

Birthing Kit Foundation (Australia)

ANNUAL REPORT 2010/2011



Values Statement

“Every woman has the right to a clean and safe childbirth.”

Vision

A world in which all women have access to safe birthing practices, regardless of race, religion, culture, history or socio-economic status.

Mission Statement

The Birthing Kit Foundation (Australia) works with organisations and communities to provide a clean birthing environment for women in developing countries in order to reduce the incidence of infant and maternal mortality.

We respect peoples’ dignity and values and work according to principles of basic human rights. We raise awareness, provide support and resources and act as a catalyst for the creation of birth attendant training programmes and community development projects.

Goals

1. To develop initiatives to make clean birthing environments available for women in disadvantaged communities and to work towards locally generated sustainable solutions.
2. To raise awareness and advocate globally on issues of maternal and infant health.
3. To distribute birthing kits to women in developing countries to assist the provision of a clean and safe birth.
4. To administer the Birthing Kit Foundation (Australia) with integrity, efficiency and accountability.
5. To produce Birthing Kits within the budget and to continue to develop processes to increase the project’s efficiency and cost effectiveness.
6. To raise funds to support the Birthing Kit Foundation (Australia).



**Birthing Kit
Foundation
(Australia)**

P O Box 330
Belair, South Australia
Australia 5052

info@birthingkitfoundation.org.au
www.birthingkitfoundation.org.au



**Every woman has the right to
a clean and safe childbirth.**

REPORT FROM CHAIRPERSON

With 115,650 birthing kits distributed in 2010/2011 and the total number of birthing kits now over 820,000, the Birthing Kit Foundation (Australia) can be justly proud of the help it has provided the world's poorest mothers and babies. We can be proud too of the training programmes, delivering long term benefits to disadvantaged women and their communities, and the real progress being made in coordinating local kit production.



Ethiopian women and their babies.

This year the Foundation put increasing emphasis on the importance of kits being made in-country. This new strategy is demanding more of our resources. One key achievement in this area occurred in May, when the Board successfully negotiated a formal agreement with the Ha Giang Provincial Health Authorities to take full responsibility for local kit production and distribution in two years. This acknowledgement of the value of the kits and the increasing priority of maternal and infant health in provincial Vietnam is a milestone for the Foundation. Local responsibility like this frees us to work in areas of even greater need.

This success brings into focus our increased use of analysis, more targeted delivery of our services, and changes made in response to the funding environment. We were forced to be more strategic when, despite our successful Community Call to Action campaign, AusAID chose not to extend it. Our goals in this project were all achieved; a total of 95,000 kits were assembled and delivered with the help of over 33,000 people who donated \$84,000 worth of volunteer hours at 74 assembly days. Many thousands more Australians learnt about the UN Millennium Development Goals (MDGs) using our new promotional material. Nevertheless, perhaps the greatest outcome was the huge support we received from school and university students who raised money and promoted assembly days and the MDGs. Their efforts were outstanding and we have been busy harnessing their enthusiasm ever since, with fresh volunteers improving our website and young women planning a fundraising Kokoda trek being two tangible results.

It is satisfying to have such enormous community enthusiasm behind us because, with no

new funds from AusAID, we had to go to our supporters and ask them to accept a higher price for the kit components for some assembly days. The Zonta International Clubs, our core backers, quickly accepted and adapted to the new regime, and other community groups also found creative ways to manage the changes. None deserted us. We give them all our profound thanks for this continued commitment. Also, in response, the Board took on the task of applying for Base Accreditation with AusAID, an exercise which will hopefully result in their ongoing financial assistance. The application took much of the year and the outcome is still some months away.



Ugandan mother with her baby.

Through all this, kit delivery was maintained at a steady pace. Our kits are going to some of the most difficult and dangerous places on earth, everywhere from Kabul in Afghanistan and the highlands of PNG, to remote and dangerous parts of Kenya and DR Congo, as well as refugee camps in Uganda. Kit delivery is now a streamlined process due to dedicated staff, good data bases and excellent communication, and this has freed the Board to concentrate on development in other areas. Our deepest appreciation goes to Fiona Smith, our Project Manager, for her masterful oversight of the programme and contribution to the Board. She was ably supported by our Volunteers Coordinator, Erica Osborn, who quickly became an expert at handling and developing assembly day bookings, and Adrian Harris, our Warehouse Coordinator, who competently added on the role of Transport and Supplies Coordinator.

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Support for our training programmes has been an increasing priority of the Foundation. New training in Tamilnadu, in southern India, was enthusiastically received and we again enjoyed positive feedback from Dr Luc in Kenya and DR Congo. He is a passionate advocate for maternal health and the use of the kits. He told us the courses “give women hope”, a commodity in short supply in DR Congo where rape is endemic. Valerie Browning continues her fabulous work in the Afar desert in Ethiopia where her skillful management of the training for both Health Extension Workers and Traditional Birth Attendants is paying vast dividends.



Valerie Browning and Afar women.

Employment for disadvantaged women has been at the heart of our plans for local kit production this year and exciting progress has been made. In Tigray Province in northern Ethiopia, Ruth Kennedy of Abraham’s Oasis has managed the logistics for the manufacture of 2,000 kits, using women who, with a history of poor health, would find alternative employment impossible. Elsewhere in Ethiopia, with funds from Rotary, we are facilitating the production of 10,000 kits to be used in the six Hamlin Fistula Regional Centres. Kit production will be part of the rehabilitation of women who would otherwise have been rejected by their communities. In DR Congo, Dr Luc showed great initiative in accessing all the components for the 2,000 kits produced there. Local production of kits leaves money, skills and increasing confidence with the women of those communities.

Inspired by these successes the Foundation is motivated to foster even greater support for both the training and local kit production. We see them as the gateway to long term community benefits with the potential for sustainability. Hence we were very grateful to receive \$16,660 from the Hunter Hall Shareholder Nominated Charitable Donations Scheme and income from new on-line donors, many of whom are from overseas. Closer to home our Mother’s Day card promotion and more sophisticated website are also paying dividends. With everyone from the Governor General Quentin Bryce through to numerous magazine and news articles extolling our achievements, we are determined and confident that we can keep the Foundation growing and successful.

We also must acknowledge the wonderful contribution by the volunteer Board members.

- Di Bartel: Company Secretary, responsibility for AusAID Accreditation
- Maggi Gregory: Treasurer
- Ruth Jackson: Applications for funding, gender analysis
- Julie Monis-Ivett: Vice Chair, publicity and new initiatives
- Joy O’Hazy: Research and reports
- Margaret Parsons: Membership and donations



Hamlin Fistula Hospital kit distribution.

Jenny Weaver
Chair
Birthing Kit Foundation (Australia)

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GENERAL REVIEW

Millennium Development Goal 5 to improve maternal health is the least achieved of the eight MDGs. Progress has been made, with the UN estimating that the number of women dying in childbirth is now about 358,000 annually, down from 565,000 in 2005. Nevertheless the number is still unacceptably high, with 90% of the women dying in developing countries and 90% of those deaths being from easily preventable causes.



Ethnic minority women in Vietnam.

In an ideal world every woman would give birth in a hospital with a trained midwife or doctor. However, until that time comes, the Birthing Kit Foundation (Australia) is dealing with the reality of the hundreds of thousands of home births in developing countries.

Our achievements this year:

- Delivering birthing kits—115,650 birthing kits were produced in Australia for 23 countries through 42 different Non-Government Organisations.
- Training birth attendants—this year 1,380 new birth attendants were trained in Vietnam, India and DR Congo.
- Developing sustainability options—17,360 kits were made and used within local communities in Tigray Province Ethiopia, Afar community Ethiopia, DR Congo, and Lang Son Vietnam.

Our Supporter Base

Our kits are assembled at assembly days throughout Australia. Zonta clubs were our biggest supporters, holding 52 assembly days. 38 school and university groups held assembly days, and ten clubs and community groups.

Funds from AusAID and the Foundation allowed kits to be produced at assembly days at \$2 throughout 2010/2011.

Our Major Challenges

- **Identifying areas of greatest need:** We have committed ourselves to on-going research in order to ensure that we increasingly focus on areas where the need is highest.
- **Funding:** Without funding from AusAID we had to increase the cost of kits for school and university groups in order to maintain assembly days. Training and sustainability options were limited in the light of restricted funding, and funded monitoring had to be put on hold.
- **Managing our volunteer base:** In order to harness the enthusiasm for the project we continued to upgrade our website, and adopted more sophisticated on-line donation and PR strategies.
- **Expansion of the programme beyond Australia:** An increasing number of Zonta clubs in the USA and Canada are making kits and we are building our relationship with them.



Volunteers at Womadelaide 2011.

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Programme Achievements to Date

- 764,895 birthing kits produced in Australia and delivered to women in developing countries.
- 8,500 birth attendants trained in Vietnam, India, Ethiopia, DR Congo and Kenya.
- 58,860 kits made in-country.



Kit instruction in Kenya.

Corporate Achievements

This year we learned the power of the web in exposing our project to a wider techno-savvy community.

- For Mother's Day we promoted our cards with photos of women and babies taken on monitoring trips.
- International donation websites such as Global Giving have proved to be an efficient way to raise money and expand our supporter base.
- Blog and Facebook pages are available on the web, maintained by employees and volunteers.

Public Relations

- Governor General Quentin Bryce praised the benefits of the Zonta Birthing Kit Project while being inducted as a Zonta International Honorary Member.
- The Mama Mia website and Madison Magazine websites featured the Birthing Kit Foundation for Mother's Day and targeted a new audience for the Foundation.
- We registered as a charity on the My Cause website which allows volunteers to fundraise and get direct tax deductions.
- The BKFA was represented at the Zonta International Convention in San Antonio, where our BKFA film and brochures were distributed. The project is growing internationally, especially in the USA where many clubs have started making kits.



In a Ugandan refugee camp.

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PROJECT SUMMARY

The constitutional purpose of the BKFA is to provide a clean birthing environment for women during childbirth and to provide training for birth attendants in antenatal care, clean and safe delivery and postnatal care. Our plans are to make birthing kit production and training programmes sustainable in-country and this is only possible when regions have received our clean birthing kits and/or training for some years. By improving women's health, their access to education and providing economic opportunities, our projects directly contribute to a developing country's progress towards achieving the UN's Millennium Development Goals (MDGs).

MDG Five aims to reduce the maternal mortality ration by three-quarters by 2015, by increasing the proportion of births attended by skilled health personnel and targeting universal coverage of skilled care at birth. However, there are many barriers that affect women's ability to be able to access health care in developing countries, including:

- Physical accessibility such as distance to a health facility;
- Travel time from home to the facility;
- Availability and cost of transportation;
- Decision-making (a woman's husband is usually the key decision maker);
- Cost of medical supplies; and
- Shortages of supplies, equipment and trained health personnel.



Mothers helped by Think Humanity.

By supplying clean birthing kits to women in developing countries the BKFA is targeting sepsis, which accounts for approximately 10 or 11 percent of direct maternal causes of death, especially when birth takes place in unhygienic conditions. We also target MDG Four, to reduce mortality in children aged younger than five years by two-thirds by 2015, by reducing neonatal tetanus which is responsible for half of all neonatal deaths. Research by IMMPACT* in 2010 on birthing kits found their routine use would potentially save 6,000 mothers and 100,000 babies annually worldwide. Clean delivery kits and education also have the potential to reduce HIV/AIDS transmission during home births (MDG Six).

MDG Three aims to promote gender equality and empower women. Gender analysis indicates that maternal mortality is linked to many factors in women's lives: from the value women and their families and communities place on women's health, women's economic position, their access to education and information, to their ability to make autonomous decisions. Gender analysis can assist in identifying limitations on women's capacity to seek health care, and then locate biases in the culture and structure of health service provision.

*IMMPACT. A global research initiative whose aim is to promote better health for mothers to be in developing countries based at the University of Aberdeen.
http://www.healthynewbornnetwork.org/sites/default/files/resources/CBK_brief-LOW-RES.pdf



Tdh at work in Afghanistan.

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COMMUNITY DEVELOPMENT

DR CONGO

Mission in Health Care and Development—MHCD

A midwifery training programme for 100 Traditional Birth Attendants (TBAs) was held in the Uvira District, in the Bafuliru Mountain region of DR Congon. Dr Luc Mulimbalimba Masururu, from Mission in Health Care and Development, runs the programme and enthusiastically engages the birth attendants. He submits excellent reports, with photos and videos of the training. 2,000 kits were also made in DR Congo for the TBAs to take and use in their work after completing the training. A key element of this programme is the follow-up assessment of the birth attendants who receive certificates when they prove proficiency.



Dr Luc Mulimbalimba Masururu.

ETHIOPIA

Afar Pastoralist Development Association—APDA

Training programmes, which commenced in 2010, were completed in 2011 in the Dagaba and Daaba districts, covering 24,000 people. Dagaba has no road access and the APDA operates there through camel transport. In Daaba there is road access but it is very remote and so the programme development workers live and move with the community. The primary health workers and Health Extension Workers (HEWs) were engaged to train and build a relationship with the existing Traditional Birth Attendants (TBAs) by completing a primary health package and educating them on safe motherhood. After the training, the TBAs are monitored for a year and follow-up training courses are proposed to cement lessons learned. The APDA also sources components for in-country kit production, and 3,360 were assembled by the community and transported to the remote regions, to be distributed to the TBAs at the training sessions.

INDIA

The Society for Women's Education and Awareness Development—SWEAD

Training programmes occurred in Chidambaram, Viruthachalam and Kattumannarkoil areas within Cuddalore district in Tamilnadu, in South India, and were completed in April 2011. 200 midwives and volunteers from 100 villages were trained in basic obstetric practices, including home birth difficulties, diagnosis and treatment of birthing accidents, use of birthing kits, care of mother and newborn baby, nutrition, hygiene, tetanus immunisation and disposal of waste. SWEAD also employed a qualified and experienced Staff Nurse for one year to coordinate the midwives/volunteers and be a resource for them as well as the pregnant women. The birthing mothers of the area are now aware of safe delivery, have a referral service and use birthing kits. They also have a volunteer/midwife who stays with them for 1-2 hours after delivery and who visits for the next 5-10 days, helping the new mother bathe and cook nutritional food. As a result, more pregnant women are going for complete antenatal check-ups. No maternal or newborn deaths were reported in this period and there has also been an increase in the immunisation rate for infants. SWEAD is keen to continue working with the BKFA.



In Tamilnadu India.

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VIETNAM

***The Centre for Ecologically Sustainable Agriculture—
CENESA***

Ho Binh is a highly populated and poor province to the west of Hanoi. Few effective clinics are available in the region and transport is slow and difficult. Ethnic minority women were identified by our partners, CENESA, as being in particular need of help. As a result, the BKFA used the training model which has proved so effective in other Vietnamese provinces to set up a programme and completed the training of 1,080 birth attendants by December 2010 with the provision of 9,000 locally made kits.



Handover of kits in Lang Son Vietnam.

SUSTAINABILITY

For the BKFA, sustainability is achieved when a government gives priority to birthing mothers by providing kits and trained birth attendants, or ensures there are birthing facilities available for all. The Foundation is placing increasing emphasis on this, and has achieved a major breakthrough in Vietnam this year when the Provincial Health Authorities in Ha Giang Province signed an agreement in May 2011 to accept full responsibility for kit provision from May 2013. This success marks the completion of the Foundation's commitment to this province and is a great result for the mothers and babies of this region.

This kind of outcome takes a long time and is only achieved when we have proved the value of the birthing kits and the importance of the training. When their worth is established, we can approach government authorities with a blueprint of what can be accomplished and work with them to accept local responsibility.

DR Congo

Mission in Health Care and Development—MHCD

This year Dr Luc completed a hospital in which there is a dedicated BKFA room, where he plans to train future midwives/TBAs and maintain kit production. The BKFA flew Dr Luc to Addis Ababa, where he and two BKFA directors reviewed all aspects of his work, including the planned local kit production. The first 2,000 kits, with supplies sourced in Nairobi, were assembled in September 2010.



DR Congo locally made kits.

Vietnam

The Centre for Ecologically Sustainable Agriculture—CENESA

Lang Son is a province on the northern border between Vietnam and China, and is the entry point for many goods into the country. The flow of traffic and people has created issues of social dislocation, and has resulted in a high incidence of HIV/AIDS in the area. Red Cross, concerned at the lack of resources and the impact of these problems on the local, mainly ethnic minority Vietnamese community, requested our help. We worked with CENESA and responded by providing funds for 9,000 locally made kits, which were produced more cheaply than in Australia and were designed to meet local requirements.

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ETHIOPIA
Abraham's Oasis

Abraham's Oasis operates in Tigray Province in northern Ethiopia and serves a rural population of 188,800 people, of which a quarter are women of reproductive age. At first, 1,000 kits from the Foundation were accessed through the Hamlin Fistula Hospital Outreach Centre in Mekele, but maintaining supply has been difficult due to the remoteness of the region and the transport costs from Addis Ababa and Mekele. To date we have provided funding for the production of 2,000 kits. However, once effective and efficient processes are developed, more kits will be assembled by marginalised and vulnerable women, such as the handicapped, widowed and divorced; women who might normally be unable to find work. The NGO hopes that a micro-business opportunity will eventually be created.



Afar woman with her baby.

The Hamlin Fistula Hospital

Over recent years the Hamlin Fistula Hospital has received over 86,000 kits; their need is great. So in August 2010, when a grant of \$20,000 for birthing kits became available from Rotary International, we negotiated for the kits to be made in-country. The Fistula Hospital wanted to make their own kits to ensure a steady supply, and to employ women who would otherwise have found employment difficult. It has taken much discussion and review to establish this local production project and it will commence soon.

Afar Pastoralist Development Association—APDA

With funding from the BKFA, the APDA sourced local kit components and 4,360 'birthing sets' were assembled by the community and transported to remote regions for distribution to TBAs at their training sessions. This production has been long established in this community under the wise leadership of Valerie Browning.

IN-COUNTRY KIT PRODUCTION

Country	Organisation	No. of Kits	Comments
Ethiopia	Fistula Hospital		The hospital is about to commence kit production.
Ethiopia	APDA	4,360	A well-established project.
Ethiopia	Abraham's Oasis	2,000	Supplies sourced in Tigray region and kits made by disadvantaged women.
DR Congo	MHCD	2,000	Supplies sourced in Nairobi to accompany a training programme, kits assembled at the BKFA room at the hospital.
Vietnam	Hoa Binh		9,000 kits were manufactured in Hanoi. The project started in early 2010 and ended in the 2010/2011 year and was included.
Vietnam	Lang Son	9,000	The kits are manufactured in Hanoi. This is a new project, started and completed en-

ASIA/PACIFIC

Country	NGO	Total	Project
Afghanistan	Terre des Homme in Kabul, Kandahar and Rustaq (Tdh)	23,000	The kits are distributed in 14 areas of Kabul city and in the south they are provided through a home visiting programme. In the north, at Rustaq, Tdh is building capacity of Female Community Health Workers to provide basic services.
	MSI, Afghanistan	2,000	Marie Stopes International, Afghanistan distribute the kits through their health centre in Kabul, as well as to Community Health Educators (CHW).
	CARE International, Afghanistan	5,000	CARE International, Afghanistan distributes the kits predominantly through Community Based Educators through house to house visits in Kabul Urban districts 5, 6, 7 & 8.
Cambodia	Sydney Adventist Hospital Health Care Outreach	200	SAHHCO have partnered with International Children's Care (Australia) which has established a medical clinic and mobile clinic service based from their site in Kompong Thom. They will distribute kit to the various communities that the mobile clinic visits plus relevant patients seen at the on-site clinic.
	The Children's Sanctuary	50	The Children's Sanctuary is working in the Siem Reap province in Cambodia. Dr Andrew Clift, the organisation's founder, is commencing a Maternal and Child Health Programme in conjunction with the Ministry of Health and Angkor Children's Hospital and will be overseeing the teaching programme and distribution of kits. His wife, a nurse, will also be working in the field with him.
India	Centre for Social Action Women's Education Development Trust (SAWED)	600	SAWED work in the Dindigul District in Tamilnadu State, distributing birthing kits and raising awareness about the importance of clean birthing environments.
	Society for Women's Education and Awareness Development (SWEAD)	400	SWEAD distribute the kits in the Cuddalore district of Tamilnadu and with the support of the BKFA have provided training to rural midwives.
Myanmar	MSI, Myanmar	1,000	Kits are distributed by MSI, Myanmar through their static and mobile clinics and are provided to visibly pregnant women and to grass root level delivery care providers.
Pakistan	AusAID	2,000	AusAID purchased 2,000 kits for emergency relief during the flood disaster.
	Women's Social Organisation	200	A pilot programme of 200 kits was sent for use in the Muzaffer Garh District.
Papua New Guinea	Medical Society of PNG	10,000	The Medical Society of PNG currently distributes the kits through three provinces—Bougainville, Manus and Morobe.
	Oro Community Development Project	1,000	Members of the Mothers' Union for the Anglican Church, village birth attendants and village women are trained on how to use the kits by the Oro Community Development Project team doctor. 16 villages within the Oro Province in the north have been provided with kits.
	PAIGA	400	PAIGA work in the Eastern Highlands, Okapa District of PNG.
Timor Leste	Clinic Café Timor	400	Clinic Café Timor offers primary level health services to the coffee farmers and their families in the remote mountain coffee growing districts of East Timor.
	Marie Stopes International	200	MSI have commenced an initial pilot programme. If successful, they will expand to include the Dili, Baucau, Viqueque, Ermera, Bobonaro and Ainaro Districts of Timor Leste.
Vietnam	Tu Du Ob-Gyn Hospital	3,200	Tu Du Hospital distributes the kits with midwifery training programmes for TBAs from remote villages.
West Timor	Mides Health Clinic	1,000	Birthing kits are distributed through midwives at 25 small clinics/community health services and also through the private clinics owned by the nuns in remote areas.
TOTAL		50,650	

AFRICA

Country	NGO	Total	Project
Chad	Safer Birth in Chad	2,000	The kits are used specifically by midwives and trained nurses for deliveries both in hospital and when attending home deliveries.
Ethiopia	Hamlin Fistula Hospital	14,800	Kits were supplied to the Hamlin Fistula Hospital for use by the outreach centres in Bahir Dar, Mekele, Harer and Yirga Allem in their preventative health training programmes in remote regions. Abraham's Oasis in North-Western Zone, Tigray Region works with women Health Extension Workers serving the large rural community, often alone in remote and exceedingly difficult places.
	Abraham's Oasis	1,400	
Ghana	Apostle Padi Ologo Traditional Birth Centre	1,000	This birthing centre was established by the Chiefs and Elders in Sra Community in collaboration with the District Health Administration.
Ivory Coast	Sweet Mother International	200	SMI actively campaign to save African women from pregnancy-related deaths. They organise various grass root workshops to educate women on pregnancy and ante-natal issues as well as mobilising rallies in major cities and processions to government offices to canvass for effective actions to be taken to reduce pregnancy-related deaths in Africa. We have commenced a number of trial projects with 200 kits supplied for use in each location.
Kenya/DR Congo	Mission in Health Care and Development	13,400	The birthing kits were distributed at remote villages in Kenya and DR Congo where training in clean birthing practices had previously been given. The Foundation also funded the production of kits in-country. PCR distribute the kits through health clinics and hospitals in DR Congo. See SMI Ivory Coast. TSYG are distributing kits in Bungoma County and Busia County, Kenya. They are keen to run training programmes and to start in-country production of birthing kits. 200 kits have been sent for a trial programme in the village of Odede, approximately two hours from the city of Kisumu in Nyanza Province—Kenya, to be run by volunteer Marilyn Chambers.
	Peace and Conflict Resolution	2,800	
	Sweet Mother International Talent Search Youth Group	200 1,600	
	World Youth International	200	
Liberia	Sweet Mother International	200	See SMI Ivory Coast.
Madagascar	Marie Stopes International	4,000	MSI has 11 outreach teams which work throughout Madagascar to provide reproductive health and education awareness.
Malawi	St John's College of Nursing	1,200	The kits are distributed via health clinics and hospitals.
Nigeria	Rotary International Fistula Project	11,000	Birthing kits are used to complement their women's health and fistula programmes in ten rural hospitals. See SMI Ivory Coast.
	Sweet Mother International	400	
Sudan	Birralee Maternity Hospital, Box Hill	600	Birthing kits are distributed by a community midwife in Nasir in the Upper Nile State, Sudan. Kits are distributed to Traditional Birth Attendants in the Malakal region and Upper Nile and Warrap States in Southern Sudan. Churches of Christ of Overseas Aid distribute kits in Northern Bahr Al Ghalel State in the north west of Southern Sudan. A pilot programme of 200 kits have been sent for distribution in Aweil community of Northern Barh el Ghazal State in Southern Sudan.
	Padang Lutheran Christian Relief	1,000	
	Churches of Christ of Overseas Aid	400	
	Christ Mission to the World	200	
Uganda	Uganda Australia Christian Outreach	1,400	The kits are distributed through Women's Groups and Associations under UACO Health Education guidelines and Traditional Midwife training programmes. One Mama distribute the kits through birth attendants and midwives in Kirindi Village, Uganda through health programmes established by the Ugandan Ministry of Health. Think Humanity work within the Kyangwali and Kyaka II Refugee Camps in Uganda. Kits are distributed through the Azur Christian Clinic in Hoi-ma, Uganda.
	One Mama	4,400	
	Think Humanity	600	

AFRICA

Country	NGO	Total	Project
Uganda	Kigezi African Partnership	200	A pilot programme of 200 kits has been sent for distribution in the Kigezi region of South West Uganda through grass roots level health centres and by Traditional Birth Attendants.
Zambia	The Butterfly Tree On Call Africa	1,000 200	The kits are distributed through the Mukini Village health workers. We have commenced a pilot programme with On Call Africa, which is a charitable organisation of four UK registered doctors and a UK registered midwife who travel to Zambia and work from the Mapepe College in Chilanga, Zambia, in the north east.
Zimbabwe	Aid for Africa Down Under	400	Birthing kits are distributed through the Chikombedzi Mission Hospital and through outreach clinics.
TOTAL		64,800	

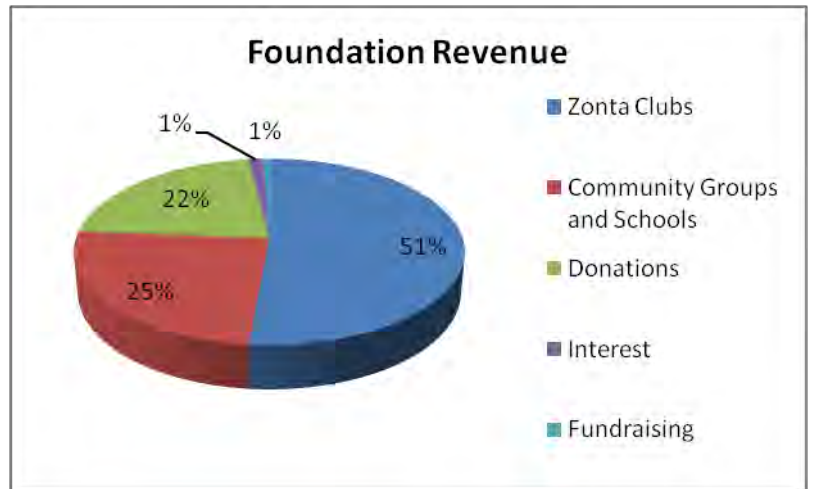
SUPPORTERS

We wish to thank the following individuals and organisations for their generous support and their contributions to the success of the work of the Foundation:

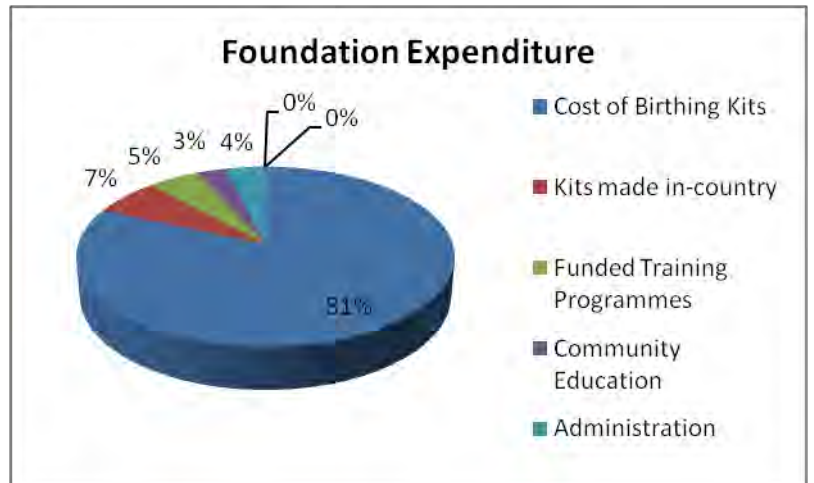
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Sylvia Pembroke and Associates
Prescott Securities Ltd
Carla Tongun
Zonta Clubs District 22, 23 and 24

FINANCIAL REPORT

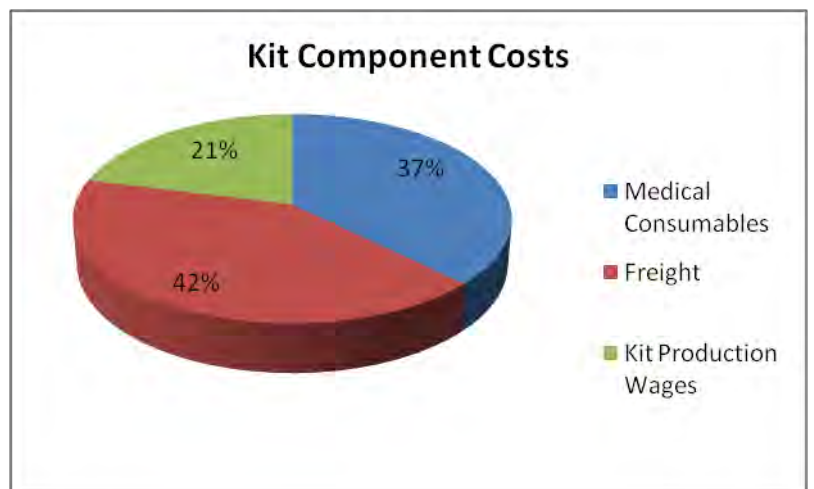
Who contributed to our revenue?



What did we spend it on?



What are the component costs of kits assembled in Australia?



Stirling Proactive Accountants

No.10 on Druid

making numbers simple

PO BOX 1066
STIRLING SA 5152

Phone: 08-8339 5999
Fax: 08-8339 5966
accountant@stirlingproactive.com.au
www.stirlingproactive.com.au

Our Ref: BIRTHKIT

Auditor's Independence Declaration to the Directors of Birthing Kit Foundation (Australia)

In relation to our audit of the financial statements of Birthing Kit Foundation (Australia) for the financial year ended 30/06/2011, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Corporations Act 2001 or any applicable code of professional conduct.



Georgina Davison B. Com CPA

Date: 16/11/2011

- Certified Practising Accountants
- Tax Returns
- Business Advice

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Standards Legislation



Stirling Proactive Accountants

No.10 on Druid

making numbers simple

PO BOX 1066
STIRLING SA 5152

Phone: 08-8339 5999
Fax: 08-8339 5966
accountant@stirlingproactive.com.au
www.stirlingproactive.com.au

Our Ref: BIRTHKIT

Birthing Kit Foundation (Australia)

Audit report

Scope

We have audited the attached Income Statement, Balance Sheet, Statement of Changes in Equity, Statement of Cash Flows and Recognised Development Expenditure Worksheet (RDE) of Birthing Kit Foundation (Australia) for the year ended 30/06/2011.

The directors of Birthing Kit Foundation (Australia) are responsible for the preparation and presentation of the Income Statement, Balance Sheet, Statement of Changes in Equity, Statement of Cash Flows and Recognised Development Expenditure Worksheet (RDE) and the information contained therein.

We have conducted an independent audit of the Income Statement, Balance Sheet, Statement of Changes in Equity, Statement of Cash Flows and Recognised Development Expenditure Worksheet (RDE) in order to express an opinion on them to the members of Birthing Kit Foundation (Australia).

The Income Statement, Balance Sheet, Statement of Changes in Equity, Statement of Cash Flows and Recognised Development Expenditure Worksheet (RDE) have been prepared for the purpose of fulfilling the directors' accountability requirements. We disclaim any assumption of responsibility for any reliance on these statements or on the financial reports to which they relate to any person other than the members of Birthing Kit Foundation (Australia).

Our audit has been conducted in accordance with the Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement.

Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with the requirements of Australian Accounting Standards and other mandatory professional reporting requirements. The audit opinion expressed in these statements has been formed on the above basis.

We are unable to verify all cash transactions but we have audited samples of deposits reported in the deposit book and verified their banking.

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Stirling SPA Accountants

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PO BOX 1066
STIRLING SA 5152

Phone: 08-8339 5999
Fax: 08-8339 5966
accountant@stirlingproactive.com.au
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Our Ref: BIRTHKIT

Independence

In conducting the audit we have met the independence requirements of the Corporations Act 2001 and we have provided the directors of the Foundation with a written Auditor's Independence Declaration.

Audit Opinion

In our opinion, the **Income Statement, Balance Sheet, Statement of Changes in Equity, Statement of Cash Flows and Recognised Development Expenditure Worksheet (RDE) of Birthing Kit Foundation (Australia)** are presented fairly in accordance with applicable Australian Accounting Standards and consistent with the documentary evidence from which they were derived and upon which we express an **unqualified** audit opinion.

Signed: 

Georgina Davison B.Com CPA

Date: 16 November 2011

At: 10 Druid Avenue, Stirling SA 5152

- Certified Practising Accountants
- Tax Returns
- Business Advice

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Birthing Kit Foundation (Australia)

Income Statement for the year ended 30/06/2011

		2011	2010
Revenue			
Donations and Gifts			
Monetary		272,023	290,006
Non-monetary		156,348	0
Grants			
AusAID		0	150,000
Other Australian		0	0
Other Overseas		0	0
Investment Income		3,911	2,431
Membership		2,575	2,800
Other Income		1,744	11,615
Total Revenue		436,601	456,852
Expenditure			
International Aid and Development Program Expenditure			
International Programs			
Funds to International Programs	1	260,246	170,670
Program Support Costs	2	52,749	52,520
Community Education		8,159	30,454
Fundraising Costs			
Public		1,394	2,388
Government, multilateral and private		0	0
Non-Monetary Expenditure		156,348	0
Accountability and Administration		11,004	13,976
Total International Aid and Development Program Expenditure		489,900	270,008
Total Expenditure		489,900	270,008
Excess (Shortfall) of Revenue over Expenditure		(53,299)	186,844

During the financial year the Birthing Kit Foundation (Australia) has no transaction in the following categories:

Bequests and Legacies,
 Revenue for International Political or Religious Adherence Promotion programs,
 International Political or Religious Adherence Promotion Programs Expenditure and
 Domestic Programs Expenditure,

Birthing Kit Foundation (Australia)

Balance Sheet as at 30/06/2011

		2011	2010
Assets			
Current Assest			
Cash and Cash Equivalents	3	130,429	169,461
Trade and Other Receivables		35,475	31,800
Total Current Assets		165,904	201,261
Total Assets		165,904	201,261
Liabilities			
Current Liabilities			
Trade and Other Payables		29,726	3,156
Current Tax Liabilities	4	(6,231)	3,107
Other Current Liabilities	5	3,361	2,650
Total Current Liabilities		26,855	8,913
Total Liabilities		26,855	8,913
Net Assets		139,049	192,348
Equity			
Reserves brought forward		192,348	5,504
Shortfall of Revenue over Expenditure		-53,299	186,844
Total Equity		139,049	192,348

At the end of the financial year, the Birthing Kit Foundation (Australia) has no balances in the following categories:

Inventories, Assets Held for Sale and Other Financial Assets,
 Non Current Assets,
 Borrowings, Other Financial Liabilities and Provisions and
 Non Current Liabilities.

Birthing Kit Foundation (Australia)

Statement of Changes in Equity for the year ended 30/06/2011

Balance at 30/06/2010	192,348
Shortfall of Revenue over Expenditure	-53,299
Balance at 30/06/2011	139,049

During the financial year there were no adjustments or changes in equity due to adoption of new accounting standards or changes in asset fair value transactions.

Birthing Kit Foundation (Australia)

Statement of Cash Flows for the year ended 30/06/2010

	2011	2010
Cash available at the beginning of the year	169,461	5,714
Cash flows from operations		
Grants, donations and other receipts	272,667	440,364
Interest Received	3,911	2,431
Payments to suppliers, partners and employees	(310,065)	(281,896)
Goods and Services Tax	(5,545)	4,329
Net cash generated	(39,032)	165,228
Cash at the end of the year	130,429	170,942

Birthing Kit Foundation (Australia)

Notes to the Financial Statements

Statement of significant accounting policies

The Birthing Kit Foundation (Australia) was incorporated on 8 September 2006 in South Australia under the Corporations Act 2001 as a public company limited by guarantee.

These financial statements for the period from 1st July 2010 to 30th June 2011 have been prepared in accordance with Australian Account Standards and requirements of the Corporations Act 2001 for the members of the Birthing Kit Foundation (Australia).

They have been prepared in Australian dollars using historical costs on an accrual basis.

There were no depreciable assets during the period.

Income Tax

The Birthing Kit Foundation (Australia), a health promotion charity, is Income Tax exempt under Subdivision 50-B of the Income Tax Assessment Act 1997, receives GST concessions under Division 176 of A New Tax System (Goods and Services Tax) Act 1999, and is Fringe Benefits Tax exempt under section 123D of the Fringe Benefit Tax Assessment Act 1986.

Cash

For the purposes of the Cash Flow Statement, cash includes cash on hand and in bank. Cash at the end of the financial year shown in the Statement of Cash Flow is reconciled to the related items in the Income Statement.

Remuneration of Board Members

The Board members serve in an honorary capacity and do not receive any remuneration for their services in that capacity.

Remuneration of Auditor

The auditor, Georgina Davison CPA, provides her services in an honorary capacity.

Table of cash movements for designated purposes

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

Notes to Financial Statements

Note 1 Funds to International Programs

Medical consumables for birthing kits	116,372
Overseas freight for kits	105,408
Kits funded in-country	18,835
Monitoring and Evaluation	425
Organisational development and Promotion	1,500
Storage Costs	2,077
Birth attendant training programs	15,629
	<u>260,246</u>

Note 2 Program Support Costs

Kit production wages	48,394
Kit production Superannuation	4,355
	<u>52,749</u>

Note 3 Cash and Cash Equivalents

BKFA Cheque Account	13,374
BKFA Maternal Health Gift Fund Account	51,689
BKFA Grants and Corporate Donations Account	65,366
	<u>130,429</u>

Note 4 Current Tax Liabilities

GST Collected	0
GST Paid	(6,231)
	<u>(6,231)</u>

Note 5 Other Current Liabilities

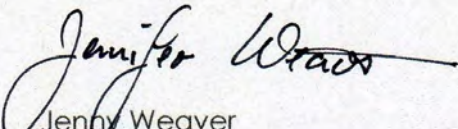
Superannuation Payable	0
Wages PAYG Withholding Payable	3,361
	<u>3,361</u>

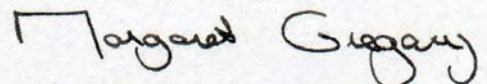
Directors' Declaration for the Financial Year ended 30 June 2011

The Board Members declare that in their opinion:

1. There are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they become due and payable.
2. The attached financial statements and notes thereto are in compliance with accounting standards and give a true and fair view of the financial position and performance of the Foundation.

Signed on behalf of the Board and in accordance with a resolution of the Board by:


Jenny Weaver
Director


Maggi Gregory
Treasurer

Date: 16th November 2011

Directors' Financial Report for the year ended 30 June 2011

Operating results

The net deficit for the financial year ended 30 June 2011 was \$53,299.

Significant changes

There were no significant changes in the affairs of the Foundation during the financial year.

Matters subsequent to end of the financial year

There are no matters or circumstances that have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the Foundation, the result of those operations, or the state of affairs of the Foundation.

Indemnification and insurance of Directors and Officers

During the financial year, the Foundation paid premiums for a contract insuring all the Directors and Officers of the Foundation against cost incurred in defending proceedings for conduct involving a contravention of sections 182 or 183 of the Corporations Act 2001, as permitted by section 199B of the Corporations Act 2001. The total amount of insurance premiums paid was \$2,260.

Dividends

The Foundation is prohibited by its constitution from paying dividends

Likely developments

Project operations are expected to continue in Asia, the Pacific and Africa supported by funding from the Australian public, the Australian Government and multilateral sources.

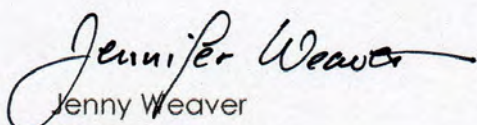
Auditor independence

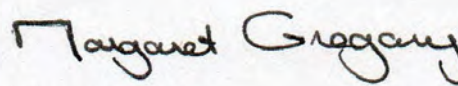
The Directors received a declaration of independence from the auditor of the Foundation which is attached to this report.

Director's benefits

Since the end of the previous financial year, no director of the Foundation has received or become entitled to receive any benefit from the Foundation except reimbursement of board approved expenses at cost.

Signed in accordance with a resolution of the Directors


Jenny Weaver
Chair


Maggi Gregory
Treasurer

**Birthing Kit
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(Australia)**

P O Box 330
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Australia 5052

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www.birthingkitfoundation.org.au



**Every woman has the right to
a clean and safe childbirth.**

CORPORATE GOVERNANCE STATEMENT

The Foundation is committed to achieving the International and Australian best practice in corporate governance for non-profit organisations. The Board regularly reviews the Foundation's corporate governance framework to ensure compliance with best practice standards.

Corporate Structure and Operations

The Foundation is an Australian Public Company Limited by Guarantee registered under the Australian Corporations Act 2001. As such it must comply with the corporate governance provisions prescribed by the Government under the Act and Regulations and administered by the Australian Securities and Investments Commission.

The Foundation has Income Tax Exempt Charity status with the Australian Taxation Office, and is registered in South Australia under the Collections for Charitable Purposes Act, 1939.

The Foundation's Maternal Health Gift Fund was declared by the Department of the Treasury under subsection 30-85(2) of the Income Tax Assessment Act 1997 as a developing country relief fund, following which donations to the Foundation of \$2 or more are tax deductible in Australia.

The Foundation is a signatory to the Australian Council for International Development (ACFID) Code of Conduct.*

The Foundation has prepared an application for AusAID Base Accreditation which is being assessed.

Corporate Governance

The Foundation's constitution provides for a voluntary and independent Board of Directors to be responsible for overall management and specifies the Board's powers and responsibilities and how directors are elected by members.



A mother in Tamilnadu India.

The Board has established a Policy and Procedures Manual covering corporate governance operations, including purchasing and financial matters. It includes a policy on the Role of Directors including ethical responsibilities and leadership, an Employee and Volunteer Code of Conduct and a Conflicts of Interest policy to identify if a conflict of interest exists between any board member and the work of the BKFA. No conflict of interest has been identified.

During the year, Project Management Guidelines have been developed with criteria for establishing, monitoring and assessing the performance of projects and project managers in accordance with international development standards. A Gender Policy and Procedure has also been developed to ensure the Foundation does not discriminate on the basis of gender.

Under its Delegation of Authorities policy, the Board has reserved the following responsibilities for itself: setting and monitoring of strategic direction and goals, approving the annual plan and budget and monitoring performance against them, appointment of a CEO, remuneration of employees, review of Board performance, and approval of Policies and Procedures.

The Board continues to evaluate risk under its Risk Management System which complies with the AS/NZS ISO 31000/2009 standard.



A mother in DR Congo.

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Board of Directors

Directors are elected by members by postal ballot prior to the Annual General Meetings and are not paid for their services as board members. The Board may appoint a person to fill a casual vacancy on the Board until the next AGM. The Board is required to meet at least four times a year, but met monthly during the year. The Company Secretary lodges official ASIC (Australian Securities and Investments Commission) returns.



PCR Congo with kit recipients.

Financial Reporting and Performance

The Board receives budget and financial performance reports prepared by the Treasurer at each meeting. Audited Financial Statements are included in the Annual Report and forwarded to members each year prior to the AGM, as well as to ASIC, ACFID and the State Government. The Foundation reports to AusAID on receipt and dispersal of grants twice a year. Annual Reports are available on the Foundation’s website at www.birthingkitfoundation.org.au.



*The Foundation is a signatory to the Australian Council for International Development (ACFID) Code of Conduct. The Code defines minimum standards of governance, management and accountability for NGOs. Adherence to the Code is monitored by an independent Committee elected from the NGO community. Our voluntary adherence to the Code demonstrates our commitment to ethical practice and public accountability.

GOVERNING BODY

The following people were members of the Board during 2010/2011.

JENNIFER WEAVER, Chairperson

Qualifications: BA, Dip.Ed.

Experience: Jenny retired in 2010 after 20 years as a Financial Advisor. She is an active member of Zonta International, having served in many capacities in her 19 years of membership. Currently she coordinates a Zonta inter-club committee on Legislative Awareness and Advocacy.

Special Responsibilities: Compliance Officer, Public Relations and Marketing.

Term of office: Inaugural Board member.

Board meetings attended: 11



Mackellar High School Assembly Day.

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JULIE MONIS-IVETT, Vice Chairperson

Qualifications: Dental Surgeon

Experience: Julie graduated as a dental surgeon in 1975 and has been in private practice since 1978. She was a Charter Member of Zonta Club of Adelaide Hills, serving at board level for 15 years, convening committees and holding various positions including that of president for two years. She coordinated the Zonta Birthing Kit Project with Joy O'Hazy from 2000-2006.

Special Responsibilities: Inaugural Chair of Board. Since 2004 to the present, Zonta District Project Coordinator for Australia. Liaison person with Zonta International clubs overseas.

Term of office: Inaugural Board member.

Board meetings attended: 12



Afar woman.

DI BARTEL, Company Secretary

Qualifications: Retired Registered Nurse

Experience: Di has worked in Adelaide and overseas in various areas in nursing, fieldwork for medical research and administration. She is one of the original members of the Birthing Kit Committee and has worked for the Foundation in gaining ACFID Accreditation, strategic planning, in-country evaluation and sustainable community development. She was President of the Zonta Club of the Adelaide Hills to May 2011.

Special Responsibilities: Company Secretary, community development projects, oversight of corporate governance, gaining Accreditation with AusAID.

Term of office: Inaugural Board member.

Board meetings attended: 10

MAGGI GREGORY, Treasurer

Qualifications: Company Secretary and Public Officer of a private company, Business Partner, JP.

Experience: Treasurer of Zonta International District 23 8th Biennial Conference and the Zonta International District 23 social event, Treasurer of the Zonta Birthing Kit Project.

She enjoys the challenge of bushwalking and backpacking, and from these experiences, particularly in developing countries, she has been inspired to embrace the birthing kit project. An inaugural member of the Zonta Club of Gawler, she has held many positions within the club.

Special responsibilities: Treasurer

Term of office: Inaugural Board member.

Board meetings attended: 11



Afghani mother and baby.

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JOYLEEN O'HAZY, Director

Qualifications: MBBS, DRANZCOG

Experience: Joy has a wide background in public relations, administration, fund raising and strategic planning. She created the birthing kit and started production in 1999 supported by her fellow members of the Zonta Club of Adelaide Hills and was an original member of the Zonta Birthing Kit Committee. She is still actively involved in the Assembly Days.

Special Responsibilities: Medical information research.

Term of office: Inaugural Board member.

Board meetings attended: 9



Training in the Afar Desert.

MARGARET PARSONS, Director

Qualifications: Diploma in Teaching

Experience: An original member of the Birthing Kit Committee and previous President of the Zonta Club of the Adelaide Hills Inc. She was, for many years, the Assembly Day Coordinator for the project. Margaret is an active volunteer within her local school, church and scouting communities and she loves camping, bush walking, reading and cooking.

Special Responsibilities: Membership Officer, Post Box Correspondence Secretary.

Term of office: Inaugural Board member.

Board meetings attended: 10

RUTH JACKSON, Director

Qualifications: BA BLitt (Hons) PhD International Development, Deakin

Experience: Associate Lecturer, Research Assistant, International Development. Ruth's personal and professional interests overlap. Her PhD was on maternal mortality and Ethiopia's development agenda. She is now exploring future research opportunities assessing the distribution of clean birth kits and the uptake of women seeking facility birth, in rural Ethiopia or elsewhere.

Special responsibilities: Research, Funding Applications, Gender Analysis.

Term of office: Board member since November 2010.

Board meetings attended: 7



Birth Attendants with their kits, Kenya.