



**WOMEN
AND
CHILDREN
FIRST (UK)**



**CHERISH ANOTHER MOTHER
ANNUAL REVIEW 2014**

At a Glance

Every year, over three million newborn babies and around a quarter of a million women die during pregnancy, childbirth or the first month of life.

In some parts of the world, one woman in every eight is affected. For every woman who dies, at least 20 more suffer health complications, leaving them with lifelong disability and pain.

Women and Children First works to reduce these unacceptably high, and largely avoidable, mortality rates.

We do this by running participatory community women's groups where women are given the knowledge they need to keep themselves and their babies safe and are encouraged to get healthcare from properly qualified professionals.

Our work in health centres improves the quality of care which makes women more likely to use the services.

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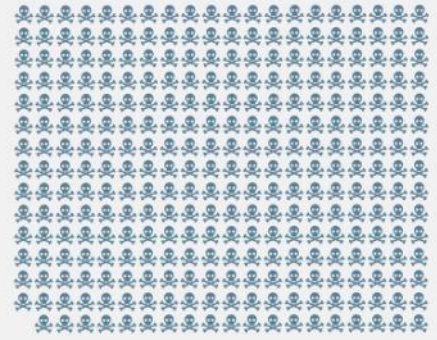
Women's Groups
SAVE LIVES

Simply by meeting and resolving problems together, we now know that women can save the lives of mothers and their babies

THE PROBLEM

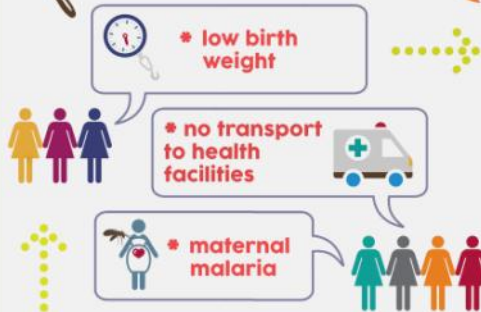
Each year, around 289,000 women die from complications of pregnancy and childbirth. And almost three million children do not survive the first month of life.

 = 10000 child deaths



THE SOLUTION

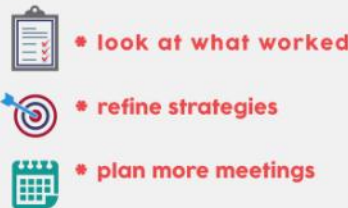
1. Identify problems



2. Plan Strategies



4. Evaluate Success



3. Take action!



WHAT HAPPENS?

Where at least 30% of pregnant women participated in women's groups...



33%
reduction in neonatal mortality



49%
reduction in maternal mortality



...maternal deaths were cut by almost half, and neonatal deaths by over a third

This means...



The deaths of an estimated 36,000 women and 283,000 children could be prevented

 = 1000 lives saved

 Women's Groups **SAVE LIVES**
www.womensgroups.fumblr.com

UCL Institute for Global Health



Our Goals



Our women's groups approach has reduced maternal mortality by 49% and new born mortality by 33%. Women's groups save thousands of lives and have made a significant contribution to the UN Millennium Development Goals (2000-2015) which aimed to reduce maternal deaths and increase child survival.

The Sustainable Development Goals will run from 2016 until 2030 and Women and Children First intends to make a significant contribution to:

Goal 3 Good health and wellbeing
Goal 5 Gender equality

We will continue to support and promote women's groups wherever they are effective. Our current programmes in Bangladesh, Malawi and Uganda are doing well. We also plan to reach other countries which still have high levels of maternal and newborn mortality – Ethiopia, Sierra Leone, Nicaragua and Guatemala.

We cannot do this alone. We urge you to join us and support our work to save the lives of mothers and babies in some of the poorest communities of the world.

Thank you.

Ros Davies
Chief Executive

Our Work

Welcome to our Annual Review 2014.

I am delighted to report that the World Health Organisation recognised the value of our women's groups approach and issued a recommendation that communities should be mobilised to address maternal and newborn health through participatory women's groups, especially in rural areas where women have little access to health services. This has motivated us to spread women's groups far and wide.

2014 witnessed several major achievements and new ventures:

In **Bangladesh** we launched a new project with the Diabetic Association of Bangladesh's Perinatal Care Project, building on previous work in the Bogra district.

In **Malawi** we celebrated success and extended our reach further. Firstly our programme with the Ministry of Health's Perinatal Care Project came to a successful conclusion. We then established new women's groups in Nkhotakota, Ntchisi and Salima districts with the MaiKhanda Trust and we were contracted by the Adventist Health Services to collaborate in a new initiative to increase the availability of, and access to, family planning services.

We successfully completed our four-year family planning project with the Society of Nutrition, Education and Health Action in Mumbai, **India**.

2014 also saw the launch of a new programme in **Uganda** in the Gulu and Amuru districts where we will educate pregnant women and empower them to look after themselves and their babies.

Read more about these projects from pages 6 onwards.

Thanks are owed to all project funders and the individuals who donated vital funds to deliver our international programmes. The small staff team which delivers the successful work deserves high praise, and we are grateful to our Patrons who provide invaluable support.

With best wishes,


Hazel Slavin
Chair of the Board



"If you give a person food, it will be finished in one day. But information is more important than food. It helps us look after ourselves and our family better."

Member of a Woman's Group

Bangladesh



Through women's groups mothers can learn about breastfeeding, nutrition, the need for vaccination and regular check-ups – all they need to know to keep themselves and their child healthy

Our Partner: BADAS-PCP (Perinatal Care Project within the Diabetic Association of Bangladesh)

Funder: DFID (Department for International Development)

Funding: £250k

Start Date: July 2014

Location: Bogra District

This project aims to empower rural women in 196 women's groups to access quality maternal and newborn health services by working in their local community. It will directly benefit 17,457 women and 4,578 newborn babies through women's groups in the Bogra district.

The project will strengthen the health system by improving links and the referral systems between women's groups, community health committees and clinics.

Key Achievements:

A total of 196 women's group have been established, facilitated by 49 trained local female volunteers. By the end of 2014 these groups had conducted 980 meetings, attended by 7,316 women of reproductive age, 866 pregnant women, 1,370 adolescent girls and 398 men. Importantly traditional birth attendants and elderly women, who pregnant women turn to for advice and support, are also at the meetings. The groups have encouraged and supported all 866 pregnant women members to attend ante-natal classes and deliver in local health facilities.

Following the recognition that the women's groups approach is a valuable intervention to save newborn lives, the **World Health Organisation** contracted Women and Children First to develop a training manual for community mobilisation with women's groups.

The manual will enable community health teams to use our participatory learning and action methods 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 manual has three components:

- a Managers' training guide;
- b Supervisors' training guide
- c Facilitators' training guide

The manual has been approved by WHO and a wide range of stakeholders, and Women and Children First has engaged in discussions to support the field-testing of the manual by World Vision in Bangladesh and Unaided/UNWomen in Uganda. The process commenced in 2014 and will be completed in 2016.

WHO has recommended the **"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"**.

In plain English this means:

**Our women's groups
save lives of mothers
and newborn babies**

Malawi



Women in Malawi stand a one in 26 chance of dying during pregnancy and in childbirth over the course of their lifetime and their chances increase with each pregnancy.

Our Partner: Ministry of Health, Perinatal Care Project

Funder: Comic Relief

End Date: 2015

Funding: £584k

Location: Ntcheu District

This project ran for four and a half years (ending early in 2015). The project covered 144 villages, reaching a population of 82,000. We directly helped 18,601 women of reproductive age, 4,044 pregnant women and their newborns, 13,749 children under five and 244 health workers.

Key Achievements:

Women's knowledge of good childcare practices has increased from 12 per cent to 96 per cent. Ninety four per cent of women now deliver in health facilities and 95 per cent of newborns get postnatal care within 2 weeks. The percentage of women attending ante-natal care in the first three months of pregnancy has doubled. Most importantly the final valuation by the Liverpool School of Tropical Medicine found the project was embraced by community leaders and members, demonstrating a strong commitment to maternal and newborn healthcare.

MaiKhanda Trust

Funder: (DFID) Department for International Development

Funding: £246k

Start Date: 2014

Location: Nkhotakota District

This project empowers women to access maternal and newborn care services through 300 groups aimed at women of reproductive age. An important issue the groups address is that of getting transport to reach health services which are few and far between in the district. Solutions implemented include securing bicycles, a mobile clinic and health education. Two hundred and twelve “task forces”, with approximately 2,100 members, have been established to reinforce safe motherhood messages and encourage women to get skilled care during pregnancy and childbirth.

Funder: Positive Action for Children Fund

Funding: £350k

Start Date: 2014

Location: Salima District

This project will run in the Salima district from 2014-2017. It aims to prevent mother to child transmission of HIV and 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 facilitated by community health workers.

Funder: Comic Relief

Funding: £1,079k

Start Date: 2014

Location: Ntchisi District

This three-year project aims to empower and educate women and improve the quality of maternal and newborn health services. It will develop women’s ability to identify and make changes in their lives and develop effective community links and improve Ministry of Health policy and resource allocation to reflect the demand in the district.

The ground work has been done to establish 320 women’s groups and 120 task forces. Beneficiaries will include 36,679 women of reproductive age, 16,732 newborns and 138 frontline health workers including Health Surveillance Assistants, nurse-midwives, registered nurses, medical assistants, medical officers, District’s Health and Environmental Health Offices’s staff.

£250 buys two bicycle ambulances to get mothers & babies to a clinic in an emergency



Malawi

“Through the women’s group I have also learnt how to use contraception so we can choose not to have any more pregnancies. I know this reduces my risk of dying in pregnancy.”

Our Partner: Adventist Health Services (AHS)

Funder: Comic Relief (Generating Ideas Grant)

Start Date: 2014

Funding: £10k

Location: Mulanje District

This funding allowed us to research the sexual and reproductive health challenges prevalent in the area and design an appropriate response for the Mulanje District. Consultation with communities and Ministry of Health personnel identified a particular need to work with young people.

We need further funding to build on this research and meet the needs identified.

At the end of 2014 we were contracted by AHS to provide technical advice to their USAID funded project “Reaching out with contraceptive choice in Malawi”. Our 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.

The three-year programme will roll 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.



India

Our Partner: Society for Nutrition, Education and Health Action (SNEHA)

Funder: Conservation Good and Health

Funding: \$29k

Concluded in: 2014

Location: Mumbai slums

This project increased the uptake of family planning and improved the quality of family planning services by directly targeting 2,258 married women of reproductive age among a catchment area of approximately 25,000 people in Gandhi Nagar in the Dharavi slum in Mumbai.

Some of the key achievements include improved knowledge, attitudes and skills of community members regarding family planning, and specifically increasing family planning knowledge among women of reproductive age to 94 per cent.

Fifty per cent of women of reproductive age reported services to be of high quality compared to 0 per cent at the beginning of 2014.

£80 runs a women's group for a whole year

Uganda



Our Partner: AMREF Uganda

Funder: Big Lottery Fund

Start Date: 2014

Funding: £498k

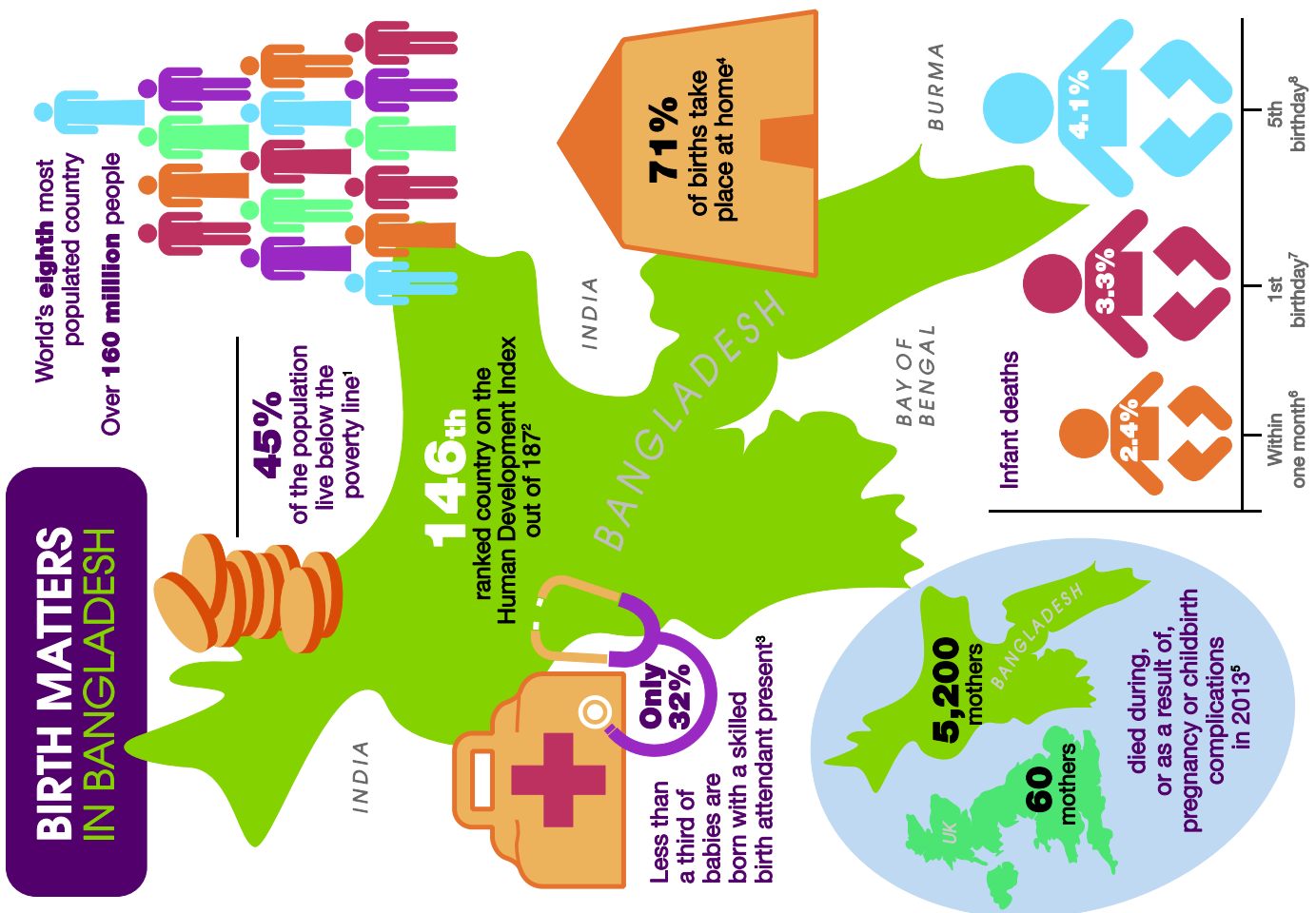
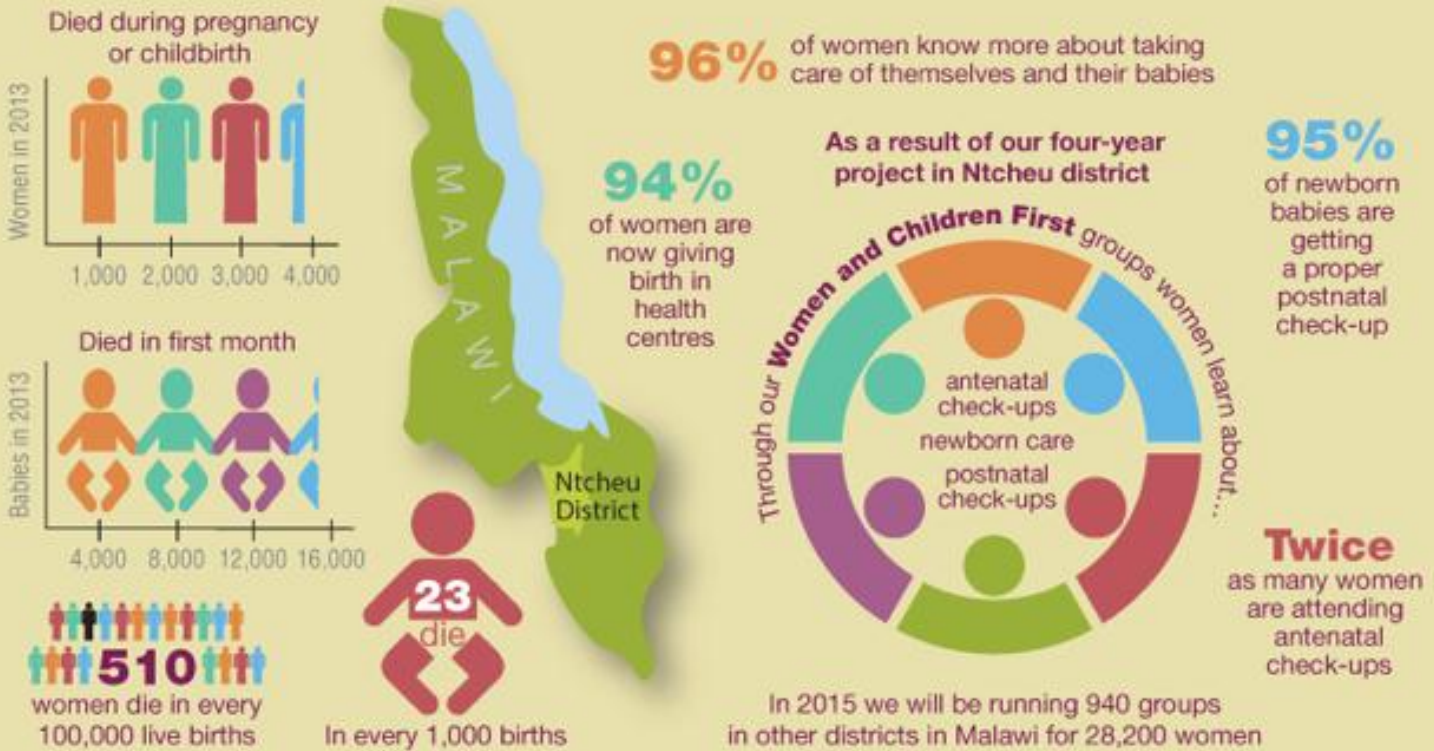
Location: Amuru & Gulu Districts

This project will raise community awareness, improve the health services and increase the amount of appropriate information available to policy makers and budget holders in a bid to improve reproductive and child health services. At the end of 2014 we had trained group facilitators for an initial 46 women's groups which will test whether the approach, transferred from Malawi, needs adaptation in the local context before the full complement of 150 groups is established.

This project will directly benefit 26,118 women of reproductive age, 6,465 pregnant women, 6,270 newborns, 5,559 infants, 26,118 under-5s, 59,478 under-15s and 183 health workers.

£500 delivers a village health education campaign

How we are improving pregnancy and childbirth statistics in Malawi



1. UNDP, 2. UNDP, 3. National Institute of Population Research and Training, 4. National Institute of Population Research and Training, 5. WHO Maternal Observatory, 6. Unicef, 2014, 7. Unicef, 2014, 8. Unicef, 2014.

Cherish Another Mother



Fundraising

In 2014 we ran our second Mother's Day #CherishAnotherMother campaign to raise money for mothers in Bangladesh where 5,200 women died of pregnancy related causes in 2013.

Mother's Day is a cause for celebration which is taken for granted in the UK - a country where mothers have the option to give birth in safe, sanitised, accessible and free healthcare facilities – not everyone is so lucky.

Mothers like Jyosna in Bangladesh who, without the help of her local Women and Children First women's group, would have died along with her little son Nurani. Jyosna developed preeclampsia in the last few weeks of her pregnancy. Her husband asked the group facilitator for help. The facilitator realised Jyosna had preeclampsia and needed to get to hospital fast. She gave Jyosna's husband a loan worth £15 to get Jyosna to hospital where Nurani was born by emergency caesarian section – just in the nick of time.

Ninety eight per cent of maternal deaths occur in developing countries.

This is where, with your help, we can save lives.

Through our women's groups we can halve their chances of dying. Women who, without this knowledge, are likely to die from haemorrhage, infection, eclampsia or obstructed labour. Problems that are rare in the UK but that with the right intervention are largely preventable and treatable.

Our work in Bangladesh has already had a positive impact. But there's so much more we can do. With your help.

£5 could pay for a mother to attend one of our women's groups for a year

£50 could pay for a group facilitator to run a women's group for up to 30 women

£250 could pay for us to train a community health worker

Financial Information

Total income for 2014 was £807,657 (2013 - £361,233) of which the majority was from funders' grants. The charity also benefited from donations from 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.

During 2014 the Trustees took the decision to invest in fundraising 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.

Statement of Financial Activities

Incoming resources

Grants	£712,698
Donations	£94,656
Investment Income	£303
Total	£807,657

Balance sheet

Fixed assets	£6,130
Current assets	£198,680
Less creditors	(£53,829)
Net current assets	£144,851
Net assets	£150,981

Expenditure

Project costs	£763,769
Governance costs	£3,163
Fundraising & publicity	£55,246
Total	£822,178

Funds

Restricted funds	£147,810
Unrestricted funds	£3,171
Total funds	£150,981

Our Thanks

Women and Children First received funding and support 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

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, Baroness Amos, Professor Sir Sabaratnam Arulkumaran, Kathy Lette, Baroness Massey of Darwen, Surina Narula, Juliet Stevenson

“I am very happy to tell you what made me decide to donate and why I chose Women and Children First. I have been lucky enough to have three straightforward pregnancies and deliver three healthy and beautiful babies, each of whom I very much wanted. I had all my children with the benefit of NHS midwifery care and I had a hospital delivery each time.

I am not religious; if I were, I might have donated to my church or said prayers. Instead, this is my way of giving thanks to the universe for my lovely children.

I am deeply aware of how lucky I have been in my experience and giving to a charity which aims to help other women to have a better experience of pregnancy and childbirth seemed to make sense.”



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