



Birthing Kit Foundation

Australia



ANNUAL REPORT 2013-14

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

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Cover photo:

Trained Maasai Mara Traditional Birthing
Attendants, Kenya

VISION



Contents of a BKFA birthing kit



Assembly Day
Making a Difference
Queensland



Mother and baby, India

Vision

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

Mission

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

Values

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

CHAIR



Nurse and mother
Kigezi African Partnership
Uganda

CHAIRPERSON'S REPORT

The 2013-14 year has been a time of challenge and transformation for the Birthing Kit Foundation (Australia).

Early in the year, the Board recognised that, if BKFA is to remain sustainable and efficient, we needed to review and upgrade our systems, processes and public relations. While our systems and processes have always been sound, BKFA's growth over recent years meant they were nearing capacity. At the same time, we needed to respond to the changing communication preferences of our supporters and the growing use of social media in particular.

The Board responded to these challenges by investing in a range of system improvements, by developing new communication channels, and by instituting new governance arrangements—all designed to ensure we meet our vision and mission while also keeping administration costs to a minimum.

The most visible signs of that work are our new logo, upgraded website, enhanced newsletters and growing presence on Facebook, Twitter and YouTube. Your response to these changes has been overwhelmingly positive, and we have been grateful for your feedback in helping to refine our use of these new communication channels.

Behind the scenes, we also now have more robust systems for managing kit production and delivery, project monitoring and administration. The Board also reviewed its own governance processes to ensure our practices support sound decision-making and meet community expectations.

Notwithstanding these organisational developments, I'm pleased to report that the Foundation also has met key operational targets for the 2013-14 year:

- Thanks to our volunteers and supporters, we assembled 141,400 kits for the year and delivered 132,800 kits to our in-country partners;
- Directors undertook successful monitoring and evaluation trips in India and Vietnam in late 2013;
- We completed international programs with CENESA in Vietnam and with Abraham's Oasis in Ethiopia;
- A new train-the-trainer project with long-standing partner Mission in Health Care and Development was approved for the Democratic Republic of the Congo ;
- Several new birthing kit distribution and training partners are being piloted to extend BKFA's reach.

In financial terms, BKFA remains in a strong and stable position. The investments made this year to upgrade our systems have only been possible because of the Board's strategy of building reserves to allow BKFA to undertake strategic projects from time to time, including organisational improvements. Particular credit goes to our Treasurer, Maggi Gregory, whose financial leadership has been instrumental in ensuring BKFA's finances remain in good shape and that BKFA meets all regulatory and good practice requirements. Greater detail about these and other achievements can be found in subsequent sections of this report.

Of course, none of this would have been possible without our supporters. Our thanks go to the volunteers who organised or participated in kit assembly days and to our many donors—it's through your efforts and support that we are able to pursue our goal of a clean birthing environment for women in developing countries. We particularly value our ongoing relationship with Districts 22, 23 and 24 of Zonta International. Zonta's support has been a crucial factor in BKFA's success, and we continue to cherish that association.

Special thanks are offered to our past patron, the Honourable Dame Quentin Bryce AD CVO. BKFA benefited greatly from Dame Quentin Bryce's patronage during her term as Australia's Governor-General and we acknowledge her tireless work and advocacy on behalf of women and families everywhere.

We also extend thanks to our ambassador, Val Sarah, Past International President of Zonta International. Ms Sarah's ambassadorship has strengthened our association with Zonta International and within all the Zonta districts of Australia.

Early in 2013-14 we welcomed two new Board members, Lena Grant and Pip Coleman, who have brought new skills and experience to the Foundation. I thank all Board members for their enthusiasm, dedication and the generosity with which they give their time and talents to achieve BKFA's goals.

Our staff are equally dedicated and it's their competence and steadfast loyalty that has enabled BKFA to undertake organisational development projects this year while also maintaining 'business as usual'. CEO Karen May completed her contract with the Birthing Kit Foundation (Australia) during the year. Karen brought much to BKFA in her time with us and was instrumental in implementing many changes. We thank Karen for her contribution to the Foundation and wish her the very best in her future endeavours.

To ensure we maintain momentum, former chair of the Foundation, Fiona Smith, has agreed to take on the role of managing operations while also remaining on the Board in an executive director capacity. I thank Fiona for her work as chair for most of 2013-14, and also for her willingness to step into the management role.

In summary, 2013-14 has been an exciting and successful year with many achievements that will serve the Birthing Kit Foundation (Australia) for many years to come. We commence the 2014-15 year in a strong financial and operational position.

ANNE WESTLEY
CHAIR, BIRTHING KIT FOUNDATION (AUSTRALIA)

MANAGEMENT



Handover of kits
Society for Women's Education and Awareness Development
India



Kit Assembly Day
Zonta Club of Beaudesert Area
Australia



Traditional Birthing Attendants
with kits, One Mama, Uganda

EXECUTIVE DIRECTOR'S REPORT

Improvements in communication were the focus in 2013-14 with a fresh face for BKFA with a contemporary new design of our logo. We developed a range of new marketing materials and rebranded our existing materials and corporate livery.

During the year we expanded our social media platforms and introduced new delivery technologies for communication with our supporters.

The redevelopment of our website was commenced in the 2013-14 year and launched to very positive feedback in August 2014.

Our staff have always worked from home in a 'virtual office' environment, which presents its own range of communication challenges. As many organisations continue to move towards a mobile office environment, new technologies are constantly released to make working from anywhere and remotely connecting with other team members easier. In 2013-14 we implemented Microsoft Office 365 for the organisation, which streamlined our email systems and provided a platform for staff and Board members to more easily and actively communicate with each other. As with all new technology, we are still working on the finer points and getting everyone up to speed to make the most of what it can offer us as an organisation, and we look forward to continued improvements in communication, efficiency and productivity in the coming year.

We also explored new software systems to improve the efficiency and productivity of our administration system and workflows, which are still in development and will continue to be explored and developed in the coming year.

All of these improvements were overseen by Karen May, our CEO in 2013-14. I would like to thank Karen for all she contributed to BKFA during her 12 month contract and am grateful for the solid footing that she has placed us on as we continue to move forward.

During 2013-14 we were required to change our transport and logistics process. We are very grateful to Adrian Harris, our Supplies & Logistics Officer, who came to the rescue with a solution to our problem, which required great flexibility from Adrian and assistance from his parents. I would like to extend our deep appreciation to Adrian and his family for their continued support of BKFA.

Like Adrian, our team of staff do an amazing job. The logistics and workload of coordinating the production and distribution of over 140,000 kits per year is huge and for it to be undertaken by only four part-time staff is an amazing accomplishment, and a reflection of the dedication they all bring to their work. On behalf of myself and the Board, I sincerely thank them for all their hard work and look forward to working more closely with them in my role as Executive Director in the coming year.

My thanks also to our wonderful supporter base who never cease to amaze me with their contribution to our cause. We simply could not exist without them and I thank the many Zontians, the medical and other University students, the midwives and the mothers who are grateful for what they have and look forward to finding continued inspiration from you all in the years ahead.

I look forward to all that we have to look forward to in 2014-15.

FIONA SMITH
EXECUTIVE DIRECTOR
BIRTHING KIT FOUNDATION (AUSTRALIA)



Queensland University of Technology
GEMS Assembly Day

OVERVIEW



Maasai Mara Traditional Birthing Attendants waiting for training
Kenya



Traditional Birthing Attendant training, Rotary International
Nigeria Fistula Project



Demonstrating kit use
Traditional Birthing Attendant Training, Social Action Women's
Education and Development, India

TRAINING, IN-COUNTRY PRODUCTION AND TRAIN-THE-TRAINER PROGRAM

It is eight years since the first training programs over several days were initiated by BKFA to accompany the distribution of birthing kits. While the birthing kits lower the chance of infection and create a clean birthing environment, education generates long-lasting changes in the survival rate of mothers and their newborns. The Board has encouraged our partners to design their own training programs, however, most have covered topics including midwifery, how to use a birthing kit, primary health, hygiene, nutrition, vaccinations, HIV prevention and treatment, common diseases, family planning/spacing, the early recognition of danger signs in pregnancy to enable the woman to be referred for help, and lastly how to achieve a clean and safe birth using local resources for when a birthing kit is not available. Some programs, such as Valerie Browning's with the Afar women in Ethiopia, dealt with more specific local cultural habits like the six harmful practices surrounding childbirth that were actually killing their women, and causing incredible pain and suffering, and with female genital mutilation as this was relevant in their community.

Long-lasting benefits from Traditional Birth Attendant (TBA) training as reported from our partners include:

- Women and babies are surviving birth with fewer infections. Family units are stronger with the mother healthy. Communities learn they have more understanding and control over the survival of their birthing women and newborns.

- The general health of the community improves, eg, good nutritional advice saw the Maasai Mara start eating greens, chicken and fish. Previously greens were for animals, fish was looked upon as snake, and chicken as birds—so not eaten. Nets are given out to stop malaria from mosquitos; vaccinations against tetanus and other diseases are encouraged; shoes are worn to stop worm infestations; and soap is made for washing hands.
- HIV education helps eliminate myths in the community about this disease and how it spreads. Our partner in DR Congo, Dr Luc Mulimbalimba Masururu, believes the greatest benefit of the kits is the reduction in the spread of HIV. He reported that before the kits HIV spread freely between mothers and babies when using one knife for several births, and that TBAs had contracted HIV from assisting HIV-positive mothers during labour as they did not have gloves. Mothers who were birthing on unclean plastic sheets in hospitals and clinics were also being infected—now they take a kit with them.
- The TBAs are empowered with knowledge and now work “with their eyes open”. Certificates and success gives them more status in their communities.
- Female genital mutilation is eliminated from educated communities.
- Discriminatory practices against women may be dealt with as part of the training; for example, in India education on how chromosomes determine the gender of a baby has helped mothers avoid the vilification of their husbands.
- Pregnant women with danger signs are referred to a clinic early in the pregnancy thereby improving the prognosis of survival for mother and baby.
- Where a kit is not available the TBA learns how to adapt local resources to provide a clean and safe birth.



Traditional Birthing Attendants with kits, Deepam Trust, India



TBA training Health for Mothers Sudan



Maasai Mara Traditional Birthing Attendant, Kenya

In-country kit production establishes new skills in remote communities and can ensure a consistency of supply. It moves communities closer to sustainability. Over 130,000 kits have been made in-country in Vietnam, Ethiopia, and DR Congo.

The Foundation is always reviewing the impact and results of its work.

ETHIOPIA



Mother and baby
Hamlin Fistula
Ethiopia



Mother and baby
Abraham's Oasis
Ethiopia



Making kits at Abraham's Oasis

AFAR PASTORALIST DEVELOPMENT ASSOCIATION (APDA)

93 per cent of all Afar pastoralist mothers deliver in their remote nomadic homes attended by TBAs who have learnt all they know from a relative. This program was aimed at creating a positive working relationship between Health (Women) Extension Workers (HEWs) and TBAs.

In Afar we work with Valerie Browning in this very special and unique program. This program, which started in January 2014, will continue for 12 months. All training was completed by 30 June 2014 and 4,270 birthing kits had been made locally from a total of 5,000 to be made. The following six months of the program will see the TBAs and HEWs go into the community to work.

This project facilitated the community in stopping traditional practices that harm females in their reproductive life in Dullassa Woreda, Zone 3 of the Afar Region.

It empowered the community by:

- Employing, equipping and re-training 10 local Dullassa women over 45 days as agents of change within their own community. These women work daily to raise awareness house to house in the community on safe motherhood and preventing harmful practices as well as linking with trained TBAs.
- Facilitating 40 trained TBAs in collaboration with the above-mentioned HEWs to provide the community with a clean delivery service including antenatal service where mothers are referred in a timely way for clinic and hospital care.

- Providing the community with the opportunity to talk about the issues of safe motherhood and stopping harmful practices that affect the reproductive tract of females through watching locally-produced films on the matter, and being led in discussion with those learned on Islamic teaching that opposes these traditional practices.
- Making 4,270 birthing kits which provides employment for five local women and one supervisor. The kits supply trained TBAs within the APDA program so that delivering mothers in remote areas can have a clean delivery in their home.

APDA has a total of 1,136 trained TBAs who are linked to women extension workers and health workers in the primary health program in a total of 22 woredas/districts, of which Dullassa is one.

These project activities are designed to improve maternal and reproductive health within the Afar pastoralist society in Dullassa, a community highly based on illiteracy that denies them the understanding of good health and disease prevention and at the mercy of traditions that have left the Afar society as a whole with the highest maternal death rate in Ethiopia. One of the most damaging traditional practices is that of female genital mutilation. This is most often performed by the untrained/un-networked TBA. Within the community it is done believing it is demanded by Islam.

Generally, health services are so inaccessible within Dullassa that the vast majority of mothers are destined to deliver at home and, without this project, only with the traditional cutting knife of the TBA to open the female genital mutilation scar. Antenatal care, delivery equipment, postnatal care are unheard of.

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

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

ABRAHAM'S OASIS

Based in Tigray Province in North West Ethiopia, Abraham's Oasis is a charity which specialises in helping women and orphans. The organisation, large enough to assist many marginalised and vulnerable women, started delivering our birthing kits in 2007 and by 2010-11 started making their own. Their first production of 2,000 kits was successful and, in 2012-13, AusAID funded the making and distribution of 10,000 kits with associated training.

Eager to maintain this momentum Abraham's Oasis proposed an expansion of kit delivery and training to birth attendants in the north-west zone of Tigray. This was accepted and a year-long program making and distributing 15,000 kits plus basic training commenced in July 2013 and was completed by June 2014. The logistics and value of such an undertaking should not be underestimated. It employed several local disadvantaged women for nine months, administrative and managerial skills within Abraham's Oasis were developed, and many women in outlying areas who previously had no resources when giving birth now enjoy a clean delivery environment.

An interesting footnote to this project is that the Ethiopian Ministry of Health recently directed that in future all birthing kits are to be fully sterilised, a requirement beyond the resources of an NGO like Abraham's Oasis. As a result these are the last kits they will produce. The fact that the Ethiopian government is taking a proactive role in improving health standards for birthing mothers is encouraging but sadly for Abraham's Oasis it deprives them of an important role in the community.

Mother and baby, Hamlin Fistula



INDIA



Dalit women trained by
Social Action Women's
Education and Development



Traditional Birthing Attendants
SAWED, India



Birthing kit training
Deepam Trust, India

SOCIAL ACTION WOMEN'S EDUCATION AND DEVELOPMENT

BKFA Directors met Mr Abdaheer and the staff of SAWED for the first time in late 2013 and found a well-organised and professional organisation, including a training farm for Dalit farmers and a school for their children. Poor nutrition due to degraded land is a huge problem in Tamil Nadu and this is the major issue SAWED addresses on their farm and in the wider community. This involves community education covering basic health issues, including the relevance of birthing kits, and training programs for Tribal/Traditional Birth Attendants in safe birthing practices.

SAWED trainers travel to areas in the Eastern Ghats where coffee plantation workers and their families are barely out of bonded servitude and health services do not exist. Here they train TBAs about nutrition, personal hygiene and the importance of immunisation. They build awareness of the value of a clean birthing environment and birthing kits are distributed to pregnant tribal women and the birth attendants.

Each program SAWED conducts runs for two days and they teach a total of 200 TBAs, Tribal and Dalit women, and village health volunteers over a year. While these are short programs, they are vital in this challenging geographic and economic environment where extremely disadvantaged women know nothing of doctors or hospitals and have no other resources when they give birth. The current program is the third SAWED has conducted.

SOCIETY FOR WOMEN'S EDUCATION AND AWARENESS DEVELOPMENT

SWEAD has completed the 2013 project in the Cuddalore District in Tamil Nadu successfully training 350 TBAs. This project included for the first time a one-day training for the TBA's husbands/guardians, providing them with knowledge to create a better understanding of pre-natal, neonatal and maternal health. Health Clubs have been created for these men with SWEAD staff supporting 12 monthly meetings to reinforce the knowledge learnt on the orientation day, and to discuss other topics like domestic violence, the impact of smoking and drinking on the family, and behaviour changes for their community.

SWEAD shared in the final report that the TBA's practices before their education was shaped by indigenous trainings, cultural and social factors. Most said they conducted deliveries in a room where fodder was stored and the mother and child were confined there for 21 days after delivery. Now, because of their education, they felt they could demand better for the mother and child, are aware of safe delivery and referral services, and have birthing kits and the knowledge to use them.

BKFA is supporting SWEAD in 2014. A new component has been introduced where SWEAD are educating adolescent girls with a three-day sexual reproductive health awareness program and preparation for motherhood. The current program will be completed in December 2014.

BKFA Directors visited SWEAD in late 2013 and found SWEAD to be very committed to improving health outcomes for birthing mothers and their babies. SWEAD is highly creative in its work and has a unique way of reaching the wider community by building long-term behaviour changes in the communities they serve.



Traditional Birthing Attendants
Society for Women's Education
and Awareness Development



Deepam Trust, India



Traditional Birthing Attendants
SWEAD, India

MONITORING



Dalit women trained by Social Action Women's Education and Development



BKFA Board members with Professor Quynh in Vietnam



Dr Luc Mulimbalimba Masururu Mission in Health Care and Development, DR Congo

MONITORING AND EVALUATION

The Birthing Kit Foundation (Australia) has an active process of monitoring and evaluation. Monitoring kit distribution largely takes place from Australia and is conducted via email but, when possible, we visit major programs overseas. When monitoring our training and in-country kit production partners we assess their program's impact in the short term and evaluate long-term changes, review special issues they have faced, and work through problems and new ideas. This process builds our knowledge of and confidence in the programs we are funding, and the skills and capacities of our partners who have the responsibility of carrying out complex projects.

Occasionally partners come to Australia and we evaluate their work here. Dr Luc Mulimbalimba Masururu of Mission in Health Care and Development, based in Luvungi in eastern DR Congo, visited us in early 2014. This provided an opportunity to review his extensive and challenging training programs. Together we created new surveys to enable the collection of quality data and developed a train-the-trainer framework to vastly increase the numbers of birth attendants trained in DR Congo. It is an exciting new development which we hope will be replicated in India.

Nevertheless, we believe the best way to understand the context and effectiveness of our work is to travel and to speak to our partners and stakeholders face to face. India and Vietnam were visited in late 2013. Two NGO partners in Tamil Nadu state, southern India, were reviewed—SAWED (Social Action Women's Education and Development), based in the Dindigul area, and SWEAD (Society for Women's Education and Awareness Development), south of Cuddalore in the city of Chidambaram. Three Directors also made a final trip to Vietnam to assess the progress of the Ha Giang Provincial Health Authorities in taking over from BKFA where we believe our work is completed.

In India both NGOs work with Dalit or “untouchable” women. Poor, isolated and largely illiterate, these women confront daily discrimination via the caste system. With little or no access to health systems or services and no money for basics, birthing kits still provide the safety net these poor women rely on for an infection-free birth, even if they attend a local hospital. Everywhere we went the birth attendants quickly and easily demonstrated to us what they had learnt. They were empowered by the training they had received. For too many though it was the only training they have ever received in their lives and they pleaded for more. The difficulties faced by women in general confronted us at every meeting and we were thrilled at initiatives which encouraged the involvement by husbands and the wider community in overcoming some simple problems facing birthing mothers. Both SAWED and SWEAD have applied for and received further program funding on the basis of our findings and SWEAD, in consultation with us, has developed a train-the-trainer module to expand their reach and touch many more birth attendants in Tamil Nadu.

Vietnam, like India, is a country of increasing wealth and resources but at variance is the rate at which this affluence and its associated benefits are permeating down to the lowest levels of society. The development in Vietnam is staggering and the changes are tangible. Once narrow rough roads near Hanoi are now multi-lane highways and the remote area of Ha Giang can be accessed in record time. A comprehensive network of Village Health Nurses, equipped as they are with medical kits and sparkling new motor bikes, is replacing the system of TBAs in the still poor highland areas. The Provincial Health Authorities asked for further support from the Birthing Kit Foundation but, given their capacities and the much improved maternal and infant health statistics across Vietnam, the Foundation made the decision to deploy our resources where they will have the greatest impact elsewhere in the world. The satisfying increase in skills, competence and commitment to safe birth and public health in Vietnam represents a strong trend which we hope will continue both there and elsewhere.



Peace and Conflict
Kit distribution



TBA with kits
MHCD, DR Congo

KITS



Kit assembly at Mission in Health
Care and Development
DR Congo



Assembly Day
Campbelltown Hospital Midwives



Rolling up kit contents

KIT PRODUCTION AND DISTRIBUTION



Assembly Day, Zonta Club of Pine River

Country	NGO	Requested Quota	Total Sent	Project
Burundi	Association Infirmier San Frontiere (AISF)	2,000	200	AISF was welcomed as a new partner late in June 2013, and has reported that “previously the midwives used handkerchiefs and banana leave to make the birth site clean”. They are appreciative of the birthing kits and noted that many TBAs were asking for further training once they received the birthing kits. BKFA are hoping to provide 2,000 kits to AISF in 2014-15.
Chad	Safer Birth in Chad Foundation	6,000	1,000	Safer Birth in Chad is a long-term partner and have reported that “midwives and TBAs have so few material resources that they do really value the kits. The hospital does not even supply soap, so even the soap is of use. It is likely that the kits make a significant contribution to hygiene, and by providing something where there is almost nothing for the midwife to use, they can raise morale.”
DR Congo	Green Ark—Uvira	24,000	17,600	Green Ark have noted numerous benefits since they started receiving birthing kits, including: women are benefiting from safe motherhood services in their own villages; pregnant mothers are spared from frequently moving to cities and towns for delivery reasons; and family expenses allocated to the treatment of maternal and newborn infections have decreased.
	Redefined Ministries	600	200	Redefined Ministries are a very new partner (May 2014) and have just finished distributing their pilot program. BKFA looks forward to hearing how the distribution and training went.
Ghana	Apostle Padi Ologo Traditional Birth Centre (APOTBC)	600	600	APOTBC’s mission is to reduce infant mortality through improved maternity health in Africa. Their vision is a culture of sustainability—knowledgeable communities who value and implement best practices in the pursuit of safer and healthier maternal delivery.
India	Deepam Trust	600	200	Deepam Trust is a very new partner to BKFA. They were accepted in June 2014 and have just received delivery of their pilot program. They have provided some fabulous photos of their training, some of which can be found on the BKFA Facebook page.
Kenya	Kamukuywa Harvest IDP	8,000	3,000	Kamukuywa Harvest IDP is based in Bungoma County and aims to improve community services in primary health care.
	Sweet Mother International—Kakamega (SMI)	20,000	1,000	SMI celebrates motherhood and aims to assist expectant mothers living in disadvantaged communities to maintain good health during and after childbirth.
	World Youth International (WYI)	600	600	WYI are providing “weekly maternal care training to both the expectant and nursing mother every time they come for antenatal and prenatal clinic visits”. WYI are committed to “enhancing quality of life, strengthening communities and reducing poverty through sustainable development projects”.

Country	NGO	Requested Quota	Total Sent	Project
Kenya	Mission in Health Care and Development (MHCD)	20,000	7,200	MHCD have had a very successful year. They conducted midwife training in remote and difficult to access terrain, and reported back that “we sent four MHCD staffs that went to villages to distribute invitation and sensitizing traditional midwives. They went around looking out for traditional midwives who perform more than four births per month and they were the ones who were given the invitation. Secondly sensitized the husbands so they could allow the wives to go and participate in the seminar. Thirdly they talked to village elders and informed them about the seminar so they could welcome us and that even after the seminar the elders could help out in forming midwifery clubs. Their main role was sensitizing the midwives and community to participate in the seminar and distribute invitations ... we are so grateful for supporting Lemera traditional midwifery seminar. Many thanks for your commitment, love and care to the traditional midwives and expectant women. You have really made a difference to their lives.”
Malawi	Centre for Girls Interaction (CEGI)	600	200	CEGI is a new partner for BKFA, having been accepted in March 2014. They are currently distributing the last of their pilot kits and we look forward to reading their reports.
	Sustainable Rural Community Development Organisation (SURCOD)	15,000	10,000	SURCOD have reported that “the birthing kits has improved delivery of maternal services in all the communities we are providing. The communities are able to ask for the birthing kits during the delivery period and they have also have an economical benefit since the money which was used to buy plastics and razor blade is now used for other things in the family.”
Nigeria	Brown Button Foundation	8,000	7,000	Brown Button Foundation has a birth attendant and community awareness training program which runs in several parts of Nigeria where maternal mortality rates are the highest. The kits are distributed at the trainings to birth attendants after practical demonstration to ensure that they can safely use the kits.
	HACEY’s	600	600	HACEY’s have increased the number of communities they are working with and distributing the birthing kits to. They are also meeting with TBAs in other slum communities in Lagos. HACEY’s aim to reach as many communities as they can with the kits and to share information regarding better health practices.
	Office of Senior Special Assistant of Primary Health Care	10,000	6,000	The Office of Senior Special Assistant of Primary Health Care have reported back saying that their Health Workers, since receiving the kits and training, now exhibit a lot more skills in the area of infection control and correct delivery procedures. They are also more competent in referring patients when needed.

Country	NGO	Requested Quota	Total Sent	Project
Nigeria	SMI Kwara State	10,000	10,000	Sweet Mother International (SMI) have noticed a 'positive change' in the birthing practices of the TBAs who have attended training sessions. SMI also commented that the communities receiving the birthing kits have a noticeable drop in maternal and child infection rates.
	SMI Kano State	9,000	9,000	
	Rotary International Nigeria Fistula Project	30,000	26,000	The Rotary International partner in Nigeria have provided quality reports in this last period. Their reports note that: "There has been verbal commendation on the advantages in using the kits in primary health care centres. There were improved practices by TBAs after the training. A testimony stated that due to improved practices more women now have confidence in her work. Hence there is an increase in visits to her maternity home." The rate of cord infections has also reduced. Rotary are hoping to extend into three additional districts in the next financial year. We look forward to working with them in achieving this goal.
Pakistan	Women Social Organisation (WSO)	6,000	2,200	WSO are a new partner, being accepted in March 2014. They have just received their first significant despatch of kits and we are looking forward to receiving their reports.
Papua New Guinea	Medical Society of PNG	5,000	5,000	The Medical Society of PNG had previously noticed that the infection rate has dropped by a further 15 per cent and noted that the program encouraged "excellent community involvement".
	Soroptimist International of the South West Pacific	5,000	2,200	BKFA welcomed Soroptimist International of the South West Pacific in April 2014. We are thrilled to be working with them as they have established networks, health centres and training programs in PNG. The provision of the birthing kits rounds out the program. We are looking forward to reading their reports and sharing some photos soon.
	Soroptimist International of the South West Pacific—Ramu	5,000	200	
	Talisman Energy	1,000	1,000	Talisman have reported a big change in the culture and mindset of rural communities that they visit. These communities have now self-constructed birthing houses for the local women to deliver in, rather than delivering in the bushes as was their old practice.
	Oro Community Development Program (OCDP)	600	200	OCDP was formed by a group of Australian teachers, doctors and agronomists in 2008. OCDP is able to deliver education, health and agriculture programs in partnership with organisations dedicated to supporting the aims of cooperation and sustainable development. We look forward to supplying them with more kits in 2014-15.

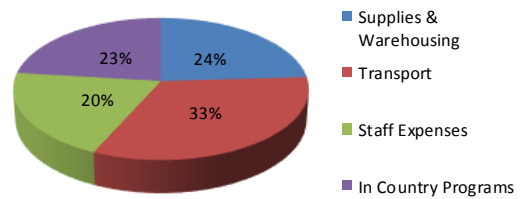
Country	NGO	Requested Quota	Total Sent	Project
Papua New Guinea	World Hope	800	800	World Hope have reported back that: "In the past the mothers could use anything that were available to support the delivery of the babies but now they are using birthing kits which are safer, clean and better for the mother and the baby. It has greatly impacted the community and we have decided to extend the distribution to the next health centre in the remote community that is Kelabo Health Centre which is run by another Church Health Services." We look forward to working with World Hope to increase the supply and subsequent distribution of birthing kits.
Somalia	Social Relief Organisation (SRO)	25,000	10,000	SRO are a new partner, having been accepted in late 2013. BKFA were thrilled to welcome the Somalian partner. There is an obvious high level of need in Somalia and previous attempts to send kits have not been successful. However, with the current transport system and a brilliant working relationship between BKFA and SRO we have achieved considerable success. They have provided BKFA with some exceptional feedback. They have reported that: "Yes, a lot has changed in the birthing practise. The rate of child birth complications was very high previous but with the presence of these skilled midwives and the availability of the Birthing kits so far the situation is good and improving, and if the same spirit continues there is high hope of overcoming the existing menaces in the rural sector." BKFA hopes to be able to fulfil the total kit request numbers for SRO in 2014-15.
Sudan	Health for Mothers	1,000	400	Unfortunately due to the unrest in South Sudan, Health for Mothers were forced to withdraw their staff from Sudan and as such we have not been able to continue to send kits. Naturally Health for Mothers have not been able to report back on any kit usage/distribution in this time. We hope that peace is restored and that Health for Mothers will be able to return and continue their brilliant work.
Uganda	Uganda Australia Christian Outreach (UACO)	2,400	2,400	UACO have noted the following benefits when using the birthing kits: reduced maternal infections, safe deliveries, and happy mothers.
	International Women's Initiative (IWI)	7,200	2,600	BKFA welcomed IWI in early 2014. They have successfully received their first pilot program and another despatch of kits, and we are looking forward to reading details of their distribution in the next reporting period.
	Kigezi African Partnership	600	600	The kits are distributed in the Kigezi region of South West Uganda through grass roots level health centres and by TBAs.
	Rotary Club of Makindye	5,000	4,000	The Rotary Club of Makindye have noted the following benefits that the birthing kits bring to their community: Awareness and information is given to health workers on receipt of the kits; a reduction of maternal mobility and mortality in the community; and improved quality of care during labour and childbirth.

Country	NGO	Requested Quota	Total Sent	Project
Uganda	Think Humanity	600	600	Think Humanity have continued to provide us with detailed reports and fabulous photos. They have reported back that the benefit of the birthing kits is that it "... economically helps the families because in this region of Hoima District the people are either very poor or refugees from the Democratic Republic of the Congo or South Sudan. They cannot afford the birthing kits. The benefits are also in the health of the mother and child. The cases of infections and even complications have been reduced in mothers and newborns. The community of Kyangwali has benefited a lot as it has a change to have clean birth by the use of the mama kits which were so expensive and now they get them freely." BKFA is pleased to be continuing to work with Think Humanity in 2014-15 and we look forward to sharing their story with our supporters.
Zambia	Chikankata Mission Hospital	400	200	Chikankata Hospital received their pilot program of kits, however, since then all attempts to contact them for feedback have not been answered. As a result this partnership is currently suspended.
TOTAL		231,200	132,800	

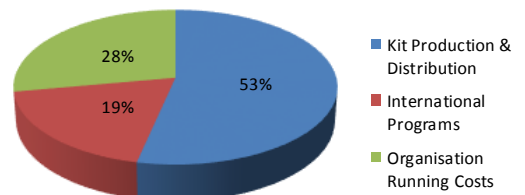
Mother and baby
Rotary Club of Makindye



FINANCE



\$3 Kit Price Breakdown



Breakdown of Expenditure

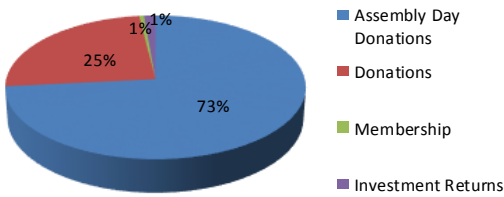
TREASURER'S REPORT

Overall Result

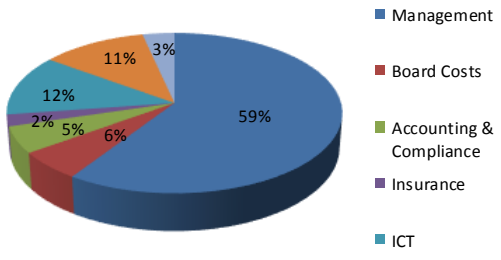
Several years ago the Board recognised that to ensure the long-term sustainability of the Foundation an investment would need to be made to build a more sustainable operating structure and a strategic decision was taken to build cash reserves for such an investment. Commencement of accessing those reserves began in the 2013-14 year and funds were used to contract a CEO for 12 months, focusing on improving our operational systems, and developing and implementing new marketing strategies. These initiatives were thus able to be undertaken while still maintaining kit production and funding of international programs. As expected, the final result for the 2013-14 year was a planned deficit of \$22,855. Overall, BKFA achieved and worked within its planned budget. Investment of our cash reserves to support long-term sustainability of the Foundation will continue in the coming few years. In addition, cash reserves have been set aside to allow us to commit to financial support of three-year international programs for our partners, allowing them to better plan with certainty.

Income

Over the past few years we have strategically moved the focus of our financial support away from government grants and towards private and corporate donations. This has proved to be well timed, with a major shakeup last year in the overseas aid not-for-profit sector due to the significant reduction by the government to the level of AusAID funding available. It is pleasing to note that we increased our total income by two per cent this year, even though we received no funding from government grants. This change of focus does mean that over the next few years we will need to increase our fundraising and marketing investment to ensure we have a sustainable funding source.



Breakdown of Income



Breakdown of Organisation Costs

Expenditure

Expenditure for 2013-14 was within the planned budget and there was no unexpected expenditure. Our long-term goal is for the ordinary administration costs of running the Foundation to remain below 20 per cent of our income. In 2013-14, and indeed in the coming few years, we are making a strategic investment in our operational systems, marketing and management, in order to establish a sound footing for the long term. Funds for this expenditure have been strategically accumulated and so the actual figures and percentages are skewed for this year, and will continue to be so for the coming few years. However we remain within our goals in ordinary expenditure.

Kit Production and Distribution

We produced 141,400 birthing kits and despatched 132,800 kits to our overseas partners in the 2013-14 year.

Monitoring and Evaluation

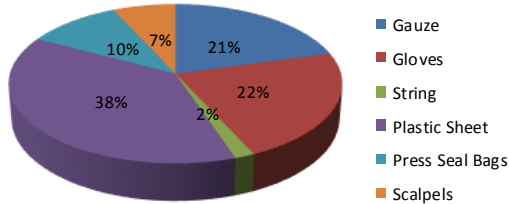
In October 2013 BKFA Directors visited our projects in India and Vietnam to perform quality monitoring of sustainability, impact of training and financial risk assessment, at a total cost of \$7,141.

Fundraising

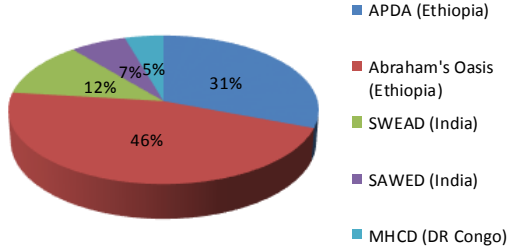
Our fundraising ratio this year was 3.8 per cent, which covers marketing and online costs to secure donations that fund our program work.*

Administration

Our administration ratio this year was 25.8 per cent. This has increased as we focused on improving our organisation structure and operational processes. We will continue to strive to improve our administration efficiencies to increase our investment in our program work.**



Breakdown of Kit Component Costs



Breakdown of Training and In-Country Production Costs

Reserves

We will continue to build our cash reserve levels to ensure we have a solid safety net during any future difficult financial times, to provide investment in operational and management improvements, to ensure the long-term sustainability of the Foundation, and to be able to support international programs at short notice. Our goal is to begin each financial year with cash reserves of \$200,000 and at the end of 2013-14 we will be carrying cash reserves of \$353,292. There is budgeted expenditure in 2015-16 for the additional cash reserves which is to continue some of the initiatives commenced in 2013-14.

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 per cent or more of total income for the year under review.

Financial Reports

BKFA summary financial reports comply with the standards set out by the ACFID Code of Conduct. The ACFID Code of Conduct is available at www.acfid.asn.au/code-of-conduct. BKFA full financial reports balances agree to the balances in the summarised financial reports included in the annual report. BKFA full financial statements are available upon request.

Looking Ahead

BKFA will continue to invest to build and improve its management and operating systems to ensure the long-term sustainability of the Foundation beyond its founding Directors. We are being more proactive in the coming year with fundraising and corporate sponsorship. We are actively engaging in new fundraising trends such as workplace giving and the variety of online giving platforms.

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

MAGGI GREGORY

TREASURER, BIRTHING KIT FOUNDATION (AUSTRALIA)

*The cost of fundraising ratio is the total amount spent on fundraising expressed as a percentage of community support income, not a percentage of total income.

**The cost of administration ratio is the total amount spent on administration expressed as a percentage of total income in Summarised Financial Statement.

Percentages shown in the graphs are sourced from the Income and Expenditure statement. Figures used in the \$3 kit breakdown graph are based on average purchasing prices, not actual expenditure during the financial year.

**BIRTHING KIT FOUNDATION (AUSTRALIA)
STATEMENT BY MEMBERS OF THE BOARD
FOR THE YEAR ENDED 30 JUNE 2014**

The Board have determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the full financial statements.

In the opinion of the Board:

1. The financial statements and notes for the year ended 30 June 2014 are in accordance with the Corporations Act 2001 and:
 - a. comply with Australian Accounting Standards as stated in Note 1 to the full financial statements; and
 - b. give a true and fair view of the association's financial position as at 30 June 2014 and of its performance for the year on that date in accordance with the accounting policies described in Note 1 to the full financial statements.
2. In the Board's opinion, there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board.



Anne Westley (Chairperson)



Maggi Gregory (Treasurer)

Dated this 6th day of November 2014

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF BIRTHING KIT FOUNDATION (AUSTRALIA)

Report on the Financial Report

We have audited the accompanying financial report of Birthing Kit Foundation (Australia) (the Company) for the year ended 30 June 2014.

Our audit has included the Code of Conduct Summary Financial Reports.

Directors' Responsibility for the Financial Report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the Directors of Birthing Kit Foundation (Australia), would be in the same terms if given to the Directors as at the date of this auditor's report.

Opinion

In our opinion:

- a. the financial report of Birthing Kit Foundation (Australia) is in accordance with the Corporations Act 2001, including:
 - i. giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
 - ii. complying with Australian Accounting Standards and the Corporations Regulations 2001; and
- b. the financial report also complies with International Financial Reporting Standards as disclosed in Note 1 to the full financial statements.



Ronald Glenn Norton

Indigo Financial

Level 1, 19 Sturt Street, Adelaide SA

Dated this 7th day of November 2014

AUDITOR'S INDEPENDENCE DECLARATION

UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

To the Directors of Birthing Kit Foundation (Australia)

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014, there have been:

- a) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.



Ronald Glenn Norton

Indigo Financial

Level 1, 19 Sturt Street, Adelaide SA

Dated this 7th day of November 2014

STATEMENT OF INCOME AND EXPENDITURE		
FOR THE YEAR ENDED 30 JUNE 2014		
	2014	2013
Revenue		
Donations and Gifts		
Monetary	502,242	483,578
Non-monetary	0	164,780
Grants		
AusAID	0	0
Investment Income	7,144	7,536
Membership	2,930	4,475
Other Income	8,083	22,121
Total Revenue	520,399	682,491
Expenditure		
International Aid and Development Program Expenditure		
International Programs		
Funds to International Programs	307,229	262,256
Program Support Costs	84,561	75,828
Community Education	0	694
Fundraising Costs		
Public	19,287	10,499
Accountability and Administration	132,178	42,702
Non-Monetary Expenditure	0	164,780
Total International Aid and Development Program Expenditure	543,255	556,759
Total Expenditure	543,255	556,759
Excess (Shortfall) of Revenue over Expenditure	-22,855	125,732

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

- Bequests and Legacies
- Other Australian Grants
- Other Overseas Grants
- Revenue for International Political or Religious Adherence Promotion
- Government, multilateral and private Fundraising Costs
- International Political or Religious Adherence Promotion Programs Expenditure
- Domestic Programs Expenditure

BALANCE SHEET AS AT 30 JUNE 2014		
	2014	2013
Assets		
Current Assets		
Cash and Cash Equivalents	357,888	335,544
Trade and Other Receivables	79,020	45,704
Total Current Assets	436,908	381,248
Non-Current Assets		
Property, Plant and Equipment	362	362
Accumulated Depreciation	-97	-50
Total Non-Current Assets	265	312
Total Assets	437,173	381,560
Liabilities		
Current Liabilities		
Trade and Other Payables	75,272	7,288
Current Tax Liabilities	-177	-5,028
Other Current Liabilities	8,786	3,153
Total Current Liabilities	83,881	5,413
Total Liabilities	83,881	5,413
Net Assets	353,292	376,147
Equity		
Reserves brought forward	376,147	250,415
Shortfall of Revenue over Expenditure	-22,855	125,732
Total Equity	353,292	376,147

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 Current Financial Assets
- Non-Current Trade and Other Receivables and Other Financial Assets
- Investment Property, Intangibles and Other Non-Current Assets
- Current Borrowings, Provisions and Other Financial Liabilities
- Non-Current Borrowings, Provisions and Other Financial Liabilities

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014		
	2014	2013
Cash and cash equivalents available at the beginning of the year	335,544	208,149
Cash flows from operations		
Grants, donations and receipts from customers	484,790	501,869
Interest received	7,144	7,536
Refunds	0	2,130
less		
Payments to suppliers and employees	464,521	379,333
Tax and withholding liabilities paid	5,069	4,807
Net cash generated	22,344	127,395
Cash at the end of the year	357,888	335,544

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014		
	2014	2013
Opening Balance	376,147	250,416
Retained Earnings		
Excess of revenue over expenditure	-22,855	125,732
Closing Balance	353,292	376,148

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

GOVERNANCE



Mother and triplets
Sustainable Rural Community
Development Organisation
Malawi



TBAs, baby and kits
Talisman Energy
Papua New Guinea



Kit supplies
Mission in Health Care and
Development, DR Congo

CORPORATE GOVERNANCE STATEMENT

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

Corporate structure, compliance and tax status

The Foundation is an Australian public company limited by guarantee registered under the Australian Corporations Act 2001, and complies with the requirements of the Act. The Foundation registered with the new Australian Charities and Not-for-profits Commission in 2013 and filed its first annual statement with the ACNC in December 2013.

The Foundation has the benefit of income tax concessions as a Health Promotion Charity. The Foundation's Maternal Health Gift Fund has been declared as a developing country relief fund under subsection 30-85 (2) of the Income Tax Assessment Act 1997, making donations to the Fund tax deductible in Australia.

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

Corporate governance and financial accountability

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

The Foundation aims to keep administrative overhead low, and the Directors take a very active role in management at a strategic level. In 2014 the Board has formed five Directors' committees in order to do focused work on priority areas, coming back to the Board as a whole for key decision making. These committees are: International Programs, Marketing and Promotion, Risk Audit and Compliance, Organisational Development, and Finance.

The Board meets monthly for regular Board meetings, with additional meetings for strategic planning, including the annual budget process. Progress against the strategic plan and budget is monitored by the Board. In 2014 the Board has refreshed its own procedures with a view to effectiveness and efficiency, succession planning and review of Board performance.

Financial performance reports are prepared by the Treasurer and reviewed by the Board monthly. Audited financial statements are provided to ASIC, ACFID, the ACNC, and to other regulators as required by law, and are included in this Annual Report.

Day-to-day management of the Foundation was carried out by a Chief Executive until 30 June 2014 (under a one-year contract) and has now been allocated to the Executive Director on a contract basis (permissible under the Constitution) pending proposed changes to the Constitution to enable the Executive Director to accept employment in the management role. Apart from the Executive Director, the Board will remain independent (in that Directors may not be employees of the Foundation).

Work Health and Safety

The Foundation's aim as stated in our Work Health and Safety Policy is to minimise the risk of injury and disease to our employees and other persons. There were no workplace injuries or incidents reported in the 2013-14 year.

Complaints

In 2014 a new complaints management policy, compliant with ACFID requirements, has been adopted (the policy can be accessed on the Foundation website). No complaints were received in the 2013-14 year.

Any person who believes we have breached the ACFID Code of Conduct is entitled to make a complaint to the ACFID Code of Conduct Committee. Such complaints should be marked 'confidential' and addressed to: Chair, ACFID Code of Conduct Committee, Private Bag 3, Deakin ACT 2600.

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

Assembly Day, Anderson



BOARD OF DIRECTORS

The following people served on the Board of Directors in 2013-14.

Pip Coleman

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



2013-14 meetings attended: 6/7.

Lena Grant



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

2013-14 meetings attended: 6/7.

Maggi Gregory

Maggi continued as Treasurer of BKFA during 2013-14. She is also 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 back-packing, 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. Maggi sits on the International Programs Committee and the Finance Committee.



2013-14 meetings attended: 11/12.

Julie Irwin



Julie brings with her business development and management experience, and ICT knowledge. Over the last three years Julie has developed and managed a small holiday home business in West Beach. She is a Member of Zonta Club of Adelaide Flinders, serving at Board level since May 2009. Julie was BKFA coordinator for the Pregnancy, Babies and Children's Expo in 2013 and 2014. She also served on the Organisational Development Committee. Julie resigned from the Board of Directors in September 2014 and remains a member of the Foundation.

2013-14 meetings attended: 9/12.

Julie Monis-Ivett



Julie brings with her business administration, personnel management skills, and health profession knowledge as a partner in a large private dental practice. She is a Charter Member of Zonta Club of Adelaide Hills, serving at Board level for 15 years, including that of president for two years. Julie is liaison person with Zonta International and clubs overseas, and is Program Manager for DR Congo and Afar region of Ethiopia. Julie sits on the Marketing Committee and the International Programs Committee.

2013-14 meetings attended: 9/12.

Joy O'Hazy

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

2013-14 meetings attended: 10/12.



Fiona Smith



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

2013-14 meetings attended: 10/12.

Jenny Weaver

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

2013-14 meetings attended: 11/12.



Anne Westley



Anne has wide experience in public policy, legislative reform, government management and corporate governance gained during a long career in the South Australian public sector. She has been a member of the SA Government Financing Authority Advisory Board. Anne is a member of the Zonta Club of Adelaide Flinders where she is currently serving as Vice President.

Anne is the current Chair of the Board and sits on the Risk Audit and Compliance Committee.

2013-14 meetings attended: 12/12.

SUPPORTERS



Assembly Day
Mansfield Medical Centre



Assembly Day
Flesher and Wells



Assembly Day
NSW Jewish Board of Deputies

SUPPORTERS

The Birthing Kit Foundation (Australia) would like to sincerely thank the following organisations and individuals for their generous support in 2013-14.

Georgina Davison CPA

Gunz Dental Company

Hunter Hall Investment Management

Peggy Charitable Foundation

Pregnancy Babies and Children's Expo

Talisman Energy

Zonta Club Districts 22, 23 and 24

Several anonymous benefactors

