

# ANNUAL REPORT 2014-15



*“It was like an angel come*

*with a pack to support me.”*



**Birthing Kit  
Foundation**  
Australia



**Midwifery  
Seminar Trainee**  
DR Congo

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Cover Photo:

*Mother and birthing kit child back for immunisations  
Redefined Ministries, DR Congo*



**Four hours after birth**

*Redefined Ministeries*



## Mission

*BKFA works to provide a clean and safe birthing environment for women in developing countries to reduce the incidence of infant and maternal morbidity and mortality. BKFA also partners with organisations and communities to advocate, educate and provide support and resources to improve the outcomes for birthing mothers and their babies.*

## Vision

*A world in which all women have access to clean and safe birthing practices.*

## Values

*BKFA respects people's dignity, values, history and culture, and works according to principles of basic human rights. We work with partners who do not discriminate on the basis of gender, race, religion, political beliefs, marital status, disability, age or socio-economic status.*

# Chairperson's

## Report



***Birthing Kit Foundation (Australia) (BKFA) is still a relatively young organisation, having incorporated in 2006 to continue the work started by Dr Joy O'Hazy and undertaken by Zonta International in Districts 22, 23 and 24.***

Recognising the strong relationship between BKFA and Zonta, I am pleased to record that in 2014 at the 62nd Zonta International Convention in Florida, the inaugural Zonta International Service Recognition Award was conferred on District 23 for the Zonta Birthing Kit Project, coming first out of 99 nominations.

In the 2014-15 year, BKFA has continued its transition to a mature corporate organisation. From early 2015 the Board has worked on a new Strategic Plan for BKFA. The 2015-2020 Strategic Plan has been finalised by the Board and published on our website.

Amendment of the BKFA Constitution was approved by the membership at the last Annual General Meeting held in November 2014. Amendment of clause 1 of the Constitution confirmed the broad remit of BKFA, by defining its purpose to eliminate or reduce infant and maternal morbidity and mortality in developing countries.

The means by which BKFA pursues this purpose continues to be primarily the production and delivery of birthing kits for use in developing countries. However, the Board sees that effective use of the birthing kits is greatly enhanced by training and education in healthy birthing practices. There is also a need internationally for a strong voice and advocating to recognise, train and equip traditional birth attendants in places where birth in a hospital, with medical attendance, is currently unavailable.

The Board sees a role for BKFA in these areas, which will support and align closely with our core activity, and the new Strategic Plan is designed accordingly.

This year the Board decided to hold the Annual General Meeting in September rather than November which will align our calendar more effectively with the accreditation requirements of Australian Council for International Development (ACFID). ACFID accreditation remains a powerful element in the governance and ethical framework for BKFA.

BKFA is currently seeking to fill two vacancies on the Board. In September 2014 Julie Irwin resigned from the Board, and I wish to acknowledge her contribution and commitment to BKFA. Anne Westley resigned in May 2015. I speak for the Board in expressing my appreciation of Anne's leadership and guidance as Chairperson, and her invaluable contributions in all respects.



### Soap

For clean hands.  
To prevent the birth attendant transmitting germs to mother and baby.  
Washing and drying the umbilical stumps prevents infection.

### Hope4Health Assembly Day



The BKFA Board includes longstanding Directors who were on the inaugural Board, with comprehensive memory and operational understanding of the BKFA project, which is balanced by more recent appointments bringing other skills and experience.

The governance role of the Board is balanced and informed by Directors who perform executive roles. Fiona Smith as Executive Director manages BKFA operations. In the past year Fiona has instituted many operational efficiencies and has also formed valuable external relationships for BKFA.

I acknowledge Fiona's impressive performance, and thank her for her work. Maggi Gregory as Treasurer performs the important work of managing BKFA's finances and guiding the Board's financial decisions with a fine balance of prudence and commitment to purpose, and I thank Maggi. With her guidance, BKFA finished the financial year with a healthy reserve of retained funds. This will give us both the capacity to take new initiatives to pursue our strategic objectives, and the financial resilience to ensure that BKFA's operations are maintained.

It remains for me to acknowledge and thank the BKFA membership and supporters, corporate sponsors, our international partners and our staff.

**Lena Grant**  
Chairperson

***There is a need internationally for a strong voice and advocating to recognise, train and equip traditional birth attendants in places where birth in a hospital, with medical attendance, is currently unavailable.***

# Executive Director's Report



**The past 12 months have been a very exciting time for BKFA as the organisation continues to grow and develop. I am incredibly proud of our achievements, none of which would have been possible without the unflagging energy and generosity of our staff, supporters and overseas partner organisations.**

I would like to recognise the continuous efforts of our staff who manage to absorb additional workloads with no complaints and with very little resources. They have tolerated the inconvenience of changing systems as we improve and streamline our operations. I am grateful for their trust that this is short term and that the eventual outcome will be greater efficiency and productivity, making their work easier.

In June 2015 we welcomed our latest staff member, Zeshi Fisher, who joins us in the newly created role of Program Manager. Zeshi is a wonderful fit for BKFA and brings a wealth of knowledge and experience in both midwifery and international development. With her technical advisory, design and management experience on health and development projects in Africa and the Asia Pacific Region, combined with hands-on experience in the field with BKFA partner organisations in both Timor-Leste and Ethiopia, she will focus on combining our work in both kit production and community development projects into a holistic program.

Zeshi's role incorporates that of our previous Program Administrator, Erica Osborn. We were delighted when Erica returned to Adelaide in January after a number of years in Brisbane, and even more delighted when she welcomed the latest addition to her family, Emilie Rose Osborn, in March - thankfully without requiring a birthing kit! Erica remains a part of the BKFA staff team, coordinating our marketing activities.

I know I speak on behalf of all our Assembly Day coordinators when I thank Hilary Carruthers, our Assembly Day (AD) Coordinator, for her continuing help and guidance. We have seen steadily increasing numbers of ADs held each year from around 140 to 200 per year, but she has met the challenge of our growth while maintaining her high standards of professionalism.

Our growth has impacted on all of our staff and I appreciate the professional attitude they bring to their work. I would like to thank Adrian Harris, our Logistics and Supplies Coordinator and Kellie Stelzer, our Membership and Finance Officer. They both continue to embrace and adapt to new opportunities we are experiencing.

On behalf of BKFA I would also like to recognise the huge effort of all of our supporters which we are so grateful for. The enthusiasm to support our work never ceases to amaze me. With their help we held 186 ADs and produced 138,600 kits in the 2014-15 year. In fact, in February the Cheeky Monkey's mother's group in Perth held our 1000th AD - what an achievement!

**Rachel, Karli and Victoria at the World Vision Baby Shower 2015**



We also secured our first major corporate sponsorship arrangement with Mun (Australia) Pty Limited, a global leading glove manufacturer and supplier. Their Director, David Teng, very generously supported us with both a cash donation of \$20,000 and over 300,000 gloves for our kits. Many thanks go to David and Mun (Australia) for their support.

One of the most exciting developments this past year has been the progression of our partnership with World Vision. Although we have had some involvement with World Vision maternal health programs in the last few years, through the dedicated efforts of two of their staff (Karli Smith and Krystal John) we have solidified this partnership over the past 12 months. The partnership has been embraced by World Vision supporters, but I would particularly like to thank Ian Shanks and the Fullife Foundation for their outstanding efforts, raising over \$30,000 so far, with an ongoing commitment of further support.

It has been pleasing to see our membership numbers grow by over 20 percent this year, and I hope that members are enjoying the convenience of now being able to renew their membership online through the website. This is just one of the improvements available on our new website, which was launched in August 2014. I hope that we are making it easier for our supporters to promote BKFA and their ADs with the range of new supporter promotional resources available to download.

I would like to thank Jean Wyder, who puts a lot of work into promoting BKFA at the Pregnancy, Babies and Children's Expo in Perth each year. I would also like to thank Dr Susan Bliss, who has brought our work to the attention of thousands of students by including BKFA as a case study within the Year 10 Geography text for the Australian Curriculum.

We continue to receive great social media coverage and have seen an increase of nearly 40 percent in our Facebook supporters and have even been featured in the Huffington Post, a great achievement.

Of course, all of this work and support would be for nothing if we didn't have our network of partner organisations distributing the birthing kits to where they are needed. They face a range of difficulties undertaking this work including transport issues, sufficient funding to keep their organisations operating and dealing with unrest and violence, at times being forced to flee the region. Despite these challenges and the subsequent turnover of partner organisations, it is a credit to everyone that over 98 percent of the birthing kits reach their intended destination. We are currently working with 25 partner organisations in over 14 countries. Over the past 12 months we partnered with four new organisations to distribute kits and supported one partner organisation to start delivering training to Traditional Birth Attendants (TBAs) to enhance their kit distribution.

Clearly it has been a big year for BKFA, its staff and supporters, and the 2015-2016 year doesn't look like it will be any less exciting. I look forward to the challenges ahead and reporting on the continued growth and success of BKFA next year.

**Fiona Smith**  
Executive Director



**Fullife Foundation cheque presentation**  
February 2015



**Pregnancy, Babies and Children's Expo**  
Perth

# Committee

# Reports



## Gauze

To wipe secretions from the baby's eyes and the mother's perineum.

### INTERNATIONAL PROGRAMS COMMITTEE

The International Programs Committee comprises Julie Monis-Ivett (Chair), Jenny Weaver (Minutes Secretary), Maggi Gregory and Joy O'Hazy. The Committee met 15 times in 12 months. Our purpose is to assess, implement, monitor and evaluate International Community Development Programs in line with the Foundation's Strategic Plan and explore further opportunities.

#### What the IPC does:

- Assess community development project proposals;
- Develop monitoring and evaluation plans;
- Monitor and evaluate our community development projects;
- Research and recommend regions of focus;
- Research and recommend the Foundation's scope of engagement;
- Explore and recommend further opportunities for community development;
- Develop and maintain stakeholder relationships;
- Identify further opportunities for collaboration;
- Identify and apply for grants.

#### Key IPC achievements:

1. Reviewed all training program forms to ensure consistency of information between the application, the memorandum of understanding, the progress report, the final report and all financial reporting.
2. Produced survey forms for TBAs to complete before and after attending a training program. This is important for gathering statistical information to show the impact of our training.
3. Successful Direct Aid Program (DAP) grant from the Australian Embassy in Harare for \$USD32,352 for a Train the Trainer program in DR Congo.
4. Approved and managed five training programs - two in DR Congo, two in India and one in Ethiopia. Each program was managed by a Board member.
5. Researched and reviewed the maternal and infant statistics to ensure that we are using and directing our resources in the areas of highest need.

Approved new kit distribution partners, including:

- Cameroon (Centre for Community Regeneration and Development)
- World Vision
- Australian Doctors for Africa (ADFA) in Madagascar
- Universal Ministries of Africa (UMOA) in Tanzania

**Julie Monis-Ivett**

*Chair*

### MARKETING COMMITTEE REPORT

The focus for the Marketing Committee this year has been to consolidate material and establish a structure for ongoing review of marketing collateral. This year we have:

- Updated the structure and content of the BKFA website;
- Launched and refreshed branding;
- Focussed attention on fundraising portals;
- Established a routine for newsletters and other external communications;
- Defined requirements for patrons/ambassadors and members.

I would like to take this opportunity to thank Committee members Julie Monis-Ivett and Jenny Weaver, whose time and energy has helped propel us along. 2016 will be an exciting year with the recognition of 10 years since the formation of BKFA. The Committee is planning a fabulous function.

Stay tuned!

**Pip Coleman**

*Chair*



**ACU Midwifery Society**

### RISK, AUDIT AND COMPLIANCE COMMITTEE

In the 2014-15 year this Committee took responsibility for preparing the ACFID annual self-assessment report (required for continuing accreditation by ACFID). The Committee also prepared and revised policies in line with ACFID requirements, and addressed the BKFA risk management framework.

I would like to thank Anne Westley who chaired this Committee until her resignation in 2015. She did an enormous amount of work, in particular on the ACFID self-assessment. I also thank Maggi Gregory and Fiona Smith for joining this Committee. In the coming year we have a demanding schedule, including the review of all BKFA policies and formalising a comprehensive compliance plan.

**Lena Grant**

*Chair*

### ORGANISATIONAL DEVELOPMENT COMMITTEE

This Committee is charged with the ongoing review of BKFA's systems and people in line with our Strategic Plan. In the 2014-15 year the Committee has undertaken a review of the BKFA Constitution, resulting in the constitutional amendments that were approved at the AGM in November 2014. These amendments addressed concerns about the permitted scope of BKFA activities, limited terms for Directors and the need to employ a Director in the management of BKFA.

Other work of this Committee focussed on Board effectiveness and composition, and authorisations and accountability. Fiona Smith is currently developing a comprehensive induction package for Directors. The Committee reviewed standing delegations, resulting in Board approval of revised authorities conferred on the Executive Director and the Company Secretary.

**Lena Grant**

*Chair*

### FINANCE COMMITTEE

The Finance Committee is responsible for the planning, monitoring and evaluation of the Foundation's financial sustainability and capacity. The Committee prepare the annual fundraising plan. The Committee meets on a monthly basis to monitor and review the budget against actual income and expenditure and review financial performance. On an ongoing basis, the Committee ensures efficient management of the Foundation's funds.

**Fiona Smith**

*Chair*

## Impact of Birthing Kits

### and Training Programs

*BKFA has been assessing the impact of birthing kits and training programs since the first kit was delivered in Papua New Guinea (PNG) in 1999 and the first maternal health training program was held in 2006. Over the years the following evidence has been gathered.*

#### KIT DELIVERY

In PNG no maternal and infant deaths were reported in the area where the first 100 kits were delivered and put into use in 1999.

An IMMPACT (Initiative for Maternal Mortality Programme Assessment, based at the University of Aberdeen in Scotland) study in 2010 identified that kits do make a difference, especially when delivered by someone with training.

Anecdotal evidence. All our partners report to BKFA on their experience of the local maternal and infant mortality and morbidity rates, and all have identified lower rates of death and infection after the arrival of the kits. For example, in 2009 in Afghanistan there was an infant mortality rate of 165 per 1,000 live births, and a maternal mortality rate of 1,600 per 100,000 births. Our partner reported that after the distribution of “2,359 kits only one woman died and no babies.” Compare this with an expected death rate of 44 to 118 women (depending on region) and 330 to 400 babies.

In 2011 a World Vision report commissioned through the Burnet Institute identified a 20 to 29 percent reduction in infection-related maternal deaths with hygienic practices at 90 percent of home births. Their recommended method to assist in remote and poor areas was to use a birthing kit.

In 2014 a State of the World’s Mothers report produced by Save the Children identified “distributing clean delivery and newborn care supplies” as the first of five solutions to save newborn lives in humanitarian settings for women who may not be able to deliver in a health facility.

#### MST with kit



**BKFA discovered that kits combined with training could deliver much more than just a cleaner birth. Here are some observations and outcomes which have been reported to us.**

Kits and training reduce the spread of HIV. In DR Congo our partner (Mission in Health Care and Development) has identified stopping the spread of HIV/AIDS as the most important reason why birth attendants want our kits.

Stopping female circumcision. BKFA-funded training programs have made huge inroads into stopping this and other cultural practices that were killing women in Ethiopia. 22 of 32 woredas in the Afar region have stopped or significantly reduced female genital mutilation through the work of the Afar Pastoralist Development Association (APDA) in the Afar Desert.

In Tamil Nadu India men proudly shared with BKFA Directors what they had learned and committed themselves to assist pregnant women and women in labour. In a program that engages the men and monitors the health of mothers and babies, whole communities understand more about birthing risks and how to improve the chances of healthy mothers and babies.

In Luvungi DR Congo locals lobbied for further education programs. Once they could see the benefits of extra knowledge a midwifery school was opened.

#### What has been achieved?

- 1.3 million birthing kits have been distributed. By conservative estimates this number of kits would have saved the lives of tens of thousands of women and babies by reducing maternal and neonatal mortality and morbidity.
- By training TBAs negative and damaging cultural practices for birthing mothers and babies have been changed or stopped.
- The education and knowledge our training has provided has empowered TBAs, seeding them with a desire to learn more and value education.
- Increased awareness across communities about the spread of HIV/AIDS.
- Our training provides practical know-how on how to provide a clean birth when a birthing kit is not available.
- TBAs learn to recognise danger signs and know when to refer expectant mothers to a clinic.
- TBAs meet and learn how to work respectfully with local health workers.
- Our in-country kit production programs have employed and empowered poor women, increased the independence of our partners, and driven our plans closer to sustainability.
- Locally-made kits are often customised to meet local needs, encouraging local skills and building capacity in communities.
- Where partners have formed midwifery clubs and started monthly meetings for mothers and TBAs, whole communities are learning more and creating a new awareness about the issues for birthing mothers and their babies. This engagement has empowered thousands of women and TBAs.
- By supporting partners in developing countries, BKFA’s partner non-government organisations (NGOs) have experienced greater recognition

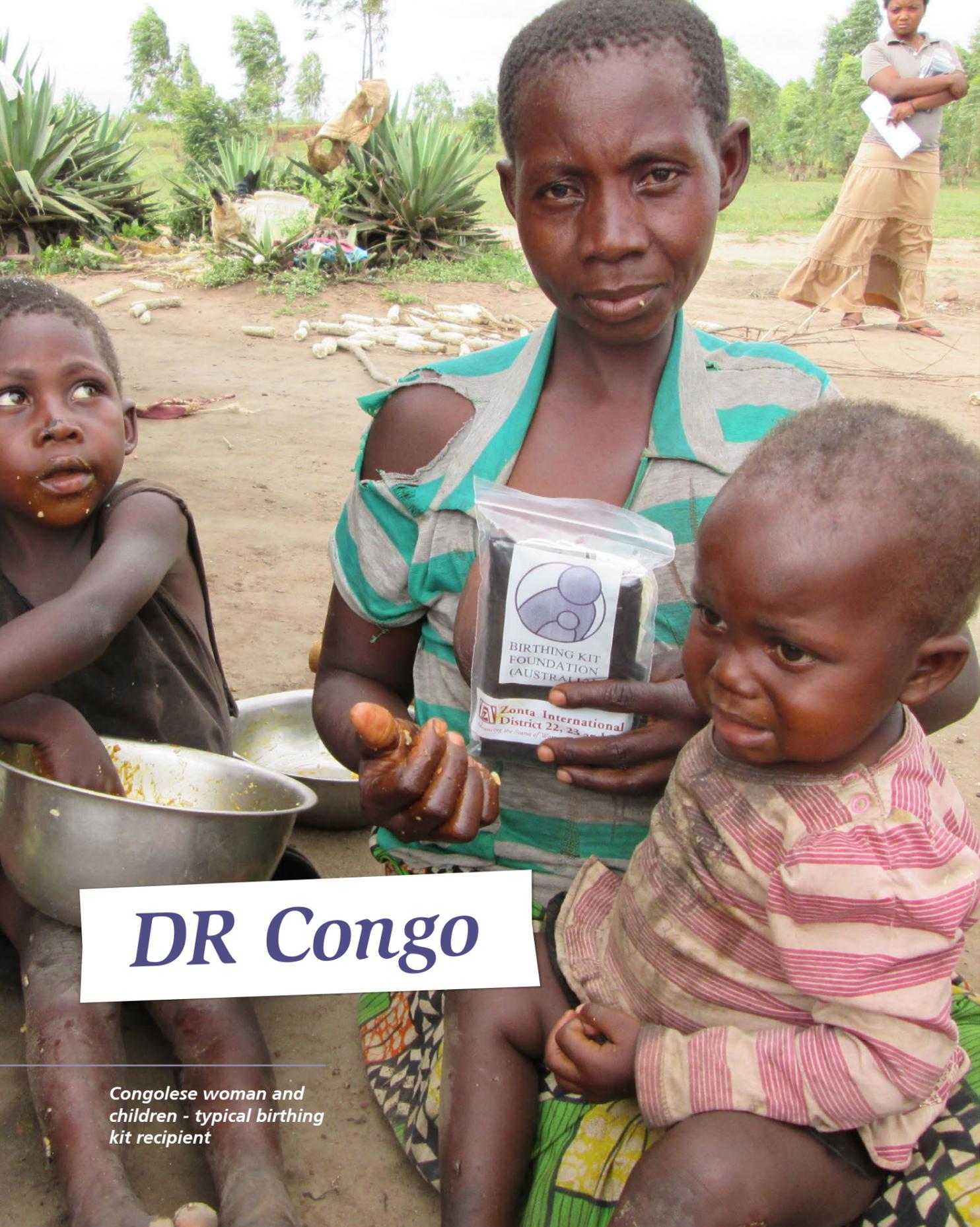
in their local communities. Some have enjoyed more government support as the value of their programs is acknowledged.

- Our partners have become more creative. For example, some are now building “birthing huts”, they have formed “midwifery clubs,” and work with other local NGOs to provide more health resources. Some have built hospitals, developed midwifery schools and special clinics to meet the needs of their community. This has encouraged alternative sources of support, and they have become more productive and powerful as a result.

**BKFA is proud of its achievements overseas but it also works hard to raise the issues which contribute to poor health and outcomes for birthing mothers and their newborn babies in the developed world. Our successes so far include the following:**

- Our connection to local communities within Australia through BKFA ADs has increased awareness of maternal and neonatal health issues in developing countries and exposed many supporters to the benefits of volunteering, especially young people.
- The BKFA’s media exposure through magazine articles, TV segments, and radio interviews has effectively spread many of our messages even further into the Australian community.
- BKFA works with many important and respected organisations in Australia, for example, Zonta, Rotary, schools, churches, and university groups. It has also met with and made successful submissions to the Department of Foreign Affairs and Trade.
- The Zonta Birthing Kit Project won the award at the 2014 Zonta International Convention as the best District Project in the world. This profile in Zonta, where the concept of birthing kits was initiated, has stimulated interest and support from around the global network of women.

**TBA with kit and survey, MHCD DR Congo**



# DR Congo

Congolese woman and children - typical birthing kit recipient

## MISSION IN HEALTH CARE AND DEVELOPMENT (MHCD)

### Program: Train the Trainer

In July 2014 and January 2015 the Foundation held its first Train the Trainer programs. The July program was funded by BKFA, and the January program funded by a Direct Aid Program grant from the Australian Embassy in Zimbabwe.

Each program was for three weeks with 18 participants; six from each province of South Kivu, North Kivu and Katanga. The purpose of each program was to educate 18 local health professionals including doctors, nurses, midwives and community health workers, with the skills to go back to their local district and educate TBAs. The participants were to become Midwifery Seminar Teachers (MSTs).

The founder of MHCD, Dr Luc Mulimbalimba Masururu, carefully selected provinces of high need. In his words, "We picked on the provinces with the most pigmies and the places where MHCD distributes birthing kits and has trained traditional midwives."

In July Dr Luc spent three days with four health professionals who had accompanied him as teachers on previous TBA training seminars. He developed their skills on how to train health professionals and how to engage and educate illiterate TBAs. These four professionals became his Seminar Teachers. The curriculum was extensive and included general midwifery pre-birth, birth and postnatal care, how to use a birthing kit, what to do if a birthing kit is not available, family counselling in HIV/AIDS, rape and sexual violence, health and nutrition, vaccinations and whole community health promotion.

These MSTs had to be friendly, informed and engaging people to whom the TBAs could relate. Safety and regional stability were also contributing factors to the selection processes.

The July program had 13 men and five women, with 10 women and eight males at the January program. In Dr Luc's words the participants were very keen and engaged in the training. "They were determined to distribute birthing kits and train community workers in all the places they will go. They were very happy and eagerly awaiting the lessons each day."

Once trained the MSTs took birthing kits home with them, and as each group of local TBAs were educated a midwifery club was set up where the women could gather monthly to talk through any problems, share stories, have some fellowship, and replenish birthing kits. The MSTs visit each midwifery club and if the TBAs can prove they have applied all they had learnt they then received a certificate, which was held very proudly and kept in a place of honour. The MSTs also completed "Before Training" and "After Training" surveys with each TBA to measure the impact of the training program.

Dr Luc reported on the drop in mortality rate that "in some villages like Lubarika and Buheba, the rate dropped to zero. This is a good sign and it shows birthing kits are very instrumental in reducing infant mortality and infections." An unexpected outcome of the training was the request from the participants for a midwifery school to be established at Luvungi Hospital.

***Each program was to educate 18 local health professionals including doctors, nurses, midwives and community health workers***

In total four Seminar Teachers and 36 MSTs were trained. 1,305 TBAs have been trained, 30 midwifery clubs formed, and 19,000 birthing kits have been distributed, which all indicate that two very successful programs have been completed.



Delivering kits by foot in DR Congo



TBA Training in DR Congo

# Ethiopia

## AFAR PASTORALIST DEVELOPMENT ASSOCIATION (APDA)

### Program: Supporting Empowerment of Dullassa Women to Stop Harmful Practices, Afar Region.

This program is ongoing with the activities of this program starting four years ago. APDA reports that 93 percent of all Afar pastoralist mothers deliver in their remote nomadic homes attended by TBAs who have learnt all they know from a relative.

The report below deals with the second six months of a one year program started in January 2014 and completed in December 2014. All of the training was completed in the first six months. The second half of this program, held in Dullassa Woreda, Zone 3 of the Afar Region, involved the distribution of birthing kits and community education. This project facilitated the community in stopping traditional practices that harm females in their reproductive life.



Health Extension Workers learning in the APDA Program

### The program involved four sections

1. Employing, equipping and re-training 10 local Dullassa women over 45 days as agents of change within their own community. These women work daily to raise awareness by going house to house in the community educating on safe motherhood, preventing harmful practices and linking with trained TBAs.

**Outcomes:** 19,740 women taught and possess demonstrated life skills for an improved reproductive life. 1,469 females are now well aware of the risks of female genital mutilation/circumcision and how to assist those suffering the consequences.

2. Facilitating 40 trained TBAs in collaboration with the local Health Extension Workers (HEWs) to provide the community with a clean delivery service, including an antenatal service where mothers are referred in a timely way for clinic and hospital care.

**Outcomes:** 486 mothers had safe home deliveries that were reported. Antenatal care was given during pregnancy to 518 mothers. Postnatal checking and care was given to 447 delivered mothers in the first week. This assured care and treatment as well as safety. The 40 project-trained TBAs have an increased capacity to contribute to reproductive health.

3. Providing the community with the opportunity to talk about the issues of safe motherhood and stopping harmful practices that affect the reproductive tract of females through watching locally produced films on the matter, and being led in discussion with those learned on Islamic teaching that opposes these traditional practices.

**Outcomes:** 790 members of the community discussed, in the presence of their own religious leaders and clan elders, a commitment to stopping harmful practices against females. These people are then advocates in the community.

4. Making 5,000 birthing kits provided employment for local women and one supervisor. The kits are supplied to trained TBAs within the APDA program so that delivering mothers in remote areas can have a clean delivery in their home.

**Outcomes:** Three women employed to assemble a total of 5,000 sets in the APDA field office. All were distributed to trained TBAs in the program: 3,053 in the first six months and the remaining 1,947 in the second six months. 516 were utilised in the project area.

### Young Afar Women who benefit from BKFA Programs



### Lessons learnt were as follows:

- Refresher/ongoing training is essential for the groups to assess and to enable them to identify the gaps in implementation.
- Involving the community holistically is the only way they will accept the project as a legitimate partner to change and see change in terms of progress. Community issues must always be included.
- Ongoing awareness involving all stakeholders is essential and conditional to change.
- The delivery sets enable APDA to keep contact with the TBAs, to get reports on their use, and provide the ONLY source of clean material to protect both the delivering mother and the TBA (disposable gloves).

In April 2015 we continued support for APDA's programs with the start of the next "Supporting Empowerment of Dullassa Women to Stop Harmful Practices" program. This program will be completed in March 2016. To date, three months of training have occurred and no reporting is due.

This project allows the community to go forward to reach the aim of improvement and safety in the reproductive life of females.

These project activities are designed to improve maternal and reproductive health within the Afar pastoralist society in Dullassa, which is at the mercy of traditions which result in some of the highest maternal death rates in Ethiopia. These project activities have provided basic education to improve maternal and reproductive health. One of the most damaging traditional practices is that of female genital mutilation. This is most often performed by the untrained/un-networked TBA. Within the community it is done with the belief that it is demanded by Islam.

The activities of this project began three years ago and did break through in terms of opening the dialogue in the community to stop harmful practices, including female genital mutilation, early marriage and several birthing practices that risk the life of the delivering mother.



Mother and newborn

# India

## BKFA IN TAMIL NADU

Even though Tamil Nadu is the eleventh largest state and has the second largest state economy in India with a highly urbanised population, real disadvantage still exists within the Dalit (“untouchable”) population, tribal groups and other rural poor.

BKFA works with two NGOs in Tamil Nadu, SAWED and SWEAD. Both target their efforts to assist tribal, rural and poor urban women who give birth assisted by TBAs. High levels of maternal and neonatal mortality and morbidity within the groups are the result of the following:

- Unsanitary conditions;
- TBAs with no training;
- No resources for birthing mothers;
- Malnutrition and anaemia amongst almost all rural poor women;
- Insufficient money to access medical services.

Both SAWED and SWEAD work towards finding permanent solutions for these problems through socioeconomic development, participation of communities in local governance, equality of women and men in the development process, and education. SWEAD is working with local health authorities to find sustainable solutions to address health problems designed to fill gaps in the present health system rather than starting new services. A Train the Trainer has now been initiated by SWEAD.

Since 2009 BKFA has funded training programs with SAWED and SWEAD, empowering women, men and adolescents through education on maternal and infant health to reduce maternal and infant mortality and morbidity and to improve child nutrition.

### Achievements from these programs to date:

- Increased awareness of safe delivery, referral services and the use of clean birthing kits;
- Volunteers and midwives staying with the mother for one to two hours after delivery and conducting daily visits for the next five to 10 days to help with bathing and sometimes to prepare nutritional food;
- Increased awareness among pregnant women regarding their health;
- More pregnant women having complete antenatal check-ups;
- More new mothers receiving postnatal care;
- Increased immunisation rates of infants;
- More information about safe motherhood, anaemia and other health issues;
- The establishment of community health clubs.

## SOCIETY FOR WOMEN'S EDUCATION AND AWARENESS DEVELOPMENT (SWEAD)

SWEAD put forward an Integrated Health and Skill Training proposal for 750 rural TBAs/volunteers, husbands/ caretakers, and Awareness Training for Adolescent Girls in 380 remote villages in the Cuddalore district.

### It included the following:

- Five-day midwifery training program for 250 TBAs on awareness of safe birthing practices;
- Prenatal care, postnatal care, and how to use and dispose of a birthing kit;
- A three-day sexual reproductive health awareness program;
- A “preparation for motherhood” course for 250 adolescent girls.

### Project outcomes in the first year:

- 250 women are now skilled TBAs;
- 125 villages now have a qualified birth attendant;
- 250 men support their local TBA and advocate for TBA services;
- 75 local self-government (panchayat) health clubs have been formed;
- 98 percent of deliveries through hospitals using trained TBAs and volunteers are considered safe;
- The socio-economic biography of 50 percent of pregnant women has been documented.

The Awareness Training for Adolescent Girls provide a safe environment in which teenagers could build basic health knowledge, share issues and understand their health rights. By providing essential information, life skills and building critical thinking this breakthrough program has resulted in the following:

- 250 girls will adopt hygienic practices during menstruation and pregnancy;
- 30 percent of girls are going for voluntary counselling and treatment of reproductive tract infections and sexually transmitted infections;
- 85 percent of girls are now planning to defer marriage until reaching 18 years of age;
- There are expected to be fewer teenage pregnancies;
- Through re-evaluating the cultural practices and beliefs in 125 villages there is expected to be a reduction in the level of violence against girls.

There were many challenges to running this program. Travel restrictions, younger women were discouraged from participating, and community resistance to the unorthodox training were all managed successfully by SWEAD. For example, many community concerns were overcome when parents were encouraged to attend.

This program, as with others the BKFA now considers, takes a holistic approach and integrates the entire community. SWEAD has been particularly creative in their inclusive program designs and in every case has produced high standard programs with very positive results.



SWEAD Staff Nurse Rubavarthy taking baseline survey



Antenatal care in village

*“Sometimes when we visit the villages and interact with community, mother of small child voluntarily come and tell happily that for this child, I used your birthing kits and till today baby looks healthy, and I insist other pregnant women to keep the kits readily when you near the due date.”*

**SAWED TRUST: SOCIAL ACTION WOMEN'S EDUCATION AND DEVELOPMENT**

In 2014 SAWED conducted training for a total of 200 Dalit and tribal women from the remote interior of the Dindigul district. They initiated the project with an awareness-raising program, travelling through target villages talking about the importance of good maternal and infant health. Sometimes they even stopped women as they walked along the road to introduce themselves and explain what they were planning. Awareness raising is a crucial element of SAWED's work. It is designed to educate and motivate communities to create healthier environments for birthing mothers and their newborns. We were impressed that SAWED successfully completed this part of their program despite travel restrictions imposed by government authorities.

For the awareness raising program groups of 40 TBAs from various villages were then invited for two days of training. They learn how to effectively use a birthing kit, the basics of a clean birth, and healthy motherhood. SAWED were pleased with their impact in the community and proudly reported to us that: *“Sometimes when we visit the villages and interact with community, mother of small child voluntarily come and tell happily that for this child, I used your birthing kits and till today baby looks healthy, and I insist other pregnant women to keep the kits readily when you near the due date.”*



**Dalit woman trained by SAWED**



**SAWED training, 2014**

**Kit Production and Distribution**

Country	NGO	Requested	Sent	Notes
Afghanistan	World Vision	10,200	10,200	BKFA is thrilled to partner with World Vision. At this stage kits are being sent to Afghanistan, DR Congo, Tanzania and Uganda. Feedback from WV includes “for our communities the expectant mothers there is an assurance of clean birth regardless where the birth takes place (health facility or community). Kits also continue to be a great motivation for pregnant women to complete four antenatal care visits and deliver at the health facilities.”
Burundi	Association Infirmier San Frontiere (AISF)	2,000	800	AISF have commented that “we noticed much reduction in childbirth related infections since the introduction of the birthing kit because at the beginning the women were at risk because they were using the empty hand during the delivery and there were no protection between mother and the new born. Sepsis can result from prolonged labor, inappropriate care, or unclean practices during a delivery or induced abortion and many infection were seen but after receiving the kit, we noticed the reduction of infection.”
Cameroon	Centre for Community Regeneration and Development	2,000	1,600	BKFA are not currently working with this partner.
DR Congo	Green Ark - Uvira	17,000	15,800	Green Ark reported that “The distribution and the use of birthing kits have contributed to spare mothers/expectant women and newborn from childbirth infections.”
	Mission in Health Care and Development (MHCD)	20,000	31,800	One of MHCD's main activities is the reduction of infant mortality, maternal and morbidity rates through birthing kits use and distribution, training of traditional midwives and health workers and treating women and children at their hospital and clinics. MHCD focuses on community health and development. MHCD notes that BKFA's “support has brought great change and reduced infant mortality and morbidity and HIV infection.”
	Peace and Conflict Resolution (P&CR)	1,500	1,400	P&CR stated that birthing kits have “...impact especially for poor pregnant women because to have birth kit from some big Hospital or pharmacy is expensive, and those who are helped by (a) midwife can have access to (a) birthing kit. Before midwives (delivered) at home mostly in slums and rural areas they didn't have birthing kits as some was used banana leaves.”
	Redefined Ministeries	600	200	Redefined Ministeries is a new partner. BKFA is waiting to hear how their kit distribution has gone before sending further kits.
	World Vision		400	A trial of 400 kits were sent to World Vision in DR Congo. BKFA is hopeful that further despatches will follow.

Country	NGO	Requested	Sent	Notes
India	Deepam Trust	7,200	2,600	Deepam Trust conducted "3 trainings for Birth Attendants where 75 women attended these training and 90 street corner meetings and 100 village level night awareness meetings conducted by our staff members and volunteers. Totally 4,500 women attended these meetings."
	Society for Women's Education and Awareness Development (SWEAD)		700	SWEAD "have trained 250 Traditional Birth Attendants and 75 caretakers of TBA and 250 adolescent to be motherhood preparation. Topics are: hand washing, how to use birthing kits, antenatal care, planning for birth (birth planning), danger signs during pregnancy, maintaining body temperature in the newborn cord care early and exclusive breast feedings and proper positioning at the breast care of the low birth weight baby including kangaroo mother care, early postpartum/postnatal care preventive period postpartum/postnatal self-care and care of the baby, postpartum maternal danger signs postpartum birth spacing/family planning."
Kenya	Kamukuywa Harvest - IDP	6,000	4,000	BKFA are not currently working with this partner.
	World Youth International	200	200	A Safe Mothers Club has been established in the village of Odede, approximately two hours from the city of Kisumu in Nyanza Province - Kenya. The club meets on a weekly basis and discusses nutrition, safe birthing practices and infant care.
Madagascar	Australian Doctors for Africa (ADFA)	1,000	600	As a new partner ADFA have noted that "currently it is too early to determine the success of the program however observations of postnatal outcomes for mother and child will be good indicators of improving birth practices."
Malawi	Centre for Girls Interaction (CEGI)	600	200	CEGI have noted "Most of the women are now happy because of the birthing kits since they were facing a lot of challenges and difficulties when giving birth at community level. And when giving birth at rural areas it was dangerous and a lot of people are poor and could not afford to buy stuff like birthing kit materials."
	Sustainable Rural Community Development Organisation (SURCOD)	15,000	5,000	BKFA are not currently working with this partner.

Country	NGO	Requested	Sent	Notes
Nigeria	HACEY's	3,200	3,000	HACEY's have noted that "most of the TBAs have reported making conscious efforts to ensure that the environment is kept clean and hygienic, and they diligently use the kits to ensure this, following the instructions given."
	Office of Senior Special Assistant of Primary Health Care	10,000	6,000	The Office of Senior Special Assistance of Primary Health Care have reported that "Health Workers now exhibit a lot of skills in the area of Infection Control and correct proper delivery methods. They more competent in their referral processes before their exposure to training."
	Rotary Intl Nigeria Fistula Project	25,000	18,000	Rotary have noted "that there has been a reduction in the number of cord infections in babies, in puerperal infections as well as in postnatal sepsis in mother, making use of the birth kits that are usually distributed after our community dialogues held in villages around our project hospitals. Oral interviews with women have demonstrated this very clearly as well as the demand by women."
	Sweet Mother International Kwara State (SMI)	30,000	2,000	SMI actively campaign to save African women from pregnancy-related deaths. They organise various grass root workshops to educate women on pregnancy and antenatal issues as well as mobilising rallies in major cities and processions to government offices to canvass for effective actions to be taken to reduce pregnancy-related deaths in Africa.
Sweet Mother International Kano State (SMI)	2,000	3,000		
Pakistan	Mother Social Organisation	6,000		BKFA are not currently working with this partner.
PNG	Soroptimist International of South West Pacific	5,000	1,000	The Soroptimists have reported back that "the task force has seen that there was the need to train the Rural Community Health Workers who are practising maternity care at the community health posts. Most of the midwives trained are engaged to hospitals and health centres leaving gap to midwifery care in the Rural Community Health Posts and Health Sub Centres. Women of the reproductive age are encouraged to seek care at the nearest health facility however, the health facilities must have a skilled health worker that can attend to their needs accordingly."
	Soroptimist International of the South West Pacific - Ramu	5,000		
	Soroptimist International of South West Pacific - Mt Hagen Provincial Hospital	5,000	2,000	
	Talisman Energy	3,000	2,000	Talisman have put together a training program for the TBAs before distributing the birthing kits. They have noticed an improvement in mother and child health since starting the program.
	World Hope	1,000	400	World Hope has noted that the VBA-workers are very excited about the supplies. IT motivates them to do their job better.

Country	NGO	Requested	Sent	Notes
Somalia	Social Relief Organisation	5,400	1,600	<i>Social Relief Organisation notes "We have a programme of Educating Birth Attendants from the far reaching villages of Sool, Sanaag and Togdheer region in one of a recognised Health Institution Here In Las-anod, Sool region for a period of 1 to 2 years and we provide full accommodation for their period of studies and as soon as they finalise their health studies they return back to the village and provide their service to the vulnerable mothers and children of which they also conduct or perform their duties at home level and we distribute the Birthing Kits to Health Centre where our trusted and well skilled and trained Birth Attendants are at, to ensure save Health Intervention."</i>
Tanzania	Universal Ministry of Africa (UMOA)	200	200	<i>BKFA welcomes UMOA as a new partner and looks forward to working together to supply kits to women in need in Tanzania.</i>
	World Vision	4,000	3,200	<i>See World Vision - Afghanistan</i>
Uganda	International Women's Initiative (IWI)	7,200	4,000	<i>IWI have struggled with funding training programs and kit distribution but have resolved these issues and kit distribution has recommenced.</i>
	Teso Women Peace Activists (TEWPA)	10,000	600	<i>TEWPA is a new partner and have already noted "The communities have benefited from information sharing especially on utilisation of birthing kits, hygiene and sanitation and also family planning sessions. Not only information have they benefited from but it has also helped the mothers to have safe deliveries since they can only acquire a birthing kit at the health facility."</i>
	Think Humanity	600	400	<i>Think Humanity received the kits assembled at BKFA's 1,000th Assembly Day. These were reported on and photos were also provided (see BKFA's Facebook page). BKFA looks forward to working with Think Humanity again in 2015-16.</i>
	Rotary Club of Makindye	7,600	3,800	<i>BKFA are not currently working with this partner.</i>
	World Vision	5,200	200	<i>See World Vision - Afghanistan</i>
<b>Total</b>		<b>218,700</b>	<b>126,900</b>	

**Zonta clubs have assembled 159,600 kits and contributed \$478,800 to BKFA during the last biennium.**

# Treasurer's Report



## Overview

**Overall the year has been one of growth and development where we have continued building a stronger operating structure, and invested in staffing and fundraising strategies. Our total revenue increased this year by \$143,992, thanks mainly to World Vision donations, DFAT grant, interest and sponsorship, with our ordinary expenses decreasing because of improved efficiencies and genuine cost savings. Our staff team is still small but it has brought exceptional results to our business. The Board has invested in another staff member, a Program Manager, with the view of improving relationships and processes with our overseas partners.**

We will continue to invest cash in term deposits, recognising that while these investments deliver conservative results they are secure and enable cash flow during the whole period. Our membership has grown, which is a great result, the numbers well above the target set for the year.

We have introduced an online Membership form to our website for ease of joining BKFA or renewing an existing membership.

Again, we have been able to top up our cash reserves which allows longterm planning and flexibility for future unplanned expenditure opportunities. Overall, BKFA achieved and worked within its planned budget.

## Income

One of the most exciting partnerships this year has been World Vision Australia. Their fundraising contributed just over \$39,000 for the Birthing Kit Project. We have been supported again this year with philanthropic and sponsorship funds, and have received non-monetary support which has reduced our cash expenses. We successfully applied for a DAP Grant from the Australian Government (DFAT) to commence a new Community Development Project, Train the Trainer in DR Congo.

## Expenditure

We are currently building a new database to support the organisation's operations, membership and online fundraising and campaigns. This year is the first year of accounting for supplies on an accrual basis rather than a cash basis. It is pleasing to note that our overall expenses were under budget, mostly due to the timing of the new database as it was not fully expensed and with genuine cost savings. These cost savings included a donation of gloves for the 140,000 birthing kits that were assembled this year.



**Doone Winnall (Zonta Adelaide Hills) and Erica Majba (Zonta District 23 Governor).**

## Fundraising

We expect to continue to invest in fundraising and marketing strategies to strengthen our financial position to ensure the continuation of our international programs. 2015 fundraising ratio is 0.02 percent. *(The cost of fundraising ratio is the total amount spent on fundraising expressed as a percentage of total income in Summarised Financial Statements)*

## Administration

Our Administration ratio is 18.76 percent. This is an excellent result largely due to the diligence and creativeness of our Executive Director, Fiona Smith. With Fiona at the helm, BKFA has continued to improve its organisational structure and processes and will continue to strive to improve administration efficiencies. *(The cost of administration ratio is the total amount spent on administration expressed as a percentage of total income in Summarised Financial Statements)*

## International Program Investment

BKFA invested \$466,089 supplying and distributing birthing kits, and continued funding Community Development Programs in DR Congo, Ethiopia, and India. Our goal is to continue working in these countries and extending our programs to other areas of need. *(Based on International Programs and Program support costs as per Summarised Financial Income Statements)*

## Reserves

BKFA has had an outstanding year, carrying forward \$346,876. BKFA will achieve its goal to begin each financial year with cash reserves of \$200,000 to ensure we have a solid safety net during any future difficult financial times, to provide investment in operational and management improvements to ensure the long-term sustainability of the Foundation and to be able to support International Programs at short notice. We are committed to accountable and transparent financial management and will ensure that funds are used as intended.

### Table of Cash Movement for Designated Purposes

No table of cash movements for designated purposes is included in the financial report as no single project or other form of fundraising for a designated purpose was 10 percent or more of total income for the year under review.

## Financial Reports

BKFA summary financial reports comply with the standards set out by the ACFID Code of Conduct. The ACFID Code of Conduct is available at [www.acid.asn.au/code-of-conduct](http://www.acid.asn.au/code-of-conduct).

BKFA full financial report balances agree to the balances in the summarised financial reports which are included in the annual report. BKFA full financial statements are available upon request at [info@bkfa.org.au](mailto:info@bkfa.org.au).

## Looking Ahead

BKFA will continue to invest to build and improve its management and operating systems, as well as being more proactive in the coming year with fundraising and corporate sponsorship. Even though we have invested in staffing this year, we need to secure an additional staff member to oversee existing corporate partnerships and to further identify new fundraising opportunities.

### **BKFA has had an outstanding year, carrying forward \$346,876.**

We continue to pursue grant and philanthropic opportunities for financial support, as well as develop strategies to decrease our operational costs along with growing our supporter base and continuing our valuable relationship with Zonta clubs through Australia. We are only as strong as our donors, and so we thank you for your continued generosity and support which helps ensure more women will have access to safe, clean birthing practices and resources.

I acknowledge Sheenagh Edwards, our Auditor for her advice and expertise. We look forward to working with her again next year.

**Maggi Gregory**  
Treasurer

### Plastic Sheet

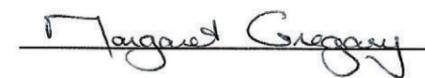
For the mother to lie on.  
Preventing mother and baby coming into contact with the floor or ground.

# Directors' Declaration

### In the opinion of the Directors of Birthing Kit Foundation (Australia):

- a. The consolidated financial statements and notes of Birthing Kit Foundation (Australia) are in accordance with the Corporations Act 2001, including:
  - i Giving a true and fair view of its financial position as at 30 June 2015 and of its performance for the financial year ended on that date; and
  - ii Complying with Australian Accounting Standards - Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Corporations Regulations 2001; and
- b. There are reasonable grounds to believe that Birthing Kit Foundation (Australia) will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors:



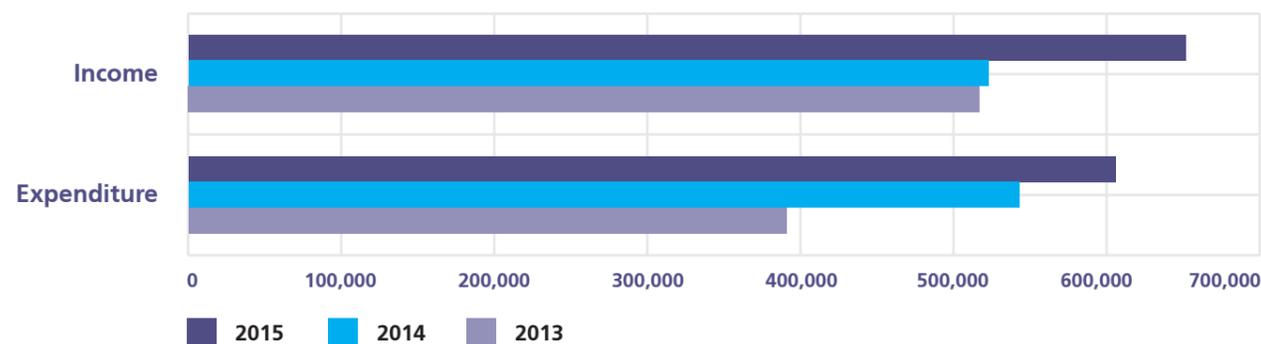
**Maggi Gregory**  
Treasurer



**Lena Grant**  
Chairperson

Dated the 12th of August 2015

## Financial Performance



PLEASE NOTE: The three-year comparison figures are sourced from the Summarised Financial Statements. The Financial Performance figures do not include non-monetary donations or gifts.

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2015		
	2015	2014
	\$	\$
<b>Revenue</b>		
Donation and gifts		
Monetary	583,506	510,294
Non-monetary	11,600	-
Grants - Department of Foreign Affairs and Trade	37,046	-
Investment income	8,663	7,144
Other income		
Sponsorship	20,000	-
Membership	3,545	2,930
<b>Total revenue</b>	<b>664,360</b>	<b>520,368</b>
<b>Expenditure</b>		
International Programs		
Funds to international programs	370,448	332,703
Program support costs	95,641	84,561
Community Education	-	694
Fundraising costs - public	13,582	19,287
Accountability and administration	124,666	132,178
Non-monetary	11,600	-
Total international aid and development programs expenditure	615,937	569,423
<b>Total expenses</b>	<b>615,937</b>	<b>569,423</b>
<b>Excess/(shortfall) of revenue over expenditure</b>	<b>48,423</b>	<b>(49,055)</b>

NOTE: For the purpose of the Australian Council for International Development Code of Conduct, at the end of 30 June 2015, Birthing Kit Foundation (Australia) had no transactions in the following categories: Bequests and Legacies, Other Australian Grants, Other Overseas Grants, Revenue for International Political or Religious Adherence Promotion, Government, multilateral and private Fundraising Costs, International Political or Religious Adherence Promotion Programs Expenditure and Domestic Programs Expenditure.

BALANCE SHEET AS AT 30 JUNE 2015		
	2015	2014
	\$	\$
<b>Assets</b>		
<b>Current</b>		
Cash and cash equivalents	346,876	357,887
Trade and other receivables	113,507	79,020
Inventories	68,499	23,276
Current assets	528,882	460,183
<b>Non-current</b>		
Property, plant and equipment	-	265
Non-current assets	-	265
<b>Total assets</b>	<b>528,882</b>	<b>460,448</b>
<b>Liabilities</b>		
<b>Current</b>		
Trade and other payables	19,850	10,533
Other liabilities	84,040	73,346
Current liabilities	103,890	83,879
<b>Total liabilities</b>	<b>103,890</b>	<b>83,879</b>
<b>Net assets</b>	<b>424,992</b>	<b>376,569</b>
<b>Members Funds</b>		
Retained earnings	424,992	376,569
<b>Total Members Funds</b>	<b>424,992</b>	<b>376,569</b>

This statement should be read in conjunction with the notes to the full financial statements (available on request).

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015

	Retained earnings	Total Members Funds
	\$	\$
Balance at 1 July 2013	376,148	376,148
Adjustments on error correction	49,476	49,476
<b>Balance at 1 July 2013 (restated)</b>	<b>425,624</b>	<b>425,624</b>
Surplus / (deficit) for the year	(49,055)	(49,055)
Other comprehensive income	-	-
Total comprehensive income for the year	(49,055)	(49,055)
<b>Balance at 30 June 2014</b>	<b>376,569</b>	<b>376,569</b>
Balance at 1 July 2014		
Surplus / (deficit) for the year	48,423	48,423
Other comprehensive income	-	-
Total comprehensive income for the year	48,423	48,423
<b>Balance at 30 June 2015</b>	<b>424,992</b>	<b>424,992</b>

NOTE: The Birthing Kit Foundation (Australia) has adopted changes in accounting policies and needed to include a correction of prior period error. The value of inventory held in relation to Birthing Kit Supplies has not been recognised in prior reporting years. This error has been rectified by restating each of the affected financial statement line items for prior periods.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
<b>Cash and cash equivalents, beginning of year</b>	357,887	335,544
<b>Cash flows from operations:</b>		
Grants, donations and receipts from customers	630,743	484,790
Interest income	8,663	7,144
Payments to suppliers and employees	(650,417)	(464,521)
Tax and withholdings liabilities paid	-	(5,070)
<b>Net cash generated</b>	<b>(11,011)</b>	<b>22,343</b>
<b>Cash and cash equivalents, end of year</b>	<b>346,876</b>	<b>357,887</b>



**Gloves**  
 For Clean hands.  
 To prevent birth attendant transmitting germs to mother and baby.



### Cord

For clean ties for the umbilical cord  
To prevent bleeding from the umbilical  
cord for mother and baby.

# Corporate Governance

## Statement



1000th Assembly Day held by Cheeky Monkey Mother's Group

**The Foundation is committed to maintain high standards of corporate governance as a non-profit organisation.**

### Corporate structure, compliance and tax status

The Foundation is an Australian public company limited by guarantee registered under the Australian Corporations Act 2001, and complies with the requirements of the Act. The Foundation is registered with the Australian Charities and Not-for-profits Commission. BKFA has the benefit of tax concessions as a Health Promotion Charity. The Foundation's Maternal Health Gift Fund has been declared as a developing country relief fund under subsection 30-85 (2) of the Income Tax Assessment Act 1997, making donations to the fund tax deductible in Australia.

The Foundation is a signatory to the Australian Council for International Development (ACFID) Code of Conduct, which defines standards of governance, accountability and ethical practice for non-government organisations engaged in international aid and development activities. The Foundation is committed to full compliance with the Code and reports to ACFID annually.

### Corporate governance and financial accountability

Under the Constitution, the Board of Directors is responsible for the overall management of the Foundation. Directors are elected by the membership, and are unpaid. The Board structure, numbers, and processes for appointment are set out in the Constitution, which is available on the website.

The Board meets monthly for regular Board meetings, with additional meetings for strategic planning, including the annual budget process. During 2014-15 the Board has written a new strategic plan for 2015-20. Financial performance reports are prepared by the Treasurer and reviewed by the Board monthly. Audited financial statements are provided to ASIC, ACFID, the ACNC, and to other regulators as required by law. A summarised version of these statements are included in this report. A copy of the full audited statements are available on request.

### Work Health and Safety

There were no workplace injuries or incidents reported in the 2014-15 year.

### Complaints

No complaints were received in the 2014-15 year. Any person who believes we have breached the ACFID Code of Conduct is entitled to make a complaint to the ACFID Code of Conduct Committee.

Such complaints should be marked 'Confidential' and addressed to: Chair, ACFID Code of Conduct Committee, Private Bag 3, Deakin ACT 2600.

Complaints about the performance or conduct of the Birthing Kit Foundation (Australia) may be lodged via the link on our website or addressed to: Executive Director, Birthing Kit Foundation (Australia), PO Box 330, Belair South Australia 5052.



Sayuni payote (birthing hut) for pregnant women, Think Humanity, Uganda

# Board

## BOARD OF DIRECTORS

The following people were serving on the Board of Directors as at 30 June 2015.



### Lena Grant (Chair)

Lena is a legal practitioner with over 25 years' experience in commercial legal practice, governance and management from her former career in the South Australian public sector. She was an inaugural member of the SAFECOM Board. She contributes her legal and analytical skills, experience in legal compliance, risk management, commercial and other transactions, and the development and articulation of policy. Lena joined the Board in November 2013. Lena is the current Chair of the Board and chairs the Risk, Audit and Compliance Committee, and the Organisational Development Committee.

2014-15 meetings attended: 12/12



### Pip Coleman (Vice Chair)

Pip joined the Board in November 2013 and brings a background as a Business/IT Consultant. She is a Principal of a business and consultancy that provides management expertise to businesses. Pip's previous board experience includes two years as Chair of Margaret Ives Children's Centre where she was involved in a review of governance frameworks, and the review and development of a Strategic Plan, Capital Works Plan, Risk Management Plan and associated governance structures. Pip sits on the Marketing Committee and the Organisational Development Committee.

2014-15 meetings attended: 11/12



### Maggi Gregory (Treasurer)

Maggi was involved in small business management and is now retired. From this background she brings to the Board a work ethic, processes and financial skills. She enjoys the challenges of finance and is currently the Treasurer. Maggi is a Charter Member of the Zonta Club of Gawler, where she has willingly taken responsibility holding most office bearing positions within the club. She also contributes to her community by actively working as a Justice of the Peace. Maggi sits on the Finance Committee, International Programs Committee and the Risk, Audit and Compliance Committee.

2014-15 meetings attended: 12/12



### Julie Monis-Ivett

Julie brings with her business administration, personnel management skills, and health profession knowledge as a partner in a large private dental practice. She administered the birthing kit project for its first seven years and was inaugural Chair of the Foundation from 2006 until 2009, and Vice Chair from 2009 until 2013. Julie has a sound understanding of all aspects of the organisation and is currently Program Manager for DR Congo and Afar Region of Ethiopia. She is a Charter Member of Zonta Club of Adelaide Hills, serving at Board level for 15 years, including that of President for two years. She has been the Zonta District 22, 23 and 24 Birthing Kit Project Coordinator since 2004 and liaison person with Zonta International since 2000. Julie sits on the Marketing Committee and chairs the International Programs Committee.

2014-15 meetings attended: 10/12



### Joy O'Hazy

Joy is a medical doctor with an interest in women's health, and has a wide background in administration and strategic planning. She created the birthing kit and started production in 1999, supported by her fellow members of the Zonta Club of Adelaide Hills, and was an original member of the Zonta Birthing Kit Committee. Joy informs the Board on matters of medical information research, and sits on the International Programs Committee.

2014-15 meetings attended: 12/12



### Fiona Smith

Fiona was the Project Administrator of BKFA from April 2010 to September 2011, gaining a thorough understanding of the operational work of the Foundation and its partner organisations. While with BKFA she expanded the supporter base via social media and broad-based promotion, and restructured the kit funding model. Her background is in business management, finance and marketing. She is currently the Executive Director of BKFA, overseeing the day-to-day operations. Fiona sits on the Finance Committee, the Organisational Development Committee, and the Risk, Audit and Compliance Committee.

2014-15 meetings attended: 12/12



### Jenny Weaver

Jenny was a senior adviser in a financial advisory company and retired in 2010. She brings corporate, financial and management skills to the Board. She is an active member of Zonta International, having served in many capacities during her 20 years of membership. Jenny is an active member of the Zonta Club of Adelaide Torrens and coordinates a Zonta interclub advocacy group. Jenny sits on the International Programs Committee and the Marketing Committee.

2014-15 meetings attended: 10/12

*"It was like an angel come with a pack to support me."*

## SUPPORTERS

Birthing Kit Foundation (Australia) would like to sincerely thank the following organisations and individuals for their generous support in 2014-15.

### Fullife Foundation

### McIntyre Foundation

### Mun (Australia) Pty Limited

### World Vision

### Pregnancy, Babies and Children's Expo

### Sheenagh Edwards, Grant Thornton Australia

### The Peggy Charitable Foundation



**Birthing Kit  
Foundation**  
Australia

***Birthing Kit Foundation***  
*PO Box 330*  
*Belair, South Australia 5052*

***www.bkfa.org.au***  
*info@bkfa.org.au*