



**WOMEN  
AND  
CHILDREN  
FIRST (UK)**



**Annual Report 2015**

## Our Vision and Mission

**Our Vision** is an equitable world where all women and children have good health.

**Our Mission** is to improve reproductive, maternal, newborn, child and adolescent health in poor and marginalised communities in developing countries.

# You can help

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.



Our contribution to sustainable development is achieved by working with partners to mobilise communities, healthcare providers, funders and influencers to find solutions that empower women to exercise their health rights.



## From our Chief Executive

I am delighted to report that 2015 was another very successful year which brought better maternal and newborn health to hundreds of thousands of women and children.

We supported seven major projects in Bangladesh, Ethiopia, Malawi and Uganda, reaching a total of 1,048,639 people living in rural communities where there is little access to health services.

Women and children in these communities face a high risk of maternal and newborn deaths, so we are proud to relate that we attracted more than 48,000 women to join our 1,108 women's groups and improved the quality of care in 53 health centres.

Over the year we improved the health of around 150,000 women and their families and data from our projects suggests that we saved the lives of at least 46 mothers and 143 newborn babies.

We also helped other NGOs in Burma, Central America and Sierra Leone to set up women's groups programmes and will provide ongoing advice as their programmes roll out over the coming years. We are delighted to offer this service as it means our life-saving approach will benefit far more women than we could hope to reach ourselves.

We couldn't have done this without our wonderful partners and the highly appreciated funders and supporters who put women and children first and donated so generously.

I extend a big thank you on behalf of all our beneficiaries.

A handwritten signature in blue ink that reads "Ros Davies".

Ros Davies  
Chief Executive

## Chair's Summary



I bid a fond farewell to Women and Children First where I have been Chair of the Board of Trustees from 2008 – 2016. During that time Women and Children First has gone from strength to strength. It increased its staff from 2 to 5 and its turnover from £187,000 to £1.65m.

Women and Children First is recognised as being in the forefront of initiatives to prevent the death of woman and children during pregnancy and childbirth, using participatory techniques with women's groups. In 2014, after rigorous trials, this methodology was endorsed by the World Health Organisation which recommended it should be applied in areas where women have little access to health services.

The CEO and staff of Women and Children First have been a delight to work with; utterly professional, competent and hard working. It is extraordinary that in the current climate Women and Children First's income has increased and the scope of work has expanded from projects in a small number of locations to training trainers and providing advice to other organisations in countries across Africa, Asia and Central America.

The Board of Trustees has grown and changed, bringing new Trustees with a range of work experience and expertise to supplement the purely technical issues of childbirth.

The new Chair, Carol Bradford, has global experience in reproductive health, maternal health, service delivery and quality of care. I am delighted to hand over to her and look forward to seeing the further growth and influence of Women and Children First.

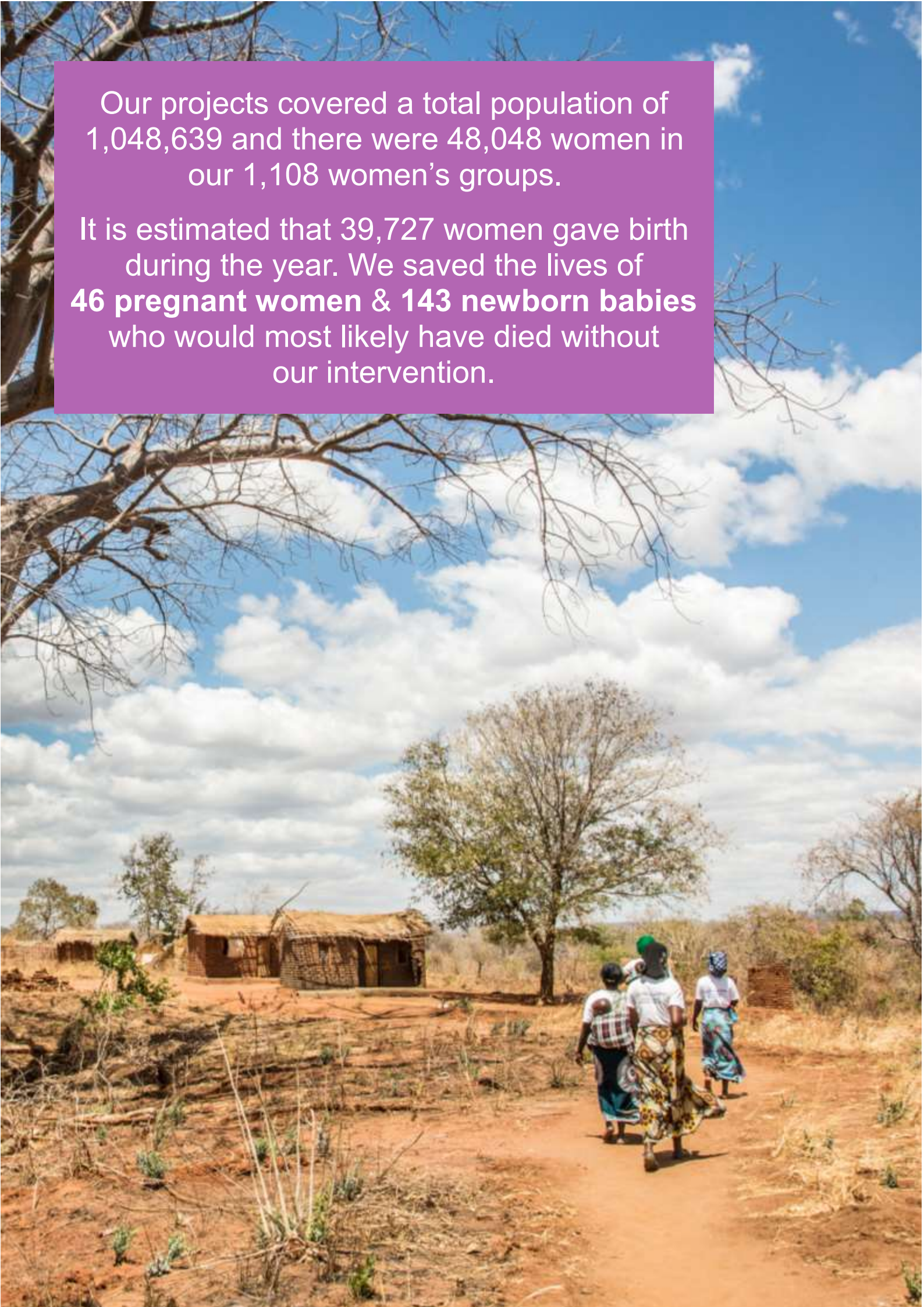
A handwritten signature in black ink that reads "Hazel Slavin". The signature is fluid and cursive.

Hazel Slavin

Chair of the Board of Trustees

Our projects covered a total population of 1,048,639 and there were 48,048 women in our 1,108 women's groups.

It is estimated that 39,727 women gave birth during the year. We saved the lives of **46 pregnant women & 143 newborn babies** who would most likely have died without our intervention.



# Bangladesh

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

**Funder:** UKAID

**Funding:** £250k

**Project Year:** 2

**Location:** Bogra District

We have worked in Bangladesh since 2002 and the current project builds on relationships and experiences already established. We're now working in the Bogra district to improve maternal and newborn health for 20,000 women by setting up 194 more women's groups to support their access to good quality maternal and newborn health services.

## The following is a typical story of the difference our women's group are making in Bangladesh:

Seventeen-year-old **Sharmin** has one child, her daughter, Halima. When she was pregnant, Sharmin regularly attended women's group meetings where she learnt how to look after herself during pregnancy. She went for her 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. These went on all night long but by the next morning the baby showed no sign of arriving. Some friends from the women's group visited her and reminded Sharmin that being in labour for more than 12 hours is a sign that she and the baby might be in danger. They suggested that her husband take her to the nearby hospital immediately. He didn't have any money, so he asked his parents to help. They wouldn't give Sharmin the money to get to the hospital because they thought her labour was normal, and that she should just wait for the baby to arrive.

Her friends were certain, though, that Sharmin needed medical care, so when her husband returned, they gave the couple 2,000 Takas to get to the hospital. She needed a small cut (episiotomy) and Halima was born.

Sharmin believes that, without the support of the women's group, her baby would have died. She thinks that all the women in the village should go to women's group meetings, and hopes that when Halima grows up, she, in turn will join the Perinatal Care Project so she will be able to help the next generation of women.





Anna, one of our donors, explains why she supports us:

*“ I had an extremely difficult & dangerous childbirth experience. Had I not had access to medical care, my life, and my family's life, would be tragically different. So, I wanted to share my good fortune with other mothers who may also need support.”*



By the end of 2015 we had increased the number of women attending the recommended 4 ante-natal sessions by up to 9% and the number of women giving birth with a skilled attendant by up to 37%. Attendance for postnatal care within 7 days increased by up to 24%.

# Ethiopia

**Partner:** Family Guidance Association of Ethiopia (FGAE)

**Funder:** Comic Relief

**Funding:** £782k

**Project Year:** 1

**Location:** Southern Nations, Nationalities & Peoples Region

In April 2015 we launched a new programme in the Southern Nations, Nationalities and Peoples Region of Ethiopia, in partnership with The Family Guidance Association of Ethiopia, with the aim to reach over 84,000 people.

In this rural region, mothers and babies are frequently sick, and lives are being lost needlessly, because not enough people know about the healthcare services that are available and the quality of those services is often poor.

Our programme will introduce women's groups, where women will learn how to keep themselves and their babies safe. We will engage with the community leaders so they are aware of the importance of good quality information and health services for women and babies.

Among the plans still ahead are:

- To train and promote skill sharing among health centre and health post staff to improve quality of care.
- To provide an ambulance for the project area and solar power and water for health centres.
- To strengthen the capacity of the Regional Health Bureau to manage referral and health management information systems.

**In areas where similar projects have run, we have had this feedback from members of women's groups:**

***“When a child is sick while you are pregnant, the husband will take the child to the hospital and get help while you can rest at home. Before, they would slap you and tell you to take the child to the hospital yourself...so you would be heavily pregnant and carry another child on your back.***

***We have seen changes in men due to their involvement in the groups and hear other men say they help their wives too.”***



Each year 19,000 women die from childbirth-related causes in Ethiopia



By UN Emergencies Unit for Ethiopia - USAID/Ethiopia Map Room, <https://commons.wikimedia.org/w/index.php?rid=1519191>

**£250** can buy two bicycle ambulances

**£500** can deliver a village health education campaign

**£1,000** can enable 200 women to attend a women's group for a whole year

# Malawi

**Partner:** MaiKhanda Trust

**Funders:** Big Lottery Fund, Comic Relief, DFID, Positive Action for Children Fund

**Funding:** £2,174,644

**Project Year:** 2

**Location:** Nkhotakota, Ntchisi & Salima District

We have worked with the MaiKhanda Trust since 2006 and our first project saved over 1,000 babies' lives. Our current projects build on previous success and extend the work to new districts.

***“The project has made women aware of what to do. They know when to start antenatal care, they know the importance of delivering at a health facility and they also know that when a baby is born they need to receive immunisations...because they were going in the villages to teach them on health issues”***



## **Nurse Midwife Technician, Nsiyaludzu Health Centre**

The women's groups across Nkhotakota district make sure that women get access to proper healthcare and can hold service providers to account if the health services are poor. We are also improving the quality of care in all 18 health facilities in the district which offer maternity services.

In Salima district we are testing the women's groups model to see if the approach reduces mother to child infection of HIV and the number of unwanted pregnancies.

While in Ntchisi district we are taking the tried and tested women's groups approach to help women make decisions about their own healthcare and we are supporting local communities to address their most important priorities for keeping mothers and babies safe.

We are sharing our women's groups expertise for a brand new USAID funded project which is encouraging women in Blantyre, Dedza, Rumphi and Mzimba districts to use contraception through involvement in community groups and distributing supplies in their communities.



**Felister Chikoti, Nurse & Midwife  
at the Chagunda Health Centre:**

*“Some women have to deliver their babies on the floor as we only have one delivery bed and three post natal beds.*

*We don't have a separate room for HIV testing so often women can overhear the results of the person getting tested and will find out their status.*

*Infection prevention is also a big issue here, we don't have electricity and our steriliser doesn't run using solar alone, so the equipment used for delivery is not adequately sterilised, we only have chlorine to clean our equipment.”*



# Uganda

**Partner:** AMREF Uganda

**Funder:** Big Lottery Fund

**Project Year:** 2

**Funding:** £498k

**Location:** Amuru & Gulu District

This is the second year of our program in the Gulu and Amuru districts of northern Uganda.

So far 150 women's groups have been established and 150 Health Team volunteers trained. The ongoing problems include the remoteness of some locations and high costs of travel. This translates to poor knowledge of available health services (as volunteers are unable to get to some locations easily) and low quality health services, which often lack power and water. This situation requires continual advocacy with the local authorities to improve health services for mothers and children.

## **In the words of one of the midwives from our projects:**

*“Distance is a big problem: women who come from far away are at risk of giving birth before they get here. I had a meeting with the chiefs and we agreed that women should be urged to come to the health centre early, rather than waiting for their labour to start before leaving home.*

*The same applies to antenatal appointments. Women from the most distant villages have a two-hour walk. I would like the project to provide transport – motorbikes, perhaps – so we could hold antenatal clinics in the villages once a month and bring people here if we identify a problem.”*



Each year in Uganda,  
**35,000** babies die  
in the first month of life



Our women's groups  
reduce maternal mortality  
by nearly **50 per cent**  
and newborn mortality  
by **33 per cent**

# Technical Advice

We aim to reduce maternal and newborn mortality where there are inequalities in reproductive, maternal, newborn, child and adolescent health.

To achieve this, we have delivered over 30 major international programmes which have had women's groups at their core. Since we launched our first international projects in 2002, Women and Children First has built up an important body of knowledge on how to successfully deliver this WHO recommended life-saving approach to reduce maternal and newborn mortality which we want to share with others.

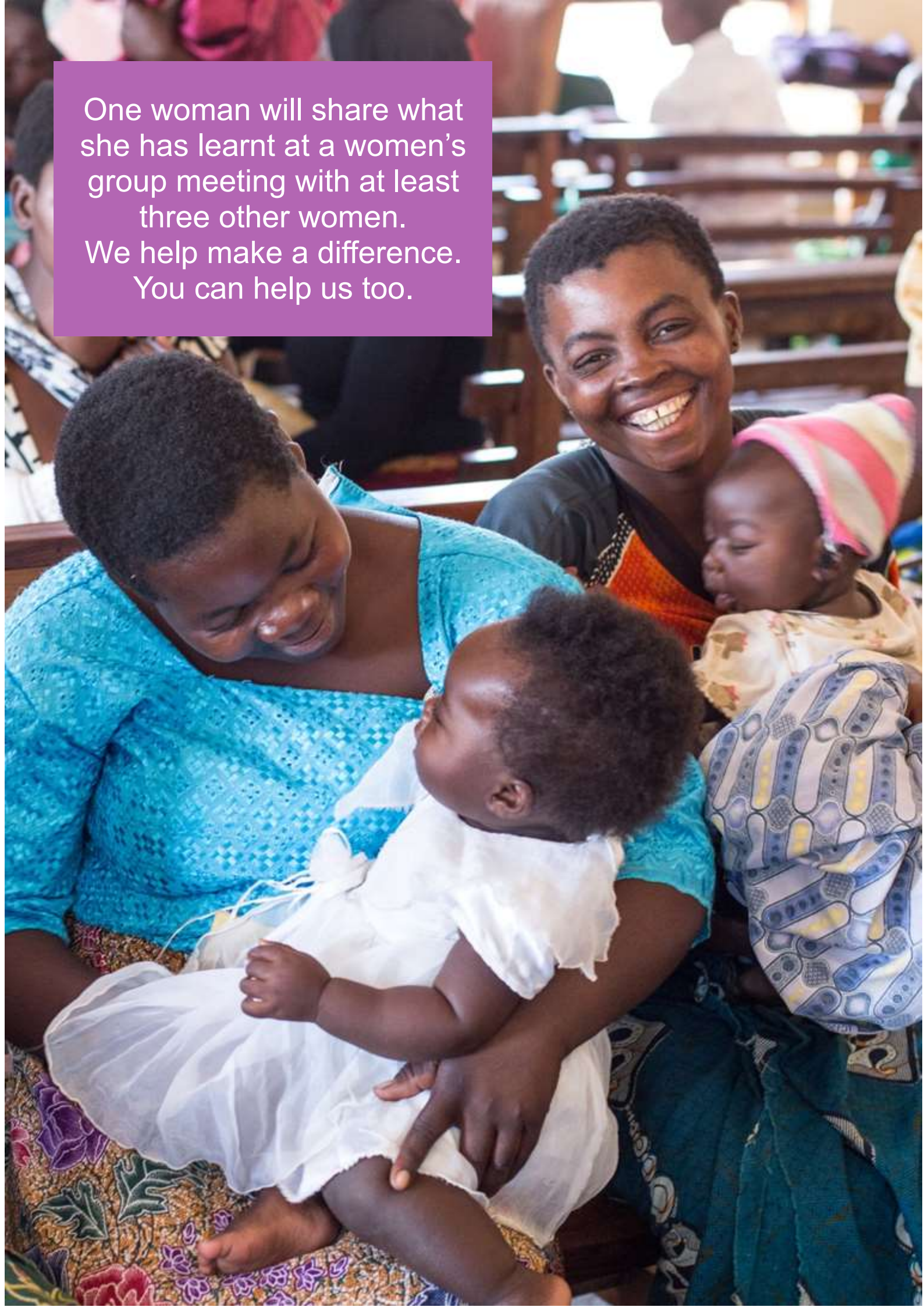
We are now providing a technical assistance service to train other organisations to deliver the approach themselves. To do this, we have developed a high quality package of training and materials, which we tailor to the local context. This enables other organisations to design, implement and manage women's group programmes. We also provide ongoing support until these organisations are confident of delivering the approach themselves.

In 2015 we delivered this package successfully with partners in a number of countries including:

- Afghanistan with HealthProm
- Guatemala, Honduras, El Salvador & Nicaragua with Health Poverty Action
- Malawi with Adventist Health Services
- Myanmar with Health Poverty Action
- Sierra Leone with Concern Worldwide & the Welbodi Partnership
- Tanzania with Tushikamane



One woman will share what she has learnt at a women's group meeting with at least three other women. We help make a difference. You can help us too.



# Fundraising

In 2015 we spent a total of £1,202,905. Of this total, £1,174,487 was spent on project activities, fundraising costs were £23,832 and £4,606 was spent on governance.

## 98p out of every £1 was spent on projects

### What we have achieved so far:

- developed a unique life-saving approach through women's community groups
- established 5,000 women's group across our project countries: Ethiopia, Malawi, Uganda, Bangladesh
- helped over two million women, children and families directly
- reached a further five million people indirectly through our work
- since 2002 we have saved over 6,000 lives and each day, with your help, we can save even more

### The difference we can make:

When a third of pregnant women participate in a women's group, maternal death rates are cut by almost half and neo-natal deaths by over a third...

...that means the deaths of **36,000** women and **283,000** children could be prevented (based on work in 75 countries).

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. A woman will share what she has learnt at a women's group with at least two other people.

## Your donation helps us stop mothers & babies dying needlessly

Emily from Storksak says:

*"At Storksak we know how lucky we are to have good quality health information - we have health visitors, doctors, nurses, family and friends to turn to for help when times get difficult. Imagine how terrifying life would be if you were living in poverty, lacking the basic information and knowledge to do the right things to keep yourself and your baby alive, safe and well.*

*That's why we have chosen to donate to Women and Children First."*

**No matter the size of your office you can have fun & raise funds.**

**See our fundraising pack for details.**



## 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 2015:

Access 4  
Big Lottery Fund  
Comic Relief  
The Positive Action for Children Fund  
The UK Department for International Development  
The Fulmer Charitable Trust  
The Ernest Kleinwort Charitable Trust  
The Laurie and Gillian Marsh Charitable Trust  
The Mishcon Family Trust  
The Persula Foundation  
Reuben Foundation  
The Rhododendron Trust  
The Souter Charitable Trust  
The Charity of Stella Symons  
C B & H H Taylor 1984 Charitable Trust  
The Roger Vere Foundation  
USAID  
WHO  
Faber & Faber  
Stand4Socks  
Storksak

**We would like to thank all the individuals who continue to support us every year.**

**President Emeritus:** Professor Anthony Costello

**Our Trustees:** JP Agrawal, Sarah Blakemore, Deborah Botwood-Smith, Margaret Braddock, Carol Bradford (Chair), Peter Clokey (Treasurer), Patricia Croll (Vice Chair), Meera Dodia, Roz Marsh, Audrey Prost, Laura Salisbury, Esther Sharma, Jo Torode, Anthony Williams

**Our Patrons:** Baroness Afshar of Heslington, Baroness Amos, Professor Sir Sabaratnam Arulkumaran, Kathy Lette, Baroness Massey of Darwen, Surina Narula, Juliet Stevenson

# Financial Information

## Women and Children First (UK)

### Statement of financial activities

Year ended 31 December 2015

	Restricted £	Unrestricted £	2015 Total £
<b>Income from:</b>			
Donations and legacies	1,491,094	132,985	1,624,079
Charitable activities	-	50,146	50,146
Investments	-	637	637
<b>Total income</b>	<b>1,491,094</b>	<b>183,768</b>	<b>1,674,862</b>
<b>Expenditure on:</b>			
Raising funds	-	28,718	28,718
Charitable activities	1,116,806	57,401	1,174,207
<b>Total expenditure</b>	<b>1,116,806</b>	<b>86,119</b>	<b>1,202,925</b>
<b>Net income (expenditure)</b>	<b>374,288</b>	<b>97,649</b>	<b>471,937</b>
Transfers between funds	2,436	(2,436)	-
<b>Net movement in funds</b>	<b>376,724</b>	<b>95,213</b>	<b>471,937</b>
<b>Funds at 1 January</b>	<b>147,810</b>	<b>3,171</b>	<b>150,981</b>
<b>Funds at 31 December</b>	<b>524,534</b>	<b>98,384</b>	<b>622,918</b>



**Our supporter, Nicola** took on Mount Kilimanjaro because:

*“Without access to the best medical care and support I received, simply because of where I live, it is unlikely that I would have survived childbirth.*

*In fact, in my antenatal group alone, 5 out of 6 of us, and indeed most of our children, would not have survived the birth or immediate postnatal period, which is a very sobering thought.”*

**Test your nerves with a parachute jump or push yourself to the limit in a marathon or trek. Find out more in our fundraising pack.**

## Our Legacy

More than 303,000 women and over five million newborn babies die each year in pregnancy and childbirth or soon afterwards, the majority of them in Africa and South Asia.

**We need your help to reach more mothers & babies with our life-saving work:**

**£50** could pay for a women's group facilitator for a year

**£210** could save a new-born's life in rural Bangladesh

**£500** could train two community health workers to look after mothers & babies in rural Malawi

**£10,000** could help to establish a new women's group project

**You can help our legacy be one of hope & change. Please support our fundraising efforts with a gift in your Will.**





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