



**Birthing Kit
Foundation**
Australia

Annual Report

2020/2021

bkfa.org.au

Our Clean Birth Kit

Soap

To wash the birth attendant's hands and the mother's perineum

Sterile blade

To cut the umbilical cord cleanly and reduce the risk of newborn tetanus and infection

Cotton ties

To tie the newborn's umbilical cord



Gloves

Help to stop the spread of infection during childbirth

Gauze

To wipe clear the baby's eyes and to clean the mother's perineum prior to giving birth

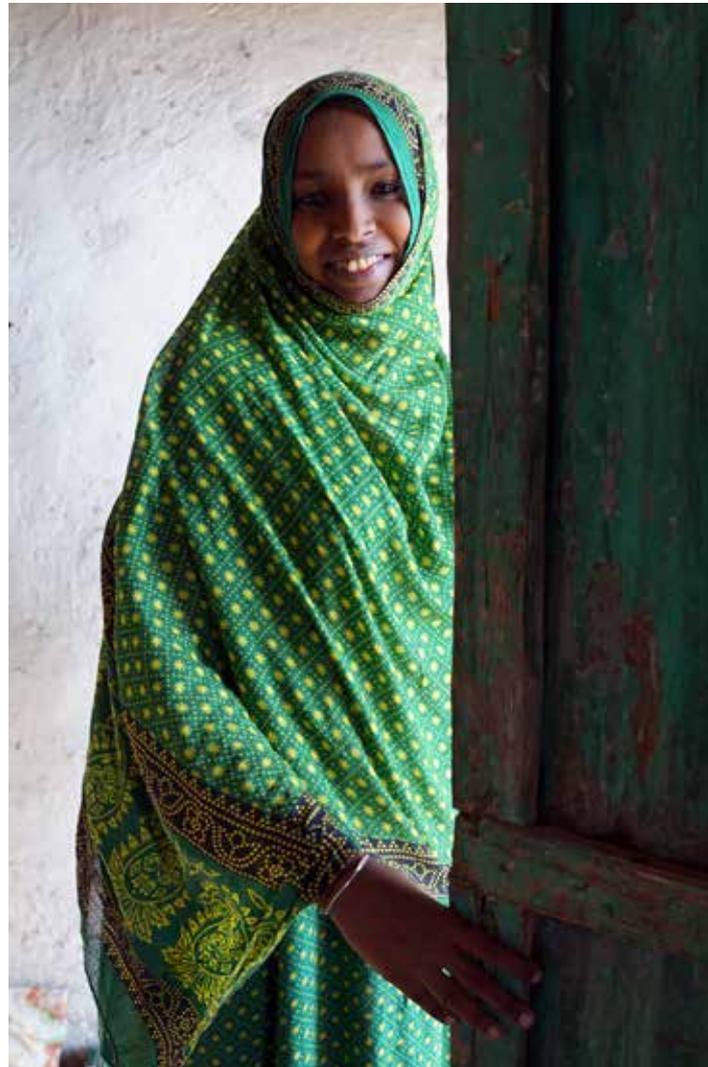
Plastic sheet

To prevent the mother and newborn from coming into contact with the ground or unhygienic surface



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www.facebook.com/BirthingKitFoundationAu/
 www.instagram.com/bkfa.au

Our Vision

A world in which all women and girls have access to a clean and safe birth.

Our Mission

To positively impact the lives of mothers and babies in developing countries.

Partner with organisations and communities to advocate, educate and provide resources to improve outcomes for expectant mothers.

Enable systems where women and girls become truly empowered.





Our Year at a Glance



Chairperson Report



Endurance

Early this financial year it was very clear that substantial adjustments would be needed in order to successfully maintain the work of the Birthing Kit Foundation Australia (BKFA) through 2020 and into 2021. A decline in physical and financial support in the previous year due to bushfires and the Covid-19 pandemic obliged us to re-assess our capacity. As the pandemic continued, we focussed exclusively on our core purpose of delivering birthing kits to the neediest women in developing countries.

Innovation ideas and planned expansions were set aside as the Foundation re-committed to its primary work. With the virus spreading it was clear that kits

were needed more than ever. Stories of clinics closing and services being reduced filtered back to the Foundation from in-country NGOs (non-government organisations). For partners in Ethiopia and DR Congo, war and insurgency created even greater challenges as populations were displaced and civil unrest escalated. Borders closed and access to some areas was harder than ever. Some countries were completely inaccessible. Freight and the logistics of kit delivery demanded extra work and cost more.

In Australia, pressure on our supporters meant that, for the first time, we had Assembly Days cancelled or postponed. Existing supporters could no longer commit to making kits as fundraising possibilities declined.

We responded by speeding up our turnover, despatching to high need countries where partners confirmed they could still distribute kits to birth attendants, while reducing our holding of emergency kits to a bare minimum.

If an Assembly Day succumbed to lockdown, we encouraged a donation to enable those kits to be produced in South Australia. Orana, an organisation employing people with disabilities, assembled the

kits, providing much needed employment and income for a special group of South Australians. Our Kits at Home initiative also continued to provide an option for people who could not gather in groups.

As our in-country training programs concluded, and it emerged that they could not be extended in their previous format due to lockdowns, support was sought to re-start in-country kit production. Our dedicated and committed partners, the Neilson Foundation, provided funds for local kit production and extra training at APDA in Ethiopia and for kits to be produced at Luvungi by MHCD in DR Congo. 17,000 locally made kits were the result. We are deeply grateful for this help at such a crucial time.

By the end of the year, with support from many Australians, especially those in the Zonta Clubs, we are thrilled to report that 82,240 kits were assembled during the year via normal Assembly Days or as Kits at Home. Orana was commissioned to make 14,000 kits, with 10,000 of those completed by the end of June and 17,000 locally made in-country kits were in production as the financial year came to an end.



This total of 113,240 kits, produced and in-production by the end of June, was a magnificent achievement given the range of physical and financial difficulties. We pay special tribute to our supporters in Zonta Clubs around Australia who produced 55% of the Assembly Day kits through this challenging environment.

Our staff numbers were reduced to suit our capacity. The smaller team has contributed and served the Foundation with distinction. Most notable is Adrian Harris, who has worked for the Foundation since its inception and is now our Manager of Business and Operations. He successfully navigated all the freight and logistic issues and despatched 87,000 kits during the year.

The pandemic is not the only crisis facing the planet and, with that in mind, we transitioned the standards of our special Earth Kits to all birthing kits. From early June 2021 all our kits contain plastic that was biodegradable in landfill. The cost for this change was absorbed into the existing price of the kit as savings were made elsewhere.

Kits for Sale, an initiative making kits available for purchase, was maintained, with 5,000 being assembled at Orana for other NGOs and charities to distribute to constituents in their areas of service.

The 2020/2021 year was not the one we hoped for but the Foundation was able to rise to the challenge. The staff have faced enormous change and adapted superbly. The Directors are to be thanked for the many extra hours they have put in and the efficient and effective way they have guided the organisation.

Our finances have stabilised in relation to our production levels and we can again envisage a future of solid kit delivery and new training programs to help save the lives and maintain the health of thousands of the most disadvantaged women and babies on the planet.

Jenny Weaver,

Chair,
Birthing Kit Foundation Australia



Challenges

Covid-19 has impacted all our lives and the Birthing Kit Foundation Australia (BKFA) has not been immune. It put significant pressure on all facets of our supply chain and operations and we worked hard to overcome the multiple problems which presented themselves in order to maintain a steady supply of clean birthing kits.

Lockdowns and social distancing meant traditional large assembly days became an impossibility. The easing of restrictions saw assembly days slowly transition back, but with smaller groups resulting in a reduction in the number of kits produced.

Our “Kits at Home” option, developed in early 2020, encouraged the production of smaller numbers of kits by individuals. It maintained enthusiasm and engagement for our cause and was widely embraced, although production output inevitably suffered.

Many larger planned assembly days were postponed, waiting for the certainty of reduced restrictions. However, some groups worked with the BKFA to change their assembly day procedures in order to maintain production without a large group meeting. Over the year significant innovations were suggested and tested and many may be used in future.

The BKFA has recently built a partnership with Orana allowing donors to have kits made in Adelaide rather than assembling them at home or in a community group. Orana, which supports people with disabilities, provides a work force to produce kits when our usual assembly days cannot meet demand and has filled an important gap in our production during the year.

Internationally, the lack of flights made kit distribution a challenge. Traditional cargo routes were impacted with restricted access and service changes. Logistics became a difficult and time-consuming task. Our major international transporter gave us alternative channels into existing areas of distribution but costs were increased and lead times extended. However, we still managed to get Clean Birth Kits on the ground to all our identified partner countries.

For a short time, some areas did have severe access restrictions, with unrealistic customs expectations and lockdowns. Nevertheless, the recent resumption of some international flights quickly allowed distribution back into most critical areas. Somaliland is a case in point. It was extremely difficult to access, with fluctuations of up to 300% in costs regularly occurring, sometimes on a daily basis, and the only routes available were through a British agent. On two occasions shipments were postponed due to a sudden increase in costs. On two other occasions shipments stopped when flights were suddenly halted for six weeks. 2,500 kits finally landed there in early 2021.

A reduction of funding has also been a challenge and our year was spent adapting to the changing fiscal environment. Government support went some way to easing the crisis but the reality remained that the impact of bushfires and Covid meant community groups could not raise money for large assembly days and we could not raise the amounts we had previously to support our training programs.



One of our large international partners, which distributed kits in areas we found impossible to access, ceased working with us due to a loss of income. Our in-country training programs suffered as schools closed and partner NGOs could not maintain their work due to Covid. In response, all our energy was poured into kit production and distribution and the training programs we did initiate were aligned with local kit production initiatives.

Covid-19 has forced the BKFA to think and work creatively. We have allowed for different engagement possibilities within our supply, assembly and kit distribution processes. We have re-ordered our training programs to meet kit supply needs and returned to training Traditional Birth Attendants (TBAs). All of it has made us a more adaptable, intuitive, and flexible organisation; skills that we can use in the coming years as we rebuild from this challenging era.



Our Journey

Who would have thought that something as small as a birthing kit that is held in the palm of your hand could be so powerful that it may save a woman and baby's life? We did from day one.

When Joy O'Hazy and the Zonta Club of the Adelaide Hills started making and distributing birthing kits in 1999 no-one would have imagined that we would be passing a milestone of over 2.4 million kits being made by volunteers in Australia.

Who could have imagined that Zonta would take the project on with such enthusiasm and dedication that, 22 years later, they have funded and made over 1.46 million kits? The Foundation is sustained by their dedication.

Today our supporters come from corporates, philanthropic organisations, individuals, service clubs, church groups, high schools and universities, as well as Zonta Clubs which still fund and make over 50% of all kits annually. Thousands of women and babies are alive today because of these supporters.

We thank you all on behalf of those women and communities.

A clean birthing kit is valuable because it gives women in remote regions of a developing country a chance to have a clean and safe birth.

The kit helps to reduce the incidence of infection and the deaths of mothers and babies from these infections. The use of gloves also stops the spread of HIV and other STDs. Many developing countries do not have the capacity to supply these resources for their birthing women, especially in the remote regions we target. For many it is our birthing kit or nothing.

In our early days Ruth Kennedy of the NGO Abraham's Oasis in Ethiopia described the kit as being "more precious than silver or gold" and this is still true today. By 2006 the project was in 30 countries and distributing over 100,000 kits annually. Each carton had its own journey. Some had their address in 3 languages as they crossed China to Tibet. Some crossed lakes and others spent two days being carried up the side of a mountain to a Pygmy community in DR Congo.

The Birthing Kit Foundation (Australia) was formed in 2006 to enable corporate support and growth. As the organisation grew so did the scope of our programs. In-country kit production and Traditional Birth Attendant training programs emerged as we appreciated that it was not enough for the woman and baby to survive childbirth.

So many children die before they are five from disease, gastroenteritis and malaria and we wanted to keep them alive and healthy. To achieve this, we elected to educate TBAs in a range of health issues from hygiene and nutrition to vaccinations and HIV. We made sure all trainees knew these basics and more, including how to provide a clean birth when a birthing kit was not available and to recognise danger signs signalling when to get a birthing mother to a clinic.

We have run training programs in Vietnam, India, Ethiopia, Uganda and DR Congo. Through education women are empowered and an increasing number of mothers and babies survive in areas where training has occurred. Since inception over 10,000 TBAs have been trained and 170,000 kits have been made locally in Vietnam, Ethiopia and DR Congo.



Image Courtesy MHCD



In Ethiopia our education programs changed cultural practices hundreds of years old. These traditional methods went unquestioned and were killing women and babies. Just stopping them reduced maternal and infant mortality and morbidity.

In DR Congo inspiration from our 3-week Midwifery Seminar Trainer (MST) program led directly for a call to our partner NGO, MHCD (Mission in Health Care and Development), to start professional midwifery training. MHCD responded by building a Midwifery Training Centre in Luvungi and TBAs were trained to become professional midwives. Now, 6 years later, over 20 have graduated. As part of the training agreement the graduates must return to their remote communities to start a business enterprise in which they provide primary health care and midwifery

services. Training in business is included in their studies and graduates are supported in the early stages of their new enterprise. These small businesses allow these men and women to feed and support their families. Every midwife has sent their children to school with their profits. Here is a sustainable model which has emerged directly from our training. It has led to self-sufficiency and independence as these midwives feed and educate their families while providing remote communities with health care resources and skills which never previously existed.

The true benefit and impact of training can be years in the making. In 2008 the Mulenge Pygmies, an illiterate and impoverished group helped and supported by MHCD, enjoyed their first TBA training which included a microcredit element, educating them on the basics of starting a small business. From this training many Pygmic children went to school. By 2015 two attended the MST program and last year they graduated as midwives and returned home. For the first time professional health

care was available in a Pygmic community. The Pygmic men, observing the success of the women, started their own enterprises and, instead of only being labourers, they now have businesses of their own and have the resources to build their own homes. The impact of our birthing kits being delivered into this community has been transformative.

For many of our partners the birthing kit provided the entrée into new communities where trust was being built. It has only been through these reliable, honest and dedicated partners in-country that our work succeeds. Along this journey we have met amazing people like Dr Catherine Hamlin AC from the Hamlin Fistula Hospital and Valerie Browning “Maalika” from Ethiopia, Professor Quynh and Mrs Chau in Vietnam, Dr Luc Mulimbalimba in DR Congo, and Mrs Victoria and Mr Abdaheer in India.

Where will we be in 10 years, who knows, but be assured it will be a rewarding journey shared by many.

Dr Julie Monis-Ivett, OAM

Director,
Birthing Kit Foundation Australia



Birthing Kits

Around 295,000 women die from preventable causes during pregnancy and childbirth each year and a further 2.5 million babies die within the first 4 weeks of life¹. These rates are far higher in low and middle-income countries, where poverty and gender inequality are often coupled with a lack of access to health care.

Huge disparities in the level of maternal and neonatal mortality persist across regions and countries of our world today. It is this inequality that is the driving force behind our Clean Birth Kit Program.

Our Clean Birth Kits are simple and effective tools for basic infection prevention and first-line childbirth care. Each component has been selected to support the 6 principles of cleanliness at birth for mothers, new-borns, and birth attendants in high-risk and emergency settings².

Each kit contains:

- **Soap** to wash the birth attendant's hands and the mother's perineum.
- **A plastic sheet** to provide a hygienic surface for the mother to birth her baby.
- **Gloves** to cover the birth attendant's hands and provide protection from infections such as HIV for carers and care recipients.
- **Gauze** to wipe clear the newborn baby's eyes, and to clean the mother's perineum prior to giving birth.
- **Cord ties** to cleanly tie the umbilical cord.
- **A sterile blade** to cut the umbilical cord cleanly and reduce risk of newborn tetanus and infection.



The current global need for birthing kits is high³. According to the London School of Hygiene and Tropical Medicine, “(a) decade on from the Clean Birth Kits Policy Briefing, the six cleans are now more important than ever to keep mothers and babies safe during the COVID-19 pandemic . Further, some of our global partners have reported that there is an increased need for the distribution of CBKs, due to restricted movement (lockdowns) and their inability to travel to health facilities.

¹ World Health Organisation (WHO)
<https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality>

² The items contained in the kit are informed by the WHO's cleanliness intervention, which recommends 'clean delivery and cord care for the prevention of newborn infections (tetanus and sepsis).

³ <https://academic.oup.com/inthealth/article/12/1/3/5537696>

⁴ <https://www.lshtm.ac.uk/research/centres/march-centre/news/104951/safe-surface-series-clean-birth-six-cleans-and-covid-19>



Partnership with Orana

In 2020, BKFA entered into a partnership with Orana Australia – a local organisation providing opportunities for people with disabilities to engage with their local communities and participate in paid work.

From Saturday 5 June 2021 (World Environment Day), all of our birth kits became environmentally friendly. The new kit provides the same level of protection, but leaves less of an environmental impact. The plastic bag and sheets are treated with an organic compound and are biodegradable in microbe rich environments, such as landfill.

Environmentally friendly kits

For many years BKFA has worked to find suitable plastic products for its kits. The plastics we found were unworkable and expensive. However, modern developments have meant that now we have an affordable and practical solution. We have also checked the supply chain to ensure all our kit components are ethically sourced.

Photo: Orana Australia



Birthing Kit Distribution 2020/2021

During the 2020/2021 year a total of 89,700 kits were sent to our global partners through Africa, Haiti, South Asia and Papua New Guinea

HAITI

GHANA

NIGERIA

CAMEROON

RWANDA

UGANDA

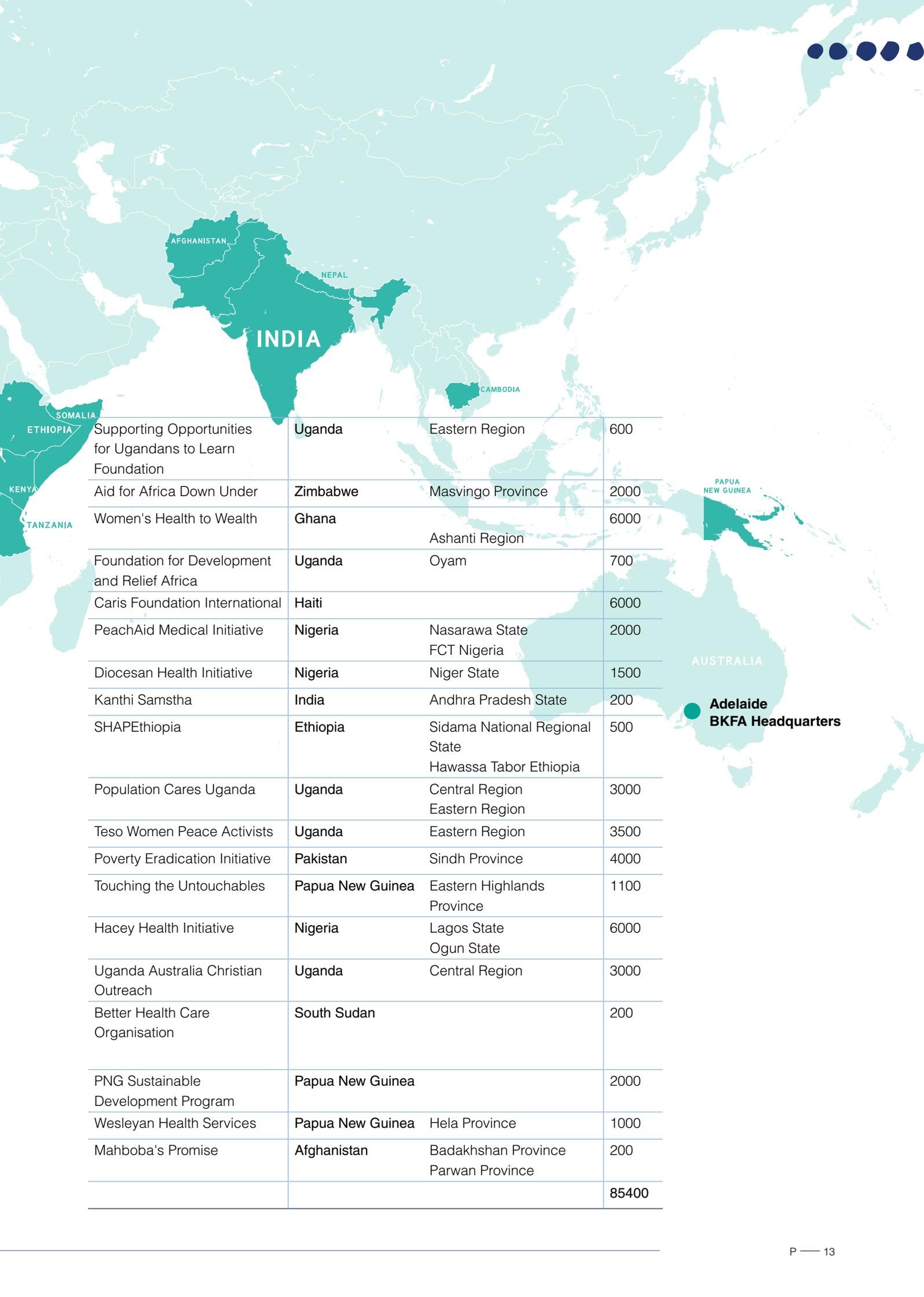
BURUNDI

DEMOCRATIC REPUBLIC OF THE CONGO

ZAMBIA

ZIMBABWE

ORGANIZATION	LOCATION	KITS SENT
Mission in Health Care and Development	DR Congo South Kivu Province North Kivu Province Kinshasa Province Kongo Central Province Tanganyika Province	9000
Women Glory	DR Congo South Ubangi	2000
No Roads	Papua New Guinea Oro Province	200
SOS Jeunesse et Enfance en Detresse	DR Congo South Kivu Province	1500
Edna Adan Hospital	Somaliland Hargesia Baligudle Region	2500
Life Aid International Initiative	Nigeria Plateau State Bauchi State	700
HEDEN	Nigeria Ogun State	2500
Reef & Rainforest Research Centre	Papua New Guinea Torres Strait Region (PNG Treaty Villages)	1500
Rotary Action Group for Reproductive, Maternal and Child Health	Nigeria Kano State Kaduna State Federal Capital Territory Ondo State Enugu State	6000
Rotary Club of Makindye	Uganda Eastern Region Central Region	700
Safer Hands Initiative	Nigeria South-West Region	3000
Beaton Foundation Initiative	Uganda Eastern Region	2000
Future Warriors Project	Tanzania Arusha Region	300
Golden Change Concerned Youth Forum	Nigeria FCT Abuja	4700
Egoli Africa	Uganda Eastern Region	2500
Living Child Inc.	Papua New Guinea East Sepik Province	2000
Think Humanity	Uganda Western Region	800



Supporting Opportunities for Ugandans to Learn Foundation	Uganda	Eastern Region	600
Aid for Africa Down Under	Zimbabwe	Masvingo Province	2000
Women's Health to Wealth	Ghana	Ashanti Region	6000
Foundation for Development and Relief Africa	Uganda	Oyam	700
Caris Foundation International	Haiti		6000
PeachAid Medical Initiative	Nigeria	Nasarawa State FCT Nigeria	2000
Diocesan Health Initiative	Nigeria	Niger State	1500
Kanthi Samstha	India	Andhra Pradesh State	200
SHAPEthiopia	Ethiopia	Sidama National Regional State Hawassa Tabor Ethiopia	500
Population Cares Uganda	Uganda	Central Region Eastern Region	3000
Teso Women Peace Activists	Uganda	Eastern Region	3500
Poverty Eradication Initiative	Pakistan	Sindh Province	4000
Touching the Untouchables	Papua New Guinea	Eastern Highlands Province	1100
Hacey Health Initiative	Nigeria	Lagos State Ogun State	6000
Uganda Australia Christian Outreach	Uganda	Central Region	3000
Better Health Care Organisation	South Sudan		200
PNG Sustainable Development Program	Papua New Guinea		2000
Wesleyan Health Services	Papua New Guinea	Hela Province	1000
Mahboba's Promise	Afghanistan	Badakhshan Province Parwan Province	200
			85400

Our Ethiopia Project

Strengthening the rural health network to improve reproductive, maternal and newborn health in Dullassa.

2020 marked the eleventh year of partnership with the Afar Pastoralist Development Association (APDA), the largest Afar run organisation in Ethiopia. For over 30 years, APDA has been delivering primary health care and education to Afar's most neglected districts where female genital mutilation (FGM), early marriage and dangerous birth practices were still very prevalent.

The project covered 10 remote sub-districts, using a community-based team of 10 Women Extension Workers (WEWs); 10 Literacy Facilitators (LFs) and three Health Extension Workers (HEWs) under the leadership of two Field Coordinators and one Project Manager. To date, 50 TBAs have been part of the project health team, five in each of the 10 project sub-districts.



Over the last three years, the project has worked towards the following objectives:

1. Strengthening the capacity and collaboration of community health teams:

Project health workers in remote areas of Dullassa have treated 8,722 people, 39% were females in their reproductive age. WEWs worked closely with TBAs, both groups received annual training, allowing them to maintain the best practices during childbirth, antenatal and postnatal care.

2. Reducing harm and improving reproductive health and well-being of mothers:

Health education has been given to 35,438 people on various issues; maternal health care, preventing harmful practices and general infection prevention. WEWs reported giving 83,951 messages to raise awareness and educate the community on issues around FGM, early marriages, and gender-based violence. Afar literacy continues to be taught in 10 project sites with the majority of learners increasingly female. Through this, issues of reproductive health and preventing gender-based violence were discussed. These sessions provided a safe environment where women could openly talk about their thoughts and fears.

3. Increasing maternal and newborn health seeking behaviours:

All services supporting maternal health were conducted in all 10 Kebeles. WEWs and HEWs collectively performed 1,163 antenatal checks. A total of 938 had home deliveries using birthing kits and 486 were referred to a health centre or hospital for complex care.

The project was implemented in one of Afar's most neglected districts where the concept of safe motherhood was unknown at the beginning of the project. Prior to the project, delivering mothers were supported by untrained TBAs, many who were guided by harmful traditional practices. To date the project has facilitated 537 deliveries, unfortunately 3 mothers died delivering in their homes and 31% were referred to the district health centre. APDA has made and distributed 1,130 clean birthing kits which were used in all of the home deliveries.

The need for ongoing support in this region is necessary, especially with the fighting along the Afar Region's central western border with Tigray and Amhara region which has displaced 70,000 people. BKFA has extended the project for an additional year, and will also support the production of 7,000 in-country kits.

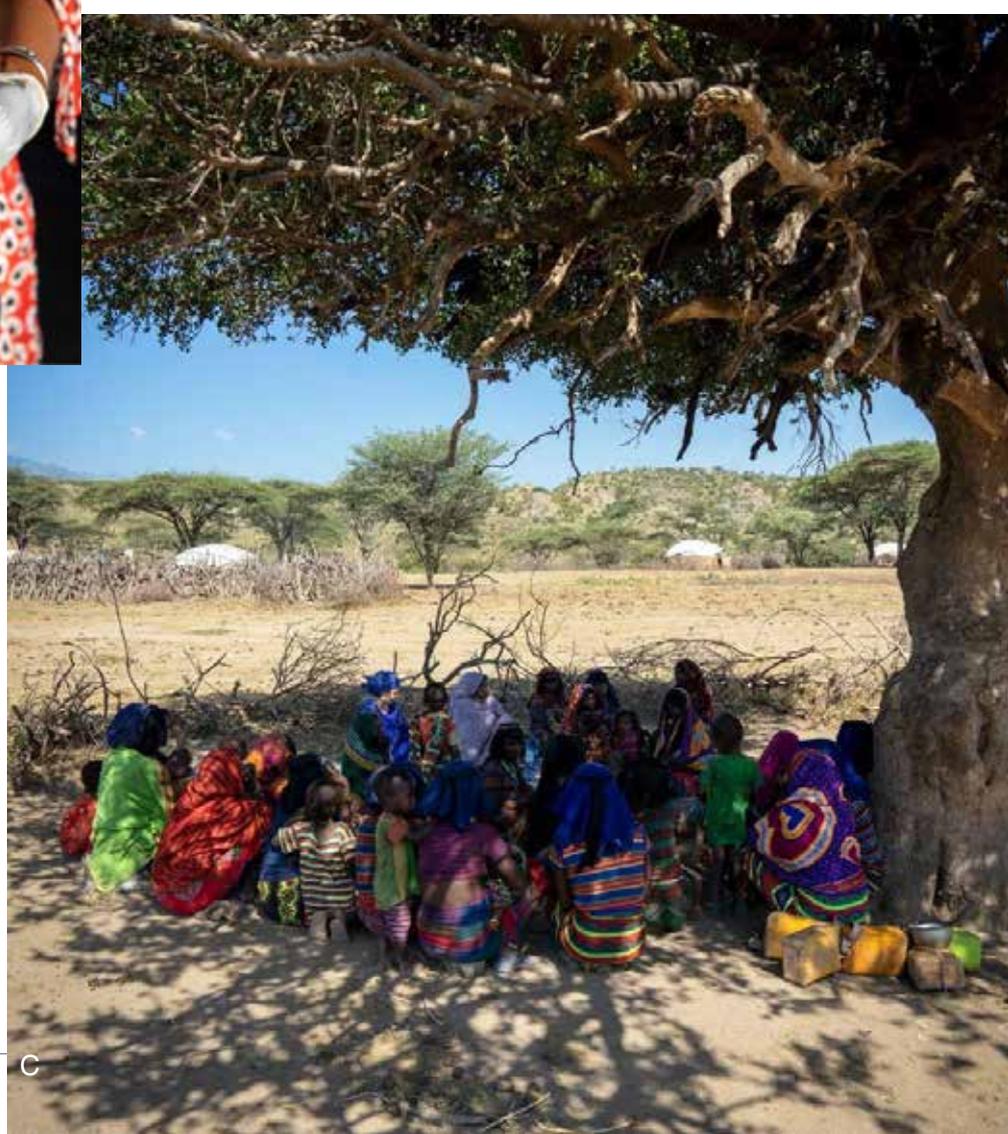
Photos courtesy of APDA

A. During a visit, two women were able to test BKFA's pictorial instructions.

B. Clean Birth Kits being produced in Ethiopia.

C. WEWs giving messages to raise awareness and educate the community on issues around FGM, early marriages, and gender-based violence.

Photos: Rachel Glasby



Our Democratic Republic of Congo Project

Delivery Sets for Safer Childbirth in South Kivu, DRC

Empowering Women through Locally Made Kits to Improve Health and Social-Economic and Wellbeing in South Kivu, DRC

In June 2021, our implementing partner, Mission in Health Care and Development (MHCD), received funds for the in-country production of birthing kits. Due to challenges and difficulty in sourcing material from DRC, the staff travelled to Nairobi in Kenya and Bukavu in DRC to purchase the materials. The project staff engaged Traditional Midwives and Community Health Workers in the assembly of the kits. During a one-day training, the women were educated on the importance, the components and impact of the kits. The assembly took place at the Pamela Community Centre Hall in Luvungi Village, with the following as the main objectives of the project:

- Reduce infant mortality and morbidity by providing 10,000 clean birthing kits to health care centres and traditional midwives
- Improving the social and economic lives of the community, through the financing of micro-projects and employment of 50 women and 2 administrators for 3 days to assemble the delivery sets
- Increase awareness of health messages, best practices during childbirth, and the wellbeing of women and babies

The project had a great impact on the 50 women who assembled the kits, they were able to discuss some of the challenges they were currently experiencing and some of their successes. This project allowed them to encourage and support each other.

Many thanks to the Nielson Foundation for funding the production of in-country birthing kits.

*Photos courtesy of MHCD
Kit packing and the BKFA Congo project in South Kivu - Democratic Republic of Congo*





Innovation Challenge

In 2020, BKFA initiated the Innovation Challenge as an opportunity for social enterprises, non-profits, government agencies and other like-minded organisations to collaborate with BKFA and help propel social change through innovative solutions. With applications submitted from around the world, the winner was South African entrepreneur Jacqueline Rogers, with the My Pregnancy Journey app.

The My Pregnancy Journey App is an educational pregnancy app that is focused on Africa and the unique challenges African women face. It aims to empower women with everything they need to know about pregnancy, health and parenting.

Africa has some of the highest global rates of adolescent pregnancies, HIV infections and birth deaths. According to the UNFPA, maternal deaths would be reduced by about two-thirds if modern educational pregnancy information and maternal and newborn health care were provided. This is why Jacqueline launched the My Pregnancy Journey app. The aim of the app is to guide and empower all women with everything they need to know about pregnancy, health and parenting.

Evidence shows that women who are better educated tend to have healthier children. All of these investments bring significant benefits and effects not only for women and girls but also their children, families, communities and country. Generally, a lower level of information limits our decision making.

BKFA and My Pregnancy Journey app have aligned missions. Many of the fatalities in Africa happen during the birthing process and this is where BKFA comes in, supplying safe birthing kits to prevent infections and lower the fatality rate of women during child birth.

My Journey App guides a pregnant mother throughout her pregnancy journey, educating and providing the expectant mother everything she need to know and look out for.

Jacqueline has been nominated for a number of awards and achievements, including by WHO as one of Africa's top 30 innovators. You can find out more about My Pregnancy Journey app via <https://www.mypregnancyjourney.co.za>.

BKFA and My Pregnancy Journey have entered into a partnership with the aim of improving maternal health outcomes for women across Africa.



Photo: Jacqueline Rogers,
My Pregnancy Journey
App Developer

Photo Credit:
My Pregnancy Journey App





We would like to thank our volunteers from across Australia for packing thousands of kits that have been distributed across the globe. We could not do this without you.





Treasurer's Report

I am pleased to present the audited financial statements of the Birthing Kit Foundation Australia (BKFA) for the year ended 30 June 2021. Despite the challenges brought about by the COVID-19 pandemic, which led to lockdowns, cancellations and postponements of Assembly Days, our members, sponsors, partners and donors provided invaluable support to our organisation. This support enabled us to continue to provide birthing kits to women and girls giving birth in remote regions around the world.

During the financial year, the BKFA received funding from its supporters. I would like to acknowledge the Neilson Foundation for providing funding to the organisation and our long-serving supporter, Zonta Clubs for the assembly days they held to assemble birthing kits. This support ensures that BKFA continue to provide services.

I also acknowledge the support provided by the government's stimulus package of \$148,218 (last year \$117,352) to support our staff and clients during the COVID-19 pandemic.

This financial year was another challenging year with the COVID-19 pandemic slowing down fundraising activities. BKFA raised \$330,016 from kit-making donations (last year \$469,676). Kit-making donations made up 60% of our total revenue, whilst other donations and gifts contributed \$215,920 (last year \$269,534) or 39% of income.

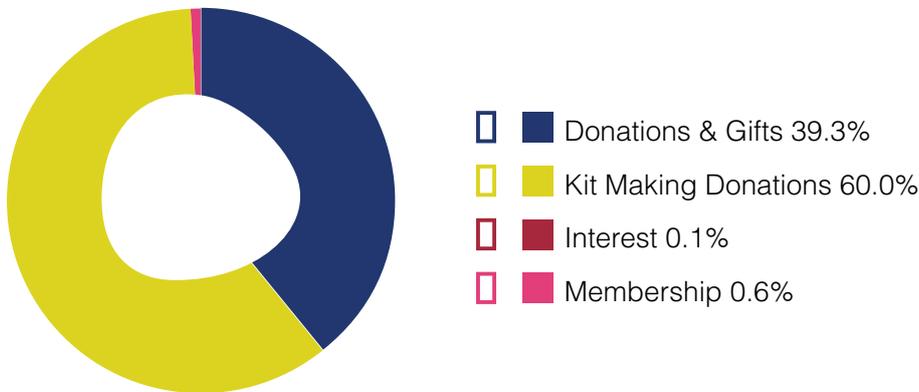
The result for the year was a deficit of \$104,120 (last year surplus \$64,751).

Frances Mpala

Treasurer
Birthing Kit Foundation Australia



Where our support comes from



Expenses

This year's Administration and Accountability expenses were \$133,398, or 16.7% of total expenses (last year \$133,717, or 16.2%). Fundraising and marketing expenses were \$58,133, or 7.1% (last year \$56,837 or 6.9%).



Acknowledgments

I acknowledge the continued support by Zonta Clubs throughout Australia, countless service clubs, schools, universities and individuals who took it upon themselves to fundraise for BKFA by participating in Assembly Days. This continued generosity and support ensures more women will have access to safe, clean birthing practices and resources.

Frances Mpala,
Treasurer
Birthing Kit Foundation Australia

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.

BKFA full financial reports statements are available upon request at info@bkfa.org.au.

Corporate Governance Statement

BKFA is committed to achieving best practice in corporate governance for non-profit organisations.

Corporate structure, compliance and tax status

BKFA is an Australian public company limited by guarantee, registered under the Australian Corporations Act 2001, and complies with the requirements of the Act. It is registered with the Australian Charities and Not-for profits Commission (ACNC) and holds fundraising licences in all States and Territories in Australia (where required).

In the 2020-21 financial year, BKFA was a signatory to the Australian Council for International Development (ACFID) Code of Conduct which defines standards of governance, accountability and ethical practice for non-government organisations engaged in international aid and development activities. BKFA is committed to full adherence to the Code, and has submitted compliance and self-assessment reports to ACFID throughout this financial year.

Corporate governance and financial accountability

Under the Constitution, the Board of Directors is responsible for the overall management of BKFA. Directors are elected by the membership of BKFA 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 are reviewed by the Board at each meeting.

Audited financial statements are provided to ACFID, the ACNC, and to other regulators required by law. A summarised version of these statements is included in this Annual Report. A copy of the full audited statements is available on request. The Annual General meeting of members was held in October 2020 where Nicholas Matsis of Not-for-Profit Accounting Specialists was appointed as Company Auditor.

Work Health and Safety

There were no workplace injuries or incidents reported in the 2020/2021 year.

Complaints

Two complaints were received in the 2020/2021 year (not related to the ACFID Code of Conduct) and were handled and resolved in accordance with the BKFA Complaints Handling Policy.

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 or addressed to: Chair, Birthing Kit Foundation (Australia), P.O. Box 330, Belair, South Australia 5052.

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.

Tiffany Burton

Company Secretary
Birthing Kit Foundation Australia
2020/21



Our Supporters

We would like to acknowledge the following supporters who provided financial and in-kind support to BKFA throughout 2020/2021.

MUN Global

The Neilson Foundation

Peggy Charitable Foundation

Grant Saffer

Nadine Ryan

Mama Maya

Zonta – Districts 22, 23, 24

McIntyre Foundation

The Fullife Foundation

Photography

Rachel Glasby, The Silk Road

Papa Shabani, Uganda

Videography

Spiros Giannakopoulos , DesignLab

Volunteers and Interns

Dr. Karolinka Wicik

Sahil Choujar

Thank you to all of our donors and volunteers, for their generous support.

Audited Financial Statements

Birthing Kit Foundation (Australia) (a company Limited by guarantee) Statement of profit or loss and other comprehensive income for the financial year ended 30 June 2021

	2021 \$	2020 \$
REVENUE		
Donations	545,936	762,458
Membership Fees	3,110	1,900
TOTAL REVENUE	549,046	764,358
OTHER INCOME		
COVID-19 Government Stimulus	148,218	117,352
Interest Received	728	6,088
TOTAL OTHER INCOME	148,946	123,440
TOTAL REVENUE & OTHER INCOME	697,992	887,798
EXPENSES		
Cost of Birthing Kits	500,805	537,860
Community Development Program Costs	105,776	94,632
Fundraising & Marketing	58,133	56,837
Administration & Accountability	137,398	133,717
TOTAL EXPENSES	802,112	823,046
NET (DEFICIT)/SURPLUS FOR THE YEAR	(104,120)	64,751
Other Comprehensive Income		
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR	(104,120)	64,751

To be read in conjunction with the accompanying notes to the financial statements.



Birthing Kit Foundation (Australia) (a company Limited by guarantee)
Statement of financial position as at 30 June 2021

	2021	2020
	\$	\$
CURRENT ASSETS		
Cash & Cash Equivalents	374,270	323,494
Trade & Other Receivables	26,753	82,219
Inventories	82,190	48,935
other Assets	2,036	
TOTAL CURRENT ASSETS	485,249	454,648
TOTAL ASSETS	485,249	454,648
CURRENT LIABILITIES		
Trade & Other Payables	97,208	11,726
Other Liabilities	37,335	
Provisions	35,679	24,395
TOTAL CURRENT LIABILITIES	170,222	36,121
NON CURRENT LIABILITIES		
Provisions	621	
TOTAL LIABILITIES	170,843	36,121
NET ASSETS	314,406	418,526
EQUITY	314,406	418,526

To be read in conjunction with the accompanying notes to the financial statements.

Our Team and Board

Meet our team



Adrian Harris
*Business and
Operations
Manager*



Kate O’Fathartaigh
*Business
Development
Manager*



**Hilary
Carruthers**
*Assembly Day
Coordinator*



Mercy Oloo
*Program
Manager*



Victoria Lewis
*Digital Marketing
Coordinator*

Meet our board



Jenny Weaver
Chairperson
2020/21
Board meetings
attended: 12/12



Frances Mpala
Treasurer
2020/21
Board meetings
attended: 11/12



**Dr Julie
Monis-Ivett OAM**
Director
2020/21
Board meetings
attended: 12/12



**Edward (Ted)
A’Bear**
Director
2020/21
Board meetings
attended: 12/12



Dr Joy O’Hazy
Deputy Chair
2020/21
Board meetings
attended: 12/12



**Madhumita
Mazumdar**
Director
2020/21
Board meetings
attended: 12/12



