



of putting women and children first



Happy Birthday

I am proud that over the last 10 years, Women and Children First and our partners in Nepal, Malawi, Bangladesh and India have proved that our way of working with women really does save lives.

We work for safer childbirth to be recognised and funded in those countries where too many babies die before their first birthday for lack of basic resources and knowledge. I thank our patrons, who help to keep safe childbirth on the agenda, and the trustees, for their contribution to governing the charity. Most importantly, I thank the Women and Children First staff, who perform miracles every day to ensure that our partners are funded and motivated, governments are kept on their toes, and women and babies have the chance to live healthy, happy and productive lives.

A handwritten signature in black ink that reads "Hazel Slavin".

Hazel Slavin
Chair of the Board



Welcome to our combined 10-year and annual review

As we celebrate our 10th birthday, our founding trustee, Professor Anthony Costello looks back and tells us why Women and Children First was set up and what has changed for mothers and newborn babies since then.

You can also read about the highlights of our work over the past 10 years, and find up-to-date information about our international programmes and advocacy achievements in Africa, Asia and the UK during the last year.

Finally, we will tell you about our finances and share stories of some enthusiastic and imaginative fundraisers who have helped make it all possible.

Please help us celebrate our 10th birthday. Look at our website for examples of how you can enable women and children to gain access to the resources and knowledge they need to keep themselves and their newborn babies safe.

Thank you in advance for your help. I hope you enjoy reading our review.

Ros Davies

Ros Davies
Chief Executive Officer



Saving lives and influencing people

In 2001, when most child survival initiatives did little to address the needs of newborn infants, a group of development and health professionals set up Women and Children First. We realised that maternal and newborn health were inextricably linked, and that nearly half of all deaths of under-fives occurred around the time of birth.

We also recognised that many of these deaths could be prevented by low cost interventions.

Our first assignment was a report for Save the Children called State of the World's Newborns. This generated international interest, especially from the Bill and Melinda Gates Foundation, which committed \$50 million to save newborn lives.

We then began work in very poor communities through an integrated women's group programme, first in Nepal and Bangladesh, later in Malawi and India. Rigorous evaluation of these women's groups shows they can bring about remarkable transformations. Where there were groups, newborn deaths fell by 30% in Nepal and 45% in India.

Ten years on, we are proud that our work, which is based on local partnerships, communities implementing their own solutions, and an emphasis on measuring the results, is saving lives and influencing policymakers.

Anthony Costello

Anthony Costello
Honorary Secretary





Our story

Early in 2001, Women and Children First UK registered as a charity, took on its first member of staff - an International Programmes Director - and set up shop in an office provided by University College London's Institute of Child Health. The aim was to address the terribly high levels of maternal and neonatal mortality and improve the health of pregnant women and their newborn babies in some of the world's most vulnerable communities in developing countries.

A multi-layered approach

Our approach was innovative and four-pronged. We worked with communities in the Global South, strengthened health systems, collaborated with academic institutions to monitor and evaluate our projects, and disseminated the lessons learned to governments and other policymakers.

We worked with partners to establish women's groups. As well as enabling women to recognise and act on their own health needs, these groups have helped the communities in which they are based to gain the confidence and skills to demand high quality health services on their own behalf.

"Women's groups are an effective low-cost, long term strategy for preventing the avoidable death of mothers and newborns"

Baroness Massey of Darwen



Changing women's lives

Within a year, the Lottery's Community Fund awarded Women and Children First a grant to set up projects with partners to reduce deaths among mothers and newborn babies in Nepal and Bangladesh. By 2006, further Lottery grants and The Health Foundation funding meant we could start working in three districts of Malawi; and a year after that, our UK staff had increased threefold when we appointed a Programmes Officer and a Chief Executive Officer.

From those small beginnings, recognition of the work of Women and Children First has grown in both scope and volume. In 2007 we received a UN grant for advocacy work, and the following year, with funding from the UK Department for International Development (DFID) we hosted an advocacy conference whose participants included representatives from the UN and World Bank as well as from NGOs, academic institutions and professional associations.

An influential voice

Since then, we have made submissions to the UK Parliament's International Development Committee, co-ordinated a joint effort to produce a Manifesto for Motherhood in the run-up to the 2010 general election, and have also had an input into World Bank and UN reports and strategies on the health of women and children.

At the same time, we have been privileged to gain an eminent and influential group of patrons (see page 21) and our staff has grown in line with our work.

We have now added India to our portfolio of countries in which we work. At the beginning of 2011 our programmes were supporting 2,817 women's groups, totalling some 52,700 members, reaching more than 156,000 women directly, and bringing benefits to a wider population estimated at more than one million.

This is not only saving many lives, it is also a rich source of information and experience which informs and improves our future work as well as that of other organisations across the world.



"A vital aspect of Women and Children First's work is ensuring that women don't wait until it is too late before getting skilled health care during pregnancy and childbirth."

Baroness Amos

Our work in the UK

Through our policy analysis and advocacy work, we target public institutions and policymakers to ensure that policies, programmes and resource allocation improve the health and wellbeing of women, girls and children in poor and marginalised communities. All our programmes include an element of influencing decision makers and fund-holders, whether at grassroots, national or international level.

In the run-up to the 2010 UK general election, WCF led a collaborative effort to increase political and financial support from politicians and policymakers for maternal, newborn and child health and survival by producing the Manifesto for Motherhood. This garnered cross-party support in parliament - a real milestone for taking our work forward with the new government.

We also helped the Department for International Development (DFID) develop its new Framework for Results, Choices for Women: Planned pregnancies, safe births and healthy newborns. This cited key recommendations from WCF and the Manifesto group, as well as recognising our role as a key civil society partner for the UK government.





Improving prospects in India and Bangladesh

In Bangladesh 54 out of every 1,000 children die before their fifth birthday; in India that figure is 69 out of 1,000. In these two countries the risk that, over her lifetime, a woman will die during or shortly after pregnancy is between one in 51 and one in 70. Those deaths leave whole families devastated – we are helping to reduce them.

New directions

Our work in the Indian Subcontinent is growing in exciting directions, to include both rural and urban women. In 2010 we started working with a new Indian partner, the Society for Nutrition, Education and Health Action (SNEHA) to strengthen basic health services for women and children in the Mumbai slums.

We are assisting health facilities to offer free maternal and newborn health services, establish maternal and newborn health referral systems across Mumbai, and improve maternal, newborn and child health policy and implementation through advocacy and communications.

Strengthening support

In the rural areas of Jharkhand and Orissa in India, we are continuing to work with the voluntary organisation, Ekjut, and the indigenous communities it represents. Ekjut has increased the number of women's groups to almost 900, covering a total population of over half a million people.

These groups are widening the range of issues they cover to include such topics as family planning and nutrition. Ekjut has also expanded its work with key partners and stakeholders to make the health system stronger and more sustainable at every level.

Extending our reach

We continue to work with our longstanding partner, the Perinatal Care Project (PCP) at The Diabetic Association of Bangladesh. Operating in the three districts of Bogra, Faridpur and Moulavibazar, the work of PCP has grown rapidly, and facilitates over 800 women's groups covering a population of a quarter of a million people. It is targeting more pregnant women, addressing health problems faced by women and under-fives, and preparing to start training traditional birth attendants and doctors.

Women and Children First has been assisting SNEHA, Ekjut and PCP in developing advocacy strategies, and has developed a Good Practice Guide based on the experience of Ekjut and PCP in facilitating women's groups.

SNEHA believes every woman and child counts. In Sanskrit it means love.

Ekjut means 'Coming together for the cause' in many Indian languages.

'Perhaps my daughter and I would not be alive today if our group members hadn't convinced my family to admit me to the hospital. I will be grateful to our women's group members forever.'

Shahnaz, women's group member in Bangladesh, who developed eclampsia



Africa - the story behind the statistics

Twenty-nine out of every 1,000 babies die in the first 28 days of life in Malawi, compared with only three in every 1,000 in the UK. This means that, each year, nearly 21,000 mothers lose their babies when they have barely begun to live. Each of those mothers has hopes and dreams for their children but these don't include them becoming a statistic.

"Women and Children First's peer learning approach empowers women and is more effective than traditional health education in improving mother and baby health."

Baroness Afshar of Heslington



What can be done?

In Malawi, thanks to funding from Comic Relief and The Health Foundation, we work alongside the Ministry of Health and with MaiKhanda to create and support 853 women's groups and 300 village task forces. These are all raising awareness of good care during pregnancy and childbirth, and encouraging women to deliver their babies in health facilities. We also train village volunteers and local chiefs to be better informed and assume some responsibility for the health of women and children in their areas.

Mrs Arsenia Banda, Manager for the project with the Ministry of Health, met one of the village chiefs shortly after a training session. He said: 'I am ashamed that I didn't know about all the nutrients that can be found in foods we have in my village. The training you gave us is a real eye opener and will be very beneficial.'

Success story

Sitazia Chintowa, from the mountainous area of Gawaza in Malawi's Ntcheu district, knows from bitter personal experience what it means to lose a baby. Her first two children, born in 2003 and 2006, were delivered by Traditional Birth Assistants (TBAs), but the first one died before reaching the age of one. Six months into her third pregnancy in 2010, Sitazia thought she was going into labour. Luckily for her, Abigail, a volunteer from the village, had been to an introductory meeting of the Perinatal Care Project. Using the knowledge she gained there, she convinced Sitazia's family that she needed medical care, and organised transport to the nearest health facility, 25km away.

The health centre immediately referred Sitazia to Ntcheu District Hospital where she was cared for until her pregnancy reached full term and she gave birth to a baby boy. Sitazia says: 'If it had not been for the village volunteer suggesting that I needed to seek medical care, things could have been a lot worse. I am a really happy woman, and my baby is very healthy.'

Challenges and achievements

At the end of 2010, against World Health Organisation guidance, Malawi rescinded the ban on Traditional Birth Attendants (TBAs) delivering babies. This was disappointing because, although the health centres were over-stretched, the ban had reinforced Women and Children First's message, that trained birth attendants are vital to a healthy and safe birth.

MaiKhanda means MotherBaby
in Chichewa.



Generous support

None of our work would be possible without the support of our donors. We want to say a big thank you for making our work in 2010 possible to:

- BBC Radio 4 Appeal
 - Big Lottery Fund
 - Comic Relief
 - UK Department for International Development
 - The Allan Charitable Trust
 - The Cotton Trust
 - The Health Foundation
 - The Ernest Kleinwort Charitable Trust
 - The Persula Foundation
 - The Norton Rose Charitable Foundation
 - The SMB Charitable Trust
 - The Souter Charitable Trust
 - UNFPA
- And all the individuals who have generously contributed to our success.

"Women and Children First is unique among UK NGOs which work to improve maternal and newborn health, as it puts scientifically proven approaches into practice in a highly cost-effective way."

Professor David Latchman, Master of Birkbeck College

Statement of financial activities

Income

Grants	£673,600
Donations	£74,690
Investment Income	£287
Total	£748,577

Balance Sheet

Assets

Fixed Assets	£3,389
Current Assets	£308,640
Less Creditors	£192,356
Net Current Assets	£116,284
Total	£119,673

Expenditure

Project Costs	£676,908
Governance Costs	£2,339
Fundraising & Publicity	£34,714
Total	£713,961

Funds

Restricted Funds	£62,279
Unrestricted Funds	£57,394
Total Funds	£119,673

The figures presented above are drawn from our audited annual accounts for the financial year ending 31st December 2010. A full version is available from the Charity Commission website or by request.

Women and Children First wall of fame

Great thanks are due to all the following who have contributed to the success of Women and Children First over the last 10 years:

Partners

Ekjut (India), Institute for Health Improvement (USA), Institute of Child Health (UK), Liverpool Associates in Tropical Health (UK/Malawi), Liverpool School of Tropical Medicine (UK), MaiKhanda (Malawi), Ministry of Health (Malawi), Mother and Infant Research Activities (Nepal), Perinatal Care Project (Bangladesh), Society for Nutrition, Education and Health Action (India).

Trustees

Peter Clokey, Prof Anthony Costello, Patricia Croll, Ron Finlay, Ann Girling, Jenny Goodwin, Fiona Hunter, Paola de Leo, Claudia McConnell, Anula Nikapota, Imogen Sharp, Hazel Slavin, Mary Walsh, Tony Williams.

Patrons

Baroness Afshar of Heslington, Baroness Amos, Prof Sir Sabaratnam Arulkumaran, Prof David Latchman, Kathy Lette, Baroness Massey of Darwen, Surina Narula, Juliet Stevenson.

Staff

Ros Davies, Ruth Duebber, Dorothy Flatman, Sheela George, Alex Kosieniak-Madejski, Rosey McDonald, Vicki Pollit, Caroline Rogers, Suzanne Taunton, Cassie Williams, Helen Young.

Consultants

Chris Anders, Kathy Attawell, Lian Bradley, Susan Crane, Frances Greig, Giles Meyer, Fionnuala Murphy, Karen Newman, Alice Schmidt, Jo Talbot, Izabela Seabrook

Volunteers

Laura Barton, Judy Bastyra, Simone Brummelhuis, Janine Chin-Saunders, Bill Daeche, Jessica Freeman, Zoe Gallagher, Alex Helfet, Eleanor Hutchins, Andrea McDonald, Rosa Nicholson Ellis, Bridie Phillips, Liv Solvar Nymark, Sam Strickland, Ruth White, Hayley Wright.



In the public eye

In 2010 we were thrilled to be selected for a BBC Radio 4 Appeal, which was delivered by actress, Juliet Stevenson. We were also delighted that Comic Relief and the BBC chose our project in Malawi as a location for filming 2011's Red Nose Day.

These raised the public profile of our projects by explaining how women's groups make a difference and describing the immense challenges that face medical staff making life and death decisions.

The response has been tremendous, and more people than ever want to support our work in many imaginative ways. Some have set up fundraising pages on Virgin Money Giving; others have raised money by dedicating a wedding or birthday gift list or running the London Marathon. One family requested donations in memory of their baby daughter who had died.

In 2011, Storksak, who produce fashionable parenting bags, are dedicating some of their profits to us as a Mother's Day gift, and a group of Portsmouth mothers are planning a sponsored toddle with their under-2s!



How you can help

£5 can pay for one woman to attend a women's group for a year

£50 can pay for a women's group facilitator for a year

£100 can save a mother's life in Nepal

£210 can save the life of a newborn baby in rural Bangladesh

In 2011 and beyond, we will continue to support our existing partners in Bangladesh, India and Malawi, and plan to add some exciting new projects in other African countries.

Please help us to save the lives and improve the health of mothers and babies in some of the poorest communities of the world.

Every pound you give will have an impact. Your donation could make the difference between life and death. Please help.

You can make a donation today by completing the enclosed form and sending it to us or by visiting www.wcf-uk.org and clicking 'Donate'.

Or, celebrate 10 years of saving newborn lives by texting **BABY10** to 70070 to donate £10





Saving the lives of mothers and babies



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