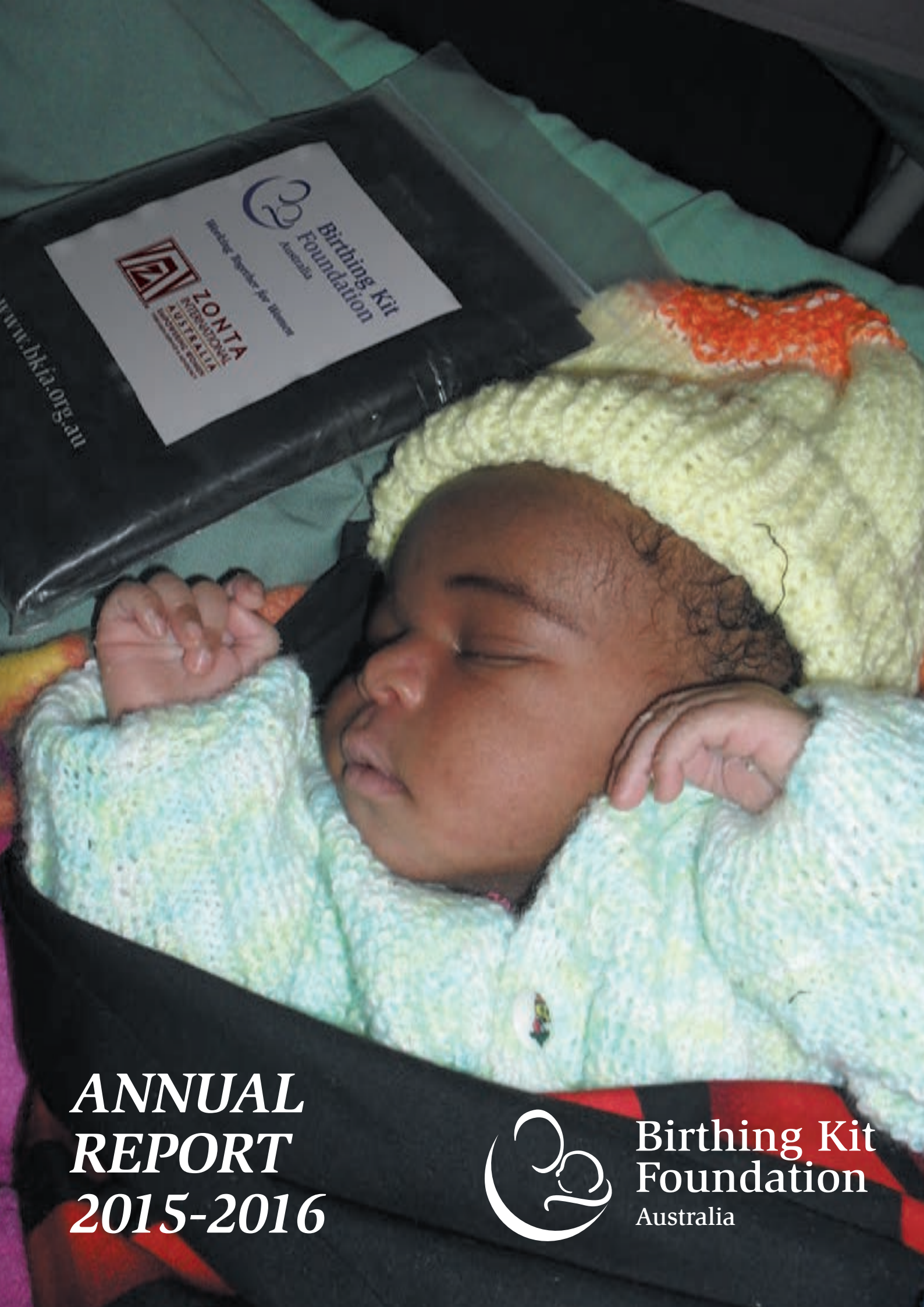


ANNUAL REPORT 2015-2016

Birthing Kit Foundation
Australia

TBAs with hands up to show who has used a birthing kit

Kaliba, DR Congo

Contents

Birthing Kit Foundation (Australia)
PO Box 330
Belair, South Australia 5052

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

Cover Photo:

Newborn baby with birthing kit, DR Congo

Pregnant women with birthing kits

Uganda

Vizeum pack kits for Birthing Kit Foundation

Mission

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

Vision

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

Values

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

Chairperson's Report

The World Health Organisation has recently reported the number of women worldwide dying due to complications during pregnancy and childbirth has decreased by 43 per cent from an estimated 532,000 in 1990 to 303,000 in 2015. This is a positive trend, but 303,000 is still a horrifying statistic.

The Birthing Kit Foundation (Australia) is proud to participate in the worldwide effort to prevent the needless suffering and death of mothers and infants.

The 2015-2016 year has been one of steady development for BKFA, with growth in kit production and distribution. The Board's role is to maintain good governance and determine the strategic directions for BKFA's work.

The Board welcomed two new Directors as Board appointees in October 2015, following a process aimed at recruiting specific skills onto the Board. Tamara Tomic brings financial, accounting and governance skills and experience to the Board, and Cathryn Blair brings skills and experience in marketing, business administration and governance. Both have a track record in volunteering and working in the not-for-profit sector. They have made significant contributions already to the work of the Board, and will stand for election to the Board (as required under the Constitution) at the 2016 Annual General Meeting.

All Directors serve on Board Committees. The International Projects Committee has been the engine room of BKFA's work for the life of the organisation in the past, vetting and liaising with our partners carrying out community development programs. Since the appointment of a professional Program Manager (Zeshi Fisher) in 2015, it has been possible to transition this work to her. Similarly, the Marketing Committee has been able to devolve its role to the Fundraising and Marketing Manager (Catriona Neil-Dwyer) who was appointed by BKFA in the 2015-2016 year.

In recognition of the evolving capacity of BKFA staff, and the evolving strategic priorities of the Foundation, the Board resolved in April 2016 to dissolve the International Projects Committee and the Marketing Committee, and formed two new committees, the Advocacy Committee, with the remit of pursuing BKFA's strategic goal to make BKFA an active campaigner for maternal and infant health, and the Research Committee, with the remit of pursuing research activities that support BKFA's advocacy for maternal and infant health, and guide effective strategies for achieving sustainable improvements in maternal and infant health outcomes.

I want to thank in particular the members of the International Projects Committee for the enormous amount of work they have done over the years carrying out core functions of the Foundation.

As a result of the growth in organisational capacity they will now be able to devote their considerable energies to other Committee work.

Amendments to the BKFA constitution regarding Deductible Gift Recipient (DGR) status and membership were approved by postal ballot in February 2016. The Maternal Health Gift Fund already had DGR status but this status has now been granted to BKFA as an entity which will be easier to administer and allow donations to be directed to all areas of Foundation work. The membership year has now been aligned with the financial year for ease of administration and reporting.

BKFA has continued with development and implementation of the 2015-2020 Strategic Plan. Key achievements towards BKFA strategic goals included approval of a grants-based model for kit distribution which means the selection of distribution partners is made on an annual basis through an application process. Three Directors will serve on a panel each year (on a rotating basis) to work with the Program Manager in the selection of partners to be recommended to the Board.

The process has been implemented and distribution 'grants' determined for 2016-2017. A similar approach is planned for the selection of partners for community development programs. It is our intention to make the process of distributing kits and allocating funds smoother and better planned not only for BKFA but also for our international field partners, who work so hard to help mothers and infants and without whom we could achieve nothing.

The Board approved attendance at international conferences by the Program Manager Zeshi Fisher (Global Maternal Newborn Health Conference in Mexico, October 2015) and by Director Joy O'Hazy (Women Deliver Conference, Denmark, May 2016) to enhance awareness of international developments, opportunities for networking, sponsorship and collaboration and to scope the potential opportunities for BKFA to develop its advocacy role.

BKFA continues steady growth, thanks to loyal support and untiring efforts of people like Judi Hutchison who has organised the annual Brisbane Breakfast Assembly Day for 10 years. On 15 August 2015 she was the first and very deserving recipient of honorary life membership of BKFA. The Board thanks her for her exceptional efforts in support of the BKFA cause. I want to thank all the volunteers and sponsors who help with our work.

BKFA again has a healthy and appropriate reserve of retained funds and I thank our Treasurer, Director Maggi Gregory, for her financial vigilance. I attribute our operational effectiveness to Executive Director Fiona Smith, guiding our hardworking and dedicated staff; I thank them all.

Lena Grant
Chairperson

The Birthing Kit Foundation (Australia) is proud to participate in the worldwide effort to prevent the needless suffering and death of mothers and infants.

Executive Director's Report

The growth and development of BKFA over the past few years has continued through 2016, across all areas of the organisation.

Thanks to the generosity of our supporters, 173,600 kits were assembled over 245 Assembly Days. This represents an increase of over 25 per cent in the number of kits assembled and an increase of over 30 per cent in the number of assembly days held. It is also very pleasing to note that we had an increase of over 80 per cent in the number of new groups holding their first assembly day. What an amazing effort and my thanks go to everybody involved.

The additional workload that our staff team have had to manage from this growth has been done with great professionalism and very minimal increases in staffing costs. This is partly due to the previous investment in our new database, which has certainly streamlined our processes, but also because of the commitment of our team. Hilary Carruthers, Adrian Harris and Kellie Stelzer all do a wonderful job of keeping our Assembly Day production running smoothly, and I thank them wholeheartedly.

Zonta International clubs throughout Australia have long been the backbone of BKFA and continue to provide us with incredible support. While the growth in diversity of BKFA supporters has been steady, Zonta clubs still hold around 50 per cent of our Assembly Days and their donations increased by 18 per cent from 2015 to 2016. We are very appreciative of their loyalty and support.

Our partnership with World Vision, and in particular the Vision Sisters campaign and partnership with Fullife Foundation, has contributed significantly to the new growth.

The effort of these supporters has resulted in over 50,000 kits being distributed to women in need through World Vision maternal health programs in Uganda, DR Congo, Afghanistan and Tanzania.

Our wonderful sponsor Mun (Australia), who provide us with both financial support and through the donation of gloves for the kits, very generously increased the number of gloves they provide to match our increase in kit production. Mun now provide us with up to 500,000 gloves per year.

For some years now, we have been focussing on not only providing birthing kits, but funding in-country community development programs that support sustainable change in safe birthing practices. To improve our work in this area, Zeshi Fisher joined us as Program Manager in June 2015. In the first 12 months of her new role, Zeshi has accomplished an enormous amount. This includes developing and implementing a grant model for our kit distribution program which aims to take a more proactive approach to our field partnerships in-country.
We have seen an increase of the number of field partners we are working with to distribute kits and improvements in our monitoring and evaluation of the program.

Zeshi is now managing our in-country community development programs, which was previously a role undertaken by Directors, and represents a further step in the transition to separating operational and governance roles.
We are aiming for these programs to move to a grant model in the coming 12 months.

BKFA fundraiser Amanda Redmond of the ACU Midwifery Society at the top of Mount Kiliminjaro

Pregnant women receive birthing kits at Michael Lapsley Foundation

Ghana

The other major area that we are starting to address is being able to demonstrate the impact and effectiveness of our work. This year, we commenced a collaboration with the Robinson Research Institute (University of Adelaide) to identify the gaps in the current research around birthing kits and to develop a plan for how we might better approach this from a research perspective. We look forward to delivering some outcomes from this collaboration in the coming 12 months.

In addition, we will be commencing the development and implementation of a revised monitoring and evaluation framework. Both of these areas will tie in closely together to help us to better demonstrate why and how birthing kits impact on maternal and newborn mortality rates.

It is also pleasing to note that as well as distributing kits to our field partners, we were also able to assist in the provision of kits for emergency response situations, such as Cyclone Winston in Fiji in May 2016.

Although BKFA is a small organisation, based in Adelaide and mainly supported throughout Australia, our relationships with key stakeholders at a global level continue to grow. These are important partnerships to lead BKFA forward, particularly in the community development program area. We have worked with Vitamin Angels to promote each other's work to our respective field partners.

We have attended two international conferences, the Global Maternal and Newborn Health conference in Mexico City in October 2015 and the Women Deliver conference in Copenhagen in May 2016.

Both of these helped to inform BKFA of the global trends in maternal and newborn health initiatives and to make important contacts for future collaborations.

In November 2015, we were delighted to welcome Catriona Neil-Dwyer to BKFA in the inaugural role of Fundraising and Marketing Manager. This is yet another investment into providing the skills and expertise that BKFA needs if it is to have a sustainable future. In the short time since joining us, Catriona has already made a significant contribution with a very clearly documented fundraising plan for the next few years. This has already resulted in the development of new logos for our supporters to use in their fundraising promotions, and the launch of our Business for Birthing Kits program, which is a way for small business to engage with and support BKFA. Erica Osborn has stepped into the role of Fundraising and Marketing Coordinator to work with Catriona in managing our various fundraising programs. I look forward to being able to report to you next year on all the exciting things that lie ahead in this important area for BKFA.

Our financial supporters are the key to our existence and this year we had a great effort yet again from Jean Wyder, who ran a stand for us at the Pregnancy, Babies and Children's Expo in Perth, raising over $3,000, so many thanks go to Jean. I would also like to thank Rosanne McInnes, who has consistently made a fortnightly donation to BKFA for over 10 years.

We were also invited to participate in the 10x10 fundraising event in Adelaide, which was a wonderful experience and raised nearly $4,500 for BKFA. My thanks go to all of those on the organising committee and in particular to Tim Boast, who provided so much assistance. We have been fortunate again to receive generous donations from individual family trusts and foundations, some of whom prefer to be anonymous, but I'd like to thank both the McIntyre Foundation and the Peggy Charitable Foundation for their ongoing support. I would also like to thank the Fullife Foundation and Ian Shanks, who have provided financial support directly to BKFA as well as supporting the BKFA and World Vision partnership.

I would like to thank the Board and Company Secretary for their support, guidance and assistance.

I trust you will agree with me that BKFA has had a tremendous year and that the next 12 months hold even more in store. It is an exciting time for the organisation and I am delighted to be a part of it.

Fiona Smith
Executive Director

Ian Shanks of Fullife Foundation presents BKFA with cheque

Committee Reports

Organisational Development Committee

This committee is charged with ongoing review of BKFA's systems, processes and people in line with our Strategic Plan. The Committee undertook a rigorous recruitment process for new Directors which resulted in the appointment of Cathryn Blair and Tamara Tomic to the Board in October 2015.

Following review of the Committee's terms of reference in late 2015 the Executive Director is no longer an ex officio member of the Committee (recognising her heavy workload). We acknowledge her significant contributions. She completed a comprehensive induction package for new Directors. Lena Grant and Pip Coleman remain on the Committee and were joined by Cathryn Blair when she became a Director in October 2015.

The Committee has focussed on preparation for Strategic Planning, review of Board committee structures, and Board performance review. Thanks go to Tamara Tomic who prepared a self-evaluation process for the Board. The Committee has also assisted in policy development undertaken by the Risk Audit and Compliance Committee.

In the coming year the Committee will focus on processes to improve Board effectiveness, planning for sustainability, strategic planning and organisational aspects of the business plan, and will work in collaboration with the Executive Director and other Committees as appropriate.

International Programs Committee

During the 2015-2016 year the International Programs Committee was responsible for overseeing the Foundation's training and in-country kit production programs. Located in DR Congo, India and Ethiopia they have been developing and growing over many years. Over the past year the existing programs have been joined by newcomers and entered exciting new phases.

Research into where the Foundation should focus its training was conducted throughout the year to ensure that our investment in education occurred in the neediest areas in the developing world. We learnt that despite an official preference in many countries for deliveries to take place in health institutions and/or with skilled birth attendants, this is often impossible.

The International Programs Committee considered program options and identified key priorities for the program applications which were submitted. These were assessed for efficiency and impact. What emerged was a sense that while progress is being made in bigger cities and areas of rising wealth, many poor or remote areas are still left without any resources in maternal and infant health.

The reality for vast numbers of women in rural areas of the developing world is that they prefer home deliveries because they cannot afford an institution delivery or the transport to get to it. Further, where there are health centres, they often lack appropriate equipment and/or suitable medication. Angola, Chad, DR Congo, Ethiopia, Nigeria, Somalia, Afghanistan, India, Laos and Pakistan were identified as high priority countries.

Our work in three of these countries has continued, with newly developed Train the Trainer programs commencing in DR Congo and India. Their progress reports are included here. This should fast track education as many more skilled health professionals are now charged with the responsibility of training and monitoring the progress of community birth attendants in underserved areas. Surveys to evaluate the impact of the training have also been developed and used in the field. We are awaiting the results.

During the year our new Program Manager, Zeshi Fisher, took over the day to day responsibilities of managing these programs. Zeshi has initiated a new procedure for all program applicants and started working with an external specialist to develop a new monitoring and evaluation process.

Marketing Committee Report

The past year has been one of growth and change at BKFA. In November 2015 the Foundation was lucky enough to attract and recruit Catriona Neil-Dwyer into a newly formed staff position of Fundraising and Marketing Manager. Catriona came to us with valuable experience with Florey Medical Research Foundation, UNICEF Australia and Fairfax Digital. The new role was entrusted with the operational responsibilities previously handled by the Marketing Committee. This prompted a broad review of the Committee's terms of reference, which resulted in its dissolution and the formation of the Advocacy Committee and the Research Committee. Since that time, Catriona has built on the Committee's work and developed an Operational Plan that establishes fundraising and marketing activities into 2017.

Advocacy Committee

As the Foundation enters the next growth phase we see advocacy playing an extremely important role in helping to achieve our mission of reducing maternal and infant morbidity and mortality and improving outcomes for birthing mothers and their babies. For this purpose, an Advocacy Committee was established in April 2016.

In the next 12 months the committee is focussed on developing an advocacy strategy and implementation framework that builds on BKFA's marketing, fundraising and communication strategies. In the long term, we can be confident that a comprehensive advocacy strategy and framework combined with targeted action plans will help the Foundation make the most of our resources through more effective advocacy and interactions with decision makers, stakeholders and relevant audiences.

Risk, Audit and Compliance Committee

Following review of the Committee's terms of reference in late 2015 the Executive Director is no longer an ex officio member of the Committee (recognising her heavy workload). We thank Fiona for her input to the Committee's work, particularly on the development of policy, and continue to work closely with her. Lena Grant and Maggi Gregory remain on the Committee and were joined by Tamara Tomic when she became a Director in October 2015.

In the 2015-2016 year the Committee took on the role of oversight of the Maternal Health Gift Fund, a task required by the Constitution and under taxation law to meet requirements for DGR status of that fund. The Committee again prepared the ACFID annual self-assessment report (required for continuing accreditation by ACFID). The Committee worked on constitutional amendments which were voted on and approved by BKFA membership in February 2016. The Committee developed a new Finance Policy and financial delegation framework, and a Governance Policy and associated protocols, all of which were approved by the Board in September 2015.

The Committee implemented the BKFA risk management framework, compiling a risk register which recognises significant and emerging risks to the organisation. The Committee reviews the risk register at each Committee meeting, and reports on risk issues to the Board on a regular basis.

In the year to come the Committee will continue policy development and review, oversight of the MHGF, risk review, ACFID self-assessment, and compliance planning.

Research Committee

The Research Committee was convened in May 2016 to consider and evaluate a range of exciting new options in maternal and infant health. Links being built with the Robinson Research Institute (University of Adelaide) and Monash University in Melbourne will provide better statistical analysis and access to the latest scientific developments, some of which may be tested in the field by our partners. Options for new medicines, the application of new technology and creative ideas which can assist mothers and babies in developing countries are plentiful and will link the Foundation with like-minded organisations around the world.

Finance Committee

The Finance Committee is responsible for the planning, monitoring and evaluation of the Foundation's financial sustainability and capacity. The Committee prepares the annual budget and assists the Executive Director to prepare compliance obligations for the Australian Taxation Office. The Committee meets on a monthly basis to monitor and review the budget against actual income and expenditure and the Foundation's financial performance, including ensuring adequate cash reserves to provide ongoing financial sustainability. On an ongoing basis, the Committee ensures efficient management of the Foundation's funds.

The Committee consists of: Treasurer, Maggi Gregory; Executive Director, Fiona Smith; Director, Tamara Tomic; and volunteer Clare Quartuccio, whose assistance we greatly appreciate.

Impact of Birthing Kits and Training Programs

Mother and birthing kit

Uganda

Credit Ilana Rose.

A clean birth environment and clean delivery technique is effective in the prevention of childbirth-related infections[1], a leading cause of maternal and newborn mortality globally. Our supply of birthing kits and education of birth attendants makes essential clean birth supplies available and enables improved birth practices. This in turn reduces infections and the preventable deaths of mothers and babies.

Our community development programs benefit local communities by engaging and employing vulnerable groups, strengthening community support systems and ending harmful practices, all of which contribute to longer-term improvements in maternal and newborn health.

This year, we have laid the foundation for improved data collection and management, a key step in describing the locations of birthing kit distribution, lives saved, and our impact on improving the lives of the most vulnerable populations.

Following the appointment of our Program Manager, Zeshi Fisher, at the end of FY2015, our work has also benefited from a professional approach in terms of recognised international development practices and improved approaches to understanding impact and effectiveness.

Knowing our field partners and beneficiaries

A significant achievement this year was the establishment of a new model for approving and supplying birthing kits to our international field partners as annual grants. We now have a better understanding of our partners' distribution activities and direct recipients of BKFA birthing kits.

Of our current field partners, reporting informs us that 75.6% distribute birthing kits to pregnant mothers, 56.1% to community health workers, 53.7% to traditional birth attendants, 46.3% to static health facilities, and 41.5% to health outreach services.

[1]Hundley VA, Avan BI, Braunholtz D, Fitzmaurice AE & Graham WJ 2010 'Lessons regarding the use of birth kits in low resource countries', *Midwifery*, doi:10.1016/j.midw.2010.10.03

Expectant mothers with birthing kits

Uganda

Information systems put in place this year will also enable us to report on beneficiaries by type of birthing kit recipient and place of use.

Many of our field partners identify their target populations as being of ethnic minority (41.5%), internally displaced persons (IDPs) or refugees (36.6%), nomadic or semi-nomadic (22%), having suffered recent conflict (17.1%), or being otherwise vulnerable to poor outcomes through factors including poverty or teenage pregnancies (29.3%).

Importantly, 82.9% of our field partners work with communities that practice harmful traditional or cultural practices that impact on maternal and newborn health such as female genital mutilation (FGM), and forced early marriage. The majority of our field partners (87.8%) also provide birthing kits to communities in remote locations with limited or no access to health services.

Leaving no-one behind

These figures highlight our essential work in reaching populations most in need, and where the benefit of access to birthing kits is the greatest. The ability to map the beneficiaries of our birthing kits is an important step for BKFA in response to the sustainable development goals (SDGs) and the global commitment to 'leave no-one behind'.[2] Collecting and understanding program and demographic data will mean we can increase our engagement and impact in key target areas.

Focusing on highest-need countries

This year BKFA's list of focus countries has been updated using estimates of maternal and newborn health outcomes. BKFA priority countries include those that rank highest in maternal mortality ratio, newborn mortality rate and total numbers of deaths, and lowest in coverage of neonatal tetanus, births in health facilities, and antenatal care attendance. Birthing kits are most applicable where poor outcomes result from unclean birth practices, a high percentage of home deliveries and a high risk of acquiring fatal infections at birth, namely neonatal tetanus. It is great to share that 73.6 per cent of our 167,350 birthing kits distributed this year went to BKFA's top 12 focus countries, with the highest number reaching Nigeria and DR Congo.

Investing in feedback from the field

Mission in Health Care and Development (MHCD) in DR Congo carried out a survey of 195 TBAs before and after their participation in a three to five day training session. This BKFA-funded survey revealed great improvements in clean birth practices 1-6 months post-training, across multiple districts. TBAs reported that receiving training and having access to BKFA birthing kits increased their use of gloves when attending a birth from 1 per cent to 100 per cent. Likewise, the availability of birthing kits meant that all women attended by the trained TBAs gave birth laying on clean plastic as opposed to the leaves, skins, floor and bed that were previously described. All babies' cords were cut using a sterile, single-use scalpel blade where previously a stick or knife or other instrument was used. The utilization of birthing huts that were constructed in the local communities to accommodate the birthing mother in labour increased from 2.1 per cent to 83.1 per cent. These huts provide a private and clean place for the birth to take place.

Supporting integrated programs

BKFA supported the training of a total of 605 birth attendants this year. These were 2-5 day training programs in India, DR Congo and Nigeria, and a 10-day program in Ethiopia, where 10 Women Extension Workers (WEWs) also received 45 days of refresher training.

There is evidence that providing education to birth attendants and community health workers can improve outcomes for mothers and babies in low-resource settings as part of integrated health programs.[3] Our field partners work in collaboration with local community leaders and governments.

They develop community support, monitoring and referral networks such as committees for community development in Ethiopia and Nigeria and 'midwifery clubs' in DR Congo. Health workers and TBAs are linked to local health facilities and are trained to use local reporting and referral systems. Essential supplies for maternal and newborn health are provided in the form of birthing kits and, for WEWs in Ethiopia, backpacks including a torch, soap, nail brush and clippers, containers for saline water and antiseptic, and stationery. These resources enable these frontline health workers to put their skills and knowledge into practice.

We have received feedback that TBA training is important not only for improving maternal and newborn outcomes, but also for improving the lives of the TBAs themselves, as they reported by 'bringing development to our community", having "reduced poverty in my family" and "changed my life and all the community members in the village".

[2] United Nations 2015 'Transforming our world: the 2030 Agenda for Sustainable Development', United Nations Department of Economic and Social Affairs, No. 26, online at: <https://sustainabledevelopment.un.org/post2015/transformingourworld>

[3] Hundley VA, Avan BI, Braunholtz D & Graham W 2012 'Are birth kits a good idea? A systematic review of the evidence' *Midwifery*, pp. 204-215

Mother with newborn baby and birthing kit

DR Congo

DR Congo is a vast country with an estimated population of 80 million.

It has the third highest number of maternal deaths and one of the highest maternal mortality ratios (730 per 100,000 live births) and newborn mortality rates (38.2 per 1,000 live births) in the world. Enduring conflict has resulted in the destruction of much of the country's national infrastructure, including transport and health services. This has left populations across the country with only poor and inaccessible maternal and child health services.

We have continued to support our field partners working to improve childbirth outcomes through training programs in hard-to-reach rural areas of eastern DR Congo and also Kinshasa district. This year we have seen the fruits of last year's BKFA-funded training of trainers program run by MHCD in which two cohorts of trainers participated in three-week training to increase their midwifery knowledge and ability to engage and educate traditional birth attendants (TBAs). These midwifery seminar trainers (MSTs) returned to their provinces of North Kivu, South Kivu and Katanga where they coordinated and facilitated three to five-day workshops for TBAs. These workshops included education on basic health care, nutrition, clean birthing practices and how to achieve a clean birth in the absence of a birthing kit, pregnancy danger signs and timing of referral to a health facility for assistance.

In conjunction with the MST training program, BKFA designed and funded a six month survey project, which was undertaken in these provinces to better understand the impact of the training on the TBAs. Each MST interviewed TBAs prior to their participation in the workshops to elicit their practices, knowledge and beliefs around childbirth. These same TBAs were again interviewed by the MSTs between one and six months after their participation. Throughout the project period, MHCD provided financial support for transport, accommodation and training facilitation for 14 MSTs, as well as for the 200 interviews completed.

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

The survey project provided a valuable insight into the increase in knowledge and improved practices reported by the TBAs. The uptake of birthing kits for use at deliveries was shown to be extensive in direct correlation with their availability.

The use of clean gloves, mothers delivering on clean plastic, and cord being cut with a single-use scalpel was reported at 100 per cent post training, where previously these items had not been available. The average number of visits received by women before the birth by TBAs increased from 0 to 6 visits. Importantly, 98.9 per cent of TBAs interviewed expressed a positive change in their confidence level when attending a birth.

Alongside the education for birth attendants, the formation of midwifery clubs by MHCD has provided essential support for ongoing learning, birthing kit distribution and monitoring activities. Birthing huts have been built by these groups and their communities to provide an alternative, safer birthing environment for mothers. The survey results highlighted an increase in mothers opting to birth in these designated huts with a trained attendant from 2.1 per cent to 83.1 per cent, which shows significant changes to the normal approach to childbirth in the community.

The successful training of the MSTs saw an unexpected and very positive outcome in the form of demand for a formalized nursing and midwifery school.

The training participants saw great value in the education they received, and became motivated to undertake further midwifery skills training. As such, a request was made to MHCD to establish a training college at Luvungi Hospital. In January 2015 Dr Luc Mulimbalimba Masururu, the founder of MHCD, established the Great Lakes Medical School with a four-year accredited nursing curriculum, resources and lecturers. Eight of the MSTs trained through the previous BKFA-funded program enrolled in the four year course. To have this level of education achieved by members of these remote villages will be an invaluable asset, and the positive impact will be felt within the entire community.

During the year we also supported another field partner working in Kinshasa district to provide education on clean delivery and maternal and newborn health care for birth attendants. Green Ark Committee is based in Kinshasa and runs a range of health and environment programs.

A training session for 35 TBAs was facilitated by skilled midwives and doctors through which they improved their practical knowledge and skills for safe delivery care, HIV prevention, pregnancy risk factors, early recognition of complications, urgent referral, urgent management of complications and the accurate use of birthing kits. After the training, facilitators visited the TBAs in their local communities to monitor the impact of the training on their practices, skills and knowledge. It was reported that these had greatly improved and that clean delivery practices and access to birthing kits are now available in areas that see a high percentage of births at home.

Challenges faced by Green Ark Committee during the implementation of this project included the persistence of the TBAs' cultural and religious beliefs and myths about pregnancy and childbirth, as well as poor or lacking health infrastructure to enable timely referral, appropriate facilities and access to medicines. We appreciate the difficult contexts in which our partners undertake these important programs and are impressed with their ability to overcome challenges and achieve positive, life-changing results.

After training at Bita village, Bandundu province

DR Congo

Midwifery club members, Luvungi

DR Congo

Ethiopia

Throughout this year we have continued to work with the Afar Pastoralist Development Association (APDA) operating in the Afar Region in Ethiopia. APDA supports around 30 per cent of the Afar population through their programs.

APDA deliver primary health care and education to the Afar pastoralist society through the provision of mobile services that are based on clan law and Islamic belief. Their interventions are built on the Afar culture and incorporate local healers and Koranic teachers from the communities in which they work, which allows for successes in long-term societal and behavior change. APDA also works to advocate and lead change in policies concerning pastoral development and in improving their relationship and working together with the government.

Our partnership with APDA has again seen great success this year, with the conclusion of the second year of a three-year project held in Dullassa Woreda, Zone 3 of the Afar Region.

Afar woman and her baby

The project includes four core components:

1. Training of 10 women extension workers

This 45-day training builds on the women extension workers' (WEWs) education in the first year of the project. After this comprehensive training, these WEWs were provided with a salary to raise awareness and assist their communities on a house-to-house basis, and provide reports back to their team leader on a monthly basis. This year, the WEW's achieved the following results:

- 25,875 women, girls and families received information and demonstrations on life skills associated with reproductive health.
- 1,871 messages provided by WEWs were aimed at stopping FGM and assisting those affected. During the year 27 women attended the Barbara May Maternity Hospital to undergo surgery to reverse the FGM and repair damaged tissue.
- 2,803 messages and assistance were given to those affected by early or forced marriage.
- The project dialogue of stopping harmful practices and caring for the pregnant, delivering and breast-feeding mother was kept alive by constant community presence.

2. Training for 40 traditional birth attendants

Forty birth attendants were provided with refresher training for 10 days and linked to a WEW working in their community (four TBAs to each WEW at 10 sites). The training consisted of identifying complications of pregnancy, childbirth and newborn, referral, performing a clean delivery, and stopping the six identified practices that harm the mother and baby. This element of the project achieved the following:

- Project trained TBAs serviced 78.3 per cent of the expected deliveries in the reporting period, which shows growing acceptance of utilizing a trained, equipped and networked TBA for delivery in preference to TBAs who have not participated in the program and who are not equally connected.
- Antenatal care was provided to 669 mothers by the trained TBAs.
- Clean deliveries were reported for 624 mothers.
- Postnatal checks were undertaken for 559 mothers in the first week after birth.
- Individual maternity records were used to document the above activities and are collected as part of APDAs maternity data collection.
- The individual records contained health promotion messages that the WEWs and TBAs discuss with the mother and family during pregnancy.
- Project trained TBAs remain very eager and willing to work to improve the birthing processes as discussed during their 10-day training.

3. Facilitating community workshops on harmful practices

A Harmful Practices Awareness team has conducted workshops and projected films in each of the 10 project sites, which has provided the community with the opportunity to talk about issues of safe motherhood and stopping harmful practices that affect women. This has enabled community mobilization and resolve from Islamic religious leaders to create action plans to stop harmful practices in their area. Community Development Committees (CDCs) were trained and strengthened. Key outcomes included:

- The 70 members of CDCs were trained in monitoring project activities and changes within their communities, which has been essential in maintaining the capacity for change.
- CDCs facilitated awareness gatherings in their communities.
- 1,230 community members had the opportunity to commit to stopping harmful practices against females, in the presence of their own religious leader and clan elders.
- The reported incidence of FGM in these communities has notably reduced in the period of one year due to the project intervention.

4. Producing 5,000 birthing kits locally

Five local women and a supervisor were employed by APDA to assemble a total of 5,000 delivery kits under clean conditions. These kits were distributed to the trained TBAs throughout the program.

Feedback and lessons from the project are as follows:

- Training courses provide a great opportunity and platform to review, discuss and reform strategies as well as for APDA to learn what has been happening in the communities.
- CDCs are the means for providing leadership and securing change in their communities. Their role in monitoring and reporting to APDA is very important.
- The district of Dullassa thoroughly enjoys and is involved in maternal and reproductive health discussions. There is fertile ground to build this into a productive response through the work of CDCs.
- Involving the community holistically is the only way to ensure the project will be accepted, that they will perceive themselves as a legitimate partner, and that change will be perceived as progress.
- Ongoing awareness involving all stakeholders is essential and a prerequisite to sustainable change.
- The delivery kits enable APDA to keep in touch with the TBAs, to receive reports on deliveries and provide the only source of clean material to protect both the delivering mother and TBA from infection.

Afar women at home

APDA has demonstrated that, through integrated and holistic programs that address cultural and religious practices and beliefs as a core contributor to maternal and reproductive health, monumental gains can be made towards the goal of improving the lives and survival of mothers, babies and families. We look forward to continuing our support for the third year of this essential project.

SWEAD TBAs receive training

India

India

This year our programs in India have touched the lives of many women, babies and families in marginalised communities in the state of Tamil Nadu.

Our field partners working in India all strive to bring health, education, development and dignity to some of the poorest families including those from tribal, nomadic and semi-nomadic groups who suffer negative discrimination due to their low caste. The birth attendants working in these communities are often illiterate and have acquired their skills through traditional means. They work with families that lack sufficient education on maternal and newborn wellbeing, as well as sexual and reproductive health, which contributes to high rates of teenage pregnancies, pregnancy complications and preventable childbirth-related deaths.

This year we have continued to support the work of the Society for Women's Education and Awareness Development (SWEAD) in improving outcomes for mothers, young women and babies through their multifaceted training approach, which includes education for TBAs/health volunteers and their husbands/caretakers, as well as sexual and reproductive health awareness program for adolescent girls. This is the second project in a three-year initiative in which 750 women, men and adolescent girls will benefit each year.

The TBA and husband/caretaker training outcomes have included:

- Two TBAs were trained in each of 125 villages, a total of 250 birth attendants trained by the program.
- A noted improvement in birth records.
- Increased antenatal visits and postnatal care received by mothers in these villages. 65 per cent of pregnant women received at least four antenatal visits and 92 per cent received information about the danger signs of pregnancy.
- An increase from 0 – 66 per cent of women who gave birth at home and delivered with a birthing kit.
- An increase in the number of women attending health facilities for family planning and immunisation services where referral by TBAs is possible.
- 250 husbands/caretakers motivated to support and advocate for TBA services in their communities, and the self-care and management program for adolescent girls.
- The formation of 115 community health clubs.
- The improvement in treatment of water, sanitation and garbage disposal.

The awareness program, which provided essential information and life skills in a safe environment for 250 adolescent girls, has had the following results:

- Empowerment of 250 girls to make better choices and utilize available services as well as to become peer educators, promoting gender equality and rights in their communities.
- Increased involvement in youth leadership activities at the community level.
- Reduction in school 'drop-outs' as a result of early marriage or pregnancy by 50 per cent.
- A reported 30 per cent of girls now attending voluntary counseling and treatment of reproductive tract and sexually transmitted infections.
- A reported 85 per cent of participants plan to defer marriage until reaching the age of 18 years.
- 125 villages supported to adopt modified practices and beliefs that reduce violence against girls.

SWEAD reported multiple challenges in implementing this program including existing cultural and traditional practices, poverty, low literacy levels, women discouraged from participating as well as community resistance to the unorthodox training program. Given the level of poverty also experienced by the TBAs, a request was made for compensation by the family and birthing mother for the services they provide. SWEAD, in consultation with the community and women leaders of several villages, supported a proposal to enable TBAs to negotiate a minimum fee (one day salary of Rs.100, a fraction under AUD$2) with the birthing family for their service.

SWEAD uses creative approaches to development and have a unique way of reaching and building long-term behaviour change in the communities they serve. They work with local authorities to find sustainable solutions to address health problems designed to fill gaps in the present health system rather than initiating new services.

Since working with BKFA, SWEAD have been appointed a member of the District Task Force Committee for Child Protection, where they have been involved in identifying illegal abortion centres. Female infanticide is prevalent in their target area to the extent that government clinics are prohibited from notifying parents of their baby's sex prior to birth. Parents must seek out private ultrasound clinics, which commonly result in the abortion of female foetuses. Together with the district administration SWEAD have effectively closed 2 scanning centres used for sex selective termination.

This year SWEAD has also undertaken to increase skills and knowledge in the wider community through a BKFA-funded training of trainers program through which 10 trainers from 10 NGOs working in 10 different districts have been recruited to participate in a 10-day residential maternal health training course with a three-day refresher course after six months.This model has been adopted as a way of effectively extending the reach of education programs and strengthening the network and relationship between NGOs working in the similar field.

An improvement in maternal and newborn outcomes has also been achieved by the Centre for Social Action, Women's Education and Development (SAWED) Trust, another BKFA partner organisation that works with communities in Theni and Dindigul districts of Tamil Nadu.

Between May 2015 and April 2016 SAWED Trust successfully completed a TBA training that built on previous successful programs and experience. A total of 200 birth attendants, pregnant women and mothers were educated in a series of eight two-day courses on a range of issues around safe motherhood. SAWED Trust also engaged the community using street skits and dramas to stress the importance of topics as diverse as the dangers of HIV/AIDS, the importance of children's education and a clean birth, and the value of breastfeeding.

SAWED Trust focuses their efforts on the most disadvantaged women, namely tribal and Dalit women living in rural areas. Their program is implemented in interior villages and remote hamlets where government resources are limited and movement is restricted due to naxalite/communist guerrilla groups operating in the area. For security reasons, birth attendants and women are brought together for training in the organisation's training centre. Throughout the year, SAWED Trust has conducted 25 community awareness-raising sessions in this pressured and difficult environment. They have now been supported by BKFA to train a total of 800 TBAs and women over the last six years.

In countries like India, maternal and child health issues can be a serious threat to socio-economic development and overall health status of the population. The benefits of improving outcomes for mothers and babies in both the short and long-term are great and we are proud to be working with dedicated local organisations that share our vision and implement relevant and effective solutions for sustainable change.

Sharing experiences, Sweet Mother International

Nigeria

Nigeria

Nigeria is one of BKFA's highest priority countries. Every day in Nigeria over 700 babies die, which makes it the African country with the highest annual newborn death toll at over 260,000.

Tragically, most of these deaths are preventable. In one year, Nigeria also suffers an estimated 40,000 maternal deaths (WHO, 2013), which has ongoing and deeply significant impact on families and whole communities throughout the country.

In response to this need, BKFA provided 58,800 birthing kits to organisations working across a range of maternity care settings including teaching hospitals, antenatal clinics, outreach services and community groups.

We would like to acknowledge the enormous contribution of the Rotarian Action Group for Population and Development (RFPD) in distributing 36,000 birthing kits through their network of Rotary Clubs, communities and Maternal and Child Health project hospitals with a reported 'remarkable result' in terms of reducing child-birth related infections and increasing attendance at antenatal clinics.

Throughout this year we have been developing our partnership with Sweet Mother International (SMI) operating in Kwara State in Western Nigeria. A 12-month project commenced in August 2015 with the purpose of addressing the issues resulting from high rates of births at home with no skilled assistance.

The key components of this project include the training of 120 birth attendants, supplying TBAs with birthing kits and essential materials, community advocacy and sensitization, and linking trained TBAs with community development committees and static health centres.

Three training programs have taken place in the rural centres of Ilorin, Oro and Patigi, and two community development committee meetings were also held in each location to reinforce the purpose of the training, address broader development concerns and provide support to the TBAs and their work. An interim report from this project described positive changes in TBA behaviour including the adoption of use of birthing kits and clean delivery practices, and the referral of mothers experiencing complications during pregnancy and labour by trained TBAs to higher level care such as static health facilities.

My name is Nnenna Udom. I am married. My mother is the one who delivers our babies for all my married sisters and some people here in our village, because she is a traditional birth attendant.

When I received the birthing kit from PeachAid because I was pregnant, I decided to go and deliver in the health facility so that I can use what they gave me.

I saw when she used everything inside it to help me deliver my baby girl. I like the feeling because I was using something from overseas to give birth.

I was not afraid too because I know what is inside the birthing kit will not allow me to die. I thank PeachAid for helping us.

My baby is happy too.

The key challenge faced to date has been the sudden increase in fuel costs that have impacted all aspects of implementation from transport, cost of other products and services, and the use of a generator for training sessions in the absence of electricity. This highlights the instability in which many of our field partners are operating.

SMI witnessed the "acceptability of this program by the communities involved, all who expressed their total support and cooperation during our meetings with them, and which made mobilization of the TBAs very easy for us".

The CDCs played an important role in promoting TBA participation, and was able to restrict the practice of those TBAs unwilling to receive education in safe delivery, newborn care and referral.

This has illustrated the essential role of communities working together to develop new standards of care provision and in supporting behaviour change. Strengthening community engagement has been one of SMI's important project achievements and this will no doubt continue to have a long-standing and positive impact for mothers and babies in their project areas.

Kit Production and Distribution

Field Partner	Country	Kits Initially Requested	Kits Sent to Date	Notes
Aid for Africa Down Under (AFADU)	Zimbabwe	200	200	*AFADU has previously worked with BKFA and has recently re-established an active partnership to send kits to rural community in Zimbabwe.*
Alternatives Durables pour le Developpement (ADD)	Cameroon	1,500	200	*A new partner who supports sustainable self-help initiatives for the poor and marginalised indigenous population in Cameroon. They will distribute birthing kits through clinics and to pregnant mothers.*
Apostle Padi Ologo Traditional Birth Centre	Ghana	1,500	400	*Birth attendants previously used 'rags in place of gauze, razor blade in place of scalpel, bare hands in the absence of gloves.' The community now feels sure of a safe delivery.*
Assn. Infermier Sans Frontiere (AISF)	Burundi	2,000	1,100	*Prior to having birthing kits 'we were cutting the umbilicus with the razor, we were using mat or plaited mat (mrago) during the delivery, we were using the rope or the stitch of sewing (huzi) to shutoff or tire the umbilicus, in delivering we were using the blank or empty hands, we were using the handkerchief or scarf (vitenge) to make the place of birth clean.' Unfortunately the clinic has been recently closed due to political reasons.*
Australian Doctors for Africa (ADFA)	Madagascar	800	800	*ADFA have commented that now 'every mother receives a birthing kit and therefore a clean birth, which previously was unavailable.'*
Beaton Foundation Initiative	Uganda	200	200	*A new partner whose mission is to transform women in rural areas by empowering them through education on health and women's rights. They will distribute birthing kits to marginalized communities.*
Centre for Girls Interaction (CEGI)	Malawi	900	1,000	*Kits are distributed to a number of health facilities. Training sessions are provided and correct use and disposal are ensured in collaboration with health workers and traditional attendants.*
Centre for Social Action, Women's Education and Development (SAWED Trust)	India	1,500	400	*SAWED have not received any kits this past financial year but continue to work with TBAs. Each TBA attends a small number of births each year and thus the supply has been adequate.*
Child Aid Development Foundation International (CADFIN)	Cameroon	200	200	*A new partner who aims to reduce poverty by enabling disadvantaged children, youths and families to become self-sufficient. Their target beneficiaries for birthing kits are young girls and women that are exposed to harmful traditional practices.*
COGESTEN/ed	Togo	1,500	500	*A new partner. Poverty is the main issue for COGESTEN/ed's target population. Mothers refuse to go to health centres for fear of expenses. It is common for women to have their first baby at 12 years old. We look forward to learning of the impact of the birthing kits over the coming year.*

Field Partner	Country	Kits Initially Requested	Kits Sent to Date	Notes
Deepam Trust	India	700	500	*Deepam Trust have noted that the birthing kits 'mean life or death for pregnant woman and her baby. It is a most basic essential, the kit helps pregnant women who are unable to get to a health facility on a delivery, crisis or emergency situation.'*
Dept. Primary Health Care, Bayelsa State	Nigeria	4,000	4,000	*'Health workers now have more confidence in the conduct of deliveries without running into complications of infections to mothers and neonatal sepsis, we now also have records of clean and safe deliveries.' Distribution takes place in a riverine area which makes travelling particularly difficult.*
Egoli Africa	Uganda	600	800	*'The majority of women give birth at home without any assistance…The importance is big for pregnant women. Every day I see pregnant women coming to the medical centre in Kameke to request a birthing kit. We register who takes a birthing kit from the medical centre and later check with the women involved how it has impacted them.'*
Enga Baptist Health Services	PNG	200	200	*Enga Baptist Health Services has previously distributed BKFA birthing kits in remote areas of PNG. The recipients of the birthing kits are trained village health volunteers who are caring for women who are often 1-day's walk from health services through rugged, mountainous terrain.*
Future Warriors Project	Tanzania	200	200	*A new partner working with Maasi women in West Kilimanjaro that live a semi-nomadic lifestyle. They have limited access to adequate health services and transport. Birthing kits will be distributed to birth attendants, pregnant mothers and through the local clinic.*
Green Ark Committee	DR Congo	4,000	3,100	*Green Ark have reported back that 'The distribution and the use of birthing kits has…spared mothers/expectant women and newborns from childbirth infections (tetanus, etc.)'*
Hacey Health Initiative	Nigeria	5,000	6,000	*Since the arrival of the birthing kits 'the TBAs have adopted hygienic birthing practices and refer difficult delivery cases to medical centres and hospitals. They also practice singular use of the birthing kits provided.'*
J. Helmich West Papua	Indonesia	50	50	*'The traditional practice has been that inland women go into the forest and give birth alone. At the demonstration (information session hosted by J. Helmich) there was such fun, especially the women play acting the labour and others two or more helping the mother to get into a birthing position…My feeling was that this enthusiasm was breaking down former taboos of birthing alone.'*
Hurumia Watoto	Tanzania	1,000	1,200	*A recipient of the kits shared that 'normally midwives asked me if I came with a birth kit and I told them I have... I gave and they opened the kits prior preparation and in the night I delivered safely a baby boy…and we are all in good health! Many women need health in our Tanzania community, because many cannot afford to buy all the list of materials told at the hospital, this situation leads many women to deliver unsafe.'*
International Women's Initiative (IWI)	Uganda	3,000	200	*IWI partners with a local Ugandan organization to ensure delivery and follow-up of the birthing kits. They have developed data collection and reporting forms and birthing kit guidelines for their local counterparts.*

Field Partner	Country	Kits Initially Requested	Kits Sent to Date	Notes
Mama & Me	Uganda	200	200	*A new partner that works with mothers in the slums of Jinja. They provide pregnancy support, child-minding and training in marketable skills and financial literacy for poor mothers to enable independent living. They often cannot access health services due to cultural or financial barriers even thought they live in close proximity.*
Michael Lapsley Foundation	Ghana	5,000	2,200	*A new partner who aims to improve the quality of life of the underprivileged. They work across many regions of Ghana.*
Mission in Health Care & Development (MHCD)	DR Congo	20,000	25,000	*Birthing kits are distributed through an extensive network of community leaders and birth attendants through Eastern DR Congo and Kinshasa province. TBAs are often members of midwifery clubs that provide support and enable follow-up on the use of the kits.*
On Call Africa	Zambia	300	0	*Distribution activities have continued. On Call Africa have noted the following benefits since the arrival of the birthing kits. 'Women have a clean safe birth. It encourages them to attend our clinics for antenatal care as they will receive a birthing kit.' In some areas if women attend the Rural Health Centre for the birth they must provide their own razor, soap and gloves. Some cannot afford or find these so are frightened to attend without.'*
One Family at a Time	Cambodia	100	200	*A new partner based in Australia providing support to a community in rural Cambodia. They distribute kits to pregnant mothers, traditional birth attendants and clinics. Their target population has experienced recent conflict.*
Peace and Conflict Resolution (PCR)	DR Congo	8,400	5,000	*PCR have noted that in their training sessions they are stressing the need for individuals to use their own birthing kits, rather than sharing one kit amongst several women. PCR ceased their partnership with BKFA this year due to difficulties in collecting shipments.*
Peachaid Medical Initiative	Nigeria	1,000	600	*A new partner working in rural Nigeria with target populations described as being of ethnic minority, displaces persons and refugees, and with a history of recent conflict. They distribute kits to a range of health services, birth attendants, community workers and pregnant mothers.*
Prime Diamond Initiative for Community Health (PDICH)	Nigeria	200	200	*A new partner whose mission is to save the lives of vulnerable mothers and newborns. They will provide birthing kits to pregnant mothers in rural areas of northern Nigeria to marginalized and high-need families.*
Redefined Ministries	DR Congo	3,600	4,000	*Redefined Ministries have noted that the benefit of the birthing kits is also felt by the midwives, TBAs etc. For example 'in the course (of training sessions), we have noticed that many have developed more love for the work and even loving the patients. Knowing that there are people and also bodies like Redefined Ministries and BKFA so minding so much about these expectant mothers and new births, more attention and seriousness is now being witnessed in this area in various maternities.'*
Rotarian Action Group for Population and Development (RFPD)	Nigeria	20,000	36,000	*RFPD have noted that when birthing kits were not available 'it was difficult to maintain cleanliness without the birth kit. Old rags and mats were used for conducting deliveries which often resulted in post-partum sepsis and cord infection in babies.'*

Field Partner	Country	Kits Initially Requested	Kits Sent to Date	Notes
Rotary Club of Bairiki	Kiribati	1,000	900	*Our only partner in Kiribati works closely with the Ministry of Health to provide training and birthing kits to clinics and TBAs who serve 10-30% of birthing women.*
Rotary Club of Makindye	Uganda	200	200	*Rotary Club of Makindye have previously worked with BKFA and have recently re-established an active partnership to distribute birthing kits to pregnant mothers in rural Uganda*
S.O.U.L. Foundation	Uganda	200	200	*A new partner who works to foster sustainable and vibrant Ugandan communities. They will provide birthing kits to poor families in rural areas who have limited access to health services and clean delivery material.*
Safer Birth in Chad Foundation	Chad	5,000	4,000	*SBICF have noted numerous changes in the birth practices by TBAs since the arrival of the birthing kits. For example, 'the main change is to the improved awareness of simple hygiene and practices to improve safety for the birthing mother – e.g. changing or disinfecting the bed-cover used. The plastic sheet provided in the kits are valued for this reason, also the gloves when these are in short supply.'*
Social Relief Organisation (SRO)	Somalia	3,600	1,700	*SRO have noted that 'our community benefit much from the distributed delivery kits, BKFA's kits was confirmed to be the best portable and one time for one patient use kits. The most remarkable benefit is the reduced infections to the newly born baby and the delivered mother from all risky pathogens that could cause threat to both. Also in some cases the BKFA's kits is used in emergency life saving approach were there is no any safe kits or materials to be used for delivery, for instance when kits are used for delivery at home, the kits are used for emergency and thus saves more lives than we can all imagine.'*
Social Welfare Network Initiative (SWNI)	Nigeria	200	200	*A new partner that will work throughout multiple states in Nigeria distributing kits to community health workers, birth attendants and pregnant mothers as well as through health outreach services. Their target population has been identified as suffering displacement from recent conflict.*
Society for Women's Education and Awareness Development (SWEAD)	India	400	100	*SWEAD have noted that 'Before SWEAD-BKFA project trainings initiated, most of the untrained TBA are attending uncleaned hands and used deterioration knife (which used for cultivation of paddy crops). We have recorded more tragedies of case study regarding child birth such as maternity death in our target area. Now, we proudly say, we have trained 1300 TBA's and distributed 3200 Birthing kits in six district of Tamilnadu.'*
Soroptomist International of the South West Pacific	PNG	1,000	1,200	*Soroptomists have noted that 'all Health Centres are under resourced and lack midwifery equipment. The birthing kits will give the community health workers (CHWs) additional supplies when their allocated supplies run out. The CHWs are required to wash all the used sheets which is difficult when there is no water supply so the black plastic for example will be invaluable.'*
Sweet Mother International (SMI)	Nigeria	8,000	12,000	*According to SMI, 'Before the introduction of the birthing kits, the birth attendants were using mainly the traditional kit method. This includes, herbal preparations, engine oil, used cloths, local salt, sane etc.'*

Field Partner	Country	Kits Initially Requested	Kits Sent to Date	Notes
Talisman Energy	PNG	3,000	1,000	*Since the introduction of birthing kits, Talisman Energy reported a big change in culture and mindset of rural communities. They constructed birthing houses for women to birth in compared to delivery in bushes as per their old practice. During this year Talisman Energy ceased their birthing kit distribution activities.*
Teso Women Peace Activists (TEWPA)	Uganda	5,000	6,000	*The birthing kits have had a considerable impact in the communities where TEWPA operate. TEWPA note 'the introduction of the birthing kit project to the rural communities has played a big role in reducing child birth related infections. According to the District Health Officer Katawi, before the introduction of the project, most rural women preferred giving birth at home with help of traditional birth attendants and this posed a very big challenge to the new born children as most of them would get infections because of the unclean instruments like cloths, knives and used during delivery. He also added that, ever since the project was introduced, at least 90% of the mothers now deliver from their local health centres since the birthing kits are readily availed to their respective health centres unless before, when they were asked to buy and yet most of them couldn't afford because of the economic crunch that has affected Teso region. According to Grace, one of the health workers at the health centre, the introduction of birthing kits has accounted for 83% in reducing childbirth infections in the local health centres.'*
Think Humanity	Uganda	600	1,400	*Think Humanity have reported back that 'the resources in the refugee camps are scarce. We work the best we can with those with some knowledge on how to deliver babies. We have tried to write grants for more workshops, but we have more challenges getting donations toward healthcare. Education for children is not a problem and getting funding for a water well is not a problem, but to provide preventative education in healthcare doesn't seem to be a topic that people prefer to donate towards. To provide reproductive health education workshops is such an important program'*
Uganda Australia Christian Outreach (UACO)	Uganda	800	1,600	*UACO provide birthing kits to mothers alongside other important information. As reported to BKFA, 'at most of our centres which benefit from our programs, the expecting mothers are educated on how important the kit is. They are educated on the advantages of hygiene during delivery and during these sessions they are educated on infections such as tetanus, HIV, hepatitis B etc and their complications. These sessions take place every Tuesday.'*
Universal Ministry of Africa	Tanzania	5,000	1,200	*Kits are distributed to a population identified as ethnic minority and nomadic/semi-nomadic in rural Tanzania.*
Urunji Childcare Trust	Malawi	200	200	*With the birthing kits there has been 'reduction in infections just as there is a sense of cleanliness and hygiene…Among the many benefits to the community, women have dignity with giving birth. There is an increased desire to give birth at the clinic and that the women are no longer having the shame of not having a birthing kit.'*
Women Protection Society (WPS)	Uganda	200	200	*A new partner working in rural Uganda who will provide birthing kits to poor farming families via community health workers and existing health services, as well as directly to pregnant mothers.*

Field Partner	Country	Kits Initially Requested	Kits Sent to Date	Notes
World Hope	PNG	400	200	*World Hope have noted that 'When kits were supplied to them (TBAs), they were so excited because in the past they used whatever they could find such as old nappies, old clothes and torn towels to assist the delivery. It was not good, the baby would get infected and the mother and child stay at the clinic for some time. When the kits were used, the deliver process was done in a safe and clean way without causing infections to the mother and child.'*
World Vision Australia (WVA)	Afghanistan	0	0	*Distribution activities have continued. It has been noted that in the past, most of the deliveries at the community level were not safe because of the use of unsafe material…but now all of the pregnant mothers, community health workers and FHAG members know what a birthing kit looks like and how to use one. Mothers are encouraged to access these from the community health worker or clinic and will be helped to create a delivery plan*
	DR Congo	21,800	21,800	*Since using the birthing kits the 'childbirth conditions have improved. This month 0/180 infections compared to 15/120 last month…There has been changes in practice. Rather than women staying at home, they are prepared at ANC and bring the kit to the hospital and during labour.' Other changes that have been noted are that health workers are always using kits and this contributes to improved birthing practices. The use of clean gauze instead of used tissue or gauze has 'made our work easier in the patient room, as has access of soaps.'*
	Tanzania	0	0	*Distribution activities have continued. Birthing kits are well-received but discrepancies with national and local health policies need to be clarified before further kits are sent.*
	Uganda	10,000	10,000	*WVA has reported that the Uganda team love using the birthing kits as part of their comprehensive maternal and newborn health programs.*
	Emergency	5,000	5,000	*These birthing kits have been placed in storage in Dubai for use in humanitarian response situations.*
World Youth International (WYI)	Kenya	3,000	3,000	*WYI note that success of the program is evidenced by 'the increased number of mother giving birth at the facility, the reduced number of birth related complications/infections.'*
Emergency response	Various	3,000	3,000	*Emergency response kits were provided to Rotary New Zealand and the Reproductive and Family Health Assn. Fiji which were used in response to Cyclone Winston in Fiji*
Total		**111,050**	**167,350**	

Treasurer's Report

Our focus again this year has been on growth, making our processes more efficient, and building our cash reserves.

The Board has invested in the staff team employing a Fundraising and Marketing Manager and another member to the Program team. It has been another year of conservative results for BKFA's investments, which remain in cash and term deposits, recognising that while these investments are conservative they are secure and enable cash flow during the whole period. Again, we have been able to top up our cash reserves, which allows for long term planning and flexibility. Our operating result as of June 2016 was a surplus of $90,486 which is very pleasing as we had budgeted for a small deficit of $2,937.

Our total revenue grew by $119,034, mainly due to the increase in kit making. This year we produced 173,600 kits. We have been supported again this year with philanthropic and sponsorship funds and have received non-monetary support which has reduced our cash expenses.

The diversity of our donations has increased this year as we welcome Catriona Neil-Dwyer to our staff as the Fundraising and Marketing Manager. I expect next year will be more exciting as we will have Catriona on the staff for a full twelve months.

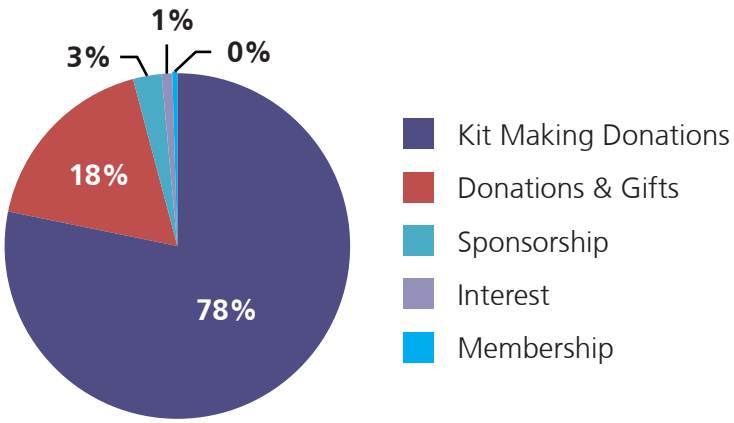
Where our support comes from

Donations and gifts: Contributions from the Australian public, philanthropy and our small business partners in the Business for Birthing Kits program.

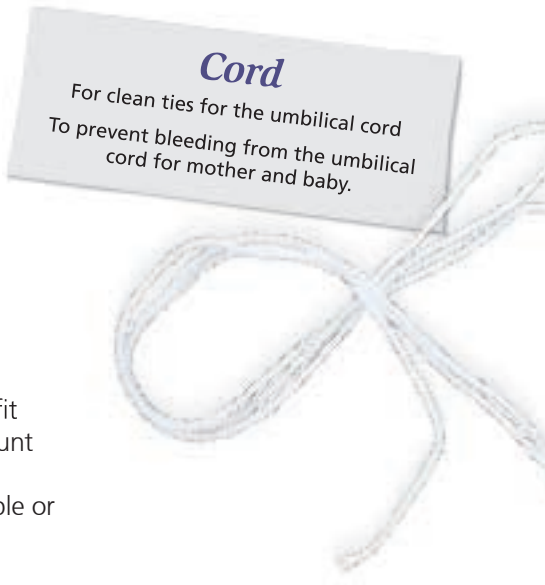
Kit making donations: Funds received from Zonta clubs, community groups, schools, universities, Vision Sisters and individuals who fundraise to hold assembly days.

Other Donations: Including sponsorship, membership.

Three generations packing kits at a baby shower Assembly Day in May 2016



Expressed as a % of Total Income excluding Donations in Kind.



Where the money goes

Expenditure this year was within the planned budget. BKFA acknowledges that fundraising and administration expenditure is essential to ensure that our core business can increase as well as our management structure maintained. We see this as an investment in the financial sustainability of the organisation to allow us to continue to deliver our work well into the future with confidence and stability. We will continue to develop strategies to decrease our operational costs as well as to continue to invest in fundraising and marketing strategies to strengthen our financial position to ensure the continuation of our overseas programs. Our administration ratio this year was 19 per cent and fundraising was 9 per cent.

Cost of birthing kits includes purchasing of supplies, storage, freighting to assembly days, support costs and freight overseas.

Community Development Program costs relate to overseas education programs and in-country kit production.

Fundraising and marketing covers costs associated with securing donations that fund our work.

Administration and accountability includes costs associated with the overall operational capability of BKFA.

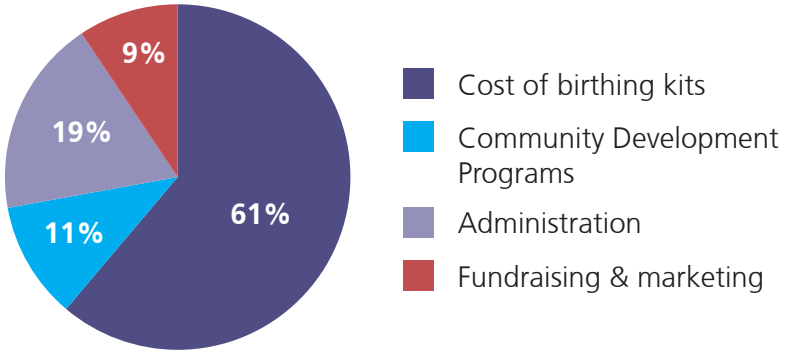
Table of cash movements for designated purposes

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.

Cash Reserves

It is good practice for a not-for-profit business to have a reasonable amount of funds in reserve to continue to function in the event of unfavourable or unexpected circumstances.

For many years now BKFA has recognised the need to do more than just provide birthing kits. We have identified the need to support community development programs that enable sustainable changes in safe birthing practices. To date we have provided funding on a project by project basis, but are about to introduce a grant model which will allow us to evaluate all programs on a comparative basis. We are intending to support worthy projects over a number of years, rather than on a yearly basis. This requires a significant amount of cash reserves, to give assurance to our field partners that we can support multi-year projects. BKFA is committed to accountable and transparent financial management and will ensure that funds are used as intended.



Expressed as a % of Total Expenses from Income Statement.

> *It opened our conscience and give us a new life … I am more knowledgeable and ready to help my community. In six months I trained 150 TBAs and opened three midwifery clubs.*

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 report balances agree to the balances in the summarised financial reports, which are included in the annual report. BKFA full financial statements are available upon request at info@bkfa.org.au.

Moving forward

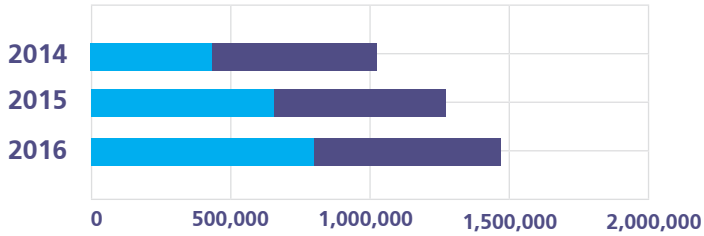
BKFA will continue to invest in, build and improve our program team as well as management and administration, and will proactively implement our fundraising and marketing strategy to ensure the continuance of our work.

We expect to develop a grant model to support worthy community development projects over a longer period rather than on the limited basis of six to 12 months as we have previously done. This will ensure better monitoring and evaluation as well as giving partners a better opportunity of longer term planning and aims to result in better, more sustainable positive outcomes in maternal and newborn health.

We will continue to pursue grant and philanthropic opportunities for financial support, as well as develop strategies to decrease our operational costs along with growing our supporter base and continuing our valuable relationship with Zonta clubs 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.

Financial Performance for the past three years



	2016	2015	2014
Income	776,088	657,054	438,914
Expenses	685,602	615,937	569,423

The three-year comparison figures are sourced from the Full Financial Statements.

Directors' Declaration

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

a. The consolidated financial statements and notes of Birthing Kit Foundation (Australia) are in accordance with the Corporations Act 2001, including:

   i Giving a true and fair view of its financial position as at 30 June 2016 and of its performance for the financial year ended on that date; and

   ii Complying with Australian Accounting Standards - Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Corporations Regulations 2001; and

b. There are reasonable grounds to believe that Birthing Kit Foundation (Australia) will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors:

Maggi Gregory
Treasurer

Lena Grant
Chairperson

Dated the 16th of August 2016

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2016

	2016 $	2015 $
Revenue		
Donations and gifts		
Monetary	717,617	576,200
Non-monetary	27,521	11,600
Grants – Department of Foreign Affairs and Trade	-	37,046
Investment income	7,430	8,662
Other income		
Sponsorship	20,000	20,000
Membership	3,520	3,545
Total Revenue	**776,088**	**657,054**
Expenditure		
International Programs		
Funds to international programs	345,329	370,448
Program support costs	121,762	95,641
Community education	-	-
Fundraising costs – public	64,392	13,582
Accountability and administration	126,598	124,666
Non-monetary	27,521	11,600
Total international aid and development programs expenditure	685,602	615,937
Total expenses	**685,602**	**615,937**
Excess/(shortfall) of revenue over expenditure	**90,486**	**41,116**

NOTE: For the purpose of the Australian Council for International Code of Conduct, at the end of 30 June 2016, Birthing Kit Foundation (Australia) had no transactions in the following categories: Bequests and Legacies, Other Australian Grants, Other Overseas Grants, Revenue for International Political or Religious Adherence Promotion, Government, Multilateral and Private Fundraising Costs, International Political or Religious Adherence Promotion Programs Expenditure and Domestic Programs Expenditure.

BALANCE SHEET AS AT 30 JUNE 2016		
	2016 $	2015 $
Assets		
Current		
Cash and cash equivalents	516,891	346,876
Trade and other receivables	83,260	113,507
Inventories	26,220	68,499
Current assets	**626,371**	**528,882**
Non-current		
Property, plant and equipment	-	-
Non-current assets	-	-
Total Assets	**626,371**	**528,882**
Liabilities		
Current		
Trade and other payables	12,054	19,850
Other Liabilities	187,600	172,800
Current liabilities	199,654	192,650
Total liabilities	**199,654**	**192,650**
Net assets	**426,717**	**336,232**
Member Funds		
Retained earnings	426,717	336,232
Total Member Funds	**426,717**	**336,232**

NOTE: For the purpose of the Australian Council for International Code of Conduct, at the end of 30 June 2016, Birthing Kit Foundation (Australia) had no transactions in the following categories: Bequests and Legacies, Other Australian Grants, Other Overseas Grants, Revenue for International Political or Religious Adherence Promotion, Government, Multilateral and Private Fundraising Costs, International Political or Religious Adherence Promotion Programs Expenditure and Domestic Programs Expenditure.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	Retained Earnings	Total Members Funds
Balance at 1 July 2014	**376,569**	**376,569**
Adjustments on error correction	(81,454)	(81,454)
Balance at 1 July 2014	**295,115**	**295,115**
Surplus/(deficit) for the year	41,116	41,116
Other comprehensive income	-	-
Total comprehensive income for the year	41,116	41,116
Balance at 30 June 2015	**336,231**	**336,231**
Balance at 1 July 2015	**336,231**	**336,231**
Surplus/(deficit) for the year	-	-
Other comprehensive income	**-**	**-**
Total comprehensive income for the year	90,486	90,486
Balance at 30 June 2016	**426,717**	**426,717**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	2016 $	2015 $
Cash and cash equivalents, beginning of the year	**346,876**	**357,887**
Cash flows from operations:		
Grants, donations and receipts from customers	760,515	630,743
Interest income	7,430	8,663
Payments to suppliers and employees	(597,930)	(650,417)
Tax and withholdings liabilities paid	-	-
Net cash generated	**170,015**	**(11,011)**
Cash and cash equivalents, end of the year	**516,891**	**346,876**

NOTE: For the purpose of the Australian Council for International Code of Conduct, at the end of 30 June 2016, Birthing Kit Foundation (Australia) had no transactions in the following categories: Bequests and Legacies, Other Australian Grants, Other Overseas Grants, Revenue for International Political or Religious Adherence Promotion, Government, Multilateral and Private Fundraising Costs, International Political or Religious Adherence Promotion Programs Expenditure and Domestic Programs Expenditure.

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

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

Corporate governance and financial accountability

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

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

Work Health and Safety

There were no workplace injuries or incidents reported in the 2015-16 year.

Complaints

No complaints were received in the 2015-16 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.

Women receive birthing kits from the Urunji Child Care Trust

Malawi

Board

BOARD OF DIRECTORS

Lena Grant (Chair)

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

2015-16 meetings attended: 11/12

Pip Coleman (Vice Chair)

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

2015-16 meetings attended: 11/12

Maggi Gregory (Treasurer)

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

2015-16 meetings attended: 12/12

Julie Monis-Ivett

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

2015-16 meetings attended: 11/12

Fiona Smith

Fiona's first involvement with BKFA was as the Project Administrator from April 2010 to September 2011, a role which gave her a thorough understanding of the operational work of the Foundation and its partner organisations. During this time, she expanded the supporter base via social media and broad-based promotion, and restructured the kit funding model to provide financial sustainability, independent of government funding. She has been a Director of BKFA from November 2011 to April 2012 and from November 2012 until the present time. She has been the Executive Director of BKFA since June 2014, overseeing the day-to-day operations of the Foundation and its staff. Fiona also sits on the Finance Committee. Her background is in business management, finance and marketing.

2015-16 meetings attended: 11/12

Tamara Tomic

Tamara has expertise in finance, governance and strategy, and brings experience from senior management roles across South Australia's public sector (including the health and disability sectors). She is the Chief Financial Officer of a statutory authority, part of the Governor's Leadership Foundation Program, a Certified Practising Accountant (CPA) and a Graduate Member of the Australian Institute of Company Directors (GAICD). Tamara is drawn to BKFA for its commitment to improving the well-being of women and children. She became a Board member in November 2015 and she sits on the Risk, Audit and Compliance Committee, Finance Committee and the Advocacy Committee.

2015-16 meetings attended: 7/8

Joy O'Hazy

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

2015-16 meetings attended: 11/12

Jenny Weaver

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

2015-16 meetings attended: 11/12

Cathryn Blair

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

2015-16 meetings attended: 7/8

BKFA Staff

Hilary Carruthers
Assembly Day Coordinator

Hilary joined BKFA in 2012 as AD Coordinator. In her role she manages the many Assembly Days held each year by our supporters. They will testify to her highly professional attitude and her wealth of knowledge. Holding your first Assembly Day can be confusing but Hilary makes the process so much easier with her willingness to always provide a solution to any question asked.

Zeshi Fisher
Program Manager

Zeshi brings a wealth of knowledge and experience. She holds a Bachelor of Midwifery and a Masters of Health and International Development. In addition, she has technical advisory, design and management experience on health and development projects in Africa and the Asia Pacific Region. More specifically, she has worked directly in the field with BKFA partner organisations in both Timor Leste and Ethiopia, so she has first-hand experience of the conditions and challenges faced by our partners. Zeshi identifies and manages all BKFA's overseas partnerships to ensure the safe distribution of kits to countries with the greatest need.

Adrian Harris
Logistics & Supplies Officer

Adrian has managed the warehousing of our supplies for several years. He has overseen the purchasing of the components of the birthing kits and the transport and logistics of the supplies and kits both within Australia and overseas since February 2011. His expertise and strong work ethic is invaluable. He was responsible for securing affordable air freight transport solutions for BKFA which has meant kits can get to where they are most needed within weeks rather than months.

Catriona Neil-Dwyer
Fundraising and Marketing Manager

Catriona brings a combined 15 plus years of agency and client marketing and fundraising experience. She has worked in fundraising and corporate partnership management in the international development space and more recently has held a position fundraising for medical research. Catriona is both developing new fundraising initiatives, and managing marketing and communications projects for BKFA.

Erica Osborn
Marketing and Fundraising Coordinator

Erica has been working with BKFA since 2010, originally in the role of Assembly Day Coordinator then moving into the role of Project Administrator, in 2011. In 2015 she took on the role of coordinating many of our marketing activities and managing BKFA's Social Media. *(Erica pictured with BKFA's newest team member, Emilie)*

Kellie Stelzer
Finance Officer

Kellie joined BKFA in 2012, taking over the day to day bookkeeping from our Treasurer and managing all aspects of our financial transactions. She has over 20 years of experience in accounting and finance and provides valuable support to our Treasurer, Executive Director, Company Secretary and our supporters. Kellie is also responsible for the management of our membership base.

Viki Bickerton
Company Secretary

Viki has worked in administration and marketing management in Australia and Canada. She first became involved with BKFA in 2011 and joined the Foundation as its Company Secretary in January 2013. She is responsible for keeping BKFA's fundraising and legal obligations compliant. In addition, Viki acts as Minute Secretary to the Board of Directors.

Plastic Sheet

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

Gauze

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

You'll never forget that look on a mother's face when you have helped save her life and that of her baby.

Child Aid Development Foundation International, Cameroon

Supporters

Birthing Kit Foundation (Australia) would like to sincerely thank the following organisations and individuals for their generous support in 2015-16.

Fullife Foundation

McIntyre Foundation

Mun (Australia) Pty Limited

World Vision

Pregnancy, Babies and Children's Expo

Sheenagh Edwards, Grant Thornton Australia

The Peggy Charitable Foundation

ProMed Finance

MamaMaya

Roseanne McInnes

Argon Design

Zonta International Districts 22, 23 & 24

Birthing Kit
Foundation
Australia

Birthing Kit Foundation
PO Box 330
Belair, South Australia 5052

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