



United House, North Road
 London N7 9DP
 +44 (0)20 7700 6309
 info@womenandchildrenfirst.org.uk
 www.womenandchildrenfirst.org.uk



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PROJECT FUNDERS



Women & Children First (UK) is a Registered Charity No. 1085096

15 YEARS OF SAVING LIVES

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WELCOME TO OUR REVIEW



I am delighted to welcome you to this Annual Review which marks Women and Children First's fifteenth anniversary and celebrates the delivery of successful international development programmes to improve maternal and child health.

I am extremely proud to lead an NGO which can say hand on heart that it saves lives. Over the past 15 years Women and Children First has taken evidence generated by scientific field trials and applied it to projects that have resulted in measurable and sustainable improvements in women's and children's health. We have saved more than 5,000 lives.

But none of this could be done by our small team alone. I therefore extend a big THANK YOU to our wonderful implementing partners, funders, supporters, patrons and trustees.

I hope you will enjoy reading this Review that provides a taster of some of the great work we have delivered since 2002.

Ros Davies

Ros Davies
Chief Executive

Member of the
Msambafumu women's
group in Gelesomu
village, Malawi

MEET THE CHAIR

Our Vision is an equitable world where all women and children have good health. Our work reduces a woman's chance of dying during pregnancy or childbirth by about a half and reduces the chances of newborn babies dying by a third.



It is a great pleasure to take the role as Chair of the Board of Women and Children First. I have worked in women's health for nearly 40 years and have long been asking this question: How can women change their behaviour in healthy ways to save lives and give their babies the best chances?

The answer of course, is to let women work together to solve problems themselves. Women and Children First and its partners know that having a forum for discussion and problem solving is the key to changing the behaviour of women and men.

I'm looking forward to working with the staff and Board of Women and Children First in the coming years.

Carol Bradford
Chair of the Board of Trustees

A women's group meeting in Kamar Dongi village, Bangladesh

A WORD FROM OUR FOUNDER

Our work was recognised in 2017 by the UN Secretary General, Dr Antonio Guterres, who made 'community empowerment' a key theme for transforming the health of women, children and adolescents in the 2030 Sustainable Development Goals.



In 2002 Women and Children First began work to reduce preventable deaths of mothers and newborns and address the lack of quality care faced by marginalised or vulnerable populations across the world. Fifteen years ago governments and international agencies were focusing on hospitals and health worker provision with little attention to the potential role of mothers, families and communities. Clear evidence shows that even in the poorest communities, women's groups can have direct impact on improving the survival of mothers and babies.

Women and Children First has taken this approach to millions of women, saving thousands of lives, by forming women's community groups that use their own resources and creativity to educate, advocate and organise for better health for themselves and their families.

The Women and Children First team does a tremendous job, using limited resources to catalyse action, and the women's groups they set up remain active and powerful long after the interventions have ended.

A handwritten signature in black ink, appearing to read 'Anthony Costello'.

Anthony Costello
President Emeritus

Director, Department of Maternal,
Newborn, Child and Adolescent Health,
World Health Organisation

The Msonthe women's
groups' vegetable
garden, Malawi

**OVER
5,000
LIVES SAVED**

"It's not a drug. It's not a vaccine. It's not a device.
It's women, working together, saving lives."

Richard Horton, Editor of The Lancet

At the grassroots, we have been instrumental in changing attitudes and behaviour of both women and men.



Community Health Worker Stella holds a newborn at the Awach Health Center, Uganda

Women and Children First was set up to address the high levels of maternal and newborn mortality and morbidity in the world's most vulnerable communities.

Every year over three million babies die within the first month of life and a quarter of a million women die during pregnancy or childbirth. There are places where one woman in eight dies giving birth and many more suffer serious pain and disability. Our Mission is to improve reproductive, maternal, newborn, child and adolescent health where inequalities exist.

Working in partnership with local NGOs, we establish women's groups where women learn about pregnancy, childbirth and newborn care and are empowered to act and save lives. We improve the quality of care provided to beneficiaries in our target communities and advocate for local governments to provide health services which meet women's and children's needs.

In 15 years we have delivered over 30 successful major programmes and provided technical assistance to other NGOs in Afghanistan, Bangladesh, Ethiopia, Guatemala, Honduras, India, Malawi, Nepal, Myanmar, Nicaragua, El Salvador, Sierra Leone, Tanzania and Uganda.

We have led high profile advocacy initiatives to bring reproductive, maternal, newborn and child health issues to the attention of policy makers such as the UK Department for International Development and the World Bank.

Together with our partners we have reached more than two million beneficiaries, established over 5,000 women's groups and saved more than 5,000 lives.

HOW WE SAVE LIVES

4,984
GROUPS
CREATED
SINCE 2002

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

Anthony Costello



Baby in SCABU unit,
BIRDEM Hospital, Dhaka,
Bangladesh

For 15 years Women and Children First has successfully delivered low-cost projects shown to have a positive impact on maternal, newborn and child health in marginalised communities in Africa, South Asia and Central America.

Women and Children First’s integrated approach mobilises communities to address maternal and child health problems. It does this by assisting communities to advocate for improved maternal health policies and sufficient funding for quality reproductive, maternal, child and adolescent health information and services.

Our core work improves maternal and child health at community level. We do this by training facilitators to run women’s groups using a talking and learning approach that empowers individuals and communities devise and deliver their own strategies to improve maternal and child health.

In communities where mortality rates are high and where 30 per cent of women join a group, maternal mortality rates can be reduced by half and newborn mortality by a third.

Women and Children First’s work has been recommended by the World Health Organisation, particularly for rural areas with little access to health services.

MAKING A DIFFERENCE IN MALAWI

In 2009 Joyce Banda (Malawi's first female President) visited Women and Children First to learn about our work. She'd seen a village headman talking about maternal and newborn health and was astounded at his knowledge and commitment to improving the health of mothers and newborn babies. She was impressed that he had been alerted to these issues through the work of Women and Children First.



A midwife checks an expectant mother at the Chagunda Health Centre, Malawi

Women and Children First has worked in Malawi since 2005, partnering with the Ministry of Health, The MaiKhanda Trust and Adventist Health Services.

From 2005 to 2013 we collaborated with the **Ministry of Health** on an innovative Perinatal Care Project in Ntcheu. We reached more than 80,000 people from 144 villages and improved the quality of care in 14 health centres. By the end of the project 94 per cent of women had delivered in a health centre and the number of women seeking antenatal care had doubled. Knowledge of good childcare practices increased from 12 per cent to 96 per cent.

Together with **MaiKhanda** our work with women's groups in three districts in the central region of Malawi between 2006 and 2012 reduced the rate of babies dying during pregnancy, childbirth or soon after birth by 16 per cent. In areas where women's groups were combined with quality improvement in local health facilities, the newborn mortality rate was reduced by an impressive 23 per cent. The programme saved the lives of over 1,000 babies.

84%
INCREASE
IN BABIES
EXCLUSIVELY
BREASTFED

There has been an 84% increase in babies exclusively breastfed for six months in our project in Salima, Malawi.

End of project data for the project showed a 26% increase of HIV-exposed infants receiving nevirapine (a medicine used to treat and prevent AIDS) at birth and the prevalence of couples using modern contraceptives increased by 52%.



Martha and her youngest daughter, born HIV negative from Matumba Village, Malawi

In 2016 we supported MaiKhanda to manage 640 women's groups in Nkhotakota, Ntchisi and Salima districts. The groups raised community awareness of maternal and newborn health problems and empowered women with the knowledge they need to address their most pressing health issues. They worked with wider communities to solve problems such as lack of transport to get to a health facility in an obstetric emergency or anemia during pregnancy. MaiKhanda's work improved the quality of maternity care in health facilities and Women and Children First provided training and support for grass-roots advocacy to improve maternal and child health services.

Our ground-breaking work with **Adventist Health Services** provided technical advice to establish and run over 300 community and youth groups to increase access to family planning services for over 400,000 people.

IN MALAWI ONE IN 26 WOMEN HAVE A CHANCE OF DYING IN PREGNANCY OR CHILDBIRTH

WOMEN IN THE UK HAVE A ONE IN 1,111 CHANCE OF DYING IN PREGNANCY OR CHILDBIRTH



We asked community health worker Ruth to talk about her work. She is married with four children and lives in Kalonga. She told us:

"The village head recruited me because I can read and write and I am hard working and interested in community work. One of our aims is to prevent mother-to-child transmission of HIV. The women's group discusses the issues and encourages people to go for regular HIV testing so they know their status.

Ruth facilitates two women's groups. She is proud of their achievements

In the group we discuss the most serious problems facing our community and work out strategies to deal with them. A big issue is the number of women who give birth at home because the health facility is far away. We encourage women to deliver their babies in the health facility so we lobbied for funds for a bicycle ambulance (pictured on the left). We will now lobby for a local health centre, with our community providing the bricks.

We want people with HIV to have anti-retroviral treatment. We discuss malaria, pneumonia and family planning. We have organised households to paint words and phrases on their homes about the problems we face, so everyone can think about how to solve them in the community."



£1,400
COST PER LIFE SAVED

Income	Expenditure	Project costs	Fundraising costs	Governance costs	Reserves as at 31 December
£1,282,250	£1,396,021	£1,352,494	£43,527	£6,207	£536,067

SUCCESSFUL WORK IN BANGLADESH

34%
**REDUCTION
IN NEONATAL
MORTALITY
2014 – 2016**

“Now community members know that newborns need exclusive breast feeding, which is very nutritious and good for their health. So they feed mother’s milk to their babies, rather than water, honey or water mixed with misri.”

Focus group discussion, Woman of reproductive age, Bhatgram



Dr Momy with young patient in Bogra Diabetic Hospital

Bangladesh has made remarkable progress to improve the health of women and children but newborn mortality rates remain high.

Women and Children First has worked with the Diabetic Association of Bangladesh’s Perinatal Care Project since 2002.

Building on previous successful collaborations which achieved a 33 per cent reduction in newborn mortality, we ran a programme to improve maternal and newborn health in Bogra District from 2014 - 2016. We established 194 women’s groups, benefitting 20,000 women, improved referral systems and communication between communities and health facilities and facilitated community advocacy.

External evaluation showed a significant contribution was made to the wellbeing of newborns, with the Neonatal Mortality Rate dropping from 35 to 23 per 1000 live births during the project period. Women who attended meetings reported that the women’s group empowered them to make decisions about their own health and their children’s health by learning with the support of others in the group.

Through her women’s group, Shapla learned about breastfeeding, nutrition and the need for vaccination and regular check-ups – all she needs to know to keep herself and her children healthy. She said:

“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.”

“I’ve worked here for 5 years. Before, I’d hardly see pregnant women, even those living close to the community clinic, come to get ante-natal care. They didn’t know they needed iron tablets and vitamin A capsules. But, in the last year they’ve started coming every month for check-ups and take their tablets. The number of pregnant women coming has increased from around five or six per month to 18 – 22 per day.”

Community healthcare provider, Bhatgram



Newborn at the Faridpur Medical College Hospital, Bangladesh

Seventeen-year-old **Sharmin Akter** from Ramkristopur, Bogra District, has one child, her daughter, Halima. When she was pregnant, Sharmin attended women’s group meetings and went for antenatal check-ups, took her iron tablets, had a tetanus injection and made sure she had good nutrition and plenty of rest.

Late one night, when her baby was almost due, Sharmin started having severe abdominal pains that went on all night. By the next morning the baby showed no sign of arriving. When friends from the women’s group visited her, they reminded her that more than 12 hours in labour is a sign that she and the baby might be in danger. They suggested her husband should take her to the nearby hospital immediately. He didn’t have any money, so they gave the couple 2,000 Takas to get to the hospital.

Once there, Sharmin needed a small cut (episiotomy) and Halima was born and she and the baby stayed in hospital for 15 days. After the birth, members of the women’s group gave her advice on how to care for her newborn baby, telling her what vaccinations she should have, and how to prevent pneumonia and other illnesses. Sharmin gave Halima a good start by breastfeeding her for six months.

Sharmin believes that without the support of the women’s group her baby would have died. She hopes that when Halima grows up, she, in turn will join the women’s group so she will be able to help the next generation of women.

LIFE-SAVING PARTNERSHIPS IN ETHIOPIA

94%
**OF WOMEN
ATTEND 4
OR MORE
ANTENATAL
VISITS**

The provision of seven vital functions – such as the availability of antibiotics or the ability to perform basic neonatal resuscitation – required for basic emergency obstetric care in health facilities in the project area has increased from 0% to 94%.



Women's group meeting in the Gerewe Madada village

Each year an estimated 19,000 women in Ethiopia die from childbirth complications and 120,000 babies die during the first month of life. The government recognises the importance of training midwives but progress is slow. Cultural issues and practices result in many people having little understanding of the benefits of skilled health and medical care. Only 10 per cent of births take place in a health facility and only 11 per cent of babies are delivered by a skilled birth attendant.

Women and Children First is working on two programmes to address these issues.

Our project with the Family Guidance Association launched in Malga woreda in 2015 has benefited over 84,000 people. One hundred and seventy-four women's groups are running with good attendance, especially of pregnant women. A number of groups have established village funds to support expenditure, particularly on health. Eight monthly radio programmes broadcast in the Sidama language to raise awareness of maternal and newborn health have been well received.

A new three-year programme to improve maternal, perinatal and newborn health and reduce mortality in Goro woreda will start in 2017. Women and Children First provides technical assistance to this programme which will be delivered by Doctors with Africa CUAMM, an Italian healthcare NGO.

PROGRESS FOR WOMEN AND CHILDREN IN UGANDA

72%
OF MEN
ACCOMPANY
THEIR WIVES
FOR ANTENATAL
CARE

Amref Health Africa in Northern Uganda is engaging men to be actively involved in health related issues and working with young people to raise awareness and reduce teenage pregnancy.

More than 50% of births now take place in a health facility with skilled medical care. 50% of children under 1 are fully immunised.



Women's group facilitator Joy and member Teddy comfort Teddy's newborn, Uganda

A third of the population of Uganda lives below the poverty line. Funding for health services is low and only 50 per cent of mothers receive skilled care when giving birth.

Our programme with Amref Health Africa in Northern Uganda launched in 2014 to benefit over 129,000 people. We have trained facilitators to run 150 women's groups, improved care in 25 health facilities and advocated for better health care for women and children. More women are getting antenatal and postnatal care and delivering their babies safely in health facilities.

Teddy is a member of the Ripelonyo women's group. She gave birth to her fourth baby by the side of the road. She told us:

"I tried to get to the health facility 12 km away. I felt pains so I called the traditional birth attendant. It was 10 pm and there was no transport so we set off on foot. With her help I gave birth on the roadside. I was happy the baby was alive but I know from the women's group that not giving birth in a health facility means your baby isn't weighed and checked so you don't know if your baby is healthy. I advocate for shelters where mothers can stay near the health facility when they are near their delivery date."

UGANGA: FLIDER'S STORY

**129,000
PEOPLE
IN NORTHERN
UGANDA HAVE
BENEFITED
SINCE 2014**

Amref is supporting 150 Village Health Team volunteers who conduct home visits to raise awareness of maternal and child health and refer pregnant women to the health facilities. Community dialogue meetings provide feedback on services to the healthcare providers. Advocacy meetings resulted in renovation of delivery theatres in two clinics.



Innocent and her daughter, Nelly

"My name is Flider Arach. I am 40 and have seven children aged between 9 and 22 years-old. I am a member of Ogedi women's group that I joined on 2014. We have 30 members.

I've learned about caring for unborn babies, using family planning, saving money to be able to take care of your health and cater for your family's needs.

When my daughter Innocent got pregnant at 15 years I did not know what to do so I shared my concerns with the group. They advised me not to scold my daughter but instead take care of her because she is still very young.

For the whole of Innocent's pregnancy we saved money with the group treasurer. We saved between 500 – 2000 shillings a week and when Innocent gave birth we had raised 15,000 shillings (£3.60).

We used some of the money to buy basics as required by the health facility like a plastic mattress cover, basin and two baby wraps. We used the rest to pay for a boda boda (motorbike taxi) to the health facility and a car when she was referred to Lacor hospital. Innocent's baby is now 6 months.

All the women in my family are now members of Ogedi women's group."

SHARING OUR EXPERTISE

30+
MAJOR
INTERNATIONAL
PROJECTS
DELIVERED

Since 2002 we have collaborated with academic institutions, NGOs and Ministries of Health to improve maternal and child health in Afghanistan, Bangladesh, Ethiopia, Guatemala, Honduras, India, Malawi, Nepal, Myanmar, Nicaragua, El Salvador, Sierra Leone, Tanzania and Uganda.

We have established 4,984 women's groups with 287,365 members within a total population of 11,727,374 people.



Women's group in Lempira, Honduras

Since 2014 Women and Children First has provided technical assistance on the women's groups approach to other NGOs. This takes the form of training staff and providing ongoing advice as the NGOs roll out their programmes. Some of our work is described below.

We are working with Health Poverty Action to establish women's groups in **Myanmar**. Group facilitator Yu Wan told us "Although I do not know how to read, I can use picture cards to help with the discussions. Women can learn about high risk signs during pregnancy and I hope they can understand the importance of having babies in the hospital." The project will improve access to skilled birth attendance, family planning and infant health services.

In **Sierra Leone**, where rates of newborn and maternal deaths are among the highest in the world, we are working with the Welbodi Partnership in Freetown. Over 4,000 women and their children are benefitting directly from women's groups. Group members will share knowledge with family members and neighbours thereby reaching a further 100,000 people with life-changing information on ante-natal care and safe delivery.

We have been commissioned by Health Poverty Action to provide technical assistance for a programme in **Guatemala, Honduras, Nicaragua and El Salvador**. Families are less likely to use contraception and many women give birth without trained assistance. Health Poverty Action set up 124 women's groups that benefit over 3,000 women who are now making birth plans and learning about family planning, child health and danger signs during pregnancy.

HOW YOU CAN HELP

£10,000 COULD HELP
ESTABLISH A NEW
WOMEN'S GROUP
PROJECT

£28 CAN PAY FOR
A COMMUNITY
HEALTH WORKER'S
KIT (THERMOMETER
AND WEIGHING
SCALES)



The life-saving work we do would not be possible without the generous donations we receive from our supporters. Over the last 15 years we have seen toddler walks, marathons, treks to Kilimanjaro, as well as gifts in lieu of birthday or wedding presents and countless others. The capacity for support and generosity of our donors, when it comes to mothers and children thousands of miles away, has always touched our hearts. This publication is full of stories of the differences we make. We make them thanks to you.

A nurse listens for the foetal heartbeat during a check-up at the Awach Health Centre, Uganda

It costs thousands of pounds to run a whole programme in one region but this breaks down into smaller chunks, like £300 for a bicycle ambulance or £50 for a women's group facilitator for a year.

Frances, who organised a toddler walk at her local nursery said:

"I was fortunate enough to have a very straightforward pregnancy and birth. I am aware that this is not the case for far too many women across the world. This is why I support the work of Women and Children First – in the hope that our children and toddlers can in some way help other mothers and babies across the world stay safe and well, as we are."

HOW TO DONATE

Online: www.womenandchildrenfirst.org.uk/donate

By text – simply text: MUMS15 £15 and send it to 70070 to donate £15

By post, using the donation form enclosed or download a form at:
www.womenandchildrenfirst.org.uk/get-involved/other-ways-to-give

THANK YOU

Our life-saving work is only possible with the generous support of our donors, as well as our partners, patrons, trustees and staff. We look forward to working with you in the coming years.



We are very grateful to the following for supporting our work in 2016:

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Mikey Rosato (Director of Programmes and Technical Assistance)
Ollie Lloyd-Houldey (Programmes Manager)
Julia Garden (Administrator)
Jo Talbot (Finance Officer)
Izabela Seabrook (Fundraising Advisor)
Frances Greig (Trust fundraiser)
Karen Schiliuk (Intern)

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