Annual Report 2016/17

Birthing Kit Foundation
Australia

Contents

Birthing Kit Foundation Australia

Cover Photo:

Young mother and baby,
BKFA field partner TEWPA,
Kapujan Health Centre, Uganda.

Credit: Carousel Media

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

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

facebook.com/BirthingKitFoundationAustralia

birthingkitfoundationaustralia

Expectant mother receives birthing kit, BKFA field partner Egoli Africa, Kisozi Community,

Uganda Credit: Carousel Media.

Vision

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

Mission

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

Values

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

Chairperson's Report

The 2016/2017 year has been a milestone year for BKFA.

The Foundation marked the 10th anniversary of its incorporation as a company in September 2016, successfully setting out to raise funds for 24,800 birthing kits during that month. That is the number of women worldwide who still die from childbirth related complications each month – a reminder to us that there is so much more to be done. A celebratory Assembly Day was held in Adelaide attended by many wonderful supporters and sponsors. BKFA conferred lifetime membership on Margaret Parsons, for her exceptional dedication to the BKFA cause over the years.

In the whole of the 2016/2017 year, a total of 297 Assembly Days were held around Australia, with 197,900 birthing kits assembled. This is the biggest year ever for BKFA, and we are so thankful for all the people who take the time and trouble to perform this service, as well as those who donate funds and materials.

As at the end of this year we have 45 active partners distributing birthing kits to mothers in 20 developing countries. A field trip to Uganda was conducted by our Program Manager and Executive Director in March/April 2017, with the kind assistance of World Vision. They met a total of 10 field partners and two other organisations, made visits to 17 community settings and met the Minister for Reproductive Health at the Ministry of Health in Kampala. A comprehensive report with observations and recommendations from this trip will continue to inform BKFA's work over the coming months and years.

During the past year BKFA has been developing a focused program approach to community development programs. Our aim is to focus our resources on working collaboratively with a few partners in countries, committing to a defined period of some years to enable effective long-term planning. Ethiopia and Uganda have been selected as the initial countries of focus and in the following year our hope is to develop programs with our partners there to make a long-term difference.

Sponsorship during the past year has continued to be provided by many businesses and we are grateful to all of them. We would also like to acknowledge a significant bequest made to BKFA by the late Cecily Dignan, which we received in July 2016, and regular and selfless contributions made by other benefactors. We are also very excited about our collaboration with Robinson Research Institute on a research paper which we hope to see published within the next year.

We anticipate that this work will contribute to our understanding of issues relevant to maternal and infant health in developing countries.

There have been changes in the Board during the year. Tamara Tomic resigned in February 2017, and Fiona Smith resigned effective May 2017. Tamara did great work for the Board in areas such as risk management and performance evaluation, and always had a positive and calm contribution to make in Board discussions.
As Executive Director, Fiona was instrumental in developing BKFA organisationally, enabling it to perform at the level it now does. I cannot attempt to detail the vision and the initiatives she brought to her role, but the results speak for themselves. My thanks and best wishes, along with those of other Directors, to Tamara and Fiona and I wish them every success in all their future endeavours.

In April Ted A'Bear was appointed to fill the casual vacancy left by Tamara Tomic's resignation. His background in international development makes him a most fortunate addition to the Board and I am sure BKFA will benefit enormously from his knowledge and experience.

The Board is also pleased to announce the appointment of our new Chief Executive Officer, Deb Hartley, starting with the 2017/2018 financial year. Deb is highly qualified and experienced in public health and international development, and we are confident she will manage and develop BKFA in positive ways.

Finally, as always, I want to acknowledge all our wonderful and dedicated staff. Their hard work deserves our thanks. I also wish to thank the Deputy Chairperson Pip Coleman, who has given generously of her time and counsel, and Maggi Gregory our Treasurer, who is both kindly and meticulous.

Lena Grant
Chairperson

BKFA Board members and CEO Deb Hartley receive donation from Fullife Foundation

Linda Bui's baby shower: an Assembly Day for BKFA

Committee Reports

Advocacy Committee

The function of the Advocacy Committee is to pursue the BKFA Strategic Goal of making BKFA an active campaigner in maternal and infant health.

This year, Cathryn Blair and Julie Monis-Ivett continued their membership with the Committee and we welcomed Jenny Weaver in November 2016. Tamara Tomic resigned in the new year.

In 2016/2017, the Committee has largely focused on engaging with key internal and external stakeholders, including the Board and staff, in order to identify and align advocacy goals – goals that are central to the design of our new advocacy strategy and implementation framework.

In addition, the team has been busy working on an international calendar of events, new policies and designing a new voluntary Patrons and Ambassadors program that includes future provision for a new level of supporter - BKFA Champions.

We are looking forward to building on these new and improved programs to help achieve advocacy outcomes, strengthen stakeholder communications and inform advocacy-related decision making.

Young pregnant women, BKFA field partner TEWPA, Magoro Health Centre,

Uganda. Credit: Carousel Media.

Finance Committee

The Finance Committee is responsible for the planning, monitoring and evaluation of the Foundation's financial sustainability and capacity.

The Committee assists with the preparation of the annual budget, and reviews the budget on a quarterly basis to incorporate actual financial data and provide, if necessary, a revised forecast budget to the Board. The Committee reviews the profit and loss statement (against budget) and balance sheet on a monthly basis to ensure efficient management of the Foundation's funds.

The Committee consists of: Treasurer Maggi Gregory, Executive Director Fiona Smith and Director Jenny Weaver.

Organisational Development Committee

The Organisational Development Committee (ODC) is responsible for providing an ongoing review of people, processes and systems to support the aspirations of BKFA and the achievement of the Strategic Plan. This year, Pip Coleman and Cathryn Blair continued their membership and welcomed Julie Monis-Ivett in December 2016.

A large task undertaken by the ODC this year was to create a series of education and awareness modules and invest significant time with the Board to consider the theme of sustainability in the context of BKFA: highlighting elements such as our perception of the topic, funding sources, asset management, expense management, organisational structures and emerging trends in social sustainability. The series certainly challenged the Board's thinking and resulted in some fantastic discussions. We look forward to using those approaches to inform BKFA policies, stakeholder communications and decision making in the future.

The Committee also prepared, reviewed and reported on skills and succession planning for the Board. We updated and elaborated on the Board Skills Matrix to align it to current strategic topics; updated each Board member's registration and used the data to identify strengths and weaknesses within the Board composition. This informed the recruitment of the incoming CEO and our new Directors.

Along with those 'big ticket items' the Committee was instrumental in strategic planning, business planning days and assisted with the recruitment of new operational and governance resources.

Research Committee

The purpose of the Research Committee is to promote ways for BKFA to seek knowledge that we can use to ensure BKFA's practices are the most effective help for birthing mothers, and to support BKFA's advocacy for maternal and infant health. In the 2016/2017 year the Committee has focussed on formulating a systematic approach to research, making best use of the resources available to us, and a systematic approach to the regular review and validation of birthing kit content. The Committee oversees the extensive work done by Program Manager Zeshi Fisher in these areas of focus. At the end of the year, the Committee members were Joy O'Hazy, Pip Coleman and Lena Grant; Fiona Smith was a valued member of the Committee until her resignation in May 2017.

Committee membership was rotated in November 2016 and the work done by former members Maggi Gregory, Julie Monis-Ivett and Jenny Weaver prior to that date is acknowledged. At the time of writing, the Committee includes new Director Ted A'Bear and looks forward to implementing the research strategy that has now been approved by the Board, the continuation of collaborative relationships including Robinson Research Institute, and the conduct of highly relevant research on the 'six cleans' by research intern Alex Cummins, who is studying for a Bachelor of International Development.

Risk Audit and Compliance Committee

Tamara Tomic was a member of the Committee until her resignation, and to fill the casual vacancy, Ted A'Bear joined the continuing members Maggi Gregory and Lena Grant. In the 2016/2017 year, the Committee continued oversight of the Maternal Health Gift Fund, and prepared the ACFID annual self-assessment report (required for continuing accreditation by ACFID). The Committee regularly reviewed and reported to the Board on the BKFA Risk Register, with recommendations for action to address risks. The Committee continued its work of policy review and drafting new policy, including Travel Policy, Conflict of Interest Policy in line with ACSA recommendations, and revision of the Personnel Policy and the Finance Policy.

Mothers to be, BKFA field partner Egoli Africa, Nwangingi community,

Uganda. Credit: Carousel Media.

Ambulance, BKFA field partner TEWPA,

Uganda. Credit: Carousel Media.

Program Effectiveness, Evaluation and Learning

BKFA is a small but agile organisation that invests in learning and development to maximise its impact. This past year has seen significant investment in process, strategy and research that will enable greater immediate and long-term program effectiveness and impact as an organisation. This has included the development of program theories of change, an improved data management system and bespoke database, revised program strategy, and a greater focus on research and evidence.

BKFA strives to realise the elimination of preventable maternal and newborn deaths. This year infections were the primary cause of an estimated 35,000 maternal deaths, and sepsis - the body's response to infection causing damage to its own tissues and organs - was a contributing factor to an estimated 100,000 maternal deaths and the deaths of more than one million newborns.[1] BKFA's primary strategy for reducing preventable maternal and newborn deaths is through making available a simple tool for preventing infections acquired during or soon after childbirth - the birthing kit. Birthing kits comprise disposable components that have been selected in line with global best practice and consist of essential items required to facilitate the World Health Organisation's documented Six Principles of Cleanliness at Birth: clean hands, clean perineum, nothing unclean introduced into the vagina, clean delivery surface, cleanliness in cutting the umbilical cord, and cleanliness for cord care of the newborn baby.[2] Birthing kits have been cited by WHO as an essential basic supply for recommended pregnancy and childbirth care at home[3] and are promoted for routine use in humanitarian and emergency settings by global agencies.[4]

BKFA's kit distribution program is built on partnerships with organisations around the word that receive and manage the distribution of kits in the field. BKFA kits are received by distant and diverse beneficiaries in a wide range of social, cultural and political contexts. Through exploring available literature and our communication with field partners we are continually learning about the way in which birthing kits are best integrated, best distributed, and best monitored in these varying settings. A monitoring and evaluation visit to Uganda this year provided an opportunity for exposure to a wide range of distribution practices and programs across the country. Field partner meetings led to the development of key recommendations for improving partner selection and monitoring of partners and their distribution practices. These recommendations, and our new partnership and grant model now in its second year and including a newly functional database and data collection system, acts to strengthen our entire network of Field partners and the quality of our birthing kit program, and has enhanced our ability to provide feedback and record monitoring information for continuous improvement and learning.

Investing in the initial stages of a program monitoring, evaluation and learning framework this year involved mapping out a 'theory of change' for our kit distribution program and

Expectant Mother with birthing kit, BKFA field partner Egoli Africa, Kisozi Community,

Uganda. Credit: Carousel Media.

Mothers to be receive birthing kits, BKFA field partner CADFIN Cameroon,

Cameroon.

development initiatives. This was an important process of understanding our impact pathways and has enabled us to better articulate the strengths of our approach as well as highlight aspects lacking evidence or requiring further research. Research has also been a key focus this year as we emphasise the importance of quality evidence underpinning every aspect of our work. In collaboration with Robinson Research Institute (RRI) at the University of Adelaide, we have commenced a systematic review on the effectiveness and barriers/facilitators of birthing kit use, which will establish a foundation for further research and opportunities. Our Research Committee has established revised review processes for the components in our birthing kits – integrating new evidence and feedback from our field partners so that we continue to supply the most appropriate, up-to-date and high-impact kits.

Our field partners continue to report regularly on where and how our birthing kits are received by beneficiaries, and how their programs improve outcomes for mothers and babies. This year, field partner reporting requirements have been reviewed to better align with our donor and stakeholder needs as well as our program theory development. Testimonies from beneficiaries continue to be an essential reporting feature, with personal stories giving raw insights into the realities of birth for some of the world's most vulnerable mothers – and just how much a birthing kit can make a difference.

The world changed a lot in our time, once when a midwife was called to help a woman deliver it was a happy time, but now with the diseases being such a big threat, we can often only have negative thoughts. When we were trained, we told we could get an infection from the blood. The birthing kits have made me feel so safe now, something not felt since we were first told about the diseases.

Ngoije, midwife in Kitenden, Tanzania

HIV is a known risk to those involved in assisting women with births, the birthing kits have been extremely important in providing confidence in a reducing the risk of transmission between pregnant mothers, midwives and nurses. Previously there was a great deal of fear and reluctance to assist during births due to the risk of transmission.

Future Warriors Project, Tanzania

From our field reports and available literature, we know that until such a time that all health care facilities are readily accessible by all mothers and reliably equipped and staffed, birthing kits, along with trained care givers are a viable option for reducing mortality and rates of infection.[5] The distribution of birthing kits as a community-based intervention has also been shown to complement facility-based care as it promotes contact with the health system at crucial times and can support the movement towards facility-based and skilled attendance at birth.[6]

These birthing kits are an integral part of the ongoing projects in Somalia aimed at strengthening the health system, and community knowledge into the future. They provide a critical link between the clinic and the mother, allowing her to feel valued with tangible benefits, and therefore more likely to attend the clinic for antenatal check-ups, birth registration, vaccinations and assistance when her baby is sick.

World Vision Somalia

Another of BKFA's strategies for improving outcomes for mothers and babies in developing countries is to support field partners with funding and resources to undertake community development projects with some of the most vulnerable communities. In order to achieve greater impact and more sustainable change we have revised our program strategy this year to enable the development of increasingly evidence-based projects and in-depth partnerships. This is reflected by a strategic focus on three countries - Ethiopia, Uganda and India - within the regional areas of Eastern Africa and South Asia for our development work moving forward.

Mother and newborn, BKFA field partner Future Warriors,

Tanzania.

TBA training, BKFA field partner Rotary Club Kiribati Ministry of Health,

Kiribati.

[1]http://srhr.org/sepsis/

[2](WHO 1996 Essential Newborn Care: Report of a Technical Working Group http://helid.digicollection.org/en/d/Js2892e/2.1.1.html)

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

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

[5]Callister, L. C. 2016, 'By Small and Simple Things: Clean Birth Kits', American Journal of Maternal Child Nursing, vol. 41, no. 4, p. 255, viewed online 9 July 2016 <http://journals.lww.com/mcnjournal/Citation/2016/07000/By_Small_and_Simple_Things__Clean_Birth_Kits.11.aspx>

[6]Bhutta, Z. A., Das, J. K., Bahl, R., Lawn, L. E., Salam, R. A., Paul, V. K., Sankar, M. J., Blencowe, H., Rizivi, A., Chou, V. B., & Walker, N. 2014, 'Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?', The Lancet, vol. 384, no. 9940, pp. 347-370, viewed 13 July 2016 < http://www.sciencedirect.com/science/article/pii/S0140673614607923>

Ethiopia

This year marks the completion of a three-year project implemented by Afar Pastoralist Development Association (APDA) in the District (Woreda) of Dullassa, Zone 3, Afar Region, Ethiopia. Since 2014, BKFA has supported this project to improve maternal and reproductive health by reducing harmful traditional practices and promoting women's and community empowerment.

The district of Dullassa has an estimated population of 25,000, 70 per cent of whom are nomadic pastoralists of the highlands. Because of their geographical isolation, the nomadic pastoralists are often excluded from access to quality health and education services. APDA currently provides health and education services to around 27 per cent of pastoralist communities in Dullassa.

In this area of the Afar Region, rates of illiteracy are high, resulting in communities that rely heavily on traditional knowledge to guide their maternal and reproductive health practices. There is also a lack of motivation amongst some clan and religious leaders to lead change. Some of the traditional practices applied during pregnancy, childbirth and postpartum periods can have harmful effects on mothers and their babies.

Mother and baby,

Afar region of Ethiopia.

To address this situation, APDA adopts a community-centred approach that tackles a broad range of determinants that contribute to poor maternal and reproductive health outcomes amongst Dullassa communities. This approach is built on the Afar culture and incorporates local healers and Koranic teachers from the communities in which they work. The participatory nature of ADPA's health and education services ensures community ownership which allows Dullassa communities to be more responsive in addressing their health needs.

During this project year, the area faced many challenges, including drought conditions causing crop failure and loss of livestock, and which left Dullassa communities at risk of malnutrition and maternal and newborn deaths, placing a heavier burden on health workers in the community. The threat of a cholera outbreak also impacted on the prioritisation of primary health care activities.

Key Achievements

Despite the challenges faced, APDA's three-year community development project demonstrated that the longer-term engagement in communities is an effective and sustainable way to have a lasting impact on the communities involved. The project's community leadership has facilitated a supportive community environment that has promoted healthy changes in maternal and reproductive practices and improved outcomes, notably:

- Reduced maternal and newborn mortality within the intervention areas.
- Significantly increased movement of pregnant and birthing mothers seeking care outside of the district at better equipped health centres.
- Increased referrals by APDA-trained workers in the community.
- Community commitments to cease harmful practices.

APDA's maternal and reproductive empowerment project achieved these successes through the maintenance of the following four core components and activities:

1. Training of 10 Women Extension Workers (WEW)

Ten WEWs participated in a 45-day refresher on maternal and reproductive health with a strong focus on violence against women. Half of the training comprised a practical component to allow the WEWs to practice, in a real setting, the facilitation of community discussion to identify problems and solutions to poor maternal and reproductive health. The refresher training prepared the WEWs for their paid employment to provide house-to-house education in healthy maternal and reproductive behaviours. The WEWs facilitated 38,366 discussions, demonstrations and counselling sessions on healthy maternal and reproductive behaviours in 10 Dullassa communities. These included:

- 4,083 health promotion activities which raised awareness about the health and human rights issues surrounding female genital mutilation.
- 3,654 health promotion activities which offered assistance to women and girls affected by forced or early marriage.
- 741 health promotion activities which raised awareness around women's rights against violence.

2. Training for 40 Traditional Birth Attendants (TBAs)

Forty TBAs were provided with refresher training that included: identifying complications in the pregnancy, childbirth and postpartum periods; referring mothers at risk; performing a clean delivery using clean birthing kits; reporting and record keeping; and a continuum of care approach that links each TBA to a WEW in their community. During the project period, trained TBA-WEW teams serviced 72 per cent of the deliveries, reported 532 clean births and 275 pregnant mothers were referred in a timely manner to a better-equipped health facility outside the Dullassa District. During the year, just one maternal death and three newborn deaths were reported. This is considerably lower than the previous year in which the project area experienced a total of four maternal deaths and 20 newborn deaths.

3. Facilitating community workshops on harmful practices

WEWs led 10 workshops that facilitated the formation of Community Development Committees (CDCs) to shift harmful beliefs and practices at the community level. The WEWs worked with 70 religious, clan and youth leaders to develop their understanding on how some traditional beliefs and practices can have harmful effects on women and girls' maternal and reproductive health. The workshops engaged 30 female and 40 male community leaders and focused on building the capacity of these to monitor harmful practices and become agents of change within their communities. These workshops led to the opportunity for 2,200 community members—in the presence of leaders—to commit to abandon traditional beliefs and practices that have harmful effects on women and girls' maternal and reproductive health.

Traditional Birth Attendants are trained in the use of the birthing kit, BKFA field partner APDA,

Afar region of Ethiopia,

4. Local production of 5,000 birthing kits

Five Afar women were employed by APDA for five months to assemble 5,000 birthing kits. These kits were distributed to trained TBAs throughout APDA's projects, across the Afar region during the 12-month project. By supplying clean birthing kits, APDA is able to maintain strong networks with the trained TBAs, through which they are able to access records of pregnancies, births and deaths to monitor changes in maternal and reproductive health outcomes in the district. It has been reported that APDA's birthing kits are the only source of clean birthing supplies in the district of Dullassa.

Women Extension Workers in training, BKFA field partner APDA,

Afar region of Ethiopia.

Demonstration of the birthing kit by trained midwife, BKFA field partner SAWED, *India.*

India

In the last 16 years, the maternal mortality ratio in Tamil Nadu has dropped from 145 deaths per 100,000 live births in 2001-02 to 68 deaths in 2013-14.[7]

While the improvement in maternal and reproductive health is testament to the government's commitment to provide quality maternal and reproductive health services for all, this improvement is not shared equitably across communities. In particular, the Dalit and other marginalised tribal groups are more likely to experience poor health outcomes than other groups in Tamil Nadu; poverty, affordability, discrimination and lack of availability often prevent these groups from accessing the quality health care services they need to enable healthy maternal and reproductive outcomes.

In Tamil Nadu, BKFA has continued to work with the Society for Women's Education and Awareness Development (SWEAD) and the Centre for Social Action Women's Education and Development Trust (SAWED Trust) to improve maternal and reproductive health outcomes amongst Dalit and other marginalised tribal groups. These non-government organisations (NGOs) use a community-based approach that aims to improve the maternal and reproductive health services available in these communities and enhance care-seeking behaviours.

Both SWEAD and SAWED Trust's program approaches encompass the training of local Traditional Birth Attendants (TBAs), and awareness-raising activities around healthy maternal and reproductive practices that aim to promote care-seeking behaviour amongst their target communities.

Society for Women's Education and Awareness Development (SWEAD)

SWEAD works with rural villages in the subdistrict of Tittakudi of Cuddalore District, Tamil Nadu. This year SWEAD completed the final year of a three-year intervention in their target communities. Their community-based care approach to improving maternal and reproductive health has focused on TBA/community caregiver training in safe pregnancy, childbirth and postpartum practice; and awareness raising activities aimed at engaging and empowering men, adolescent girls, and other community members with the knowledge to enable positive maternal and reproductive outcomes.

[7]Government of Tamil Nadu (2014) Health and Family Welfare Department Policy Note. 2014-15, Government of Tamil Nadu, Chennai.

Key Achievements

- No newborn deaths recorded by TBAs during the project year.
- Increased referrals of pregnant mothers to health facilities for family planning, antenatal and immunisation services by TBAs.
- Education programs have generated positive changes in male attitudes and behaviours related to maternal and reproductive health.
- Increased awareness in the communities of sexual and reproductive health services available for adolescent girls.

TBA/Community Caregiver Training

SWEAD's TBA/community caregiver training provided participants with skills and knowledge in positive reproductive and maternal behaviour, basic obstetric practice, and identification and referral practices. Two hundred and fifty TBAs and community caregivers received five-day maternal and reproductive health training. Participants were from 125 villages in the sub-district of Tittakudi, Cuddalore District.

In order to support the roles of trained TBAs in these communities, SWEAD negotiated a standard 'fee-for-service' which would be paid by families on receipt of care and enable the trained TBAs to maintain their work; a significant outcome for TBAs who also live on the edge of poverty.

Awareness-Raising Activities

SWEAD's awareness-raising activities focused on engaging and empowering community members with the knowledge to enable positive maternal and reproductive outcomes; men and adolescent girls were the primary targets of these activities.

In Tamil Nadu, maternal and reproductive health is seen as a women's issue, yet men generally control the resources that facilitate decisions around sexual and reproductive health and access to healthcare. This male-dominated decision making continues to be a challenge to the degree that some mothers are restricted from leaving their residency. SWEAD's awareness-raising activities targeted the gender-based power inequalities that exist in decision making by educating men about women's maternal and reproductive health needs and rights. During this program, 260 males participated in a one-day education program.

SWEAD's awareness-raising activities also included sexual and reproductive health education for adolescent girls. The educational activities aimed to empower adolescent girls with the knowledge and agency to make decisions around their sexual and reproductive health rights. During this program, 260 adolescent girls participated and were able to share issues about their health.

A challenge faced by SWEAD during this project was the community opposition to sexual and reproductive health education for adolescent girls. Community leaders expressed fear that it would lead to promiscuity, experimentation and irresponsible sexual behaviour. SWEAD dealt with this challenge by involving community leaders in dialogue around the benefits of education and how it can empower adolescent girls to choose healthy, responsible behaviours. Even so, this opposition remains a challenge, as does the prevailing gender imbalance that prevents access to sexual and reproductive health services.

Centre for Social Action Women's Education and Development Trust (SAWED Trust)

SAWED Trust also work with rural villages in Tamil Nadu and this year commenced a 12-month project with the Dalit and marginalised tribal groups in the districts of Theni and Dindigul. In their target communities, SAWED Trust facilitates TBA training and awareness-raising activities on maternal and reproductive health. SAWED Trust have applied a community-based care approach aimed at empowering communities with information and skills to develop appropriate maternal and reproduction health services that serve their own communities. The key challenge for SAWED Trust's activities is in reaching the very remote villages and beneficiaries of the project.

Mother with newborn baby, BKFA field partner SAWED,

India.

Traditional Birth Attendants receive training, BKFA field partner SWEAD,

India.

Birthing kits are distributed to trained TBAs, BKFA field partner SMI Nigeria,

Nigeria.

Nigeria

This year saw the completion of a 12-month project implemented by Sweet Mother International (SMI). This community development program aimed to reduce the maternal and newborn mortality rate in Kwara State, Western Nigeria.

Nigeria has one of the highest lifetime risks of maternal and newborn mortality in the world. In 2015, the maternal mortality rate was a staggering 814 per 100,000 live births and the neonatal mortality rate in the same year was 34 per 1,000 live births. SMI's understanding of the complex and interrelated factors of maternal and newborn mortality in Kwara State informed and guided their holistic approach to address this burden. While Nigeria's 2016 currency devaluation and oil crisis presented SMI with various program challenges, they were able to adapt their program activities to achieve their desired program outcomes.

SMI's strategy to address maternal and newborn mortality in Kwara State included a mix of promotive and preventative activities to bring about positive change in maternal and newborn health knowledge and practice.

Key Achievements

- Increased use of trained TBAs in the 24 target communities.
- Increased referral by trained TBAs to a higher level of health care.
- Generation of demand in project communities for further maternal and newborn health promotion activities.
- Engagement of community leadership in monitoring the maternal and newborn health practices and situation in their communities.

The project strategy included four primary activities:

1. Training for local Trained Birth Attendants (TBAs)

The training took place in the Local Government Areas (LGAs) of Ilorin, Oro & Patigi and provided 120 TBAs with hands-on instruction around safe and clean maternal and newborn health practice. To increase the relevance and success of the training, educational aids were translated into Yoruba Language for Ilorin and Oro participants, and Nupe Language for Patigi participants.

2. Distribution of kit and Information, Education and Communication (IEC) materials to SMI-trained TBAs

To complement the training in clean and safe maternal and newborn health knowledge and practice, SMI distributed 25 birthing kits to each of the trained TBAs. These kits enabled the TBAs to care for women who otherwise were unable to afford birthing supplies. In collaboration with the Ministry of Health Kwara State, SMI also provided TBAs with IEC materials to aid them in their community maternal and newborn health promotion activities.

3. Community advocacy and awareness-raising activities

To help facilitate engagement in maternal and newborn health preventative and promotion activities, SMI ensured that the project activities had full acceptance in the community by engaging community leaders in focus group discussion sessions. Health promotion activities were also undertaken in eight communities across the three LGAs of Ilorin, Oro and Patigi.

4. Connecting SMI-trained TBAs with the Community Development Committee (CDC) and Static Health Centres

To improve the availability and coordination of maternal and newborn health care in the target communities, SMI facilitated discussions with SMI-trained TBAs, CDCs and static health centres on improving maternal healthcare services in Ilorin, Oro and Patigi. These discussions helped to identify community maternal and newborn health needs and motivated community leaders to monitor the situation in each of their communities.

Birthing kit demonstration, BKFA field partner SMI Nigeria,

Nigeria.

Practical training for expectant mother, BKFA field partner SMI Nigeria,

Nigeria.

Kit Production and Distribution

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
Association Infirmier Sans Frontičre Burundi (AISF)	Burundi	900	900	*'AISF has AISF Community health workers [one in every village]. Their role is to transfer pregnant women to near hospital and educate them to deliver at the hospital, they also give them the kits and they do use them in case of emergency.'*
One Family at a Time (OFFAT)	Cambodia	100	400	*Somroang Yea Commune, Pouk District, Siem Reap Provence, is still under-resourced. Nurses at Somroang Yea Health Centre provide kits to pregnant women and also use them at the health centre for deliveries.*
Alternatives Durables pour le Développement (ADD)	Cameroon	2,000	500	*The plan for this program was for birthing kits to be distributed through local health facilities with trained personnel and technical capacity. After the first 500 kits, the program was discontinued due to issues with communication.*
Child Aid Development Foundation International (CADFIN)	Cameroon	1,000	800	*'The kits have not been able to create the expected impact because we realized that even as the women bring along the donated BKFA kits, they are expected to buy the ones being introduced by the government. For this reason we will not be requesting more birth kits now until we have identified where there is urgent need.' The supply of kits was put on hold after 800 kits.*
Safer Birth in Chad Foundation (SBICF)	Chad	5,000	1,000	*'The hospitals where the kits are used provide birth facilities to the population of the locality. These are all likely to be identified as living in poverty by international standards. The main reason for discontinuation in partnership is due to a change of personnel in the Health Ministry, with the retirement of the person previously responsible for collecting the kits. Efforts to persuade his successor to carry on the programme were not successful.'*
Green Ark Committee (GRC)	DR Congo	3,000	3,000	*'Our Community health officer is responsible to distribute kits to nurses/midwives and expectant mothers in under equipped health centres during the antenatal check. Birthing kits are also distributed directly to traditional birth attendants (TBAs) who use them when assisting pregnant women to deliver. Traditional birth attendants receive instruction about how to use and to cleanly store the kits.'*
Mission in Health Care and Development (MHCD)	DR Congo	30,000	31,000	*'Materials [for birth] can only be purchased in towns so there is still need in the villages because they are our focus areas. We usually give out kits to expectant women from the 7th to 9th month [of pregnancy]. For those at the clinic we give out to them during the antenatal clinic visits. For those who are in the villages, they receive their kits during the midwifery meetings. Sometimes we organise a one-day seminar and after teaching [participants] on how to use [kits] we distribute amongst them.'*

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
Redefined Ministries (Redefined)	DR Congo	15,000	15,000	*Story from a beneficiary: 'I am 7 months pregnant and thus expecting so soon. I am so much grateful for the Birthing kit project because it has given me a birthing kit that has most of the items necessary we were recommended to have by delivery time, such as surgical blades, gloves, plastic sheet, umbilical cord strings. Ever since I conceived, I was worried about those items because I have not been with money to buy them. I am now sure and feel well prepared to receive my baby. I highly appreciate and may God Bless you (BKFA) abundantly.' - Mrs. Dorah*
Apostle Padi Ologo Traditional Birth Centre (APOTBC)	Ghana	800	-	*This year, APOTBC have encountered difficulties securing customs approval to receive birthing kits. They are in the process of registering with the Ghanaian Government to receive supplies through customs.*
Michael Lapsley Foundation (Lapsley)	Ghana	5,000	-	*This year, Michael Lapsley Foundation have confirmed that they have not had the financial capacity to cover the costs associated with clearing kits from customs in Ghana.*
Centre for Social Action Women's Education and Development Trust (SAWED)	India	300	300	*Over the last 12 months, SAWED Trust have distributed birthing kits to SAWED Trust-trained TBAs. This has increased their capacity to facilitate cleaner and safer birthing environments.*
Deepam Trust	India	600	300	*'The birthing kits are very useful all items are needful one for safe and clean birth.' Unfortunately, Deepam Trust do not have the capacity to continue their kit distribution activities.*
Society for Women's Education and Awareness Development (SWEAD)	India	2,000	1,500	*'Cases reviewed showed that TBAs can make the most impact in preventing maternal and neonatal infections. They can prevent post-partum sepsis by applying the "clean" using birthing kits during delivery and following placenta management procedures.'*
Jennifer Helmich	Indonesia	50	-	*Distribution locations to the Uban tribe in Bikar and Werur Besar in the Tambrauw Regency of West Papua. These are remote, rural areas with little solar electricity, no wifi, and occasional mobile phone comunication. Jennifer and her colleagues partner with a local midwife to provide information and demonstrations on the use of birthing kits to women living in these areas. A field visit was not undertaken during this year.*
World Youth International (WYI)	Kenya	1,000	1,000	*'The Community Health Volunteers (CHV) receive the kits on demand. It was discovered that some expectant mothers start their journey to the health facility when they are very due and in many cases these mothers have always delivered on the way before reaching the health facility. Many of the children in this village are named "AYOO" meaning born by the road/wayside. In many instances they are accompanied by the CHV and hence the need to provide the CHVs with the kits so that they are protected as they help deliver the mothers.'*

Kit Production and Distribution

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
Rotary Club of Bairiki (RC Bairiki)	Kiribati	1,200	300	*Prior to the kits [mothers] had to find different items separately, the kits are good because they have everything you need in one pack. This is very efficient to use especially in outer-islands and at the clinic level where they do not have sufficient equipment for birth delivery... It is a great program that has helped make our births a cleaner event. It has also standardised some practices around birthing here in Kiribati. Having these birthing kits greatly improves birthing outcomes, safer deliveries and promoting health for both mother and baby.' Negotiations are currently underway to enable the Kiribati Ministry of Health and Medical Services to take over responsibility for the Birthing Kit project.*
Australian Doctors for Africa (ADFA)	Madagascar	1,000	600	*'The Malagasy government seems to have secured an aid package which is providing birthing kits to the public hospitals nationwide. [BKFA] kits remain available to the health facilities in Tulear however they have remained in storage for a number of months. A program with community midwives is now under development. The Tulear community is very excited to have a Malagasy government/UN birth kit initiative as they feel this is reducing their dependence on international aid organisations.'*
Centre for Girls and Interaction (CEGI)	Malawi	800	1,000	*The birthing kits distributed to the Mzuzu Health Centre in the Mzimba District of Northern Malawi are used by midwives when conducting deliveries at the facility.*
Urunji Child Care Trust (UCCT)	Malawi	1,000	1,000	*In this area, a traditional birth attendant previously providing services to women in the community has been supported by the government to shift her practice towards modern medicine and work with the government to promote facility births. This has culminated into setting up an under five clinic and reaching out to many women.*
Department of Primary Health Care, Bayelsa State (DPHC-Bayelsa)	Nigeria	10,000	10,000	*'There have been very remarkable changes to birthing practices that have created so much awareness on the issue of Infection Control and Prevention in the management of pregnant mothers during their delivery and their babies.'*
Hacey Health Initiative (HHI)	Nigeria	9,000	14,000	*'[Birthing Kit] substitutes are moderately available but because they are not cheap, TBAs do not buy them and tend to reuse. Because we provide them free, they are more inclined to use them, practice single use and properly dispose them.'*
PeachAid Medical Initiative (PMI)	Nigeria	1,000	1,200	*'PeachAid Medical Initiative's kit distribution activities include the distribution of kits to 'women who are pregnant and women who are still within childbearing age. The pregnant women that receives our kits are usually from 7th month due. The rest for each community, we leave [the kits] with the TBAs who we have trained on the proper and disposal of the kit. We station them [the kits] at the clinics found, and encourage other women who didn't accept our kits at home to come and give birth in the hospital. We usually leave behind some incentives like knickers, treated mosquito nets, baby towels, some routine drugs and other things behind; these are given to any woman who finally comes to the clinic for child delivery.'*

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
Prime Diamond Initiative for Community Health (PDICH)	Nigeria	1,500	1,300	*'BKFA delivery kit contents includes the basic supplies needed that has very high important advantage of keeping pregnant women in the rural areas and their newborn free from maternal mortality. During childbirth, they use all sorts of instruments in birthing their babies such as unsterilized blades, knives, local herbs etc to birth their babies either unassisted or assisted with an unskilled person mostly nearby neighbours.* *Maimuna of Kakura village in Kaduna State recounts to PDICH how she lost her baby during her unassisted childbirth as she took the delivery while working on her farm unassisted, she narrates in tears how she struggled to lay her wrapper on the ground, pushed out her baby alone and cut the cord with her cutlass. Unfortunately she lost the baby after 24 hours. She testified after PDICH visited her community, conducted health talks and distributed BKFA delivery kits after demonstrating the use of each item, her recent baby was born using the kits and he is healthy and free from infection. We will not stop here, we shall continue advocate on maternal health until there is zero maternal mortality in Nigeria because Every Life Matters'.*
Rotarian Action Group for Population & Development (RFPD)	Nigeria	30,000	30,000	*Rotary have noticed an increase in the number of women attending ante-natal clinics in the communities where birthing kits have been distributed.*
Social Welfare Network Initiative (SWNI)	Nigeria	2,000	1,800	*'We intend to integrate distribution of birthing kits in our Maternal Newborn Child Health Week interventions in addition to other interventions on monthly basis across 11 states.'*
Enga Baptist Health Services (Enga)	Papua New Guinea	500	300	*Kits are kept in stock by the Village Health Volunteers who live in the villages with the mothers. At the time of delivery the VHV can use the kits on hand.*
Wesleyan Health Services (Wesleyan)	Papua New Guinea	-	1,000	*'[The trainers] are professional midwives and nurses who run the training for us. We have had 20 trained VBAs two years ago and 13 are currently active VBA assisting the nurses. [The VHAs] assisted mothers and babies during their pregnancy period and brings them three to five days early to the clinic when due for delivery.'* *'[the Birthing Kit is a] very important item for the mothers in the remote areas where there is no road access, this packet is so special for the mothers during the delivery period' -Wapsoli Health Worker.*
Social Relief Organisation (SRO)	Somalia	2,000	2,400	*SRO deliver the kits of Mother Health Centres (MHC) these are health centres where pregnant mothers and mal-nutritious children get their support service. Based on the antenatal visits record our outreach nurses/midwives gives kits to pregnant mothers in 8th month.*

Kit Production and Distribution

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
Future Warriors Project	Tanzania	100	-	*Future Warriors distributed 100 kits during this year. Ngoije is a midwife in Kitenden who has utilised the kits. 'The world changed a lot in our time, once when a midwife was called to help a woman deliver it was a happy time, but now with the diseases being such a big threat, we can often only have negative thoughts. When we were trained, we told we could get an infection from the blood. The birthing kits have made me feel so safe now, something not felt since we were first told about the diseases.' Naareliyo gave birth at the dispensary in Lerang'wa, however she took the birthing kit from the clinic in Kitenden. 'I had a lot of pain near to the due date and the doctor told me the baby was forcing its way prior to the due date. I had two weeks' bedrest in the hospital before the birth due to the pain, but before I was admitted I went home to prepare and remembered to take the kit with me as the hospital asks for us to bring our own new gloves and scalpel to reduce costs.'* *HIV is a known risk to those involved in assisting women with births, the birthing kits have been extremely important in providing confidence in a reducing the risk of transmission between pregnant mothers, midwives and nurses. Previously there was a great deal of fear and reluctance to assist during births due to the risk of transmission.*
Hurumia Watoto	Tanzania	3,000	2,000	*Hurumia Watoto distributes birthing kits to Health Centres in the Mwanza, Kondoa & Kahama Districts of Northern Tanzania. At the Health Centres, the kits are distributed to pregnant mothers.*
Universal Ministry of Africa (UMOA)	Tanzania	2,000	1,600	*In the district of Kibaha, Nursing Officers instruct women from marginalised ethnic semi-nomadic populations on how to use the kits.*
COGESTEN/ed	Togo	1,000	200	*Cogesten/ed have been distributing kits to women who cannot afford the supplies needed for a clean and safe birth. They have discontinued their distribution program due to inability to cover the costs involved.*
Beaton Foundation Initiative	Uganda	1,000	800	*'The challenge found in the remote communities was that most areas are far from health centers which have antenatal services, so this pregnant mothers end up by [giving birth] in their homes with the help of village health personnel, then after they are transferred to the antenatal centers for management. Because of this problem our organization is proposing to have antenatal unit in these remote communities such that pregnant mothers will be able to receive the service nearer to them.'*
Egoli Africa	Uganda	1,500	2,500	*'The majority of women who receive a birthing kit chose to give birth at a health center and can only do so if they bring their own birthing kit. Without that birthing kit they are denied help and the majority of women cannot buy a birthing kit. Therefore, we can conclude that the birthing kit has contributed not only to a more hygienic birth giving, but also to a rise in birth giving in an environment that is safe because there is assistance available from experts. Many women also still give birth at home and in their home environment, so the birthing kit also contributes to improving the situation for women who give birth at home.'*

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
International Women's Initiative (IWI)	Uganda	7,200	500	*The need for birthing kits [in the Amolotar District] remains critical…the number of deliveries at each health centre far exceeds the government issued Mama kits per month.* *Due to unforeseen circumstances this year, IWI have to discontinue their partnership with their local partner, Extended Hands Uganda, and therefore have ceased their distribution program.*
Mama & Me Uganda	Uganda	100	-	*'Mama and Me distributed their supply of 100 kits during this year. The kits give women more chances on being able to deliver in the hospital. Otherwise they have to buy the items themselves which they often can't pay for... It's very good that BKFA requires reporting to avoid misuse of the kits.'*
Rotary Club of Makindye	Uganda	1,000	800	*'Government of Uganda provides kits in Health Centres but the problem is the distance these ladies walk to reach these Health Centres and that sometimes they must have money to pay for the kits'.*
Supporting Opportunities for Ugandans to Learn Foundation (S.O.U.L. Foundation)	Uganda	100	200	*'I went to the ANC visits and for regular check ups to make sure my baby was okay. The ANC class has helped me to learn the importance of going for myself and my baby to know we are healthy. When I was ready to give birth, I went to the local Traditional Birthing Attendant, and knew I had the birthing kit, going especially because she did not have the supplies I needed, she used all the supplies in the kit. The TBA had no gloves, tools to cut the umbilical cord or soap to clean the baby. These kits are so important in my village , because there are so many mothers that are very poor and can't afford the supplies so they have helped us mothers delivery to ensure it's sanitary, safe and prevent us from complications.' - Namuyingo Janat (24 years old) from Bujagali.*
Teso Women Peace Activists (TEWPA)	Uganda	6,000	4,500	*'On 30th July when delivering kits to Usuk Health 111, there were no kits in the health centre and birthing kits taken were immediately pulled out to help the delivering mother. A big number of beneficiaries are child mothers…who could not afford the kits in the market.'*
Think Humanity	Uganda	1,000	1,000	*'The areas where we give out birthing kits include refugee camps and underdeveloped communities, many are isolated from stores and resources and the income of the people in these areas is extremely poor.* *Think Humanity has hired a nurse, Nabakooza Jane. She is a graduate from Mulago School of Nursing and Midwifery in Uganda. She helped in giving out birthing kits. One location where they gave out birthing kits was a new location. The village of Buhanika is very poor up outside of Hoima, Uganda. We were glad to see that women in this area received birthing kits.'*

Kit Production and Distribution

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
Uganda Australia Christian Outreach (UACO)	Uganda	1,000	1,000	*'One of the traditional birth attendant stays in a very small rented house, but however mothers go to her for delivery at the time I went to her I could not believe she was attending to mothers, because of the condition I saw. When I asked her where she gets items to use on the mothers she showed me a dirty mat and a very filthy polythene bag, where she puts a mother to deliver, and she told me, she uses a razor blade to cut the cords. Because of this I knew babies and mothers were getting infections from there. and I was glad I was able to take to her birthing kits which she could use on the mothers. After 3 months I went back to check on her, immediately she saw me she hugged me and thanked for what I had done for her. But to me, I thankful to God that babies would be welcomed to this world with no infections.'*
Women Protection Society (WPS)	Uganda	3,000	2,800	*'There are no other alternatives although some times the govenment provide some but the supply is not reliable, i.e. it takes four months for the govenment to supply and very few against the number of mothers to be given birth kits, in such case it become dangerous because people will resort to using unhygienic locally available material.'*
On Call Africa (OCA)	Zambia	200	-	*'The nurses at the Rural Health Centre have all reported that they feel the birthing kits are encouraging women to attend their antenatal clinic appointments so that they can receive a birthing kit. Attendance at antenatal appointments has always been low which is unsafe for the baby and the mother. With the added incentive of receiving a birthing kit and then being able to go on and deliver in a health centre where they will not have to pay anything more women are seeking medical help during their pregnancy.* *At Simango Rural Health Centre they had an expectant mother who attended an antenatal appointment and received a birthing kit. When the mother came to giving birth the river water had risen so high she was unable to cross to get to the Rural Health Centre. As she had been shown what to do with the birthing kit she was able to give birth comfortably at home. A few days later the water went down and the lady was able to cross the river with the newborn baby. The Rural Health Centre checked the baby and mother and both were doing very well and were healthy with no signs of infection. Being able to create a sterile environment was key to this mother being able to deliver with few complications.'*
Aid for Africa Down Under (AFADU)	Zimbabwe	2,000	1,800	*AFADU incorporates birthing kit awareness and instruction into other health campaigns. When doing other routine services such as immunisation or opportunistic infections outreach, support and supervison on use and disposal of the kits was integrated into the program.*
TOTAL		**293500**	**140,300**	

Field Partner	Country	Kits Allocated	Kits Distributed	Notes/Quotes
World Vision Australia	Afghanistan	10,000	10,000	
	DR Congo	10,000	1,700	
	Somalia	12,200	12,200	
	Uganda	15,000	33,200	
Total			**197,400**	
Rotary Club New Zealand - Kits for emergency stock	New Zealand		1,000	
Samples			222	
Total			**198,622**	

Birthing kits are delivered for women of Nawangingi community, BKFA field partner Egoli Africa,

Uganda. Credit: Carousel Media.

Distribution approaches

The direct causes of maternal and newborn mortality may be similar in all the countries we work, however, there is considerable variation in the underlying social and structural causes of poor outcomes across and within these countries. The broader structural and social determinants are complex and interrelated, and can include issues of access and availability of quality maternal and reproductive services and resources, social status, cultural beliefs and practices, gender inequalities, access to education, health literacy, economic status, and geographical location.

Successful interventions to improve maternal and newborn health require an understanding of the needs, characteristics and local circumstances of the targeted populations. Our field partners necessarily have the local connections and knowledge, as well as the commitment and investment in the communities they serve.

Our field partners employ a range of approaches to engage their target communities in activities that promote positive maternal and newborn health outcomes. Their distribution methods are relevant to the different target communities and desired outcomes, and include complementary individual, community-based and static health facility-based strategies.

Distribution of birthing kits to pregnant women

Feedback from the field highlights the value of the birthing kit as a simple intervention when given to pregnant mothers during pregnancy. Not only does it provide mothers with an opportunity to have a cleaner and safer birth where facility-based care may simply not be an option, it encourages the movement towards facility-based and skilled attendance at birth. A mother in possession of a birthing kit is also able to make her own choices about where to access care.

At Simango Rural Health Centre they had an expectant mother who attended an antenatal appointment and received a birthing kit. When the mother came to giving birth the river water had risen so high she was unable to cross to get to the Rural Health Centre.

As she had been shown what to do with the birthing kit she was able to give birth comfortably at home. A few days later the water levels dropped and the lady was able to cross the river with the newborn baby.

The Rural Health Centre checked the baby and mother and both were doing very well and were healthy with no signs of infection. Being able to create a sterile environment was key to this mother being able to deliver with few complications.

On Call Africa, Zambia

Women of the Nawangingi community receive birthing kits. BKFA field partner Egoli Africa,

Uganda. Credit Carousel Media.

Distribution of kits by BKFA field partner HHI Nigeria,

Nigeria.

BKFA field partner RFPD NIGERIA demonstrate birthing kits to TBAS,

Nigeria.

Distribution of birthing kits to birth attendants in the community

The distribution of kits to birth attendants also forms an important part of some field partners' strategies to improve maternal and newborn health. Depending on the existing activities and capacity of the field partner, distribution may be accompanied by simple instruction or as part of a more comprehensive training program.

'Substitutes [to kits] are moderately available but because they are not cheap, traditional birth attendants do not buy them and tend to reuse. Because we provide them free, they are more inclined to use them, practice single use and properly dispose them.'

Hacey Health Initiative, Nigeria

Distribution of birthing kits to health workers in the community

Depending on the context, health workers may be primarily responsible for attending births or they may act in a supporting role for health promotion, referral or supervision. In some settings it has been reported that women's health workers support, monitor and report on the practices of traditional birth attendants. Birthing kits are given one at a time to the birth attendants by the health workers after receiving reports of previous usage and birth outcomes. In this manner, networks and support is strengthened.

The CHVs (Community Health Volunteers) receive the kits on demand. It was discovered that some expectant mothers start their journey to the health facility when they are very due and in many cases these mothers have delivered on the way before reaching the health facility. Many of the children in this village are named "AYOO" meaning born by the road/wayside. In many instances they are accompanied by the CHV and hence the need to provide the CHVs with the kits so that they are protected as they help deliver the mothers.

World Youth International, Kenya

Distribution of birthing kits to health facilities

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

'…the 3 health centres reported that the Ministry of Health is sending approximately 30 government-issued Maama kits per month. The number of deliveries at each health centre far exceeds the government issued Maama kits per month.'

International Women's Initiative, Uganda

'…the kits are very useful and being used well, prior to the kits they had to find different items separately, the kits are good because they have everything you need in one pack. This is very efficient to use especially in outer-islands and at the clinic level where they do not have sufficient equipment for birth delivery.

It is a great program that has helped make our births a cleaner event, it has also standardised some practices around birthing here in Kiribati. Having these birthing kits greatly improves birthing outcomes, safer deliveries and promoting health for both mother and baby.'

Ministry of Health, Kiribati

BKFA and our field partners acknowledge that the distribution of birthing kits alone will not eradicate childbirth deaths. However, until all women are able to access comprehensive, quality, reproductive, maternal and newborn healthcare, the distribution of birthing kits will continue to form a part of our greater strategy to improve maternal and newborn health outcomes.

Young woman receives a birthing kit, BKFA field partner Egoli Africa, Nwangingi Community, *Uganda.*

Special Partnership World Vision Australia

Since 2014 we have been fortunate to work in partnership with World Vision Australia (WVA) – a very special kind of partnership that has provided both a great level of fundraising support for BKFA through their 'Vision Sisters' program and connection with Fullife Foundation, as well as an avenue for kit distribution in high-need and often hard-to-reach locations. This year we have worked together to see an amazing 57,100 birthing kits sent to country programs in Somalia (12,200 kits), DR Congo (1,700 kits), Afghanistan (10,000 kits) and Uganda (33,200 kits).

In each country, World Vision has effectively integrated the birthing kits into existing development programs or emergency response activities. World Vision Country Offices are key to ensuring that the birthing kits themselves add value to existing projects and are part of a broader initiative to create positive change for mothers and their communities.

BKFA birthing kits have been part of World Vision Uganda's Area Development Program – funded by Australian child sponsors – in the district of Nkozi for the last two years, and this year BKFA made a monitoring visit to the intervention area. It is known that clean birthing kits have a wide-reaching impact—more than just preventing infection—and through meeting and talking with beneficiaries of World Vision's work in Nkozi it became clear to the team just what an enabling, important role the kits can play in improving access to clinics, quality of care provided, care satisfaction and health outcomes for mothers giving birth.

The visiting BKFA team listened to stories from skilled midwives who shared their desire to provide the best possible delivery care but who often had to look after birthing mothers with no clean materials or even basic self-protection in the form of a pair of gloves. It was heard—and better understood—why midwives like these became infuriated at poor mothers who required urgent life-saving care but were unable to purchase or reimburse the cost of essential items.

Healthcare costs can prevent mothers from making contact with the health system; it was learnt that birthing kits in Uganda reduced this barrier and contributed to more mothers receiving antenatal, childbirth as well as postnatal care by midwives; also that with adequate supplies midwives were welcoming and kind to mothers who arrived seeking assistance in labour.

Women who cannot afford birthing items can also be more vulnerable to under-nutrition, have a lower level of education, and reduced access to transport and social networks. Through their program, World Vision has facilitated community women's groups that have promoted financial literacy and independence, as well as connected and educated young mothers on self-care in pregnancy, hygiene and the preparation of local nutritional foods.

The monitoring visit also included meeting three of these women's groups that were formed in a village called Busese. In Busese the celebration of the program was heartfelt. BKFA representatives joined a gathering of mothers with healthy babes in arms, knowledgeable and enthusiastic health teams, a visibly proud village leader, coordinators of the district program, staff responsible for central warehousing in the capital city of Kampala, and key partnership managers from World Vision Australia. The meeting highlighted the significance of the collaboration; the important part each individual and team plays in realising this cross-continental chain that carries birthing kits from the hands of Australian volunteers to those of mothers and midwives in this rural village.

Pregnant women, BKFA field partner Egoli Africa, Nwangingi Community,

Uganda. Credit: Carousel Media.

Local and Australian World Vision Teams, BKFA team, mothers and babies of Busese Village, Mpigi district,

Uganda.

Mother with newborn, BKFA field partner Egoli Africa, Kisozi Health Centre,

Uganda. Credit: Carousel Media.

Field Visit to Uganda

This year a team of two BKFA staff travelled to Uganda on a two-week monitoring and evaluation visit where they met with 10 BKFA field partners and made visits to 17 community settings. During this visit, the team were able to learn about and report on the diverse kit distribution approaches of different field partners, the impact of these programs in the communities visited, and BKFA's engagement across the country.

There were many lessons to be learned, and many recommendations that were brought back to improve our partnerships and impact in the field.

From observations in the field and the information provided by field partners it became clear that the majority of mothers in our field partners' program areas would choose to birth in a health facility if given the opportunity, and that the provision of birthing kits reduced barriers for women in making this choice. These barriers included (but were not limited to) the cost associated with preparing delivery supplies as well as the fear of being treated poorly by health staff at the facility if they arrived without these materials.

It was also found that in many areas of Uganda, mothers in labour could be made to wait—often several hours—before receiving care: until the mother or her family members could find money to pay the clinic or health personnel or were able to purchase materials elsewhere; or until other women birthing in the clinic could donate extra or reusable supplies.

In the areas visited, the birthing kits were seen to be acting specifically on reducing the delay in mothers or families deciding to seek care, as well as in receiving adequate care on arrival.

Meeting with key personnel responsible for kit distribution programs and hearing from the beneficiaries directly was extremely valuable for the BKFA team in being able to understand both the specific as well as broader impact of birthing kits for a range of populations. The visit strengthened BKFA's in-country relationships and created a foundation for improving partnership and kit supply approaches in Uganda.

Midwife Victoria, BKFA field partner Egoli Africa, Kisozi Health Centre,

Uganda. Credit: Carousel Media.

Teenage Mother, BKFA field partner TEWPA, Kapujan Health Centre,

Uganda. Credit: Carousel Media.

Vitamin Angels partnership

BKFA has connected with US-based NGO Vitamin Angels and has benefited from mutual cross-promotion of partnerships in the field. Vitamin Angels provides life-saving vitamins to mothers and children under five at risk of malnutrition in 66 countries —reducing preventable illness, blindness, and death.

BKFA and Vitamin Angels both work in partnership with local organisations, which are responsible for engaging communities and distributing the commodities—birthing kits or vitamins—to vulnerable populations. Vitamin Angels promoted the work of BKFA in their newsletter reaching field partners around the world.

Four of BKFA field partners were also successful in receiving initial and continuing vitamin grants in the past year to further improve health outcomes for mothers and babies.

Zonta supporters from all over Australia with BKFA founders Joy O'Hazy and Julie Monis-Ivett

The 10th anniversary of BKFA

In 2016, Birthing Kit Foundation Australia celebrated both its tenth anniversary and the successful distribution of over 1.5 million kits. To mark these achievements the Foundation set a goal, inviting its supporters to join in an anniversary challenge to participate in an Assembly Day in the month leading up to a special event in September. All funds raised and Assembly Days held across Australia contributed to a goal of 24,800 kits, a target selected as the estimated number of women who would die in the month from birthing and pregnancy-related complications.

BKFA was overwhelmed by the support and enthusiasm with which their wonderful supporters embraced the challenge. Over the 30 days, 41 Assembly Days were hosted with a total of 53,400 kits assembled. Expectations were exceeded, delivering a wonderful birthday gift for the Foundation.

On September 10th, a celebratory event was hosted in BKFA's home town of Adelaide. The event was attended by a range of supporters, including staff, Board members, Zontians, BKFA Ambassador Val Sarah, Judi and Helen Hutchison, and representatives from Fullife Foundation, MUN Global, Argon Design, Grant Thornton and Robinson Research Institute.

Guests were treated to heartfelt speeches, drinks and nibbles after they had completed the task of the day, namely the packing of 1,000 birthing kits. Long term supporters Doone Winnall and Margaret Parsons were tasked with the management of kit assembly, which naturally went off without a hitch. Significantly, Board Director Julie Monis-Ivett was thrilled to present Margaret Parsons with life-time membership of the Foundation, to honour her long-term support and commitment to the cause. Margaret was one of the first members of the Zonta Club of Adelaide Hills to assist Joy O'Hazy when she started making kits back in 1999 as part of what was to become the Zonta Birthing Kit Project. Margaret was an inaugural Board member who served for the entire seven years before BKFA was established in 2006 and stayed on the Board until 2012.

September 2016 was a significant milestone for BKFA and indeed there was much to celebrate. But the work is not done, and it is with focus, energy and commitment that the Foundation looks to its next 10 years.

From left, long term supporters and Zontians, Jill Welsh, Judi Hutchison and Val Sarah, BKFA Ambassador

BKFA Director Maggi Gregory shows Andrew Teng (corporate sponsor MUN) how to pack kits

Robyn Jones of Mama Maya donates to BKFA for every baby swaddle she sells

BKFA Supporters

Birthing Kit Foundation Australia would like to sincerely thank the following organisations and individuals for their generous support in 2016/2017:

Argon Design

Carousel Media

Fullife Foundation

Dr Grant Saffer

Hey Ingrid

Belly Bands

Kaleidoscopic Travel

Mama Maya

Mun (Australia) Pty Limited

The Neilson Foundation

The Peggy Charitable Foundation

ProMed Finance

Roseanne McInnes

Sage & Luna

Sheenagh Edwards, Grant Thornton Australia

TOM Organics

World Vision Australia

Zonta International Districts 22, 23 and 24

Melbourne Obstetrician Dr Grant Saffer donates for every baby he delivers

Zonta Club of Brisbane Breakfast packed 13,000 kits in one day

ProMed Finance Assembly Day

Treasurer's Report

Our focus again this year has been on growth, making our processes more efficient, and building our cash reserves, giving BKFA financial independence to be innovative, to advocate and scale up security to smooth out bumps.

This year the Board has invested in the development of a Monitoring and Development Framework for our birthing kit distribution and community development programs (CDP). This framework was the basis used to develop the Kit Distribution Grants model and the Community Development Programs Grants model.

A trip to Uganda was undertaken by the Executive Director and Program Manager.

The Board agreed that there are multiple benefits from visiting with our field partners in-country and the development of a grants model for community development programs, which will be introduced in the coming financial year.

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.

BKFA experienced growth in income of $157,744 with a surplus for the year of $134,320. We have been supported again this year with philanthropic and sponsorship funds and have received non-monetary support which has reduced our cash expenses, as well as an increase in kit production and Assembly Days.

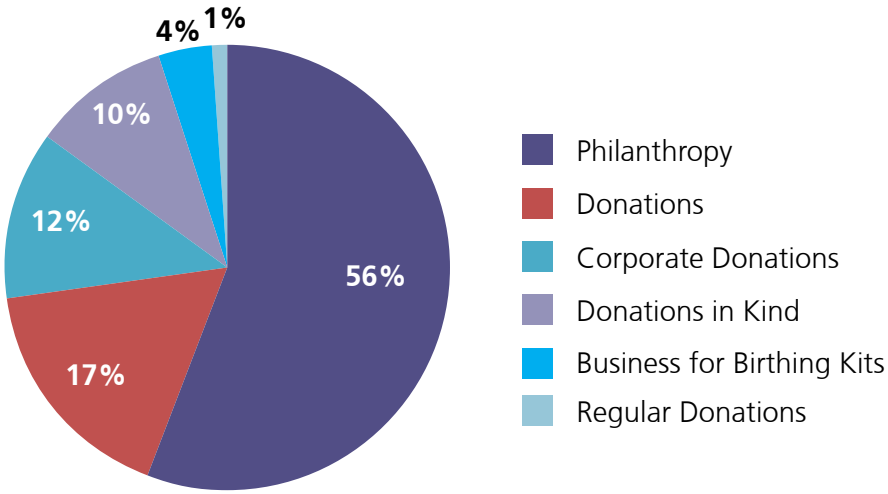
Baby with expectant mother who has received a birthing kit, Kisozi Community,

Uganda, Credit: Carousel Media.

Where our support comes from?

Donations and gifts: Contributions from

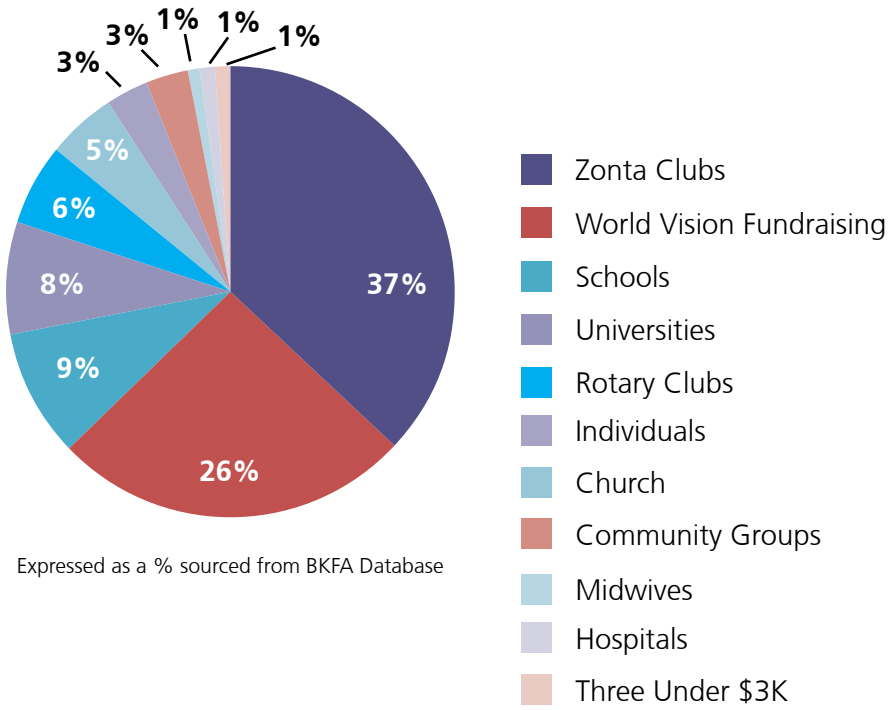
- The Australian public
- Philanthropy
- Corporate supporters
- Small business partners in the Business for Birthing Kits program
- Donations in kind



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

Kit Making Donations:

Out of interest, this graph shows the breakdown of organisations who hold Assembly Days and make birthing kits.



Expressed as a % sourced from BKFA Database

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 (F&M) strategies to strengthen our financial position to ensure the continuation of our overseas programs. Our administration ratio this year was 13% and fundraising was 10%.

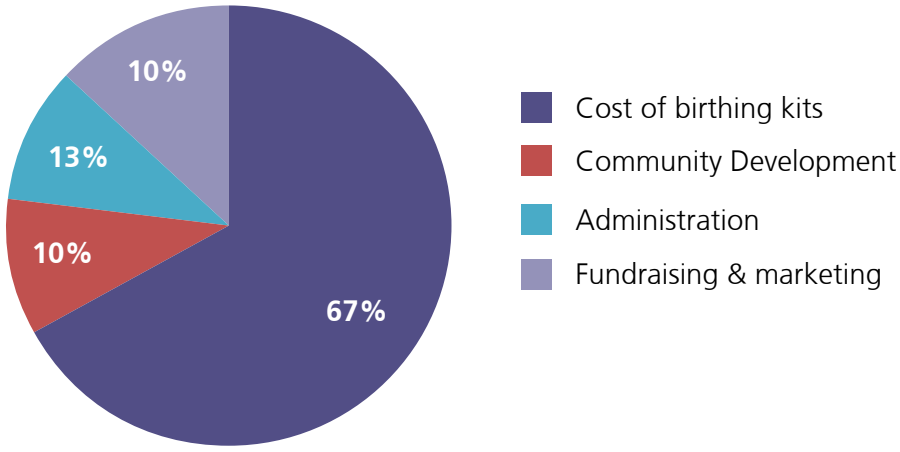
Where the money goes:

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

Community Development Programs Costs relates to overseas education programs, M&E Framework and monitoring trip to Uganda.

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.



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

Table of cash movements for designated purposes.

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

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.

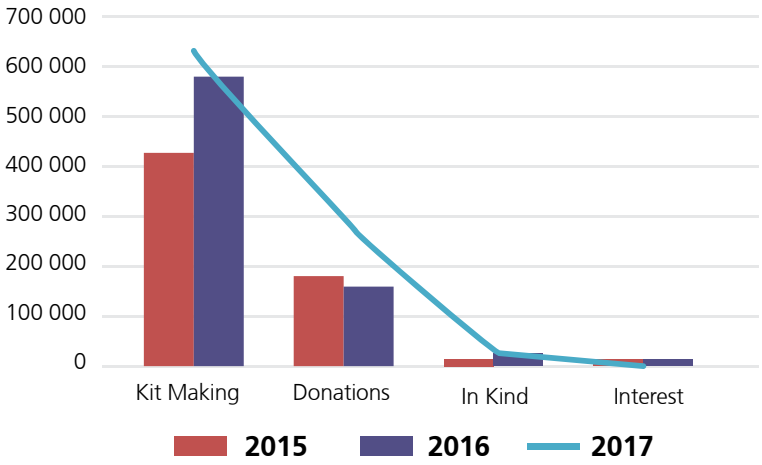
BKFA has set aside reasonable cash reserves for resilience, financial stability and sustainability to allow us to focus on core services and provide better outcomes for community development over a longer period. BKFA is committed to accountable and transparent financial management and will ensure that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

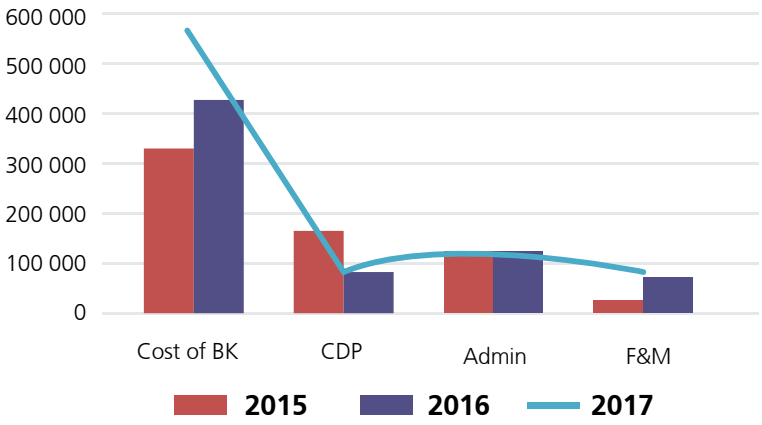
We will continue to pursue grant and philanthropic opportunities for financial support, as well as continuing to develop strategies to decrease our operational costs along with growing our supporter base and continuing our valuable relationship with Zonta clubs throughout Australia.

We are only as strong as our donors, and so we thank you for your continued generosity and support which helps ensure more women will have access to safe, clean birthing practices and resources.

Financial Performance for the past three years.

The below comparison figures are sourced from the Full Financial Statements





The Hamilton Island Whine Club Assembly Day

Directors' Declaration

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

a. The 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 2017 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:

Lena Grant
Chairperson

Dated the 28th day of September 2017

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2017		
	2017 $	2016 $
Revenue		
Donation and Gifts		
Monetary	894,113	717,617
Non-monetary	29,552	27,521
Grants – Department of Foreign Affairs and Trade	-	-
Investment income	9,681	7,430
Other income		
Sponsorship	-	20,000
Membership	485	3,520
Total revenue	933,831	776,088
Expenditure		
International Programs		
Funds to international programs	404,815	345,329
Program support costs	180,072	121,762
Community Education		
Fundraising costs - public	80,148	64,392
Accountability and administration	104,924	126,598
Non-monetary	29,552	27,521
Total international aid and development programs expenditure	799,511	685,602
Total expenses	**799,511**	**685,602**
Excess/ (shortfall) of revenue over expenditure	**134,320**	**90,486**

NOTE: For the purpose of the Australian Council for International Development Code of Conduct, at the end of 30 June 2017, Birthing Kit Foundation Australia had no transactions in the following categories: Other Australian Grants, Other Overseas Grants, Revenue for International Political or Religious Adherence Promotion, Government, multilateral and private Fundraising Costs, International Political or Religious Adherence Promotion Programs Expenditure and Domestic Programs Expenditure.

BALANCE SHEET AS AT 30 JUNE 2017		
	2017 $	2016 $
Assets		
Current		
Cash and cash equivalents	657,300	516,891
Trade and other receivables	64,327	83,260
Inventories	26,234	26,220
Current assets	**747,861**	**626,371**
Non-current		
Property, plant and equipment	-	-
Non-current assets	-	-
Total assets	**747,861**	**626,371**
Liabilities		
Current		
Trade and other payables	11,620	12,054
Other liabilities	165,204	177,600
Provisions	10,000	10,000
Current liabilities	186,824	199,654
Total liabilities	186,824	199,654
Net assets	561,037	426,717
Members Funds		
Retained earnings	561,037	426,717
Total Members Funds	**561,037**	**426,717**

NOTE: This statement should be read in conjunction with the notes to the full financial statements (available on request)

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017

	Retained Earnings	Total Members Funds
Balance at 1 July 2015	**336,231**	**336,231**
Surplus/(deficit) for the year	90,486	90,486
Other comprehensive income	-	-
Total comprehensive income for the year	90,486	90,486
Balance at 30 June 2016	**426,717**	**426,717**
Balance at 1 July 2016	**426,717**	**426,717**
Surplus/(deficit) for the year	134,320	134,320
Other comprehensive income	-	-
Total comprehensive income for the year	134,320	134,320
Balance at 30 June 2017	**561,037**	**561,037**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
Cash and cash equivalents, beginning of year	**516,891**	**346,876**
Cash flows from operations:		
Grants, donations and receipts from customers	882,202	760,515
Interest income	9,681	7,430
Payments to suppliers and employees	(751,474)	(597,930)
Tax and withholdings liabilities paid	-	-
Net cash generated	**140,409**	**170,015**
Cash and cash equivalents, end of year	**657,300**	**516,891**

NOTE: For the purpose of the Australian Council for International Development Code of Conduct, at the end of 30 June 2017, Birthing Kit Foundation Australia had no transactions in the following categories: Other Australian Grants, Other Overseas Grants, Revenue for International Political or Religious Adherence Promotion, Government, multilateral and private Fundraising Costs, International Political or Religious Adherence Promotion Programs Expenditure and Domestic Programs Expenditure.

Corporate Governance Statement

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

Corporate structure, compliance and tax status

The Foundation is an Australian public company limited by guarantee, registered under the Australian Corporations Act 2001, and complies with the requirements of the Act. The Foundation is registered with the Australian Charities and Not-for-profits Commission. BKFA has the benefit of tax concessions as a Health Promotion Charity, and the Foundation's Maternal Health Gift Fund has been declared as a developing country relief fund under subsection 30-85 (2) of the Income Tax Assessment Act 1997, making donations to the fund tax deductible in Australia.

The Foundation is registered with the Australian Charities and Not-for profits Commission. As of 1 December 2016, registered ACNC charities are exempt from requiring a fundraising licence in South Australia, and from 1 July 2017, registered ACNC charities will no longer need to obtain a fundraising licence to operate in the ACT. These ACNC achievements greatly reduce the time commitment in fulfilling state and territory requirements, and hopefully lays the groundwork for similar decisions in the remaining states.

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

Corporate governance and financial accountability

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

The Board meets monthly for 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 are available on request.

Work Health and Safety

There were no workplace injuries or incidents reported in the 2016/2017 year.

Complaints

No complaints were received in the 2016/2017 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 Birthing Kit Foundation Australia may be lodged via the link on our website, emailed to us at info@bkfa.org.au or addressed to: Chief Executive Officer, Birthing Kit Foundation (Australia), P.O. Box 330, Belair, South Australia 5052.

Viki Bickerton
Company Secretary

1000 kits packed at an Assembly Day held by Medical Students' Aid Project

Board

BOARD OF DIRECTORS

01. Lena Grant (Chair)

Lena is a legal practitioner with over 25 years' experience in commercial legal practice, governance and management. She was an inaugural member of the SAFECOM Board. She 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 and is the current Chair of the Board.
2016/2017 meetings attended: 11/12

02. 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. 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.
2016/2017 meetings attended: 10/12

03. 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 finance skills. 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.
2016/2017 meetings attended: 10/12

04. Julie Monis-Ivett

Julie brings with her business administration, personnel management skills, and health profession knowledge as a partner in a private dental practice. She administered the Birthing Kit Project for its first seven years and was inaugural Chair from 2006 until 2009, and Vice Chair from 2009 until 2013. 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.
2016/2017 meetings attended: 10/12

05. 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.
2016/2017 meetings attended: 10/12

06. Fiona Smith

Fiona's first involvement with BKFA was as Project Administrator, 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.
2016/2017 meetings attended: 8/11

07. 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 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. Tamara became a Board member in November 2015.
2016/2017 meetings attended: 3/8

08. 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. She was an original member of the Zonta Birthing Kit Committee. Joy informs the Board on matters of medical information research.
2016/2017 meetings attended: 12/12

09. 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. Cathryn became a Board member in November 2015.
2016/2017 meetings attended: 10/12

10. Edward (Ted) A'Bear

Ted has worked in international development since 1975. This has involved working with communities in over 50 countries and living in Somalia, Swazil and and Papua New Guinea. He has provided support and advice on community development to BKFA informally over the last twelve years and was co-opted to the Board in May 2017. He is pleased to have the opportunity to use his program management and international development skills to support BKFA.
2016/2017 meetings attended: 1/2

BKFA Staff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01. Catriona Neil-Dwyer
Fundraising and Marketing Manager

With over 15 plus years of combined marketing and fundraising experience, Catriona is responsible for raising awareness of BKFA, developing fundraising initiatives, managing supporter relations, and implementing on and offline marketing and communications materials for BKFA.

02. Hilary Carruthers
Assembly Day Coordinator

Hilary manages the many Assembly Days held each year by our supporters and they will testify to her highly professional attitude and wealth of knowledge. Hosting your first Assembly Day can be confusing but not with Hilary there to guide you through the process.

03. Zeshi Fisher
Program Manager

Zeshi 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. Zeshi identifies and manages all BKFA's overseas field partnerships to ensure the safe distribution of kits to countries with the greatest need.

04. Rebecca Davey
Program Coordinator

Rebecca joined the team in 2016. She holds a Bachelor in International Development and a Master of Health and International Development. Rebecca works closely with our Program Manager and is responsible for day-to-day program administration.

05. Adrian Harris
Logistics & Supplies Officer

Adrian has managed the warehousing of BKFA supplies for over 11 years. He oversees the purchase of kit components and the transport and logistics of supplies and kits within Australia and overseas. 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.

06. Erica Osborn
Assembly Day Coordinator

Erica joined in 2010 as Assembly Day Coordinator before moving into the role of Project Administrator. In 2015 she took on the role of Marketing Coordinator, taking care of several marketing and social media initiatives. She now manages the ever increasing number of Assembly Days with Hilary.

07. Kellie Stelzer
Finance Officer

Kellie joined BKFA in 2012 to manage all aspects of our financial transactions. She has over 20 years of experience in accounting and finance and provides valuable support to our Treasurer, CEO, Company Secretary and supporters. Kellie also manages the BKFA membership base.

08. Hannah Moore
Marketing Coordinator

Hannah recently returned to Adelaide from Sydney where she spent 11 years working across magazines, advertising, creative production and marketing. Her role at Barnardos Australia as Brand and Creative Producer ignited her passion for the not-for-profit sector. Hannah works to help spread the important message of BKFA.

09. Viki Bickerton
Company Secretary

Since 2013, Viki has been responsible for keeping BKFA's fundraising and legal obligations compliant and in addition, acts as Minute Secretary to the Board of Directors.

Teenage mother with newborn baby, BKFA field partner TEWPA at Kapujan Health Centre,

Uganda. Credit: Carousel Media.

Birthing Kit Foundation Australia

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

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

facebook.com/BirthingKitFoundationAustralia

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