitable Trust	1,000	-
The Souter Charitable Trust	-	1,000
The Reuben Foundation	250	200
The C B & H H Taylor Charitable Trust	500	-
The Evan Cornish Foundation	2,655	-
The Baring Foundation	2,000	-
Corporate donations	3,230	-
The Rhododendron Trust	100	1,000
The Persula Foundation	3,350	3,000
The Cotton Trust	-	1,500
The Alan & Nesta Ferguson Charitable Settlement	-	5,000
The Dischma Trust	-	1,000
The Mageni Trust	-	500
The Wallace Bell Charitable Trust	-	1,000
Anonymous donors	-	1,000
The Laurie & Gillian Marsh Trust	700	500
The Stirrup Foundation	-	1,000
The Milbourn Charitable Trust	250	-
The Lascelles Charitable Trust	1,500	-
The Norton Rose Charitable Foundation	5,750	-
Juliet Carter	1,000	-
Laine and Magnus Jaderberg	500	-
Paola de Leo	5,000	-
Patricia Croll	500	1,000
Guy and Margaret Beringer	5,000	-
Other individual donors	40,389	25,982
	<u>99,674</u>	<u>68,682</u>

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2013

	Note	Project costs £	Fundraising & publicity £	Governance £	2013 Total costs £	2012 Total costs £
4. Total resources expended						
Fundraising		-	6,949	-	6,949	6,192
Grants paid to overseas organisations	see i. below	252,496	-	-	252,496	491,169
Other project costs	see ii. below	51,300	-	-	51,300	54,938
Consultants		23,030	19,192	-	42,222	73,682
Staff and contractor costs	6	173,202	8,135	-	181,337	193,837
Communications		1,941	-	-	1,941	5,506
Travel		8,147	-	-	8,147	21,126
Insurance, recruitment and office expenses		4,703	-	-	4,703	3,629
Professional and legal	see iii. below	-	-	2,807	2,807	1,668
Other costs		-	-	377	377	817
		514,819	34,276	3,184	552,279	852,564

- 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 £2,807 (2012 - £1,668) for audit fees and £nil (2012 - £nil) for other services.

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2013

5. Net incoming resources for the year

This is stated after charging:

	2013	2012
	£	£
Depreciation	1,383	697
Auditors' remuneration: audit	2,807	1,668
Trustees expenses being the cost of trustee meeting expenses	377	803

6. Staff costs

	2013	2012
	£	£
Salaries	141,002	150,785
Social security costs	13,123	15,278
Pension contributions	15,414	15,754
	<u>169,539</u>	<u>181,817</u>

There was one employee whose annual emolument was more than £60,000.
Pension contributions outstanding at the end of the year amounted to £nil
(£999 - 2012)

The average weekly number of employees (full time equivalent) during the year was 4 (4 - 2012).

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 2013	19,440
Additions	2,032
At 31 December 2013	<u>21,472</u>
Depreciation	
At 1 January 2013	18,735
Charge for the year	1,383
At 31 December 2013	<u>20,118</u>
Net book value	
At 31 December 2012	705
At 31 December 2013	<u>1,354</u>

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2013

9. Debtors	2013	2012	
	£	£	
Prepayments and accrued income	<u>22,549</u>	<u>4,197</u>	
	<u>22,549</u>	<u>4,197</u>	
10. Creditors	2013	2012	
	£	£	
Trade creditors	2,767	9,486	
Pensions, taxes & social security	4,296	4,153	
Accruals and deferred income	<u>8,320</u>	<u>3,966</u>	
	<u>15,383</u>	<u>17,605</u>	
11. Analysis of net assets between funds			
	Restricted funds	Unrestricted funds	Total funds
	£	£	£
Tangible fixed assets	1,354	-	1,354
Current assets	93,696	85,835	179,531
Creditors : amounts falling due within one year	<u>(77)</u>	<u>(15,306)</u>	<u>(15,383)</u>
Net assets at 31 December 2013	<u>94,973</u>	<u>70,529</u>	<u>165,502</u>

Women and Children First (UK)

Notes to the financial statements

For the year ended 31 December 2013

12. Movements in funds	At 1 January 2013	Incoming resources £	Outgoing resources £	Transfers	At 31 December 2013
Big Lottery Fund - Strategic Grant (Asia Regional)	209,451	84,264	(293,715)	-	-
The Health Foundation - Malawi	8,093	-	(8,093)	-	-
UNFPA - UK Advocacy for MDGs 4 & 5	-	6,511	(6,511)	-	-
Comic Relief - Malawi	44,811	5,280	(50,091)	-	-
Comic Relief - Malawi extension	-	137,573	(59,869)	-	77,704
Conservation, Food & Health Foundation - India	15,127	17,269	(15,127)	-	17,269
Big Lottery Fund - Uganda Development Grant	-	10,000	(10,000)	-	-
The Evan Cornish Foundation - Bangladesh	-	345	(345)	-	-
Total restricted funds	277,482	261,242	(443,751)	-	94,973
Unrestricted funds					
General funds	79,066	99,991	(108,528)	-	70,529
Total funds	356,548	361,233	(552,279)	-	165,502

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

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Report and Accounts for the Year ended 31 December 2013

Appendix 1

SMART Objectives	Indicators	Progress
Strategy 1 - Increase the scale and impact of our work to mobilise communities and healthcare providers to improve maternal, newborn and child health		
1.1 By the end of 2014, a network of partner organisations committed to improving maternal, newborn and child health will be established in programme countries and the UK.	<ul style="list-style-type: none"> ▪ New potential partners identified ▪ Memoranda of Understanding (MOUs) agreed with new partners 	<ul style="list-style-type: none"> ▪ Women and Children First has agreed a partnership MOU with a new partner, AMREF Uganda, and has been approached by four organisations who are interested in engaging the charity to provide technical assistance (see strategy 2): Adventist Health Services (Malawi) (AHS), The Welbodi Partnership (Sierra Leone), the Dr. Hawa Abdi Foundation (Somalia) and St. John International (global reach).
1.2 By 2015 four action research projects will be in place to test the efficacy of interventions (e.g. PMTCT, improving nutrition, family planning) and which can be delivered through the women's groups approach.	<ul style="list-style-type: none"> ▪ Action research projects which will test additional components designed and proposals developed ▪ Funding secured for action research projects 	<ul style="list-style-type: none"> ▪ By the end of 2013, funding had been secured for two projects which have action research components: Positive Action for Children is funding a three-year project focused on loss to follow up of prevention of mother to child transmission and the uptake of modern family planning with MaiKhanda in Malawi; and the Big Lottery Fund is supporting a three-year project which will test whether Government-established Income Generation and Family HIV Support groups can absorb the women's groups approach, and whether family planning can be successfully incorporated as a group topic. ▪ Other projects are in the pipeline for work in Ethiopia and Malawi which will contain components to be tested through action research.
1.3 By the end of 2015, organisations with existing groups (e.g. micro-credit, agricultural, religious groups) already active in our targeted programme areas	<ul style="list-style-type: none"> ▪ Relevant organisations identified in each programme country ▪ Organisations contacted and 	<ul style="list-style-type: none"> ▪ Women and Children First did not have the capacity to research these types of organisations in 2013 but was approached by: <ol style="list-style-type: none"> 1. the University of Liverpool to join a consortium comprising the UCL Institute for Global Health (IGH), the Institute for Financial

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SMART Objectives	Indicators	Progress
<p>will be part of Women and Children First's network.</p>	<ul style="list-style-type: none"> ▪ Organisations signed up to an MOU ▪ Women's groups methodology shared with organisations ▪ Women's groups training provided as required ▪ Organisations active in women's groups programmes 	<p>Management and Research (India) and Ekjut (India) to establish the maternal and newborn health participatory action cycle in micro-credit groups in India. Funding sources will be explored in 2014.</p> <ul style="list-style-type: none"> ▪ AHS to provide technical assistance on the women's groups approach with a particular focus on family planning. AHS has applied for USAID funding and will engage Women and Children First if their application is successful.
<p>1.4 By the end of 2015 monitoring and evaluation indicators to measure the scale and impact of Women and Children First's work accurately will be integrated into every project design.</p>	<ul style="list-style-type: none"> ▪ Appropriate indicators developed ▪ Indicators documented in proposals and project activity plans 	<ul style="list-style-type: none"> ▪ IGH colleagues have supported the development of monitoring and evaluation (M&E) frameworks for recently submitted proposals. ▪ During 2014 Women and Children First will develop an in-house M&E framework which will facilitate standardised data collection methods and capture key common indicators across all programmes. This will streamline project M&E and ensure Women and Children First can effectively measure overall impact annually.
<p>Strategy 2 - Establish Women and Children First as the leading expert to provide technical assistance in the women's groups approach</p>		
<p>2.1 By March 2013 results of a study to assess the feasibility of marketing the women's groups approach received.</p>	<ul style="list-style-type: none"> ▪ Consultant briefed and contracted to carry out the study ▪ Study report completed 	<ul style="list-style-type: none"> ▪ An initial survey resulted in responses from thirty-eight organisations around half of which said they might be interested in engaging Women and Children First to provide technical assistance. These leads are being followed up and strong interest in potential collaboration has been expressed by Concern Worldwide and the Population Council.

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SMART Objectives	Indicators	Progress
2.2 By December 2013 an action plan to secure resources to market the women's groups approach in place.	<ul style="list-style-type: none"> ▪ Action plan drawn up 	<ul style="list-style-type: none"> ▪ Women and Children First did not have sufficient resources in 2013 to gather the additional market information required to develop a robust marketing strategy. This will be taken further when resources are available.
Strategy 3 - Keep maternal, newborn and child health at the forefront of the evolving international and sustainable development policy agenda		
3.1 By the end of 2013 a database of influencers, policy and decision makers, national level alliances and networks in the UK, in programme countries and at global level will be established.	<ul style="list-style-type: none"> ▪ Database established 	<ul style="list-style-type: none"> ▪ The volunteer who was working on the database was unable to complete the assignment due to personal circumstances. If another volunteer is identified, the assignment will focus on building a database relevant to work with local partners so support country level advocacy capacity building and delivery.
3.2 Advocacy strategy in place by the end of 2013.	<ul style="list-style-type: none"> ▪ Messages, means of communication and related communication tools developed ▪ Partners who have the potential to deliver in-country advocacy received Women and Children First's training/support 	<ul style="list-style-type: none"> ▪ The UK-focused advocacy strategy was not updated as resources will not be available for this work in 2014. As above, Women and Children First will focus on building southern partners' advocacy capacity.
Strategy 4 - Ensure funding is in place to deliver the plan		
4.1 Sources of funding to run Women and Children First's UK office and operations and projects in Africa and Asia identified	<ul style="list-style-type: none"> ▪ Finance plan developed ▪ Fundraising strategy for all voluntary income streams 	<ul style="list-style-type: none"> ▪ Women and Children First has finance and fundraising strategies in place to guide financial management and fundraising activities. ▪ The Women and Children First database includes all known

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SMART Objectives by the end of 2012.	Indicators	Progress
4.2 Income targets as per the annual operating budget achieved annually.	<ul style="list-style-type: none"> ▪ A minimum of 8 concept notes/proposals delivered to institutional donors between Dec 2012 and Dec 2013 ▪ A minimum of 100 applications to small (70), medium (15) and large trusts (15) submitted in 2013 ▪ New media fundraising plans delivered ▪ Major gifts fundraising plans delivered 	<p>institutional and trust and ongoing research keeps this data up to date.</p> <ul style="list-style-type: none"> ▪ WCF submitted 14 concept notes/proposals and was included in 3 bids led by other organisations. ▪ 100 trust applications were submitted in 2013, a new corporate partner was identified and the individual giving strategy was rolled out, including the launch of the “5,000 Club” for important supporters. ▪ Funders’ timing issues meant that Women and Children First did not receive contracts for three projects which were approved by funders before the year-end (though they were received in early 2014). Women and Children First’s restricted income therefore dropped significantly compared to 2012 but sufficient unrestricted income was generated to cover fixed costs. ▪ New business development achieved significant results in 2013: <ol style="list-style-type: none"> 1. Comic Relief funded a project extension for work with the Perinatal Care Project in Ntcheu, Malawi (£,196,587, July 2013 – January 2014). 2. UNFPA provided its final funding for advocacy with UK Parliamentarians (£,6511, May – December 2013). 3. The Big Lottery Fund awarded a £10,000 development grant to develop a full proposal for work with AMREF Uganda. This generated a successful proposal to the Lottery to establish a maternal and newborn health programme in Northern Uganda (£498,489, April 2014 – March 2017). 4. A DFID Global Poverty Action Fund Community Partnership proposal was successful for women’s groups work with

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SMART Objectives	Indicators	Progress
		<p>MaiKhanda in Nkhosakota District, Malawi (£246,101, April 2014 – May 2016).</p> <p>5. The Positive Action for Children Fund (Viv Healthcare) awarded a grant to work with MaiKhanda on prevention of loss to follow-up of prevention of mother to child transmission and family planning in Kasungu District, Malawi (£350,000, January 2014 – December 2016).</p> <p>6. Conservation Food and Health approved an additional year's funding for family planning work with SNEHA in India (£17,638, January – December 2014).</p> <ul style="list-style-type: none"> ▪ Four proposals have been approved to fund projects which will start in 2014. One by WHO to develop a technical module on women's groups; two by DFID GPAF Community Partnership, subject to due diligence exercises being successfully concluded, for work in Bangladesh (£250,000) and Sierra Leone (provision of technical assistance only); and one by Comic Relief for work in Malawi (£1.078m). ▪ One proposal is pending with the Big Lottery Fund for Malawi. ▪ Individual donor development was carried out through a number of strategies: honing online fundraising (using Google Adwords and analytics, e-newsletters, improving website users' experience, increasing the number of Twitter and Facebook followers); recruiting fundraisers for the London Marathon and other challenge events; strengthening corporate partnerships with <i>Women in Norton Rose and Storksak</i> and establishing a new partnership with <i>Mummy and Little Me</i>; launching the <i>Cherish another Mother</i> campaign for Mothers' Day and the "5,000 Club" to secure major gifts. A BBC Radio Appeal was

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SMART Objectives	Indicators	Progress
4.3 Maintain sufficient unrestricted reserves to meet the Women and Children First Reserves Policy each year.	<ul style="list-style-type: none"> ▪ Annual income targets met ▪ Annual expenditure within budget 	<ul style="list-style-type: none"> ▪ secured and broadcast in December 2013, yielding a total of £9,346. ▪ The unrestricted reserves level decreased slightly during the year from £79,066 (December 2012) to £70,529 (December 2013) but the reserves policy level was maintained throughout the year.
<p>Strategy 5 - Ensure optimum human resource (among staff and trustees) is in place to deliver the Strategic Plan</p>		
5.1 Each member of Women and Children First's staff undergoes an annual appraisal to identify their contribution of knowledge, skills and expertise to deliver the Strategic Plan.	<ul style="list-style-type: none"> ▪ Annual appraisal reports completed 	<ul style="list-style-type: none"> ▪ SMART objectives for all team members were set in the first quarter of 2013. ▪ Appraisals were held at the end of 2013/beginning of 2014 with regular progress reviews at monthly 1:1 meetings with the CEO.
5.2 An audit of staff and trustee knowledge, skills and expertise to deliver the Strategic plan will be carried out annually.	<ul style="list-style-type: none"> ▪ Annual audits completed 	<ul style="list-style-type: none"> ▪ Carried out at the staff/trustee Away Day in July 2013.
5.3 The feasibility of addressing the gap, if any, between staff and trustee contribution and organisational requirements for knowledge, skills and expertise will be assessed and plans made to address gaps in line with resources.	<ul style="list-style-type: none"> ▪ Report on analysis completed ▪ Action plan devised ▪ Action plan delivered 	<ul style="list-style-type: none"> ▪ This was discussed at the 2013 Away Day and it was concluded no action needed to be taken at that time.