



# **Trustees' Report and Financial Statements**

**Year ended 31 December 2014**

**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 2014

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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  
Hazel Slavin (Chair)  
Douglas Whitewright  
Anthony Williams

#### Company Secretary

Professor Anthony Costello

#### Treasurer

Peter Clokey

#### Patrons

Baroness Afshar of Heslington  
Professor Sir Sabaratnam Arulkumaran  
Baroness Massey of Darwen  
Juliet Stevenson

Baroness Amos  
Kathy Lette  
Surina Narula

#### Chief Executive

Ros Davies

#### Registered office and operational address

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Website: [www.womenandchildrenfirst.org.ukm](http://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 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 2014. 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. Women and Children First mobilises 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 support and technical expertise 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. According to the World Health Organisation (WHO) about 800 women died due to complications of pregnancy and child birth each day in 2013. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. Of the daily maternal deaths, 500 occurred in sub-Saharan Africa and 190 in Southern Asia, compared to six in developed countries. The risk of a woman dying of maternal-related causes in the developing world is about twenty-three times higher than in a developed country.

Women and Children First's programmes are designed with local partners and key stakeholders to ensure government targets for reducing maternal and newborn mortality are reached and the programmes reach those most in need. All its work aims 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 three-year strategic plan at the beginning of 2013. The strategy is based on the key findings from a stakeholder consultation 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 its work to mobilise communities and healthcare providers to improve maternal, newborn and child health.

*Women and Children First 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.

*Women and Children First 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.

*Women and Children First 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

*Women and Children First will use its 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 current and new high priority areas.*

### Strategy 5: People and organisational development

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

*Women and Children First 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 in 2014: overview

Excellent progress was made during the year. The focus on new business development in 2013 came to fruition as ten new contracts were won. New projects were launched in Bangladesh, Malawi and Uganda and, at the request of the World Health Organisation, work began on developing a women's group technical module for community health workers. Increasing interest in the women's groups approach was manifested by an increasing number of other NGOs in the UK and elsewhere approaching Women and Children First seeking collaboration or support to mount women's groups within their own programme portfolios.

A summary of how Women and Children First's international programmes contributed to delivering its Mission is in the Programme Achievements section below.

## Programme Achievements

### Programmes

New projects launched in 2014 and early 2015 spanned Bangladesh, Ethiopia, India, Malawi and Uganda and the World Health Organisation engaged Women and Children First in the development of a module on implementing community mobilisation to improve maternal and newborn health which will have global application.

#### **Bangladesh**

A grant of £249,824 was secured from the Department for International Development (DFID) for a project which will run from July 2014 – December 2016. The project, which will be delivered locally by the Diabetic Society of Bangladesh's Perinatal Care Project (BADAS-PCP), aims to empower rural

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women to access quality maternal and newborn health services and will directly benefit 17,457 women and 4,578 newborn babies through women's groups in Bogra district. In addition to the work in communities, the project will strengthen the health system by improving linkages and referral systems between women's groups, community health committees and clinics. To date, 194 women's groups have been established and are meeting regularly. Agreement has been obtained from the civil surgeon for women's group leaders to attend clinic meetings and they are using these opportunities to represent the views of community members and lobby for improvements to maternal and newborn service delivery. BADAS-PCP staff have received training in advocacy and gender to support their work to influence local leaders and decision-makers to improve maternal and newborn health policy implementation and resource allocation.

### ***Ethiopia***

Women and Children First has been working in partnership with the Family Guidance of Ethiopia for several years to define a viable programme in the Southern Nations National Peoples' Republic (SNNPR) area of the country. This painstaking planning paid dividends in 2014 when Comic Relief granted £782,007 for a four-year programme which launched in April 2015. This initiative in Malga woreda (district) will set up 230 women's groups with 6,900 members and will improve health services through: training and promoting skill sharing among health centre and health post staff to improve quality of care; providing an ambulance for the project area and solar power and water for health centres; and strengthening the capacity of the Regional Health Bureau to manage referral and health management information systems. In due course it will share learning from the project with key community and health decision-makers and support district decision-makers to successfully implement maternal and newborn and sexual and reproductive health policies. A total of 84,449 people will benefit.

### ***Global***

Following its recognition that the women's groups approach is a valuable intervention to save newborn lives and its Recommendation that **"Implementation of community mobilisation through facilitated participatory learning and action cycles with women's groups to improve maternal and newborn health is recommended, particularly in rural settings with low access to services"**, WHO provided a grant of \$24,000 for Women and Children First to develop a draft module on community mobilisation with women's groups using methods for participatory learning and action to impact on maternal, newborn and child health as part of the WHO/UNICEF package caring for the newborn and child in the community. The module has three components: a) Managers training guide; b) Supervisors training guide; and c) Facilitators training guide. The manual has been submitted for review by WHO and other stakeholders and Women and Children First has engaged in discussions to support the field-testing of the manual with multiple partners and in multiple countries. The work commenced in 2014 and will be completed in 2015.

### ***India***

Women and Children First continued to work with the Society for Nutrition, Education and Health Action (SNEHA) in Mumbai on the **jut: Increasing the uptake of family planning in Mumbai's slums** project. With funding from Conservation Good and Health of \$29,052 for 2014 SNEHA aimed to increase the uptake of family planning and improve the quality of family planning services directly targeting 2,258 married women of reproductive age among a catchment area of approximately 25,000 people in Gandhi Nagar, Dharavi.

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The project's successes in 2014 include:

- Improving the Contraceptive Prevalence Rate from 35% to 41%.
- Generally improving the knowledge, attitudes and skills of community members regarding family planning, and specifically increasing family planning knowledge among women of reproductive age from 66% to 94%.
- The increased the use of all forms of contraception including injectables, IUDs, condoms, pills and sterilisation and the uptake of safe (rather than unsafe) abortion.
- Improved service delivery, with 50% of women of reproductive age reporting services to be of high quality compared to 0% at the beginning of 2014.
- More effective referrals from peer educators resulting in referred family planning service use among female beneficiaries increasing from 16% to 28%.
- Vastly increased knowledge regarding health information and behaviours, including sexual and reproductive health and rights, among adolescent boys and girls.

Challenges encountered included the difficulty of reaching men of reproductive age through home visits and groups and not reaching the targets set for the continued use of condoms and the uptake of the contraceptive pill.

### **Malawi**

#### **The Adventist Health Services**

With a £10,000 Generating Ideas grant from Comic Relief, Women and Children First worked with the Adventist Health Services (AHS) to research the sexual and reproductive health challenges and design an appropriate response in Mulanje District. Together the two organisations consulted with the local communities, the Ministry of Health and other stakeholders to explore the challenges along the continuum of sexual and reproductive health care in the district. An outline plan was developed to deliver an intervention package combining the women's groups model and AHS's expertise at community and facility levels. The consultations and planning work indicated a need for further work to pull the research findings together into a coherent project plan and funding proposal. This will be addressed during 2015.

In the final quarter of 2014 Women and Children First was contracted by AHS to provide technical advice to their USAID funded project "Reaching out with contraceptive choice in Malawi". The project aims to reduce the unmet need for family planning services and Women and Children First's role is to support the empowerment of women and men with increased confidence, seeking access to, and encouraging and supporting fellow community members to use modern family planning methods. This will be done by adapting the women's groups approach for the establishment of community groups which will focus on mobilising communities for the uptake of modern family planning methods, training members of the Adventist Health Services project team to run the community groups and providing ongoing advice as the three-year programme rolls out to benefit 272,271 women and 163,909 men of reproductive age through 300 community groups and 20 youth groups in the districts of Blantyre, Dedza, Mzimba and Rumphi.

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### **The MaiKhanda Trust**

Women and Children First was successful in securing significant funds from several sources to work with the MaiKhanda Trust in three districts in Malawi.

A £349,997 project funded by the Positive Action for Children Fund will run in Salima district from 2014-2017 to reduce the rate of loss to follow up of the Prevention of Mother to Child Transmission and preventing unintended pregnancies. One hundred and nineteen groups with approximately 3,000 members have been set up by volunteers and both men and women of reproductive age are attending regularly. Sixty maternal and newborn health taskforces with 600 members have also been established and are being facilitated by Health Surveillance Assistants (HSAs) (community health workers). MaiKhanda staff, women's group members and other community stakeholders have received advocacy training and support and are developing advocacy workplans to press for improved services in their areas.

DFID has granted £246,101 funding for a project being implemented from 2014 - 2016 in Nkhosha district to reduce maternal and newborn mortality rates, thereby contributing to Malawi achieving Millennium Development Goals 1, 4 and 5 (to reduce poverty, increase child survival and decrease maternal mortality). The project is empowering women to access maternal and newborn care services through 300 groups of women of reproductive age. The groups are particularly addressing the problem of getting transport to reach health services which are few and far between in the district. Solutions being implemented include securing bicycles, a mobile clinic and health education. Two hundred and twelve "task forces", with approximately 12,000 members, have also been established to reinforce safe motherhood messages and encourage women to get skilled care during pregnancy and childbirth. Task force members are visiting all pregnant women and new mothers on a monthly basis and have conducted community meetings on birth preparedness, attendance at a health facility for antenatal care and how to recognise danger signs during pregnancy and delivery and in a newborn baby. MaiKhanda staff, women's group members and other community stakeholders have received advocacy training and support and are developing advocacy workplans to press for improved services in their areas.

A third project with MaiKhanda was funded by Comic Relief. The three-year project has a budget of £1,078,866 and is being implemented from 2014-2016 to improve maternal and newborn health outcomes in Ntchisi district. The project has four objectives: (i) to empower women by developing their ability to identify and make changes in their lives, take decisions within and beyond existing traditional areas, and build their capacity to work with other women, men, community agents and decision-makers; (ii) to improve the quality of maternal and newborn health services; (iii) to develop effective community-facility linkages; and (iv) to change Ministry of Health policy and resource allocation to ensure a combined demand-supply side approach is embedded in the district. The ground work has been done to establish 320 women's groups, 120 task forces and improve the quality of care in 11 health facilities in four areas of the district, using a Quality Improvement (QI) methodology. Beneficiaries will include 36,679 women of reproductive age, 16,732 newborns, 138 frontline health workers including Health Surveillance Assistants, nurse-midwives, registered nurses, medical assistants, medical officers, District Health Office staff and District Environmental Health Office staff.

The Big Lottery Fund is providing a grant of £499,681 for a three year project (2015-2018) which will complement the DFID funded project in Nkhosha district. Funding will enable MaiKhanda

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to deliver four specific components: women's groups, community based task forces, QI teams and advocacy. These will combine and complement each other in contributing to achieving the overall aim of reducing maternal and neonatal mortality in the district. The women's groups will increase maternal and newborn health knowledge and attitudes through strategies devised and implemented by the groups' members to improve the quality and accessibility of services and to change maternal and newborn health policy. An estimated 18,000 women of reproductive age and 10,340 newborns will benefit from the women's groups. The task forces will increase maternal and newborn health knowledge and attitudes by providing a surveillance and advisory function, providing information from the community to health facilities, and advocating directly with health workers for improved quality and accessibility of services. Their work will directly benefit an estimated 27,000 women and 17,000 newborns. In addition the programme will build the capacity of 86 government sector Health Surveillance Assistants to support and coordinate the task forces and 42 volunteers from the women's groups will be trained to become facilitators.

### **The Perinatal Care Project**

In 2014 Women and Children First continued to work with its longstanding partner the Ministry of Health's Perinatal Care Project 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. The highly successful project directly benefitted 18,601 women of reproductive age, 4,044 pregnant women and their newborns, 13,749 children under five and 244 health workers. The project, which ran for four and a half years with £584,532 funding from Comic Relief, drew to a close at the beginning of 2015.

The final evaluation, carried out by the Liverpool School of Tropical Medicine, found a "picture of healthy communities" with the project activities having been embraced by community leaders and members, demonstrating a strong commitment to maternal and newborn healthcare improvement and a positive change in care-seeking behaviours and practices.

Successes were recognised in the project's contribution to improvements in maternal and newborn health care-seeking practices, childcare practices, male involvement in maternal and newborn health practices and health service quality. Key achievements include increases in:

- Antenatal care attendance in first trimester from 9% (2010) to 19% (2015).
- Delivery in a health facility from 78% (2010) to 94% (2015).
- Skilled birth attendance from 51% (2010) to 93% (2015).
- Postnatal care attendance within 7 days from 49% (2013) to 93% (2015).
- Postnatal care attendance within 2 weeks from 5% (2010) to 95% (2015).
- Exclusive breastfeeding from 67% (2010) to 76% (2015).
- Childcare knowledge of women of reproductive age from 12% (2010) to 98% (2015).
- Completed under-1 vaccination coverage from 67% (2013) to 89% (2015).
- Treatment of under-5s with diarrhoea/infection from 65% (2013) to 78% (2015).
- Men's knowledge of maternal, newborn and child health from 30% (2013) to 100% (2015).
- Male involvement in antenatal care attendance from 35% (2013) to 42% (2015).
- Male involvement in growth monitoring attendance from 7% (2013) to 82% (2015).
- Women's satisfaction with health services from 54% (2010) to 71% (2015).

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Recommendations from the evaluation which are being considered for follow up are that any future programme should build on the effective community based approaches and focus on male involvement. There are also a number of areas which would deepen health system strengthening including the scale-up of and support to quality improvement committees at facility level; the introduction of a formal feedback mechanism within health facilities to evaluate patient satisfaction with care received for maternal and newborn health services; the continuation and strengthening of a programme of mentorship for healthcare workers to provide opportunities for knowledge and skills refresher training in the workplace; and advocacy at district and national level to secure further support for health facilities to obtain continuous availability of staff, equipment, drugs and supplies and a reliable referral system.

### **Sierra Leone**

DFID funding was secured by Women and Children First's partner, Welbodi, to reduce maternal and newborn mortality rates among poor communities, thereby contributing to Sierra Leone achieving Millennium Development Goals 4 and 5 in Freetown, Sierra Leone. The project was due to start in mid-2014 but was delayed due to the Ebola epidemic. Welbodi commenced work in late 2014 but as Women and Children First's inputs focus on mobilising communities, this was not be viable due to restrictions on movement and the potential for infection. It is unclear when Women and Children First will be able to provide its inputs.

### **Uganda**

This project in Northern Uganda was launched by Women and Children First's partner, AMREF Uganda, in mid-2014. The £498,491 project, supported by the Big Lottery Fund, will improve reproductive health in the northern districts of Amuru and Gulu and directly benefit 26,118 women of reproductive age, 6,465 pregnant women, 6,270 newborns, 5,559 under-1s, 26,118 under-5s, 59,478 under-15s and 183 health workers. The project will raise community awareness, improve the user-friendliness of health services and increase the provision of appropriate information to policy makers and budget holders in a bid to improve reproductive and child health services. Women and Children First has trained the group facilitators and AMREF has set up an initial 46 women's groups to test whether the approach, transferred from Malawi, needs adaptation in the local context before the full complement of 150 groups is established.

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

Women and Children First's UK advocacy work reduced in scope in 2014 as it was not possible to secure funding for UK-based advocacy work. However, there were three notable points of engagement:

- Women and Children First worked with the UK Network for Sexual and Reproductive Health and Rights to produce a *Manifesto for Motherhood* Parliamentary Briefing on UK Aid and the Post-2015 Development Framework for Members of Parliament and Parliamentary Candidates. This was endorsed by the Gender and Development Network and Action for Global Health and was circulated in the autumn of 2014.

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- Attendance at the Family Planning (FP) 2020 civil society consultation held in London in November 2014. FP2020 is a global partnership which supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. The consultation covered how FP2020 can track and attribute progress done by FP2020 partners, where it can engage adolescents, youth, men, and specific marginalized groups, and how it connects with broader sexual and reproductive health and rights issues and communities.
- Input on the issue of maternal morbidity was provided to a Gender and Development Network (GADN) paper which was developed to inform GADN's messaging on gender equality and women's right in the evolving post-2015 development and rights agendas.

In line with its strategic plan, Women and Children First is increasingly focusing its advocacy expertise to build the capacity of its southern partners to develop their own advocacy strategies and deliver advocacy at grassroots, district or national level. This work is an integral part of all the international programmes as some element of advocacy is required to improve both the supply (health services) and demand (communities) side of local health systems and gain the local political and policy support to ensure that project outcomes are sustainable. All of our international projects have an advocacy element in them and Women and Children First is working with its partners to develop local advocacy programmes in line with each project's aims.

Social media and online communications were used successfully during the year to disseminate information on reproductive, maternal, newborn and child health (RMNCH) news and Women and Children First's programming achievements, notably through the charity's Facebook and Twitter pages and its website.

## Monitoring and Evaluation

Monitoring and evaluation is built into all Women and Children First's programmes. A new monitoring and evaluation framework was introduced for all the new programmes, which launched in 2014. This will facilitate the collection of a common set of indicators across all programmes using standardised data collection methods where possible. This has streamlined routine project monitoring and evaluation and will support more effective grant and project development, management and decision-making. It will also help Women and Children First report more accurately to donors on overall progress against outcomes, outputs and activities.

## Developing the organisation

The Big Lottery Fund provided two organisation development grants which enabled the Women and Children First to engage experts to:

1. Develop a "dashboard" template for the international programmes section of its website. Each country page now shows key indicators such as maternal and newborn mortality rates for that country coupled with details of the funding that Women and Children First has secured and is applying to improve maternal and child health, a description of funded

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project activities and the impact of these activities on beneficiaries. The data provided will increase transparency with project partners, funders and the general public.

2. Design and implement the installation of a content management system to replace an inadequate database and improve the efficiency of project and fundraising planning and information management. The Salesforce CRM system was selected to provide a central platform to organise all project, fundraising and communications information. Its set up was designed to meet Women and Children First's specific needs and the expert provided training in its use to the staff team.

As above, an internal Monitoring and Evaluation framework to accurately reflect programme impact was developed and applied during the year. Using a standardised system of project dashboards, key project progress and achievements are captured through a dashboard system which both Women and Children First and its partners use to review progress at a glance. Data gathered through these dashboards will feed into the website dashboards.

A considerable investment was made in fundraising and communications tools and systems in 2014, principally through contracting a professional fundraising company to deliver the fundraising and communications programme, particularly positioning Women and Children First to recruit individual donors online. The company redesigned the website to optimise its potential for online donor recruitment and design and inputted into the CRM system design so that it would provide the data to underpin fundraising activities. Funds were also invested in testing a new approach to fundraising through campaigns at key dates in the year. The main initiatives were online and offline mailings for a Mothers' Day campaign *Cherish Another Mother*, and a Christmas campaign *Bringing it Home*. Learning from all 2014's fundraising initiatives will be applied to fine-tune the fundraising programme to achieve an increased return on investment in 2015.

## 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 communications 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.

## Future Plans

In 2015 Women and Children First will continue to implement its 2013-2016 Strategic Plan by:

- Continuing discussions with potential new partners and designing new projects through which 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

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- Consolidating the projects launched in 2014 in Bangladesh, Malawi and Uganda and establishing the new projects in Ethiopia and Malawi which will commence in 2015
- Considering the use of time series regression graphs to present the impact of Women and Children First's programmes as a whole
- Assessing progress so far with action research projects which are testing the efficacy of the Prevention of Mother To Child Transmission of HIV and increasing the uptake of modern family planning being delivered through the women's groups approach
- Continuing to assess the market potential market for, and promoting its services to deliver, technical assistance on the women's groups approach to other agencies working to improve maternal, newborn and child health
- Building on its investment in fundraising to secure funding to run Women and Children First's UK office and operations and projects in Africa and Asia.

Women and Children First will embark on a strategic review in the second half of 2015 with a view to updating its strategic framework with new SMART objectives for 2016 – 2018.

## 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 2014:

The Ernest Kleinwort Charitable Trust  
C B & H H Taylor 1984 Charitable Trust  
Mrs M A Lascelles Charitable Trust  
The Rhododendron Trust  
The Persula Foundation  
The Mishcon Family Trust  
The Charity of Stella Symons  
Jack's Gift Ltd  
The Allan Charitable Trust  
The Souter Charitable Trust  
The Roger Vere Foundation  
The Tula Trust Ltd  
The Dischma Charitable Trust  
Didymus

## Financial Review

Total income for 2014 was £807,657 (2013 - £361,233) of which the majority was from funders' grants. The charity also benefited from donations for individual donors and supporters who engaged in events such as the London Marathon and the British 10K.

Total expenditure was £822,178 (2013 - £552,279). All expenditure during the year was in support of the organisation's specific objectives.

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During 2014 the Trustees took the decision to invest in fund raising activities recognising that the expenditure would result in a temporary breach of Women and Children First's reserves policy until the benefits of the fund raising activity were realised. As a consequence of this investment unrestricted reserves diminished during the year. The trustees are delighted to report that Unrestricted Income in the current year (2015) is running at a level significantly higher than in previous years. In addition, due an increased number of projects funded in 2015 a larger proportion of core costs are covered by restricted funds so the need to draw on unrestricted funds to meet these costs is reduced. The fundraising programme coupled with the increased endeavour to secure full cost recovery within project budgets will contribute to building the unrestricted reserves in 2015 and thereafter.

## 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, Esther Sharma
- **Programmes and Advocacy Committee** – Margaret Braddock, Anthony Costello, Hazel Slavin, Esther Sharma, Anthony Williams.

### 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;
-



# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2014

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- make judgements and estimates that are reasonable and prudent; and
- prepare the accounts on the going concern basis unless it is inappropriate 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.

## 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.

# Women and Children First (UK)

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## Report and Accounts for the Year ended 31 December 2014

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### 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 2015 would require approximately £27,000. This should enable current activities to continue in the short term should funding drop significantly. All restricted reserves are held to cover specific project costs for which the funds were raised and are not available to apply for any other purpose.

Unrestricted reserves as at 31 December 2014 stood at £3,171 (2013 - £70,529) but at the end of May 2015, when the 2014 audit was completed, this had increased to £63,984 which did meet the policy requirement.

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 17 June 2014 and have expressed their willingness to continue in that capacity.

Approved by the Trustees on 13 June 2015 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 2014

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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 2014 set out on pages 21 to 28. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the 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 pages 16 to 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 2014 and of its incoming resources and application of resources, for the year then ended;

# Women and Children First (UK)

(A company limited by guarantee)

## Report and Accounts for the Year ended 31 December 2014

- 
- 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.

### 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: *29/6/2015.*

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

## Women and Children First (UK)

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

Year ended 31 December 2014

	Note	Restricted £	Unrestricted £	2014 Total £	2013 Total £
<b><u>Incoming resources</u></b>					
Incoming resources from charitable activities	2	712,698	-	<b>712,698</b>	261,242
<b><u>Incoming resources from generated funds</u></b>					
Voluntary income	3	-	94,656	<b>94,656</b>	99,674
Investment income		-	303	<b>303</b>	317
<b>Total incoming resources</b>		<b>712,698</b>	<b>94,959</b>	<b>807,657</b>	<b>361,233</b>
<b><u>Resources expended</u></b>					
<b>Costs of generating funds:</b>					
Fundraising and publicity		-	55,246	<b>55,246</b>	34,276
<b>Charitable expenditure:</b>					
Project costs - overseas and UK		656,669	107,100	<b>763,769</b>	514,819
Governance costs		3,192	(29)	<b>3,163</b>	3,184
<b>Total charitable expenditure</b>		<b>659,861</b>	<b>107,071</b>	<b>766,932</b>	<b>518,003</b>
Total resources expended		<b>659,861</b>	<b>162,317</b>	<b>822,178</b>	<b>552,279</b>
<b>Net incoming/ (outgoing) resources before transfers</b>	5	52,837	(67,358)	<b>(14,521)</b>	(191,046)
Gross transfers between funds	12	-	-	-	-
<b>Net incoming/ (outgoing) resources</b>		52,837	(67,358)	<b>(14,521)</b>	(191,046)
<b>Funds at 1 January</b>		<b>94,973</b>	<b>70,529</b>	<b>165,502</b>	<b>356,548</b>
<b>Funds at 31 December</b>		<b>147,810</b>	<b>3,171</b>	<b>150,981</b>	<b>165,502</b>

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 2014**

		2014		2013
	Note	£	£	£
<b>Fixed assets</b>				
Tangible fixed assets	8		6,130	1,354
<b>Current assets</b>				
Debtors	9	49,505		22,549
Cash at bank and in hand		<u>149,175</u>		<u>156,982</u>
		198,680		179,531
<b>Creditors: amounts due within one year</b>	10	<u>(53,829)</u>		<u>(15,383)</u>
<b>Net current assets</b>			<u>144,851</u>	<u>164,148</u>
<b>Net assets</b>			<u>150,981</u>	<u>165,502</u>
<b>Funds</b>				
Restricted funds	12		147,810	94,973
Unrestricted funds			<u>3,171</u>	<u>70,529</u>
<b>Total funds</b>			<u>150,981</u>	<u>165,502</u>

Approved by the Trustees on 18 June 2015 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 2014**

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#### **1. Accounting policies**

- a) The financial statements have been prepared under the historical cost convention and in accordance with applicable accounting standards and the Companies Act 2006. They follow the recommendations in the Statement of Recommended Practice, Accounting and Reporting by Charities (issued in March 2005).
- b) Voluntary income is received by way of donations and gifts and is included in full in the statement of financial activities when receivable. Volunteer time is not included in the financial statements.
- c) Grants are recognised in full in the statement of financial activities in the year in which they are receivable, unless they relate to a specific future period, in which case they are deferred.
- d) Resources expended are recognised in the period in which they are incurred. Resources expended include attributable VAT which cannot be recovered.
- e) Governance costs include the management of the charitable company's assets, organisational management and compliance with constitutional and statutory requirements.
- f) Depreciation is provided at rates calculated to write down the cost of each asset on a straight line basis to its estimated residual value over its expected useful life, which in all cases is estimated at three years. Items of equipment are capitalised when the purchase price exceeds £500.
- g) Restricted funds are to be used for specific purposes as laid down by the donor. Costs which meet these criteria are charged to the funds.
- h) Unrestricted funds are donations and other incoming resources receivable or generated for the objects of the charity.
- i) The costs of generating funds relate to the costs incurred by the charitable company in raising funds for the charitable work.
- j) The charity operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charity to the funds. The charity has no liability under the scheme other than for the payment of those contributions.

## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2014

2.	Incoming resources from charitable activities	2014	2013
		£	£
	Big Lottery Fund - Malawi Development Grant	10,000	-
	Big Lottery Fund - Organisational Support for Improving Project Management	5,000	-
	Big Lottery Fund - Organisational Support for Monitoring & Evaluation	5,000	-
	Big Lottery Fund - Strategic Grant (Asia regional)	-	84,264
	Big Lottery Fund - Uganda Development Grant	-	10,000
	Big Lottery Fund - Uganda	119,250	-
	Comic Relief Generating Ideas - Malawi	9,000	-
	Comic Relief - Malawi	-	5,280
	Comic Relief - Malawi	252,707	-
	Comic Relief - Malawi extension	54,014	137,573
	Conservation, Food & Health Foundation - India	-	17,269
	DFID GPAF - Bangladesh	40,255	-
	DFID GPAF - Malawi	82,418	-
	D Patel - India	404	-
	Positive Action for Children Fund - Malawi	112,486	-
	The Evan Cornish Foundation - Bangladesh	-	345
	UNFPA - UK Advocacy for MDGs 4 & 5	-	6,511
	USAID - Malawi	11,310	-
	WHO - Community Mobilisation Module	10,854	-
		<u>712,698</u>	<u>261,242</u>
3.	Voluntary income	2014	2013
		£	£
	The Ernest Kleinwort Charitable Trust	27,000	26,000
	The Eleanor Rathbone Charitable Trust	-	1,000
	Reuben Foundation	-	250
	C B & H H Taylor 1984 Charitable Trust	500	500
	The Evan Cornish Foundation	-	2,655
	The Baring Foundation	-	2,000
	Mrs M A Lascelles Chaitable Trust	1,000	1,500
	The Rhododendron Trust	500	100
	The Persula Foundation	3,500	3,350
	The Laurie & Gillian Marsh Charitable Trust	-	700
	The Mishcon Family Trust	150	-
	The Charity of Stella Symons	250	-
	Jack's Gift Ltd	2,825	-
	The Allan Charitable Trust	500	-
	The Souter Charitable Trust	1,000	-
	The Roger Vere Foundation	500	-
	The Tula Trust Ltd	2,000	-
	The Dischma Charitable Trust	2,000	-
	Milbourn Charitable Trust	-	250
	The Norton Rose Charitable Foundation	-	5,750
	Didymus	5,000	-
	Juliet Carter	-	1,000
	Laine and Magnus Jaderberg	-	500
	Paola de Leo	-	5,000
	Patricia Croll	-	500
	Guy and Margaret Beringer	-	5,000
	Other individual donors	47,861	40,389
	Corporate donations	70	3,230
		<u>94,656</u>	<u>99,674</u>



## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2014

4. Total resources expended	Note	Project costs	Fundraising & publicity	Governance	2014 Total costs	2013 Total costs
		£	£	£	£	£
Fundraising		-	13,260	-	13,260	6,949
Grants paid to overseas organisations	see i. below	481,926	-	-	481,926	252,496
Other project costs	see ii. below	46,086	-	-	46,086	51,300
Consultants	see iii. below	41,408	399	-	41,807	42,222
Staff and contractor costs	6	175,764	41,587	-	217,351	181,337
Communications		1,344	-	-	1,344	1,941
Travel		14,104	-	-	14,104	8,147
Insurance, recruitment and office expenses		3,137	-	-	3,137	4,703
Professional and legal	see iv. below	-	-	2,771	2,771	2,807
Other costs		-	-	392	392	377
		<u>763,769</u>	<u>55,246</u>	<u>3,163</u>	<u>822,178</u>	<u>552,279</u>

- i. Grants to overseas organisations are monitored by the charity on a quarterly basis and reports made to the initial funders.
- ii. Project costs include support costs and overhead costs recoverable in accordance with agreements with funders.
- iii. Consultants costs are primarily specialist expertise for projects.
- iv. Governance costs include payments to the auditors of £2,771 (2013 - £2,807) for audit fees and £nil (2013 - £nil) for other services.

## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2014

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

This is stated after charging:

	2014	2013
	£	£
Depreciation	3,407	1,383
Auditors' remuneration: audit	2,771	2,807
Trustees expenses being the cost of trustee meeting expenses	392	377

**6. Staff costs**

	2014	2013
	£	£
Salaries	132,118	141,002
Social security costs	14,406	13,123
Pension contributions	16,676	15,414
	<u>163,200</u>	<u>169,539</u>

There was one employee whose annual emolument was more than £60,000.  
Pension contributions outstanding at the end of the year amounted to £2,607  
(£nil - 2013)

The average weekly number of employees (full time equivalent) during the year was 4 (4 - 2013).

**7. Taxation**

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

**8. Tangible fixed assets**

	Fixtures, fittings & equipment £
<b>Cost</b>	
At 1 January 2014	21,472
Additions	8,183
<b>At 31 December 2014</b>	<u>29,655</u>
<b>Depreciation</b>	
At 1 January 2014	20,118
Charge for the year	3,407
<b>At 31 December 2014</b>	<u>23,525</u>
<b>Net book value</b>	
At 31 December 2013	1,354
<b>At 31 December 2014</b>	<u>6,130</u>

## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2014

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<b>9. Debtors</b>	<b>2014</b>	<b>2013</b>	
	£	£	
Prepayments and accrued income	<u>49,505</u>	<u>22,549</u>	
	<u>49,505</u>	<u>22,549</u>	
<b>10. Creditors</b>	<b>2014</b>	<b>2013</b>	
	£	£	
Trade creditors	6,459	2,767	
Pensions, taxes & social security	7,434	4,296	
Accruals and deferred income	<u>39,936</u>	<u>8,320</u>	
	<u>53,829</u>	<u>15,383</u>	
<b>11. Analysis of net assets between funds</b>			
	Restricted funds	Unrestricted funds	Total funds
	£	£	£
Tangible fixed assets	1,550	4,580	6,130
Current assets	190,251	8,429	198,680
Creditors : amounts falling due within one year	(43,991)	(9,838)	(53,829)
<b>Net assets at 31 December 2014</b>	<u>147,810</u>	<u>3,171</u>	<u>150,981</u>

## Women and Children First (UK)

### Notes to the financial statements

#### For the year ended 31 December 2014

12. Movements in funds	At 1 January 2014	Incoming resources £	Outgoing resources £	Transfers	At 31 December 2014
Big Lottery Fund - Malawi Development Grant	-	10,000	(10,000)	-	-
Big Lottery Fund - Organisational Support for Improving Project Management	-	5,000	(5,000)	-	-
Big Lottery Fund - Organisational Support for Monitoring & Evaluation	-	5,000	(5,000)	-	-
Big Lottery Fund - Uganda	-	119,250	(97,741)	-	21,509
Comic Relief Generating Ideas - Malawi	-	9,000	(9,000)	-	-
Comic Relief - Malawi	-	252,707	(158,056)	-	94,651
Comic Relief - Malawi extension	77,704	54,014	(108,195)	-	23,523
Conservation, Food & Health Foundation - India	17,269	-	(17,269)	-	-
DFID GPAF - Bangladesh	-	40,255	(47,216)	-	(6,961)
DFID GPAF - Malawi	-	82,418	(83,221)	-	(803)
D Patel - India	-	404	(404)	-	-
Positive Action for Children Fund - Malawi	-	112,486	(103,112)	-	9,374
USAID - Malawi	-	11,310	(11,310)	-	-
WHO - Community Mobilisation Module	-	10,854	(4,337)	-	6,517
<b>Total restricted funds</b>	<b>94,973</b>	<b>712,698</b>	<b>(659,861)</b>		<b>147,810</b>
<b>Unrestricted funds</b>					
General funds	70,529	94,959	(162,317)	-	3,171
<b>Total funds</b>	<b>165,502</b>	<b>807,657</b>	<b>(822,178)</b>		<b>150,981</b>

The purpose of all restricted funds is to improve the health and welfare of women and children in poor communities in the countries specified. Negative fund balances as at 31st December 2014 are for ongoing projects where funding will be received post year end.