



# Annual Report 2017/2018



Birthing Kit  
Foundation  
Australia

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ACFID  
MEMBER



**Birthing Kit  
Foundation**  
Australia

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Cover Photo:

*Women Extension Worker and  
baby Kadidja, Field Partner  
APDA, Ethiopia.*

Credit: Z Fisher



*Young mother with healthy newborn baby, Field Partner, Foundation for Development and Relief Africa (FIDRA), Uganda.*

## Vision

*A world in which preventable maternal and newborn mortality and morbidity has been eliminated.*

## Mission

*BKFA works in developing countries to enable a safe pregnancy along with clean childbirth and postnatal environments.*

## 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, marital status, disability, age or socio-economic status.*

# Chairperson's Report



***With more than 230 Birthing Kit Assembly Days taking place throughout Australia in 2017/2018 and just over 200,000 kits being produced across the nation, the Birthing Kit Foundation Australia (BKFA) finds itself on solid ground and in a position to build on both its output and profile.***

This has been achieved with the help of many people and it is inspiring that the Foundation enjoys the reliable support of so many community groups. Zonta Clubs across the nation assembled 51 per cent of all kits and there was an increased contribution from Rotary as clubs elected to commit to their current Rotary International focus on maternal and infant health. Private groups have also supported production with many baby showers turning into kit packing days.

The vast majority of women who receive kits are in sub-Saharan Africa and all live in low resource settings. For many this actually means that there is nothing available for them when they give birth. In a visit to the DR Congo during the year I faced young women who found themselves pregnant after they had been raped and then rejected by their community. In South Kivu Province, still suffering after a devastating 10-year war dating from the mid 90's, everyone survives with minimal resources and even the black plastic is reused as a sheet by mothers in the Luvungi Hospital.

In a regional departure an NGO in Haiti started to receive kits this year. Ranked

at 163 out of 188 countries on the 2016 UN's Human Development Index, Haiti shares its position with Uganda, a country where the Foundation has had many partners, some delivering kits since the BKFA started in 2006. One such partner, the Teso Women Peace Activists (TEWPA) group in Uganda, recently signed an agreement for a new learning and development project created in collaboration with the Foundation.

Our training emphasis in Ethiopia, Uganda and India is increasingly being designed to provide the base of experience and know-how to address a range of complex social issues which are intersecting with the lack of resources for birthing mothers.

Many new and on-going relationships have supported the BKFA throughout the year and their help is truly valued. World Vision Australia remains a strong and committed partner, and the Robinson Research Institute has provided support for research. The Fullife Foundation has donated generously to our work in Ethiopia and the Neilson Foundation remains our strongest financial supporter. We thank them and the thousands of Australian individuals and companies that have helped us with money and resources. Mun (Australia) Pty Limited, which donates latex gloves for the Birthing Kits, is to be particularly commended for its contribution.

To make all this happen the Staff have worked diligently throughout the year. We acknowledge all their efforts as new programs were created by Zeshi Fisher and Rebecca Davey, Assembly Days occurred with efficiency due to Hilary Carruthers and Erica Osborn,

our money flowed smoothly thanks to Kellie Stelzer and our resources and logistics were ably managed by Adrian Harris. Adrian's new warehouse was opened in October just as the number of kits despatched started to rise. For Catriona Neil-Dwyer who handles fundraising and marketing, with support on social media and design by Hannah Moore, it has been a big year and we thank them for their many initiatives.

The Staff also received help from a selection of volunteers. Notable was the contribution of Alex Cummins from UniSA who produced a valuable research paper during the year on "The 'six principles of cleanliness' and the WHO's recommendations for clean childbirth practices twenty years on: implications for clean birth kit programmes". It was a high-quality document which provided important insights into our work.

Deborah Hartley led the Staff during the first half of the year and competently prepared the Foundation for the ACFID Self-Assessment process which occurred in late March. Matt Anderson took over as General Manager in May and is working with all of us in a comprehensive review of our approach and plans.

The Board farewelled Lena Grant and Pip Coleman at the AGM, their respective contributions in legal matters and business planning were valued. Cathryn Blair resigned during the year having worked comprehensively on sustainability through her time with the Foundation. We thank them all and acknowledge their commitment. Two new Board

members were welcomed, namely Melanie Cottell who comes with legal qualifications and Gail Casey with strong credentials in project management. Already they have formed a good team with the longer-term Directors Julie Monis-Ivett, Joy O'Hazy, Maggi Gregory and Ted A'Bear, who have, as ever, given unstintingly throughout the year. Julie's exceptional contribution was acknowledged in January when she was awarded an OAM for her extensive work in international health projects including her contribution to the BKFA.

The Board also farewelled Viki Bickerton who served for many years as the BKFA's Minute Taker and Company Secretary. Her reliable and efficient work was appreciated by everyone on the Board. To replace her in both roles is Deborah Floyd, a long-time supporter, who brings extensive skills in business management.

As the year drew to a close and a new Strategic Plan was drawn up it was quite obvious to us all that we are at an important point in our history. The Foundation knows what it does well and is developing a professionalism in its approach. The BKFA produces huge results from a small team supported by thousands of dedicated Australians. As we look ahead to consolidate this position we are busy identifying new opportunities and partnerships to build the momentum of the Foundation and to successfully serve even more mothers and babies in the future.

**Jenny Weaver**  
**Chairperson**



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### **Arrival of Birthing Kits for Field Partner RFPD Nigeria.**

*Copyright RFPD Daniel Kempf-Seifried*



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### **Zonta Club of Maroochy Assembly Day.**

# General Manager's Report



*Did you know, according to a recent study on the state of economic justice around the world, that the wealthiest one per cent of the global population has as much money as the other 99 per cent? As someone driven by justice issues that seems insane to me, but more disturbing is the fact that the wealthiest eight people in the world have as much money as those in the bottom 50 per cent.*

Our world's current paradigm says that the answer to economic empowerment rests with "jobs, growth & taxes" however I firmly believe that it's time to reimagine a whole new paradigm – one where organisations like ours have a critical role to play in 3 key areas:

## **1. Unusual collaborations are forming**

I have had the pleasure of working alongside hundreds of leaders from many sectors, and this echoes a global trend that different 'worlds' are converging. People and organisations – from traditional sectors such as finance, energy, mobility, education, health, civil society, design, technology and more – are realising that the challenges facing societies around the world are larger than the ability of any one sector to respond to alone. This means that a coming together of traditional players into non-traditional partnerships is being seen, and that collaboration must become our world's "new normal".

## **It reminds me a little bit of salted caramel**

I still remember when I tasted my first salted caramel brownie a few years ago. I'd never heard of adding salt to something sweet before, and was reluctantly "convinced" by a friend to give it a taste. Needless to say I loved it, and couldn't help but think "why didn't I think of this before?" Sometimes when 2 unusual elements come together it just "works" – like salt and caramel. Most of us couldn't imagine this flavour intersection, but now it's everywhere – and for good reason. A good recipe blends together a range of different elements to produce something different, and often better, than those elements on their own.

This is something that we are seeking to understand at BKFA in new ways.

## **2. This is creating new opportunities**

Until recently, the concepts of sustainable income generation, commercial growth, economic development, and of re-investing profit weren't a natural connection that was made for NGOs. However, all that has now changed – and like salted caramel, an intentional and powerful coming together of these elements is occurring.

One of the most inspiring examples of this is the international development organisation BRAC, based in Bangladesh. BRAC began humbly four decades ago in one of the



world's poorest countries, yet now is the world's largest NGO - employing over 100,000 people (70 per cent of whom are women), and reaching more than 126 million people with its services every year. Equally impressive is the fact that, even in constrained circumstances, they've moved from dependence on donations to now receiving over 80 per cent of their funding via customer income from their services. Entrepreneurship is their MINDSET, commercial innovation is their MODEL, and Design Thinking (more specifically "human-centred design") is their PROCESS.

We too are seeking to explore how insights from the realms of innovation and entrepreneurship can enable BKFA to identify and explore new opportunities to improve people's lives.

### **3. We must never lose sight of the fact that the people we exist for must be at the centre of all we are and all we do**

Human Centred Design (HCD) is now an approach that leading international development organisations are following. Originally led by the Bill & Melinda Gates Foundation (and now followed by the UN and many others), HCD is an approach that places the people that a service exists for (its "customer") well and truly at the core.

In the coming 12 months and always, we at BKFA must keep asking who we ultimately exist for; how we design with (not just "for") the people that matter most and how we might

### **Local women supported by Field Partner RFPD Nigeria.**

*Copyright RFPD Daniel Kempf-Seifried*

continue to improve the core of what we've done well for many years, while also innovating to find new and better ways to see people's lives made better.

**Matt Anderson**  
**General Manager**

# Committee Reports

## Risk and Compliance Committee

The purpose of the Risk and Compliance Committee is to plan and monitor risk management and compliance practices to manage the Foundation's risk and meet legal, audit and compliance obligations. It is responsible for overseeing compliance requirements, overseeing the Australian Council for International Development (ACFID) Self-Assessment, reviewing the Foundation's Risk Management Plan and Risk Register; monitoring compliance with BKFA's policies, controls and procedures, and reviewing and advising the Board on the adequacy of BKFA's policies and procedures.

During the 2017/2018 financial year the Committee oversaw preparation of the ACFID self-assessment report to maintain accreditation. The Committee has regularly reviewed and updated the Foundation's Risk Register, policies and procedures, and reported to the Board with recommendations for action to address risk. The Committee has worked closely with the Finance Committee regarding financial risks, the audit function, and delegations policies. It has provided key input into the Foundation's governance arrangements, review of Board effectiveness and strategic planning activities. The Committee consists of Melanie Cottell, Jenny Weaver, Erica Osborn and Deborah Floyd.

## Future Directions Committee

To reduce the number of Board Committees, it was agreed that the Future Directions Committee would be established to encompass the work of the Advocacy and Research Committees. The purpose of the Committee is to look to the future and externally in regards to the relevance and impact of BKFA. The Committee aims to identify ways to respond efficiently and effectively to opportunities to deliver our mandate. This will include increasing the stock of knowledge available to BKFA to validate and improve practices and support BKFA in its advocacy role.

Committee responsibilities and tasks include making recommendations to determine target audiences, key messages, desired outcomes and resources for advocacy. We are identifying areas of enquiry and research that can assist in assessing and demonstrating efficacy of BKFA initiatives. We are exploring with the Operations team further opportunities to progress the goals of BKFA, identifying and assessing potential relationships and research projects, and we seek to identify and respond to major new funding opportunities. We are supporting BKFA management in building a data base of organisations, stakeholders and supporters with the potential to fund new large-scale programs and we are looking forward to working closely with the Operations team to deliver on this remit. The Committee consists of Ted A'Bear, Julie Monis-Ivett OAM, Joy O'Hazy and General Manager Matt Anderson.



***A pregnant woman receives a Birthing Kit, Field Partner Reach Out Cameroon.***



## Finance Committee

The Finance Committee is responsible for the planning, monitoring and evaluation of the Foundation's financial sustainability and capacity. The Committee assists and supports the GM to prepare the annual budget and reviews the budget on a quarterly basis to provide, if necessary any revision to the Board. The Committee ensures that systems, financial policies and procedures have been established, reviewed and updated regularly to ensure efficient management of the

Foundation's funds. The Committee manages the Foundation's investments by making recommendations for approval of the Board.

The Committee consists of Maggi Gregory, Gail Casey and Matt Anderson.

***Medical Students Aid Project  
Assembly Day, University  
of New South Wales.***

# Effectiveness and learning

One of the great strengths of BKFA is that we are a small, agile and adaptable organisation. This gives us the ability to try new things, learn from our experiences and apply our learning throughout everything that we do—from our communication with supporters, donors and partners; our operations and governance; and our work in the field. It also means that we can respond quickly to changing contexts and new opportunities.

We continue to build and improve our key strategy for preventing childbirth-related death and disability—our Birthing Kit Program. This program is designed to reach vulnerable mothers in some of the hardest-to-reach places, which we do through the work of our Field Partners who integrate the donated Birthing Kits into their work and maternal newborn health projects.

Our achievement towards reaching high-need mothers and babies is known through understanding the populations with whom our Field Partners work. Of 45 Field Partners who have distributed Birthing Kits this year, all targeted populations that are vulnerable to poor maternal and newborn health outcomes, with some Field Partners working with populations with multiple vulnerabilities or with more than one vulnerable population. At the commencement of the grant year, the leading population groups for planned distribution by Field Partners were those in a remote location (60 per cent of Field Partners), those suffering from poverty (49 per cent of Field Partners), those identified as an ethnic minority (36 per cent of Field Partners) and displaced persons or refugees (29 per cent of Field Partners). Groups reached

by fewer, but still a significant number of Field Partners were those with a history of recent conflict (22 per cent of Field Partners), nomadic or semi-nomadic populations (20 per cent of Field Partners), and those identified as urban poor or living in urban slums (20 per cent of Field Partners).

Seeking a deeper understanding of the work of our Birthing Kit Program partners is an ongoing and exciting task. We have used our revised data collection and monitoring tools as well as the improved functionality of our database to record and generate program reports with heightened efficiency. At a press of a button we can now describe the direct recipients of our Birthing Kits across our entire kit distribution program. This year we sent a total of 171,600 Birthing Kits to Field Partners and organisations responding to emergencies. Reports received during the 2017/2018 financial year from the majority of our Field Partners showed us that the majority of kits have been distributed to health centres (54 per cent) followed by distribution directly to pregnant mothers (22 per cent) and hospitals (13 per cent). The remaining kits were given to community health workers (5 per cent), village birth attendants (4.5 per cent), or other groups (1.4 per cent). This information will be used to guide program decisions and the way we communicate the work of our Field Partners to stakeholders.

Just as each Field Partner distributes Birthing Kits to different recipients, they also integrate our kits into their programs to achieve change through varied and unique means. This year we have been able to better collate the information reported to us, allowing for fascinating insights into the work of our Field Partners as well as our own 'impact pathway'—the means by which our goal is achieved through outcomes at the community-level.



*Young mother with newborn, Field Partner Redefined Ministries, DR Congo.*



Most notably we learned that, of all Field Partners receiving at least 1,000 kits per year (25 in total), the desired changes most oft-described were 1) more women giving birth in a health facility, 2) fewer newborn infections and death, and 3) more women attending antenatal visits during pregnancy. Specific objectives also described included the reduction in maternal infections and mother-to-child transmission of HIV, as well as “reducing the harassment mothers get from health workers as a result of not having Birthing Kit items for delivery” (Uganda); “Increasing patient trust in hospital care” (Haiti); and “increasing knowledge about traditional birth” (Nigeria).

It has become increasingly clear that our kits are used not only to prevent infection, but also to break down barriers faced by women in accessing timely and/or quality maternity care, and we know that improving access to care saves lives.

It is important to us to ensure our strategies are as effective as possible. We have continued to refine the way we review the kit itself—a framework for undertaking a regular review of each item in a standardised way. A draft inaugural review has been completed, drawing on Field Partner feedback, program experience, global recommendations and arising evidence, which will be used as a basis for recommendations on component updates, risk management, and improved effectiveness in the coming year.

This year has also seen the implementation of new management processes for our Community Development Program: fresh ways of approaching partnership and of working in collaboration including a focus on co-design and the joint assessment of capacity development and learning needs; and an increased

***A TBA receives kits bound for a health facility in Kaida community, Field Partner PeachAid Medical Initiative, Nigeria.***



**Pregnant women receive kits directly, Field Partner RFPD Nigeria.**

*Copyright RFPD Daniel Kempf-Seifried.*

investment in the design, analysis and planning phases for new projects. This shift allows BKFA to participate in better development practice, and more effectively achieve our goals—a huge win for all involved.

We have continued to maintain a relationship with the Robinson Research Institute, who received a small seed grant for supporting BKFA to develop a proposal for undertaking evaluative research relevant to one of our community development projects. The joint systematic review undertaken on the effectiveness of clean birth kits, and the facilitators and barriers to their use, was finalised and submitted for publication. Gaps highlighted in this review will provide a basis for future collaborative work with the research institute.

Ensuring our work becomes increasingly human-centred and design-driven has helped to open up new avenues for projects and partnerships. We understand that all aspects of what we do can be intentionally designed, and that design processes are relevant to every stage of project planning and management. With this focus, we have initiated an exciting new project in Uganda that will be piloted over a 12-month period with an emphasis on learning and development. This is the basis for our initial scoping for expanded work in India in the coming year: with new partners sharing an interest in working together, learning-by-doing, and exploring new and innovative ways to promote maternal and newborn wellbeing through collaborative effort.

## Wonderful outcomes in DR Congo

### **Dr Julie Monis-Ivett OAM shares a personal perspective**

“In April 2018, I travelled with Jenny Weaver to Luvungi town, DR Congo, where we unofficially visited BKFA partner Dr Luc Mulimbalimba Masururu of Mission in Health Care and Development (MHCD) for the opening of the DR Congo Australia Friendship monument. During this visit, we were thrilled to hear local feedback detailing some wonderful outcomes further to a 2012 program funded by BKFA. While we were there, we were unexpectedly greeted by Mulenge Pygmie community leader, Kyubwa Bahindi, who had heard us speaking on Impact radio about Birthing Kits. Kyubwa had walked for two days to meet us and wanted to share the impact on his community of the BKFA Traditional Birth Attendant (TBA) training program held in 2012.

Mulenge is so inaccessible that 30 people were hired to carry resources on the two day trek up the side of a mountain to facilitate the three day TBA training program funded by BKFA in 2012. The training covered maternal health, midwifery, vaccinations, birthing kits, nutrition and hygiene. After the training, it was clear that more could be done. The momentum from the success of the training was embraced and Dr Luc established Midwifery Clubs, formed from the one hundred attending TBAs with the strongest women assuming leadership.

These clubs would go on to meet regularly to share and discuss maternal and general health issues and distribute Birthing Kits. They became centres of learning, and an avenue for reinforcing what had been taught at the TBA seminars. This was particularly significant given the low levels of literacy in this community – talking together meant clarity. This was just the beginning.

Identified as strong and effective women, an opportunity to bring long term benefit evolved. MHCD funded microcredit programs. Women were



educated and provided with seed funds for agriculture or small business with as little as US\$50. The business plan was simple with 50 per cent of profit directed to the following years' business and 50 per cent to the women. 100 per cent of the women used the funds to send their children to school. The extraordinary outcome of this was that for the first time, they had sustainable food, ongoing income and education. The women were empowered and the whole community benefited. In Kyubwa's words "Before they formed clubs, Pygmies were very behind in development. Men formed their own club from the success of the women's club. Since Midwifery Clubs they know their rights and have formed the Union of Mulenge Pygmies for Integrated Development."

Historically Pygmies worked for others as labourers on farms, as it was not

in their culture to do otherwise. Now, with education they have started their own agricultural businesses. Five people have secondary school diplomas, and two of those are attending a midwifery/nursing program at Luvungi hospital. They will graduate as fully trained nurses and will return to Mulenge where they will provide a level of health care never before seen in their community. MHCD will provide funding to help build a health clinic and provide it with resources of medicines.

Kyubwa was very proud of his community's achievements. From being an impoverished and poorly educated Pygmic community, Mulenge now has sustainable food, income, education and business potential. A wonderful outcome"

***Newborn baby at Luvungi Maternity Hospital.***



***Julie, Kyubwa and Jenny.***

# Community Development Projects

## Ethiopia

*Ethiopia is situated in the Horn of Africa. It is the second most populous and one of the poorest countries in the African continent. Given the large and dispersed rural population, national health strategies of the last two decades have been focused on mobilising community resources and in building the rural health workforce.*

The Afar Region has poor maternal health indicators, even by national standards. As a region it has the highest unskilled birth attendance in the country at an estimated 93 per cent of births. Harmful traditions that impact on the wellbeing of girls, women and newborns continue to be widely practiced.

The low status of women, poor literacy and difficulty accessing health services are challenges faced by women every day. Disempowerment of females within the household and community means that most Afar women are unable to define their own issues or influence change.

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Our project partner, the Afar Pastoralist Development Association (APDA) is the largest Afar run organisation in the Region. For over 30 years it has modelled the means of delivering primary health care and education to pastoralist society through the provision of mobile services.

APDA's vision is that Afar pastoralist community will direct its development through its own motivation and with full emphasis that Afar women are involved with maximum participation.

APDA works to eradicate harmful traditional practices that impact on the rights and dignity of women, and to develop services based on Afar culture and local beliefs. The organisation also acts as an advocate for the Afar people on matters of pastoral development and government relations.

December 2017 saw the completion of BKFA's three-year support for Dullassa District in Zone 3 of the Afar Region. Through this project, APDA achieved significant advancements in the capacity of health workers and maternal health status, including the uptake of trained birth attendant services and an increase in referrals to health facilities for health complications. However, progress was limited by the level of illiteracy and poor education attainment in the community, impacting on receptiveness to new information and behaviour change by community members.

### **Project: Strengthening the rural health network to improve reproductive, maternal and newborn health in Dullassa, Afar Region**

In January this year, BKFA commenced the first of a three-year project continuing and building on achievements of BKFA-funded work in the district in the previous three years. This project was redesigned to address the needs of previously un-reached marginalised groups as well as a strong focus on addressing one of the underlying causes of poor health outcomes—community illiteracy. The design has incorporated key lessons from our previous work for greater impact and a stronger monitoring and evaluation framework.

The key focus issues to be addressed by this project are: a weak primary health and referral network; the poor health status of childbearing mothers; and poor health seeking behaviours by mothers and families.

In its first six months, the project has worked towards the following objectives:

**Strengthening the capacity and collaboration of community health teams** by providing comprehensive theoretical and practical training to 50 traditional birth attendants (TBAs), 10 women extension workers (WEWs), 10 literacy facilitators, and three health workers. Training has focussed on current and crosscutting issues—with gender at the core—and has been the first of three planned annual training courses tailored to each role. Each project actor is employed to work within a supportive and cohesive care and referral team; in particular TBAs are assigned and work in tandem with WEWs so that they are mentored and monitored continuously, and literacy facilitators provide education to the community through a health and rights lens.

In addition to extensive training during this initial six-month period, the WEWs provided a total of 13,897 messages,

demonstrations and maternal interventions within the targeted sites. The project also oversaw 139 safe births in the home and referred a further 109 mothers to health centres for management of complications. HEWs provided 6,539 health messages including disease prevention, hygiene and sanitation and safe motherhood.

**Reducing reproductive harm and improve the wellbeing of mothers and girls** by engaging and educating community leaders, families and carers, and the establishment of 10 community development committees (CDCs) of seven religious, clan, women and youth leaders to monitor the practice of traditions in the target communities. Health teams and CDCs work to reduce harmful traditions that impact on girls' reproductive wellbeing such as female genital mutilation in childhood, and harmful traditions during pregnancy and around the time of childbirth. Within this project the resolution by the 15 continuing and 35 newly trained TBAs to refrain from harmful practices in their communities is very promising.

**Increasing health-seeking behaviours for maternal and newborn health** through ongoing community education by the health team including the provision of 20,436 individual health messages in the first six months, and the supply of the first 200 locally produced clean delivery sets. These kits have not only enabled a cleaner birth environment, but also represent a commitment to improving the situation for mothers. They have acted as an incentive for birth attendants to stay connected to the supportive care network, and an incentive for mothers to seek the care of project-trained attendants.

The project shows promise of progress on this objective, given the communities' demonstrated support for the referral of mothers to health facilities during childbirth.



**TBAs of Dullassa District, Field Partner APDA, Ethiopia.**  
Credit: Z Fisher



**WEW Coordinator Halima and baby Kadidja of Bortali Village, Field Partner APDA, Ethiopia.** Credit: Z Fisher

### **Key successes this year**

For the first time in this district, APDA has addressed the discrimination and health inequity experienced by a marginalised society known as the “boon” clan. The inclusion of this group in the project threatened to disrupt the training of both the WEWs and TBAs. Through negotiation and with the support of district officials, it was emphasised that the project has no clan boundaries and all should benefit. For the first time in this area the two disassociated clans undertook training and ate their meals together! The two WEWs and five TBAs from this society have been trained and will for the first time extend the health and referral network into their communities.

### **Key lessons learned**

For the first time in this location, the training for health workers has been undertaken in the district as opposed to in the region’s capital. It has become evident that closer to the communities, the WEWs and TBAs are able to directly apply their learning through practicum, and importantly, the discussion on roles and responsibilities, and the most effective approach for addressing issues such as harmful practices can be undertaken locally and effectively.

The working relationships and bond between the TBAs, WEWs and HEWs is essential for an effective and collaborative health team and must be established at the outset. Bringing the TBAs and WEWs together during the training in this project has enabled this in a positive way. This is expected to improve the performance of the teams as well as enable better quality reporting and the triangulation of information.

### **Story from the Field**

Zahara Goda is a WEW who has worked with the BKFA-funded project in Dullassa for six years. She is 32 years old, and is married with four children, three girls and a boy.

In order to be trained and employed by ADPA, Zahara learnt to read and write. She can now read a small book. She feels that prior to her work with APDA she “didn’t know anything”, but now values education for herself and her children.

From her training as a WEW, she was convinced of the fact that FGM was entirely wrong and resolved to first change the situation for her own family and then her community. Since then, she has had three girls—none of whom have been cut. There are another five women in her settlement who have done the same and have not had their daughters cut. Zahara has

also been able to persuade mothers in another three settlements, impacting in total the lives of 18 girl-children under the age of five.

She also works in other ways to support girls and women at risk. She ensures that girls are not forced into marriage and literally rescues them, bringing them into her house. For women needing referral, she has constructed a waiting house where they rest and sleep on the journey to the health centre.

Zahara’s relation with the community and the TBAs in her areas is astounding—she is known as the woman with solutions and who is always able to assist.



**Zahara Goda, WEW.** Credit: Z Fisher

## Project: Clean delivery sets for safer childbirth

This year BKFA has also commenced a three-year project specifically concentrating on the local production of Birthing Kits, known locally as 'clean delivery sets'. These sets comprise a plastic ground sheet, a bar of soap, one pair of examination gloves, string to tie the cord, a new razor blade, cotton wool, gauze bandage, and two pieces of cloth to dry and wrap the baby.

This year, this project produced the annual quota of 4,800 delivery sets by locally-employed women for distribution to 17 woredas (districts) through the Afar Region in which APDA is working specifically to improve maternal and newborn health outcomes. The key objectives of the project are to:

- reduce the risk of acquiring infection during childbirth for all mothers and newborns attended by trained TBAs in project sites;
- increase mother-TBA-WEW linkages and reporting channels; and
- increase the equity of health provision to females in rural areas.

BKFA has funded delivery sets for the Afar region for several years. This year however, a greater emphasis has been placed on understanding the role that the delivery sets play in APDA's broader maternal and newborn health strategies throughout the region, and the impact they have as just one element of often extensive interventions involving education, referral, service delivery, and social and behaviour-change programs.



***Pregnant mother of Bortali Village, Field Partner APDA, Ethiopia.***

*Credit: Z Fisher*

# Uganda

## **Project: Reaching vulnerable adolescent mothers and newborns in Katakwi District**

Effective partnerships are central to achieving impact in the field. A focus on improving the way we work with our project partners has led to new ways of initiating and maintaining relationships: ensuring they continue to be founded on mutual values and 'co-designed' with partnership-strengthening as a key objective.

This year we celebrated the 'birth' of a new project partnership with Teso Women Peace Activists (TEWPA) in Uganda. BKFA has provided Birthing Kits to TEWPA since 2014



**Teenage mother pictured at Kapujan Health Centre, Field Partner TEWPA, Uganda.**

*Credit: Carousel Media*

for distribution to health facilities in the post-conflict area of Katakwi District, Eastern Uganda. TEWPA is a women-led, indigenous organisation with expertise in community engagement, advocacy and rights-based programming to build capacity and support the empowerment of rural women. The organisation was founded and continues to be guided by a compelling, politically savvy and passionate Mama Cecilia who deeply understands the plight of, and is a tireless advocate for, girls and women in the Teso sub-region.

TEWPA highlighted to us the critical issue of unprecedented rates of adolescent pregnancies and poor childbirth and adolescent reproductive health outcomes in the district. The Teso sub-region has the highest proportion of adolescents (30 per cent) who have begun childbearing in all Uganda. It is known that adolescents—particularly in the early years—are at higher risk than other age groups of childbirth-related death and disability. While physically undeveloped, adolescent girls who become pregnant are also more likely than their peers to be poor; with poorer nutrition and general health.

We visited community sites and met with a diverse range of stakeholders. Through focused discussion with community groups, the call for action on adolescent health and rights issues was loud and clear. BKFA and TEWPA co-facilitated a district-level workshop to seek a deeper understanding of the situation and raise possible cross-sector solutions. Undertaking a problem analysis together and collaborating on design processes with donor partners was a new experience for our in-country counterparts and stakeholders alike. The process was appreciated by all participants, and set the standard for shared development, accountability and learning.

In line with BKFA's intentional shift towards finding and trialing new solutions to maternal health issues, and a proactive 'learn-by-doing' approach, we have embraced TEWPA's and project stakeholders' enthusiasm for seeking community-driven solutions and working in new ways to achieve change. The first year of the planned three-year project has been set up to pilot fresh approaches, with the intention of strengthening and developing these through learning on the ground.

Our new project—being officially launched in July 2018—will give adolescents an opportunity for a supported and health-promoting experience throughout the continuum of pregnancy, childbirth and postnatal period; with better reproductive and childbirth outcomes as a result.

To address low levels of education and poverty as gendered determinants of poor health, BKFA will work with TEWPA in 3 sub-counties of Katakwi District to promote girl adolescents' self-reliance through encouraging school attendance, and providing health education and skill-building opportunities in groups. Adolescents will learn to make soap, sew hygiene kits, baby kits and other essential items for new mothers. Alongside BKFA Birthing Kits, these will be used to prevent infection and give young mothers the necessary supplies required to access facility-based care for childbirth.

Peer support and referral will act to link adolescents with health services, while health providers will be given training in adolescent-specific care provision. Establishing group antenatal care for adolescents will be a key strategy for addressing barriers faced by young women in accessing maternity services. Importantly, clan and religious leaders

as well as men and boys will all be at the fore of targeted awareness-raising and promotion of family and reproductive health decision-making.

The funded design and planning phase implemented for the first time this year has been a valuable investment by BKFA for improving our working relationship with TEWPA; assessing our own and Field Partner capacity and identifying areas for capacity development; utilising knowledge and expertise from both parties in project planning; establishing a quality monitoring, evaluation and learning framework; and enabling shared ownership of the project.



*Zeshi Fisher (BKFA Program Manager, second from right) with Mama Cecilia (centre) and TEWPA team.*



*Focus group discussion with TEWPA.*

# Birthing Kit Components

## Background

Since 2006, BKFA has been involved in the provision of Birthing Kits to organisations working in low resource and emergency settings in developing countries<sup>1</sup>. This year, BKFA has continued to work on a Birthing Kit Review as part of our commitment to reflect, learn and improve the effectiveness of the Birthing Kit in supporting better maternal and newborn health outcomes for the individuals and communities we partner with.

The Birthing Kit Review places the end-user of the Birthing Kit at the centre of the process and builds an evidence base for what works and what we can do even better. Key questions guiding the Birthing Kit Review include what is the historical and current rationale for the inclusion of each component in the Birthing Kit; what is the end user-feedback on each Birthing Kit component; what are the current

international standards and guidelines on clean delivery kits; and is there existing literature that provides an evidence base for one or more of the Birthing Kit components supporting positive maternal and newborn health outcomes in low resource and emergency settings.

## What's in the Birthing Kit?

BKFA Birthing Kits comprise disposable components that have been selected in line with global best practice and consist of essential items required to facilitate the World Health Organization's (WHO) documented Six Principles of Cleanliness at Birth: clean hands, clean perineum, nothing unclean introduced into the vagina, clean delivery surface, cleanliness in cutting the umbilical cord, and cleanliness for cord care of the newborn baby<sup>2</sup>. Birthing Kits have been cited by WHO as an essential basic supply for recommended pregnancy and childbirth care at home<sup>3</sup> and are promoted for routine use in humanitarian and emergency settings by global agencies<sup>4</sup>

The BKFA Birthing Kit contains 6 disposable components:

1. **Soap** to wash the birth attendant's hands and the mother's perineum
2. **Plastic Sheet** to prevent the mother and newborn coming into contact with the ground or an unhygienic surface
3. **Gloves** to cover the birth attendant's hands and provide protection from infections such as HIV for carers and care recipients
4. **Gauze** to wipe clear the newborn baby's eyes, and to clean the mother's perineum prior to giving birth
5. **Cord Ties** to cleanly tie the umbilical cord
6. **Sterile Blade** to cut the umbilical cord and reduce risk of newborn tetanus and sepsis

We are still in the process of discovering what we know and what we don't know about the Birthing Kit. The next step in the Birthing Kit Review will be a process of synthesis, where we will distil what we have discovered into insights in order to identify new opportunities to inform and improve the design and effectiveness of the Birthing Kit so that it better serves the people who use it.



**Field Partner RFPD Nigeria reviews the Birthing Kit.**

Copyright RFPD Daniel Kempf-Seifried.

<sup>1</sup>List of developing countries as declared by the Australian Minister for Foreign Affairs, <https://dfat.gov.au/about-us/publications/Documents/list-developing-countries.pdf>

<sup>2</sup>WHO 2015 Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice, 3rd Edition, Integrated Management of Pregnancy and Childbirth (IMPAC), WHO/JUNFPA/UNICEF <http://apps.who.int/iris/bitstream/10665/249580/1/9789241549356-eng.pdf?ua=1>

<sup>3</sup>UNICEF/Save the Children 2016, Newborn Health in Humanitarian Settings: Field Guide, Inter-Agency Working Group on Reproductive Health in Crises, March 2016 <http://iawg.net/resource/newborn-health-humanitarian-settings/>

<sup>4</sup>Callister, L. C. 2016, 'By Small and Simple Things: Clean Birth Kits', American Journal of Maternal Child Nursing, vol. 41, no. 4, p. 255, viewed online 9 July 2016



**Clean Birthing Kits help to prevent infection.**

*Image courtesy of World Vision Australia*

## Responding to Emergencies

This year, BKFA sent Birthing Kits to organisations that deliver frontline emergency assistance and services to the most vulnerable populations in an emergency or humanitarian setting. The organisations we partner with have experience in humanitarian action and emergencies, and have an existing presence in-country and pre-existing connections with local communities and national authorities.

The United Nations Office for the Coordination of Humanitarian Affairs estimated that in 2018, 136 million

people will need humanitarian assistance and protection.<sup>5</sup> Of these, it is estimated that 34 million are women and girls of reproductive age and five million are pregnant.<sup>6</sup>

During humanitarian disasters and other emergencies, pregnant women and girls are at an even greater risk of complications in childbirth. The breakdown or disruption in quality reproductive health services during an emergency setting means that many pregnant women and girls have no option but to give birth in unclean

environments without assistance from a skilled health worker.

A Birthing Kit is an essential tool in humanitarian and emergency situations. The kit contains the basic items that support a clean birthing environment and can help reduce the risk of umbilical cord, puerperal and postpartum infections.

## CARE Australia

CARE Australia responds to humanitarian emergencies by providing life-saving assistance and support to the most vulnerable populations in the areas affected. The organisation has a strong focus in the Asia Pacific region and, in the last three years, CARE Australia has responded to five major emergencies in the Pacific. Although each response is tailored to the needs of the people affected, CARE Australia's humanitarian response focuses on access to clean and safe drinking water, improving food security

and providing sexual and reproductive health services, with a strong focus on gender equality across all humanitarian programming.

The ability to respond to a humanitarian emergency effectively and efficiently is often a great challenge. To reduce the time taken to respond to emergencies, CARE Australia prepositions humanitarian supplies at strategic locations. This year, BKFA provided CARE Australia with 1,000 Birthing Kits for their

prepositioned humanitarian supplies based in a DFAT-funded warehouse in Brisbane. The prepositioning of Birthing Kits by CARE Australia will ensure that pregnant women are prioritised in an emergency response so that they can access basic, clean supplies for a safer birthing environment.

<sup>5</sup>United Nations Population Fund (UNFPA), 2018, *Humanitarian Action: 2018 overview*, UNFPA, New York, [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_HumanitAction\\_2018\\_Jan\\_31\\_ONLINE.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_HumanitAction_2018_Jan_31_ONLINE.pdf)

<sup>6</sup>*Ibid.*



## Oil Search

On 26 February, 2018, a magnitude 7.5 earthquake struck the Highlands Region of Papua New Guinea (PNG). The earthquake wreaked havoc on the region, causing death, triggering massive landslides, destroying houses, infrastructure and crops. It was reported that an estimated 270,000<sup>7</sup> were in need of humanitarian assistance, of which an estimated 35,000<sup>8</sup> were women of reproductive age, and 3,200<sup>9</sup> were pregnant women.

For pregnant women, the effects of an earthquake and its aftermath can compound the challenges of childbirth. Impassable roads, damage to infrastructure, and breakdown of communications means that access to a clean and safe birthing environment is threatened.

The Oil Search Foundation, is one of the few organisations in PNG with the ability to provide rapid on-the-ground assistance to the earthquake affected areas. BKFA donated 500 Birthing Kits to the Oil Search Foundation to meet the needs of pregnant women in the earthquake affected areas to support cleaner childbirth and postnatal environments for mothers and their newborns.

Dr Graham Low, the Oil Search Foundation Public Health Medical Officer in the Hela Province, stated that the Birthing Kits are a suitable resource to support 'village birth attendance or women representatives and trained health staff in the villages.'

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### ***Birthing Kits are distributed by Oil Search Foundation.***

<sup>7</sup>National Disaster Centre, the Office of the Resident Coordinator and the United Nations Coordination and Assessment (UNDAC), 2018, Papua New Guinea: Highlands Earthquake, Situation Report 3, ReliefWeb, [https://reliefweb.int/sites/reliefweb.int/files/resources/png\\_earthquake\\_situation\\_report\\_no\\_3.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/png_earthquake_situation_report_no_3.pdf)

<sup>8</sup>United Nations Population Fund (UNFPA), 2018, Protecting women and girls after the earthquake in Papua New Guinea, UNFPA, <https://www.unfpa.org/news/protecting-women-and-girls-after-earthquake-papua-new-guinea>

<sup>9</sup>ibid.

# World Vision Australia

This year, BKFA provided World Vision Australia with 10,000 Birthing Kits for their humanitarian operations in Warrap State, South Sudan.

Sudan has some of the worst maternal and newborn health outcome indicators globally. The maternal mortality ratio stands at 789 per 100,000 live births, and neonatal mortality rate is 39.3 per 1000 live births.<sup>10</sup>

The country has experienced a protracted humanitarian crisis fuelled by years of chronic conflict, natural disasters, and breakdown of government institutions. Approximately 4.3 million people, about one in every three people in South Sudan, have been forced to flee their homes since the conflict began.<sup>11</sup>

Like many states in South Sudan, Warrap State has been affected by the conflict and has high levels of internally displaced populations. The displacement situation extends beyond material needs for food, water, and shelter, with pregnant women and girls exposed to a higher risk of childbirth complications, including preterm delivery and even death.

World Vision is implementing a large-scale project in four districts of Warrap State. The project provides primary and secondary health services, with a focus on maternal and child health. Birthing Kits have been integrated into World Vision's targeted health services for pregnant women in Warrap State to support improved maternal and newborn health outcomes.



**Mary, a widow living in South Sudan receives support from World Vision training centres.** Credit: World Vision Australia

<sup>10</sup>World Health Organization, 2018, WHO Country Cooperation Strategy at a Glance: South Sudan, World Health Organization, [http://apps.who.int/iris/bitstream/handle/10665/136881/ccsbrief\\_ssd\\_en.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/136881/ccsbrief_ssd_en.pdf?sequence=1)

<sup>11</sup>United Nations Coordination and Assessment (UNDAC), 2018, South Sudan Humanitarian Bulletin, Issue 5, 23, ReliefWeb, <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-bulletin-issue-5-23-may-2018>

# Kit Distribution Overview

Field Partner	Country	Kits Sent	Comments
Aid for Africa Down Under	Zimbabwe	2,000	<i>AFADU supports the Chikombedzi Hospital in Masvingo Province. The hospital supports 13 satellite health clinics in the region. During the wet season, it is hard for pregnant women in remote areas to reach the hospital or health clinics because the roads are often washed out.</i>
Beaton Foundation Initiative	Uganda	3,000	<i>"The challenge found in the remote communities is that most areas are far from health centers that have antenatal services, so pregnant mothers end up giving birth in their homes with the help of village health personnel, then are transferred to the maternity centers for management." Management Assistant</i>
Caris Foundation International	Haiti	3,000	<i>"All patients eligible to receive the Birthing Kits receive extensive training on the importance of giving birth in a hospital setting. Patients are told of the Birthing Kits distribution during delivery. Caris Health Agents support women to understand the different risks associated with births outside of a health facility. The Birthing Kits are considered an incentive to delivering in a hospital." Director of Orphans and Vulnerable Children</i>
Centre for Social Action Women's Education and Development Trust (SAWED)	India	200	<i>SAWED distributed Birthing Kits to women in their eighth month of pregnancy, from villages in the Theni and Dindigul Districts.</i>
Diocesan Health Initiative	Nigeria	400	<i>"Kits were received by the Primary Health Care in-charge and kept in stock at the health centre for pregnant mothers who come for delivery. The kits also serve as motivation for pregnant mothers to come to the health clinic for delivery and post-natal services." Program Officer</i>
Divine Grace Medical Missionaries	Nigeria	2,500	<i>"Birthing Kits were given to the Nurse Midwife in-charge to be used for poor, pregnant mothers during birth, as part of partnership with the health centre." Project Director</i>
Egoli Africa	Uganda	3,000	<i>"Birthing Kits contribute to women being allowed to receive help and assistance when giving birth at health centers. They help health centers to give proper care to women during childbirth. Health centers almost always never have Birthing Kits in stock, yet women are supposed to have them and cannot afford them. Also, it helps local health centers to promote antenatal check-ups, to promote hygiene etc." Director</i>
Enga Baptist Health Services	PNG	200	<i>There are over 100 villages in the Kompam-Ambum area but only a handful of these have an immediate health service available. Enga Baptist Health Services distribute Birthing Kits to Village Health Attendants (VHT) and train them in Safe Motherhood. The VHTs return to their villages and assist pregnant women during childbirth.</i>
Foundation for Development and Relief Africa	Uganda	4,000	<i>"Our rural poor communities from the post conflict affected societies have lost thousands of women and newborns from preventable deaths related to complications in poor delivery settings. Delivery with a skilled birth attendant is a vital intervention for saving lives. Yet many women, particularly where maternal mortality ratios are highest, do not have a skilled birth attendant with clean Birthing Kits at delivery which had caused thousands of children and their mothers being infected." Program Manager</i>

Field Partner	Country	Kits Sent	Comments
Future Warriors Project (FWP)	Tanzania	500	<i>"Residents in that catchment area [Kamwanga, North Kilimanjaro] are well aware of the dangers of home birth. However, some women in labour give birth on the way to the facility, or forego the help of a midwife. Thus, the clinic has been giving the kits to expectant mums during their antenatal check-up." President</i>
Global Support Development Initiative (GDI-Uganda)	Uganda	6,000	<i>With the distribution of Birthing Kits, GDI-Uganda hopes to: "reduce the risks of unwanted death of newborns as a result of delivering with the traditional birth attendant (reduce maternal mortality rate); and reduce the harassment mothers get from health workers as a result of not having the package of Birthing Kits during delivery." Executive Director</i>
Green Ark Committee	DR Congo	1,000	<i>Green Ark Committee distribute Birthing Kits to under-equipped health centres, pregnant mothers and TBAs.</i>
Hacey Health Initiative (HHI)	Nigeria	12,000	<i>With permission from local governments in Southwest Nigeria, HHI distribute Birthing Kits to health centres, and the kits are then distributed, with instruction, to TBAs and pregnant women.</i>
Hurumia Watoto Organization	Tanzania	1,100	<i>Hurumia Watoto Organization distribute Birthing Kits in villages in the Kondoa District, with the hope to increase the number of women who give birth at the hospital, and to "increase awareness of the midwives to provide good delivery services to women who give birth at home." Founder</i>
Kanthi Samstha	India	800	<i>Kanthi Samstha work with mainly Dalit and tribal communities. "The slums/interior villages are not provided with the required infrastructure like PHCs [Primary Health Centre] or even basic medical services. Hence, the target community do not have access to the free government services and cannot afford the expensive private medical care." Executive Director</i>
Matata Nursing Hospital	Kenya	3,000	<i>"Homa Bay County has poor economic and health performance which means that many expecting mothers cannot afford a nappy, even a warm child cover. They therefore opt to deliver at home with no expert skill, hence increased deaths, of either the mother or child. With the availability of Birthing Kits, several expecting mothers would deliver at the health facilities with skilled delivery." Hospital Administrator</i>
Mission in Health Care and Development	DR Congo	5,000	<i>"The old rags of cloth that the expectant women would give birth on in some places have been replaced by clean sheets; the infants' umbilical cords are now tied with clean cords, not grass; and referrals are being done in case of emergencies." Director</i>
On Call Africa	Zambia	1,000	<i>"In the past, there had been a number of home deliveries with some mothers choosing not to give birth at health centres because they didn't have all the necessary things required for them to be able to deliver at the health centre. With access to Birthing Kits, this has become a thing of the past with the numbers of home deliveries greatly decreasing because expectant mothers receive these kits." Operations Manager</i>
One Family at a Time	Cambodia	800	<i>"kits were received by the health centre staff who expressed their sincere appreciation. They are used for women delivering babies at the health centre which has minimal equipment." Founder</i>

# Kit Distribution Overview

Field Partner	Country	Kits Sent	Comments
PeachAid Medical Initiative	Nigeria	1,500	<i>"We train and educate all the birth attendants on the importance of carrying out deliveries on a clean surface. We also leave incentives at the healthcare facilities so women can come in and access the facility." Founder</i>
Prime Diamond Initiative for Community Health	Nigeria	5,000	<i>"Through the distribution of free BKFA kits, there will be an increase in the attendance of pregnant women in the health facilities. It serves as an incentive to improve healthcare." Director</i>
Reach Out Cameroon	Cameroon	3,300	<i>"It has always been very difficult to raise money to go for antenatal consultations. This time during one of my visits, the medical attendant announced that the fees for the delivery package will be reduced because an organization has provided all pregnant women with free Birthing Kits." Pregnant Mother</i>
Redefined Ministries	DR Congo	16,000	<i>The Birthing Kits give "the women in the local area a reason to attend our medical facilities. It also provides an opportunity to speak with expecting mothers and promote safe/clean births." Executive Director</i>
Reef & Rainforest Research Centre (RRRC)	PNG	600	<i>Female Community Rangers from the Treaty Villages travel by boat to Paho to be trained in the use of Birthing Kits. "Each Ranger receives five kits (one as a training kit) plus an additional five for each traditional midwife in their respective villages. We ask the Rangers to role-play training village women so we can answer any questions they have." Project Leader</i>
Rotarian Action Group for Population & Development	Nigeria	20,000	<i>The Birthing Kit is supporting an existing maternal and child health quality assurance project in eight states of Nigeria. These projects are aimed at improving the health care system and reducing maternal and neonatal mortality.</i>
Rotary Club of Makindye	Uganda	500	<i>"We ran a health education camp in Kiringente in Mpigi District. We gave out Birthing Kits to expectant mothers who were in their 7th month of pregnancy, and to those who were nearly due to give birth." President</i>
Rwenzori Mountains Baghuma Integrated Association	Uganda	1,000	<i>"Rambia Health Centre III work in partnership with Village Health Teams to conduct outreach health sessions. After the health sessions, the kits are handed over to the pregnant mothers." Director</i>
Social Relief Organization	Somalia	8,000	<i>"The situation in Somalia is improving, however the health department is not adequately funded and can't provide all services to its people. Vulnerable communities are often excluded from basic services which is why it's very important to support vulnerable pregnant mothers access to clean birthing environments through the provision of Birthing Kits." Project Manager</i>
Society for Women's Education and Awareness Development (SWEAD)	India	300	<i>SWEAD health staff conduct periodical monthly review meetings for trained TBAs. During these training days, kits are distributed to the TBAs.</i>

Field Partner	Country	Kits Sent	Comments
Spring Care Foundation	Cameroon	1000	<i>"Our field workers ran an education session in the community to identify pregnant women who weren't attending ANC. The kits were distributed to pregnant women who were in their 8th month of pregnancy, with proper instructions of how the kits are to be used." General Coordinator</i>
Supporting Opportunities for Ugandans to Learn Foundation (S.O.U.L)	Uganda	400	<i>"S.O.U.L conducts Antenatal Education Classes (AEC). At S.O.U.L.'s office women are taught about birth preparedness. When these expectant mothers attend the AEC as well as antenatal care visits, they become qualified to receive a Birthing Kit." Director of Development</i>
Teso Women Peace Activists	Uganda	6,000	<i>"Our field workers carried out a sensitisation session for pregnant mothers at the health centre, then handed over the kits to the midwife and health centre in-charge. The kits are kept in stock at the health centre for pregnant mothers for safe delivery." Coordinator</i>
The Compassion Project	Nepal	200	<i>The Birthing Kits are used in the health centre in Lamagaun Village, Tsum Valley. The kits are also shared with two other health centres in the Tsum Valley, that are two to three hours walking distance apart.</i>
Think Humanity	Uganda	1,000	<i>"Our team distributed the Birthing Kits to the Health Centre. The kits were given to pregnant mothers and the balance was handed over to the Midwife, to be given to those mothers who come to the facility with nothing, which is a common occurrence." Health Care Manager</i>
Touching the Untouchables (TTU)	PNG	500	<i>"TTU field staff issued the Village Birth Attendants (VBAs) with Birthing Kits after completion of training. The field staff then follow up with visits to VBAs in their communities and at Health Facilities where the VBAs are working." Midwife Coordinator</i>
Uganda Australia Christian Outreach (UACO)	Uganda	1,200	<i>The Birthing Kits help to link pregnant women to the UACO Health Facility. "Birthing Kits assist in the safe delivery of babies; these babies are brought for immunization at the UACO facility, and the Birthing Kits distributed to us support immunization." Country Director</i>
Wesleyan Health Services	PNG	900	<i>"Health workers keep the kits at the delivery room and used them during delivery time. Some kits are given to VBAs for use in an emergency when pregnant women give birth on their way to the health centre." Admin Officer</i>
World Youth International	Kenya	1,400	<i>"Safe deliveries is the facility's main priority. The focus has been on strategies to get pregnant women to seek care at the health facility for safe deliveries. The Birthing Kits have been a great support." Director</i>

# Distribution Approaches

***For complex reasons, many women in low resource and emergency settings still give birth without access to clean birth supplies. Barriers to clean birthing environments and positive childbirth outcomes go beyond access to a skilled birth attendant.***

Our Field Partners tell us that women struggle to experience positive childbirth outcomes due to the realities of social status, cultural beliefs and practices, gender inequalities, access to education, health literacy, economic status, and geographical location.

Successful interventions to improve childbirth outcomes require a deep understanding of a target population's local circumstances and the barriers that contribute to poor childbirth outcomes.

Our Field Partners not only understand the complexity of barriers that their target population(s) face, they are committed to long-term involvement with their target populations in order to bring about real change.



***Birthing Kits are given to pregnant women by Field Partner RFPD Nigeria.***

*Image courtesy of RFPD Nigeria*

Because the local needs and circumstances are different for each target population, our Field Partners employ a variety of Birthing Kit distribution methods to increase access to cleaner birth supplies and to achieve better health for mothers and babies.

## **Distribution of Birthing Kits to pregnant women**

Feedback from our Field Partners highlights the value of the Birthing Kit as a simple intervention when given to pregnant women during pregnancy. Not only does it provide women with basic supplies for a cleaner birthing environment, but where facility-based care is not available or accessible, it can encourage pregnant women to seek facility-based care and skilled attendance at birth. Our Field Partners tell us that some health facilities require pregnant women to bring their own birthing supplies for childbirth. The cost of these supplies can be prohibitive for many pregnant women. A pregnant woman in possession of a Birthing Kit is often able to make her own choices about where to access care and does not fear mistreatment or dismissal by healthcare staff for not bringing the required supplies for childbirth.

*'While distributing kits in Kirigente, one of the women who came to the camp was a young widow who was HIV positive and was worried and did not know what to do. She was accustomed to using traditional birth attendants and now wanted to have a safe delivery for it was at our camp that she had free HIV testing and had just discovered she had HIV. We gave her a kit, counselled her and encouraged her to have her child at a health centre. She was able to also attend ante-natal clinics and used the kit [at the health unit] when it was time to have her baby.' Rotary Club of Makindye, Uganda*



***Rangers of RRRG, PNG with Birthing Kit posters.***

*Image courtesy of Reef and Rainforest Research Centre*



***Maryam attends a community dialogue. Field Partner RFPD Nigeria.***

*Copyright RFPD Daniel Kempf-Seifried*

## **Distribution of Birthing Kits to birth attendants in the community**

Some of our Field Partners distribute kits to birth attendants as part of their strategy to improve maternal and newborn health in their target populations. Depending on the existing activities and capacity of the Field Partner, the distribution of Birthing Kits to birth attendants may be accompanied by simple instruction or form part of a more comprehensive maternal health training program.

*'Field staff issued the Village Birth Attendants (VBAs) with Birthing Kits after completion of training. The field staff then follow up with visits to VBAs in their communities and at Health Facilities where the VBAs are working.' Touching the Untouchables, PNG*

## Distribution of Birthing Kits through community dialogue

Some of our Field Partners use community dialogue intervention as a method to improve community awareness and knowledge about maternal and newborn health. The community dialogue sessions are designed to normalise communication about safe motherhood, with the ultimate goal of creating a social environment that prioritises the health of women during pregnancy, childbirth and postpartum periods. During these community dialogues, Birthing Kits are distributed to women to promote the use of clean childbirth supplies, and to encourage women to seek care at a healthcare facility.

*'I prayed to God when I first got pregnant at the age of 17. My husband and his family were all very happy, but I felt alone. My mother in law advised me to contact a local traditional birth attendant, but from my friends I heard that deliveries can have difficulties and often lead to the mother's and baby's death. I was afraid that this happens to me. When I heard that Rotary is inviting all pregnant women to a dialogue in the community, I had to go as well. At the dialogue Rotary explains why it is important to have a safe birth in a hospital, they also showed and demonstrated a small package called birthing kit.... After the dialogue I was happy to take a kit home and show it to my husband. When it was time to give birth, I took the kit with me to the hospital, gave it to the midwife and requested her to use it. My first-born son was born healthy on a Friday, why we gave him the name Danjuma. Although at first, I was afraid to give birth, the birth kit provided me with all items needed to have a safe birth. Now with my second child I want to use the same kit and went to the community dialogue. After I told them, all my friends keep asking me for the kits.'* Maryam, Rotarian Action for Population and Development, Nigeria.

## Distribution of Birthing Kits to health workers in the community

Depending on the context, health workers may be primarily responsible for attending births or they may act in a supporting role for health promotion, referral or supervision. In some settings it has been reported that health workers support, monitor and report on the practices of traditional birth attendants.

*'Female Community Rangers, from the Treaty Villages, travel by boat to Paho to be trained in the use of Birthing Kits.'*

*'Each Ranger receives five kits (one as a training kit) plus an additional five for each traditional midwife in their respective villages. We ask the Rangers to role-play training village women so we can answer any questions they have.'* Reef & Rainforest Research Centre, PNG

## Distribution of Birthing Kits to health facilities

In the regions where our Field Partners work, static and outreach health facilities, staffed by skilled health personnel, often experience a shortage of medical supplies required to facilitate a clean and safe birth. Our Field Partners distribute kits to health clinics in their target communities to address the barriers related to the lack of resources.

*'Birthing Kits contribute to women being allowed to receive help and assistance when giving birth at health centers. They help health centers to give proper care to women during childbirth. Health centers almost always never have Birthing Kits in stock, yet women are supposed to have them and cannot afford them. Also, it helps local health centers to promote antenatal check-ups, to promote hygiene etc.'* Egoli Africa, Uganda



**Field Partner Egoli Africa, Uganda distributes kits to pregnant women via health centres.**

# Special News

## 2 millionth kit celebration

On the 16th of June, The Zonta Club of Adelaide Hills participated in an Assembly Day at which the 2 millionth Birthing Kit was assembled. Founding members Dr Joy O'Hazy and Dr Julie Monis-Ivett OAM packed the 2 millionth kit – a tremendous occasion given that this very same club assembled the first ever Birthing Kit in 1999!

A large group assembled for this milestone event including dozens of Zontians, BKFA Staff and many enthusiastic volunteers. The crowd packed two thousand Birthing Kits, and everyone enjoyed speeches, champagne, afternoon tea and cake. Here's to the next two million!



**Members of the Zonta Club of Adelaide Hills at the celebration.**

## An OAM for Dr Julie Monis-Ivett

Founding member Dr Julie Monis-Ivett was recently awarded the tremendous honour of an OAM for her work in the humanitarian sector through health support programs.

Julie says, "Being awarded an OAM was a very humbling and proud experience. As an individual I could never have achieved this, and it was only by working with three teams of dedicated volunteers in three organisations, one evolving from the other as programs expanded that this honour has been made possible. The OAM covers my involvement with Zonta, the Birthing Kit Foundation Australia (BKFA) and Mission in Health Care and Development Australia Support Association (MHCDASA).

The Birthing Kit Project was started by Zonta in 1999 and until 2007 when we employed a project administrator, I looked after this role. From 2004 when the project went national, I became the National Coordinator of the Zonta Birthing Kit Project, and liaise with all three Zonta Districts and Zonta International. In 2006 the BKFA was formed. I was inaugural chairperson for three years, vice chair for the next three and remain on the Board of Directors to this day. I proudly watched our small organisation of dedicated volunteers grow to a professional organisation with highly skilled staff and processes. As the DR Congo project administrator for 10 years I formed a close relationship with BKFA partner Dr Luc Mulimbalimba Masururu from Mission in Health Care and Development (MHCD). Our

programs in DRC evolved from simple kit distribution to Traditional Birth Attendant training programs with in-country kit production, to eventually more complex Train the Trainer programs.

In 2014, DRC was 186 out of 187 on the UN Development index with its people suffering from the impact of 10 years of devastating war where five million people had been killed and rape was endemic. A small group of Zonta and BKFA volunteers saw a great need and formed MHCDASA, an organisation that would facilitate sending containers of medical and humanitarian goods to Dr Luc's hospital and region, and help with donor fund transfers for many building and community programs, including microcredit programs. As chair of MHCDASA I have visited DRC twice to review our Zonta, BKFA and MHCDASA programs and every program was better than expected. Our hardworking and committed partner Dr Luc exists solely to improve the lives of the vulnerable, especially women and children and it is a privilege to work with him.

Thank you to the inspirational people in Zonta, the Birthing Kit Foundation (Australia) and MHCDASA who have enabled me to receive my OAM. It has been a rewarding journey, a privilege and joy".



**Dr Julie Monis-Ivett receives OAM.**

# BKFA Supporters

Birthing Kit Foundation Australia would like to sincerely thank the following organisations and individuals for their generous support in 2017/2018:

*Argon Design*

*Belly Bands*

*Carousel Media*

*Fullife Foundation*

*Dr Grant Saffer*

*Kalaedoscopic Travel*

*McIntrye Foundation*

*MamaMaya*

*Mammojo*

*Mun (Australia) Pty Limited*

*The Neilson Foundation*

*The Peggy Charitable  
Foundation*

*ProMed Finance*

*Sage & Luna*

*Sheenagh Edwards, Grant  
Thornton Australia*

*TOM Organics*

*World Vision Australia*

*Zonta International  
Districts 22, 23 and 24*

**Volunteer research and  
administrative support from:**

Alex Cummins, Kate O’Fathartaigh  
and Eliza Schioldann



***BKFA business partner Mammojo (nursing, maternity and breastfeeding activewear) donate to BKFA and celebrated Mother’s Day with an Assembly Day. Credit: @richardbarakat.photography***

# Treasurer's Report

**BKFA continually monitor, evaluate and learn in order to improve the outcomes for birthing mothers and their babies. We are financially responsible and committed to best practice.**

Overall, BKFA remains in a strong and stable financial position continuing building, investing and improving its management and operating systems to ensure the long-term sustainability of the Foundation.

There was a decrease in revenue this year which is a result of two factors, a change in the partnership with World Vision Australia and a reduction in public donations due to the present challenging fundraising environment. Although 2018 brought a deficit of (\$45,973), BKFA achieved and worked within its planned budget.

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.

We have been supported again this year with philanthropic and sponsorship funds and have received non-monetary support which has reduced our cash expenses.

## Where our support comes from

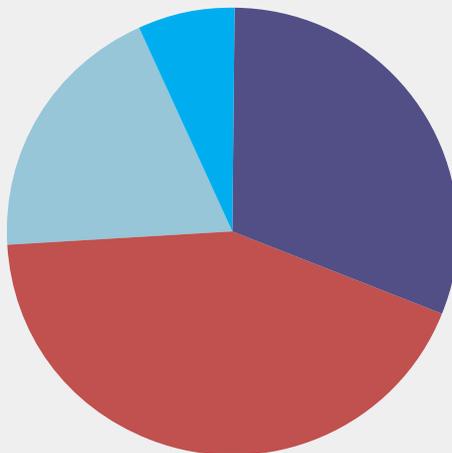
### Donations and gifts:

Contributions from:

- Australian public
- Philanthropy
- Corporate
- Small business partners in the Business for Birthing Kit program
- Donations in kind

Expressed as a % of Total Donations sourced from Trial Balance used for Full Financial Statements.

- Australian Public 31%
- Philanthropy 43%
- Corporate 19%
- Business for Birthing Kits 7%



## Where the money goes

Expenditure this year was within the planned budget.

BKFA implemented the Community Development Grant model. A new project was introduced in Uganda which increased our investment in overseas programs this year.

BKFA acknowledges that fundraising and administration expenditure is essential to ensure that our core business can increase as well as our management structure maintained. We see this as an investment in the financial sustainability of the organisation to allow us to continue to deliver our work well into the future with confidence and stability.

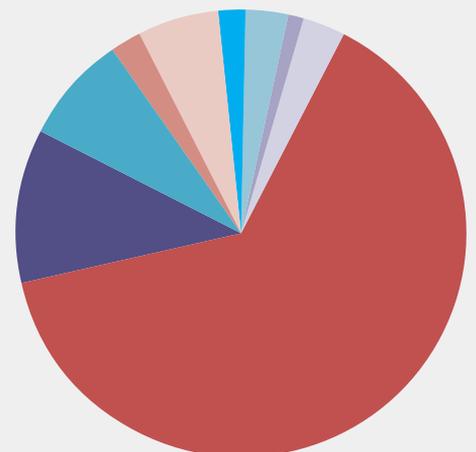
Our administration ratio this year was 16% and fundraising was 10%.

### Kit Making Donations:

Out of interest this graph shows the breakdown of organisations who hold Assembly Days and make Birthing Kits.

Expressed as a % sourced from BKFA Database.

- Zonta Clubs 64%
- World Vision Fundraising 11%
- Schools 8%
- Universities 2%
- Individuals 6%
- Church 2%
- Community Groups 3%
- Midwives 1%
- Corporates 3%



We are aware in our changing environment that new forms of support and engagement will emerge, many of these using new technology. BKFA must be ready to adjust and embrace new opportunities, especially with fundraising.

Overall our financial future is strong and moving forward we will continue to increase our efficiencies, cost effectiveness and long-term value of traditional fundraising methods while scaling up online and offline marketing channels.

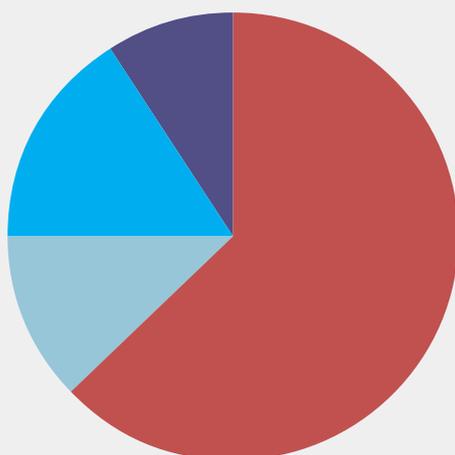
**Expenses:**

Cost of birthing kits includes :

- Purchasing of supplies, storage, freighting to Assembly Days, support costs and freight overseas
- Community Development Programs Costs relates to overseas education programs
- Fundraising and Marketing costs associated with securing donations that fund our work
- Administration and accountability costs associated with the overall operational capability of BKFA

Expressed as a % of Total Expenses sourced from the Full Financial Statements.

- Fundraising & Marketing 9%
- Cost of Birthing Kits 63%
- Community Development 12%
- Administration 16%



BKFA has set aside reasonable cash reserves for resilience, financial stability and sustainability to allow us to focus on core services and provide better outcomes for community development over a longer period. BKFA is committed to accountable and transparent financial management and will ensure that funds are used as intended.

We will continue to pursue grant and philanthropic opportunities for financial support, as well as to develop strategies to decrease our operational costs along with growing

our supporter base and continuing our valuable relationship with Zonta clubs throughout 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 am very appreciative and thankful for the dedication and attention to detail of Kellie Stelzer, who works tirelessly in the finance section of BKFA.

I acknowledge Sheenagh Edwards, our Auditor for her advice and expertise.

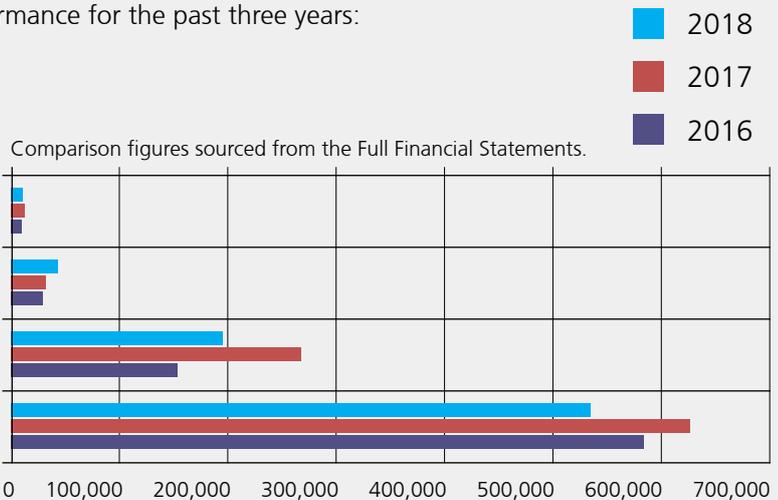
**Financial Reports**

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.acfid.asn.au/code-of-conduct](http://www.acfid.asn.au/code-of-conduct).

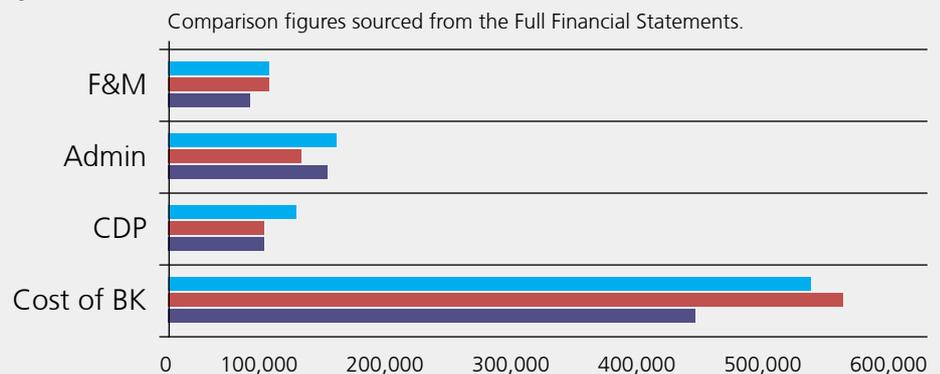
BKFA full financial report balances agree to the balances in the summarised financial reports which are included in the annual report. BKFA full financial statements are available upon request at [info@bkfa.org.au](mailto:info@bkfa.org.au)

Financial Performance for the past three years:

**Income:**



**Expenses:**



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## Report of the Independent Auditor on the Summary Financial Statements To the Members of Birthing Kit Foundation (Australia) Limited

### Opinion

The summary financial statements, which comprise the summary balance sheet as at 30 June 2018, the summary statement of income and expenditure and summary statement of changes in equity for the year then ended are derived from the audited financial report of Birthing Kit Foundation (Australia) Limited for the year ended 30 June 2018.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report, in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the Australian Council for International Development financial reporting requirements.

### Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the Australian Council for International Development financial reporting requirements. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report

### The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 8 October 2018.

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### **Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of the summary financial statements in accordance with the Australian Council for International Development financial reporting requirements.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

*Grant Thornton*

Grant Thornton Audit Pty Ltd  
Chartered Accountants



S K Edwards  
Partner – Audit & Assurance

Adelaide, 12 October 2018

## STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2018

	2018 \$	2017 \$
<b>Revenue</b>		
Donation and Gifts		
Monetary	745,019	894,113
Non-monetary	41,388	29,552
Investment income	7,774	9,681
Other income		
Membership	2,690	485
<b>Total revenue</b>	<b>796,871</b>	<b>933,831</b>
<b>Expenditure</b>		
International Programs		
Funds to international programs	404,980	433,368
Program support costs	225,175	180,072
Fundraising costs - public	79,676	80,148
Accountability and administration	133,013	104,924
Total international aid and development programs expenditure	842,844	799,511
<b>Total expenses</b>	<b>842,844</b>	<b>799,511</b>
<b>Excess/ (shortfall) of revenue over expenditure</b>	<b>(45,973)</b>	<b>134,320</b>

NOTE: For the purpose of the Australian Council for International Development Code of Conduct, at the end of 30 June 2018, Birthing Kit Foundation (Australia) had no transactions in the following categories: 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 2018**

	2018 \$	2017 \$
<b>Assets</b>		
<b>Current</b>		
Cash and cash equivalents	597,948	657,300
Trade and other receivables	74,175	64,327
Inventories	52,290	26,234
<b>Current assets</b>	<b>724,413</b>	<b>747,861</b>
<b>Non-current</b>		
Property, plant and equipment	-	-
Non-current assets	-	-
<b>Total assets</b>	<b>724,413</b>	<b>747,861</b>
<b>Liabilities</b>		
<b>Current</b>		
Trade and other payables	21,853	11,620
Other liabilities	158,843	165,204
Provisions	28,653	10,000
Current liabilities	209,349	186,824
<b>Total liabilities</b>	<b>209,349</b>	<b>186,824</b>
<b>Net assets</b>	<b>515,064</b>	<b>561,037</b>
<b>Members Funds</b>		
Retained earnings	515,064	561,037
<b>Total Members Funds</b>	<b>515,064</b>	<b>561,037</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 2018**

	Retained Earnings	Total Members Funds
<b>Balance at 1 July 2016</b>	<b>426,717</b>	<b>426,717</b>
Surplus/(deficit) for the year	134,320	134,320
Other comprehensive income	-	-
Total comprehensive income for the year	134,320	134,320
<b>Balance at 30 June 2017</b>	<b>561,037</b>	<b>561,037</b>
<b>Balance at 1 July 2017</b>	<b>561,037</b>	<b>561,037</b>
Surplus/(deficit) for the year	(45,973)	(45,973)
Other comprehensive income	-	-
Total comprehensive income for the year	(45,973)	(45,973)
<b>Balance at 30 June 2018</b>	<b>515,064</b>	<b>515,064</b>

# Corporate Governance Statement

***Birthing Kit Foundation Australia (BKFA) is committed to achieving best practice in corporate governance for non-profit organisations.***

## **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, and 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. As of 1 December 2016, registered ACNC charities are exempt from requiring a fundraising licence in South Australia and ACT. These ACNC achievements greatly reduce the time commitment in fulfilling state and territory requirements, and hopefully lays the groundwork for similar decisions in the remaining states.

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 nongovernment organisations engaged in international aid and development activities.

The Foundation is committed to full adherence to the Code, undertakes regular compliance and self-assessment and reports to ACFID as required.

## **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 BKFA website. The Board meets monthly, with additional meetings for strategic planning, including the annual budget process. 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 required by law. A summarised version of these statements are included in this Annual 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 2017/2018 year.

## **Complaints**

One complaint was received in 2017/2018 (not related to the ACFID Code of Conduct), and was handled and resolved in accordance with the BKFA Complaints Handling Policy.

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 Birthing Kit Foundation Australia may be lodged via the link on our website, emailed to us at: [info@bkfa.org.au](mailto:info@bkfa.org.au) or addressed to: Chair, Birthing Kit Foundation Australia, P.O. Box 330, Belair, South Australia 5052.

## **Change of Company Secretary**

Viki Bickerton retired as Company Secretary in May 2018 after five years in the role. The Board passed a vote of thanks to Viki for her excellent work supporting the Foundation during this time. The Board appointed Deborah Floyd as Company Secretary on 1st May 2018.

Deborah has decades of experience as a senior manager, practice manager and business consultant working with small business, local government and the not for profit sector at various life cycle transition points. Deborah brings to BKFA key strengths in financial management, governance and compliance. She is passionate about family owned businesses & not for profits – who all give so much to our community.



***Deborah Floyd***  
***Company Secretary***

# BKFA Staff

## 1. Matt Anderson, General Manager

Matt has been a purpose-driven leader for over 20 years, founding a number of social start-ups, working as an organisational development consultant, catalysing many cross-sector collaborative initiatives, as well as leading a number of impact organisations. Matt holds a Master's Degree in Vocational Practice and has worked with many organisations to support their impact, innovation and growth strategies. Matt joined BKFA in 2018 and believes that every person has the right to experience radical generosity. In his spare time he enjoys keeping fit and practicing Brazilian Jiu Jitsu.

## 2. Zeshi Fisher, Program Manager

Zeshi has worked in the field of international community development and maternal and newborn health for 15 years. As a midwife she has worked in clinical, technical advisory and program management roles in Australia, Africa and the Asia-Pacific. Zeshi joined BKFA in 2015, having returned to work after having her second child. She was looking for an Adelaide-based role working on international programs with mothers, babies and communities—it was a perfect fit! Zeshi loves gardening, mountain-biking, and crocheting by the fire.

## 3. Hilary Carruthers, Assembly Day Coordinator

Hilary graduated from Murdoch University with a Bachelor of Science and Bachelor of Veterinary Medicine and Surgery. She was employed both in Australia and the UK, and then self-employed running her own practise for many years. When Hilary's second child started school she joined BKFA and has been in the role of Assembly Day Coordinator for more than six years. Hilary's job involves coordinating the groups such as schools, university students, Zonta Clubs, Rotary Clubs and church groups in holding an Assembly Day from start to finish. Hilary is an animal lover and will soon be breeding Labrador pups!

## 4. Kellie Stelzer, Finance and Membership Officer

Kellie has a Diploma in Business Management with a focus on Finance. While working in the Wine Industry and Training and Development sector she obtained skills in Payroll, WorkCover Claims, Occupational Health and Safety along with all facets of Finance. Since having her two children she has performed the day to day bookkeeping of small business in the retail and hospitality industries. Kellie joined the BKFA team in early 2012. Kellie enjoys contributing to and takes great pride in the work done by the Staff, Board and Partners to help women and their newborns all over the world. She enjoys time with family and friends, especially when travelling and in her spare time likes to keep fit and take part in obstacle courses, fundraising and charity events.

## 5. Rebecca Davey, Program Coordinator

Rebecca holds a Bachelor in International Development and a Masters of Health and International Development. With the belief that health and wellbeing is determined by social, political, cultural, and institutional processes, Rebecca was thrilled to start working with BKFA in 2016, an organisation that supports Field Partners in their work with communities, to disrupt some of the pathways of these determinants to bring about better health outcomes. In her spare time, Rebecca enjoys listening to true crime podcasts and discussing them with her work colleagues.

## 6. Catriona Neil-Dwyer, Marketing and Fundraising Manager

Catriona has over 15 years of combined marketing and fundraising experience. She joined BKFA in 2015 and is inspired by the ability to connect with donors, partners and others to raise awareness and funds in support of such an important mission. Catriona is responsible for raising awareness, developing fundraising initiatives, managing supporter relations, and implementing on and offline marketing and communications materials for BKFA. Catriona enjoys entertaining at home, hiking and travelling to see family in the UK and USA.



## **The BKFA team**

### **7. Erica Osborn, Operations Coordinator**

Erica has a Bachelor of Social Science, Diploma of Business Management and a Diploma of Project Management and since 2010, has held numerous positions within BKFA including, Assembly Day Coordinator, Transport Officer, Project Manager, Social Media Coordinator and now Operations Coordinator. Erica joined BKFA after reading the book "Hospital by the River" by Catherine Hamlin and "Mama Jude" by Adelaide nurse, Judy Steel. Both books mentioned BKFA Birthing Kits and Erica was inspired by how such a small item could make such a profound difference. Erica is a Mum of three and enjoys reading, sharing fabulous food with friends and watching her children play a variety of sports.

### **8. Adrian Harris, Logistics, Warehousing and Supplies Coordinator**

Adrian has over 30 years' experience and qualifications in supplies and logistics domestically and internationally with all facets of industry from large governmental institutions to not for profit organisations. Adrian has been with BKFA since 2005 and supplies the space and expertise to fulfil the logistical requirements of the foundation. Adrian is motivated by the fact that he has the skills to help deliver change in areas of great need. He loves holidays, especially cruising as it gives him the opportunity to see much more of the world without having to continually pack and unpack.

### **Hannah Moore, Marketing Coordinator (not pictured)**

Hannah spent 11 years in Sydney working in magazines, advertising, creative production and marketing. Her role at children's charity Barnardos Australia as Brand and Creative Producer ignited her passion for the not-for-profit sector. Hannah joined BKFA in 2017 and is motivated by the power of Social Media and beautiful design and imagery to spread the important message of BKFA. As Marketing Coordinator she provides design and Social Media support to the team. In her spare time Hannah enjoys exploring the many parks and outdoor spaces in Adelaide with her two young boys and husband.

# BKFA Board of Directors

## 1. Jenny Weaver (Chair)

Jenny has a BA and Dip Ed from the University of Adelaide. She taught in secondary schools for 18 years with special responsibility for introducing equal opportunity programs. In partnership, she ran a vineyard and small wine-making business for 10 years. As a Certified Financial Planner, Jenny worked as an adviser for 21 years. Jenny joined the BKFA Board in 2006, motivated to do so by The Zonta Birthing Kit Project. Providing Birthing Kits in developing countries where there are few health services or resources appealed to Jenny as a practical way to help some of the world's most disadvantaged women. She sits on the Risk and Audit Committee and has previously served on the International Projects, Research, Future Directions and Finance Committees. She often travels to developing countries and has been fortunate to visit many BKFA partners in their home lands, seeing firsthand the environment and the conditions where Birthing Kits and training are needed most. She loves to cycle in Europe, visit remote parts of the world and read.

*2017/2018 Board meetings attended: 11/11*

## 2. Edward (Ted) A'Bear (Vice Chair)

Ted has worked and lived in over 50 countries including Somalia, Swaziland and Papua New Guinea. Here he has gained insights into working with communities in challenging rural areas. He has provided support and advice to BKFA informally over the last twelve years and was co-opted to the Board in May 2017. Ted is inspired by the fact that simple Birthing Kits can help to save the lives of babies and mothers in areas where minimal health care is available. This has motivated him to support BKFA using his program management and international

development experience. Ted chairs the Future Directions Committee and was a member of the former Research Committee. In his spare time Ted enjoys walking and playing tennis.

*2017/2018 Board meetings attended: 9/11*

## 3. Maggi Gregory (Treasurer)

Maggi was involved in small business management and is now retired. From this background she brings to the Board diligence, an understanding of procedures and processes and finance skills. She is an inaugural Board member of BKFA and has been Treasurer since inception. She also contributes to her community by actively working as a Justice of the Peace. Maggi enjoys keeping fit, yoga, bush walking, camping and reading. Maggi chairs the Finance Committee.

*2017/2018 Board meetings attended: 10/11*

## 4. Gail Casey (appointed 17 October 2017)

Gail has a Master in Public Policy, Bachelor of Business, is CPA qualified and is a graduate of the Australian Institute of Company Directors. Gail has over 20 years in positions in both State and Federal Government at Director level and currently sits on the Board of the Rotary Club of Norwood. Gail strongly supports the need for and importance of the work of BKFA and joined the Board in 2017 as she felt that she could use her skills to benefit others, bringing experience in all aspects of good governance, strategic planning, procurement, logistics and financial management. Gail sits on the Finance Committee. Besides her love of walking and football, she enjoys knitting and crocheting for a charity, is very involved with her nine grandchildren and loves to travel in regional South Australia.

*2017/2018 Board meetings attended: 6/7*

## 5. Melanie Cottell (appointed 18 July 2017)

Melanie has held a range of executive and leadership roles in the SA Government, including shaping and implementing policy and providing strategic oversight to the State's Public Private Partnership arrangements. She lived in London for nine years where she provided advice to the UK Government in relation to large, complex, multi-billion dollar EU procurements; particularly Private Finance Initiatives. She holds qualifications in law, psychology and a Master of Business Administration. She is a graduate of the Australian Institute of Company Directors. She joined the Board in July 2017 and Chairs the Risk and Compliance Committee. Melanie joined BKFA as she is passionate about gender equality and supporting women's rights in all aspects of life. She strongly supports BKFA's vision of eradicating preventable maternal and infant mortality. In her spare time Melanie enjoys long walks and time with family.

*2017/2018 Board meetings attended: 9/10*

## 6. Joy O'Hazy

Joy is a medical doctor with an interest in women's health. She has been involved in many aspects of the provision of Birthing Kits to women in rural areas of the developing world including administration, advocacy, governance and strategic planning. She was a member of the original Zonta Birthing Kit Committee and has been on the Foundation's Board for 12 years. Joy sits on the Future Directions Committee.

*2017/2018 Board meetings attended: 9/11*



## The BKFA Board of Directors

### 7. Dr Julie Monis-Ivett OAM

Julie brings business administration, and health profession knowledge as a partner in a private dental practice. With Joy O’Hazy and members of the Adelaide Hills Zonta Club she started the Birthing Kit Project in 1999. As Project Administrator for the first 7 years she has an in-depth understanding of all aspects of the program as it evolved and progressed to being inaugural Chair from 2006 - 2009, and Vice Chair from 2009 - 2011. 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 Future Directions Committee, and was a member of the former Advocacy and Organisation and Development Committees. Julie is most happy when surrounded by friends, especially those who care about the worlds’ most vulnerable. She loves gardening, Port Power football team, reading crime novels and spending time with family, friends and her dog Maddy.

2017/2018 Board meetings attended: 10/11

## Retired Board Members

### Cathryn Blair (resigned 24 January 2018)

Cathryn has broad marketing and communications experience having worked in senior roles with national and international product and service brands. Her commercial background includes business and market development, channel and portfolio strategy along with corporate communications, PR, sponsorship and stakeholder management. She became a Board member in November 2015 and sat on BFKA’s Organisational Development and Advocacy Committees.

2017/2018 Board meetings attended: 4/6

### Lena Grant (resigned 17 October 2017)

Lena is a legal practitioner with over 25 years’ experience in commercial legal practice, governance and management. She was an inaugural member of the SAFECOM Board. She contributed 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 and was Chair until

her resignation. She sat on the Risk, Audit and Compliance, Research and Organisational Development Committees.

2017/2018 Board meetings attended: 3/4

### Pip Coleman (resigned 17 October 2017)

Pip joined the Board in November 2013 with a background as a Business/IT Consultant.

She is a Principal of a business and consultancy. 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 sat on the Organisational Development and Research Committees and the former Marketing Committee.

2017/2018 Board meetings attended: 3/4



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

[www.bkfa.org.au](http://www.bkfa.org.au) [info@bkfa.org.au](mailto:info@bkfa.org.au)

 [facebook.com/BirthingKitFoundationAustralia](https://facebook.com/BirthingKitFoundationAustralia)

 [instagram/birthingkitfoundationaustralia](https://instagram/birthingkitfoundationaustralia)



**Birthing Kit  
Foundation**  
Australia



**ACFID**  
MEMBER

**Mother and newborn at  
Kapujan Health Centre, Field  
Partner TEWPA, Uganda 2017**

*Credit: Carousel Media.*