



Annual Report 2018/2019



**Birthing Kit
Foundation**
Australia

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ACFID
MEMBER

Cover Photo:

A mother smiles at her newborn baby. Field Partner, Aid for Africa Down Under, Zimbabwe



**Birthing Kit
Foundation**
Australia

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Women acknowledge the support they have received from BKFA. Field Partner, S.O.U.L Foundation, Uganda.

Vision

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

Mission

Birthing Kit Foundation Australia (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



"To reach 1.5 million people around the world in the next 3 years."

This ambitious goal was chosen by the BKFA Board and staff in the first half of the year as the focus for our new Adaptive Strategy. The strategy, which was launched officially in early 2019, reflects the firm foundation on which we must build, as well as setting out a considered plan on how to meet an array of challenges that lie ahead.

Efficient and effective kit production and distribution remain as the secure base from which to launch these new initiatives and to creatively leverage our position as a vital service to maternal and newborn health in the developing world.

Collaborations have always been the key to our success and remain at the core of our work and plans. Our network of partnerships, both our supporters in Australia and those organisations delivering kits and training to women in the most challenging of circumstances, provide a solid foundation for growth. With over 40 partner organisations in 18 countries the distribution network is now firmly established.

We have continued to foster our successful relationship with Zonta International, with Zonta Clubs across Australia contributing to about half of all Assembly Days. BKFA is deeply in Zonta's debt for the years of dedicated work across so many clubs. One key Zontian and a Life Member of BKFA, Judi Hutchinson, retired this year, and we acknowledge the incredible impact of her efforts in Brisbane. As Judi, assisted by her equally energetic sister Helen, oversaw her last Assembly Day at which 10,000 kits were assembled (her record being 15,000), we were reminded of the importance of creating resilience within our organisation. BKFA has been working to connect with more of our supporter base, to make every contact count and to expand the network of people willing to commit to an Assembly Day. Our ongoing engagement is proving fruitful with a total of 316 Assembly Days held throughout the year; a new and outstanding record.

Our Project Team, led by Zeshi Fisher, has been building fresh alliances to complement the programs already underway. The fabulous work of Valerie Browning of APDA in Afar, Ethiopia, is continuing and we are receiving the first reports from Uganda on the new program which commenced just over a year ago. Other exciting options are being developed in India.

Our Adaptive Strategy was the productive result of six months' work initiated by our Chief Executive Officer Matt Anderson, whose ideas and processes were the catalyst for our new outlook and energy. With the staff and Board remaining committed and largely unchanged through the year we have had a solid base of experience on which to work.

Nevertheless, BKFA has had to face a challenging financial environment and this paved the way for an increase in the kit price, a move that was foreshadowed in the last quarter of the year. This overdue change will provide a sounder financial footing and enable us to maintain kit delivery at the centre of our work while we scope options to diversify into other rewarding areas.

Our key financial supporters were retained. We thank Ian Shanks, the energetic Director of Fullife Foundation, who has been an enthusiastic supporter of our efforts in Ethiopia. He took time out to visit the Afar Desert and to connect with the communities that APDA works with. We also thank the Neilson Foundation which has been assisting the BKFA for eleven years now and has been a fundamental pillar of support. The Peggy Charitable Trust is also a long-term friend of BKFA having been a generous donor every year since BKFA's inception. More recently, the McIntyre Foundation has become a regular contributor and we thank them for their support.

Of our corporate partners, some provide in-kind assistance like our long-term partners MUN providing gloves, as well as financial support, and new partner Medline providing gauze. Others, such as Mama Maya, raise money on a permanent basis in line with their business activities.

Our program work has been built on the generosity of these and many other organisations and individuals and we acknowledge their continuing contribution.

World Vision Australia has also been a reliable and important partner, providing BKFA with invaluable kit distribution support in Somalia and Afghanistan which would otherwise be inaccessible to BKFA.

As the times are changing, so too must BKFA. As the Board worked with the staff to conscientiously develop our Adaptive Strategy, the exercise highlighted just how quickly the world is moving and what responses are appropriate from BKFA. It was an exciting process for all of us and as we reviewed our achievements and considered new possibilities, it was very apparent that our work to date provides a perfect foundation to grow and innovate for the purpose of building a better world for women and girls.

**Jenny Weaver
Chairperson**



Volunteers from Bond University Global Health Group helped to pack 400 birthing kits.



Women from Sathapadi Village, India with birthing kits from BKFA.

Photo credit Rachel Glasby

CEO Report



The challenge we face is great - around 300,000 women and 2.5 million newborns die each year from pregnancy and childbirth related causes.

This is preventable. This is why we exist.

BKFA is an amazing organisation with a rich history, and we have the privilege of working with thousands of inspiring and generous people - both here in Australia and around the world. The work that we do, the relationships that make this work possible, and the countless stories of changed lives – together this is what makes up the foundation that underpins everything.

From the strong foundations of our past we have been looking to the future. Over the last 12 months our focus has been on understanding the massive local and global shifts that are occurring, how they impact our partners and the communities that we all care about around the world, and what steps we need to take in response.

We recognise that our future global impact can only be achieved by making the decision to take some bold steps. This means taking BKFA in some bold new directions in 3 key areas over the coming years - through PARTNERSHIP with others, GROWTH of our work, and INNOVATION in all that we do.

Partnership

BKFA is part of a massive global movement, one held together by the mutual passion of thousands of global citizens for a better world for women and girls. Building on these partnerships and finding new partners across business, social and government spheres is our goal.

Women attend a health awareness session in Kady Sonapanahalli Village, India

Photo credit Rachel Glasby.



Growth

We have set a huge goal - to reach 1.5 million people around the world in the next three years. To achieve this goal we need to grow our organisational capacity, and to sharpen our organisational structure. We also need to ensure that we are represented by a strong and growing brand. In light of the shifts in “purpose-driven” income and the emergence of the “purpose economy” we will be doing all that we can to ensure that our revenue model is sustainable.

Innovation

Innovation simply means seeking new and better ways to serve people and add value to their lives. Our next steps include strengthening our current clean birthing kit, as well as exploring new products and services that improve the lives of women and children around the world. While doing this important work we will also learn from, celebrate and champion the innovations of others – especially of girls and women in the communities where we work.

Our vision is huge and our future is bright - but the only way to achieve this is together with you.

So join us over the next three years, however you can, and together we can reach another 1.5 million people around the world.

Matt Anderson
Chief Executive Officer

Committee Roles and Responsibilities

Future Directions Committee

The purpose of the Committee is to look to the future and externally with regards to the relevance and impact of BKFA. The Committee aims to identify ways to respond efficiently and effectively and opportunities to deliver our mandate. This will include increasing the knowledge available to BKFA to validate and improve practices and support BKFA advance its purpose.

The Committee consists of Ted A'Bear, Julie Monis-Ivett, Joy O'Hazy and BKFA CEO, Matt Anderson.

Risk and Compliance Committee

The purpose of the Risk and Compliance Committee is to plan and monitor risk management and compliance practices to manage BKFA's risk and meet legal, audit and compliance obligations.

It is responsible for overseeing compliance requirements, overseeing the Australian Council for International Development (ACFID) Self-Assessment, reviewing BKFA's Risk Management Plan and Risk Register; monitoring compliance with BKFA's policies, controls and procedures, and reviewing and advising the Board on the adequacy of BKFA's policies and procedures.

The Committee consists of Melanie Cottell, Jenny Weaver, Erica Osborn and Deborah Floyd.

Finance Committee

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

The Committee assists and supports the CEO to prepare the annual budget and reviews the budget on a quarterly basis to provide, if necessary, any revision to the Board. The Committee ensures that systems, financial policies and procedures have been established, reviewed and updated regularly to ensure efficient management of BKFA's funds. The Committee manages BKFA's investments by making recommendations for approval of the board.

The Committee consists of Maggi Gregory, Gail Casey and BKFA CEO, Matt Anderson.

Learning and Innovation for Impact

This year has seen an emphasis on learning and innovation throughout our partnerships and programs. The mantra “learn by doing” has given us greater determination to test new collaborations and solutions with learning as a key outcome. In this way our current and future work, all products, services and partnerships, will be more suited and more effective in achieving desired goals.

Our work this year in India has paved the way for a new generation of collaborations through which our learn-by-doing and co-design approach has supported us to try new things and work towards our vision by addressing a broader range of issues and needs from a local perspective.

This year, staff members have undertaken professional development in human-centred design and have applied this knowledge to the review of our internal procedures and partnership management, as well as the facilitation of co-design in the field. This has helped to redefine how we think about our target populations and what it is that we are striving to achieve.

Impact has been an important topic of exploration this year. How many people have we reached and how have we impacted their lives?

This key question has prompted deeper reflection on the ways we show up in the world, how we collect data on reach, and the impact that we have: not only on people but also the environment. This extends across all of our ‘touch points’ from raw supplies, to Australian volunteers, to in-country distribution.

Striving for the most ethical and sustainable impact and greatest reach in everything that we do, pushes us to seek feedback, better understand changes in populations and environments (intended and unintended, positive and negative) as a result of our work, and to explore socially and environmentally responsible options within our initiatives.

As we learn, respond to feedback, and adapt our programs, we are also looking at the way our monitoring and evaluation systems can be updated to support work through innovation phases and adaptive program management. Data has become a favourite topic and a brand-new collaboration with the Artificial Intelligence Collaboration Network (AICN) has spearheaded work towards improving our capacity to model, visualise and communicate using data across different areas of the organisation.

Innovation is becoming a way of life and a culture at BKFA. Staff are encouraged to seek better ways of ensuring quality and efficiency in day-to-day operations, and this is now reflected in recruitment profiles and performance management. These are small changes but ones that have a great impact on our ability to work differently to achieve our goals, both within our own teams as well as with partners and collaborators.



Children from the Vadakkuthittai Village, India.

Photo credit Zeshi Fisher.

Uganda Youth at the Centre

Project: Reaching Vulnerable Adolescent Mothers and Newborns (REVAMON)

Our implementing partner, Teso Women Peace Activists (TEWPA) is a rural women's organisation founded in 2001 to respond to the challenges of unrest of armed conflicts manifested in different forms. TEWPA envisions a future where both women and men fully participate in enabling a peaceful co-existence in the Teso-Karamoja region. TEWPA works to strengthen women, girl child and youth in Teso and Karamoja to be able to access and demand support through building capacity in lobbying, advocacy and communication as well as community structures and services.

Katakwi is a rural district in Eastern Uganda. The people of Katakwi have long been suffering the impact of conflict. This year we have supported TEWPA's initial 12 months' work in 3 sub-counties with communities that have been identified as particularly high need.



Why is this work important?

Uganda has the most youthful population in the world, and the Teso sub-region has the highest proportion of adolescents who have begun childbearing. Adolescents, particularly under the age of 15, are at much higher risk than other age groups of childbirth related death and disability. While physically undeveloped, adolescent girls who become pregnant are also more likely than their peers to be poor; with poorer nutrition and general health. The region continues to recover from decades of conflict which continues to deeply affect the lives of women and girls.

Adolescents do not access reproductive health services

A teenage girl in Katakwi district from a poor family may have experienced poverty and neglect. She leaves school to seek security through employment and marriage but as soon as she becomes pregnant, she is deserted. She may be abandoned not only by

the man she hoped would become her husband but also the family who casts her from home, and the school that will no longer enrol her. She does not even know how a girl becomes pregnant, but she already is. She needs information, care and support but the topic is taboo so she will not talk about it. She knows there is a 'youth corner' at the health centre but it is often frequented by older boys who may interrogate her. She does not dare to sit in line at the antenatal clinic for fear of gossip and reprimand from the other village women.

There is little or no awareness on adolescent health issues and rights.

While a young woman may not understand how she becomes pregnant, a young man may also lack awareness. He may not understand contraception, or the demands of pregnancy and childbearing on a young woman's body. Nor might he understand the implication of teenage pregnancy on the rest of the girl's life, the health and future of her child, and

the wellbeing of the whole community. A pregnant girl's family may be concerned with being able to provide for additional children, and they may face shame and discrimination from the community. Parents and leaders are likely ignorant to adolescent needs and their experience, and they themselves may never have received any education on sexual or reproductive health. Even health providers do not have skills in working with adolescents.

Gender inequity affects reproductive health decision-making. Within the household, the community and in society more broadly, a girl faces disproportionately greater barriers to finishing an education; making decisions concerning reproduction and personal health; the use of family income and resources and holding positions of authority at local, regional and national levels. This has a deep impact on girls and women's ability to be healthy, to have a voice, and to exercise their rights as equal members of society.

Pregnant women in attendance at a group antenatal care workshop.
Project partner TEWPA, Uganda.

Photo credit Carousel Media



How is the problem being addressed?

A rights-based and holistic approach ensures a change in attitudes and behaviours throughout every level of the community from individuals, household to leadership and community structures.

- Services and care specifically for adolescents**
 22 district midwives have been trained in adolescent health and facilitated to provide group antenatal care specifically for adolescent mothers and their partners. The district hopes to expand this model of antenatal care throughout all maternity centres in the district. Health providers at village, sub-county, and district level also participated in a workshop on adolescent health, need and care and follow-up in their community.
- Birthing Kits and clean hygienic supplies**
 The maternity centres in the 3 targeted sub-counties were supplied with BKFA Birthing Kits so that all adolescents and birthing mothers attending the facilities at birth received care and clean materials free of charge.
- Education and mentoring for adolescents in groups**
 12 peer mentors and 18 groups (423 members in total) have been established both in school as well as in the community for out-of-school youth. These facilitated, educational groups allowed for discussion on sexual and reproductive health topics and the opportunity to learn life and relationship skills, gain confidence and assert their rights. These groups are also the forum for learning skills such as soap-making and sewing of sanitary pads for personal use and sale.
- Community engagement and advocacy**
 This year there has been great focus on increasing the level of awareness and skills around adolescent development, their health and their needs. This has extended beyond health providers, to teachers and mentors, parents and religious leaders, as well as representatives from government and key structures. The aim is to create an environment within which good governance, laws and policies can be fulfilled.

22

Midwives

trained in group antenatal care and adolescent-friendly services

423

Adolescents

given education on sexual and reproductive health and rights

2,500

Birthing Kits

supplied to health centres in the project area

36

Health Providers

participated in a workshop on adolescent health and rights

What is the Impact?

The impact is a better childbearing experience for adolescents

This year 153 pregnant adolescent girls received antenatal care in a supported group antenatal care model and 151 were attended during birth by a skilled midwife. The provision of free and clean supplies (birth kits) means that mothers are more likely to attend the clinic, and they are more likely to be treated with more respect by the midwives on duty. The provision of additional clean gloves also enables midwives to undertake their essential work more safely.

Testimonial

"I really thank God for the gift of Birthing kits, it has saved me a lot, what would I do without gloves and the polythene paper [plastic sheet], so many gloves have been used on poor me, where would I get all that money for buying gloves and all these things they have used on me, praise be to God.

God bless Birthing kit foundation for remembering us the rural women. I also thank Nurse for being very patient with me because giving birth is not easy without a good nurse. Look at my baby!"

Akello Susan, adolescent mother

Better health for adolescent mothers and their newborns

Awareness and behaviour change underpin improvements in health. After working for just one year in the community, the majority of adolescent girls had gained essential knowledge on reproductive health and their rights, and they knew about the dangers of adolescent pregnancy. Through this work, increasing numbers of girls are also becoming aware of modern contraceptive methods and the reproductive health services available to them.

Boys and men can make better decisions for their families

Shifts are being seen in the contribution of men to the wellbeing of their young pregnant partners and wives. Growing attendance of men at group antenatal care has supported a growing awareness of the plight of young mothers and how best to support them through the childbearing period.

Adolescents are backed by their community

As community structures, including legal and religious institutions become aware of the needs of adolescents and the challenges they face, particularly as young parents, there is an avenue for support beyond that of the family. There are active advocates for change across the community and a push for the implementation of policies that support the wellbeing and rights of young people.

151

Safer Births attended by skilled midwives

153

Adolescent mothers received care from youth-friendly services

673

People reached by TEWPA's program



A young pregnant woman from the surrounding TESO community. Project partner TEWPA, Uganda.

Photo credit Carousel Media



A woman participates in a group antenatal care workshop. Project partner TEWPA, Uganda

Photo credit Carousel Media

Story from the Field

I am Peter, 25 years old. Betty is my wife aged 17, this was our first pregnancy, first child. She asked me to escort her for ANC [antenatal care] the first visit but I feared, then later for the second visit, I accepted and it was interesting....It is only when a man is involved or gets involved in all these is when he can be sure of a healthy baby and a healthy mother, I did not know about these. I also thank the REVAMON project for providing for the birthing kits that reduced my costs as a man in buying gloves and black polyethene's [plastic sheet] because during ANC we were asked to be prepared.

I have been sensitized enough in ANC visits, my mind is open now, I stand as a testimony for ANC and I wish men could go and always listen to these, then we would not hear of any death of a child whether at birth or after birth. Men should take up their responsibilities after making a young girl pregnant, because according to the ANC teaching they cause trauma for child mothers. I am excited and happy because there is no difference between ANC lessons and classroom lessons, I am just as free as normal and proud to become a father that's what men should know.

Men out there, escort your wives or partners for ANC visits - it is for the good of all of you!

Effectiveness and Learning

As the first year of the project has come to an end, we are now preparing for an in-country review of the initial successes, challenges and lessons learned. As with any new project, there will be opportunities to build on what has worked and to learn from what could be improved. The team at TEWPA have been actively monitoring the engagement, service uptake, attitudes and relationships around their work in communities on an ongoing basis and strive to improve on this month by month.

This year we have worked with the Robinson Research Institute in Adelaide to design a research study that will support TEWPA's ability to evaluate the impact the REVAMON project has had on the accessibility and uptake of adolescent-specific reproductive and maternity services in the targeted areas.



Group photo of women who have participated in the REVAMON project. Project partner TEWPA, Uganda.

Photo credit Carousel Media

Ethiopia Stronger Collaboration for Better Health

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

Our implementing partner is the Afar Pastoralist Development Association (APDA), the largest Afar run organisation in the region. For over 30 years it has modelled the means of delivering primary health care and education to the pastoralist community through the provision of mobile services. This year, APDA concluded the first 12 months work on this project and embarked on the second phase.

BKFA would like to thank and acknowledge the Fullife Foundation for their ongoing funding in support of this project.



Why is this work important?

The Afar Region has poor maternal health indicators, even by national standards. As a region it has the highest unskilled birth attendance in the country at an estimated 93% of births. Harmful traditions that impact on the wellbeing of girls, women and newborns continue to be widely practiced.

The low status of women, poor literacy and difficulty accessing health services are challenges faced by women every day. Disempowerment of females within the household and community means that most Afar women are unable to define their own issues or influence change.

Harmful traditional practices are experienced in childhood, adolescence and motherhood

A typical girl living in Dullassa faces a long journey as she transitions into womanhood. Along with most other girls in her community she may

undergo female genital mutilation (FGM), resulting in her menstruation, urination and sexual relationships to be difficult and painful. She may be forced into marriage as a teenager, and become pregnant soon after, before her small body has fully matured. During pregnancy she carries heavy loads of water and firewood and works long hours. Her primary health provider is likely the same traditional birth attendant that cared for her own mother, and grandmother before.

This attendant will care for her in the best way she knows how but steeped in traditional practices, there are grave risks to the girl's survival and that of her newborn.

Health services in the Dullassa District are inadequate and unable to reach remote communities

The typical girl's small and undernourished body, FGM scar and other possible complications, means her labour may be too long and she faces the prospect of walking for days to reach the district's only

health centre or beyond to a maternity hospital for emergency care. Without determination and transport she will not reach it in time. At home, if she is able to birth, there will be no clean equipment and no access to skilled medical care in the critical postnatal period if she or her newborn is unwell.

Families are not motivated to seek healthcare from a trained provider

As with most other girls, she never learned to read or write and therefore understands the world through the traditions and teachings of her elders who learned from generations before them. Through lack of awareness, understanding and fear, this girl is not encouraged and may be prohibited from seeking health care for herself and her family. Men, who dominate decision making across all aspects of a family life, have no knowledge of their wives' and daughters' reproductive health and as a result, cannot prioritise their wellbeing.

How is the problem being addressed?

A universal approach ensures sustained, long-term change. The community are central to the project as employees, advocates, facilitators and key drivers of the shift away from harmful traditions towards a better future for girls and women.

A network of trained, equipped and supported educators and health care workers

In 10 sub-districts where there has previously been limited or no public services, APDA employs 10 literacy educators, 10 women extension workers (WEWs), and 3 health workers. In addition to this, 50 Traditional birth attendants (TBAs) and 70 community development committee members are supported to undertake their essential voluntary work within the community. This year, all members of this health team have received comprehensive training, and have been equipped with field kits, educational tools and locally assembled clean birth kits to support community outreach.

This health team provides ongoing household education, primary health care and emergency referral. They educate and advocate for awareness and change, they build trusted relationships and are key linkages to the formal health system, they monitor behaviours in the community and report back into the program. Pregnant mothers are reached with essential antenatal, birth and postnatal care and are screened for complications, clean supplies are used for childbirth, and through community initiative, 'maternity huts' have been established to house mothers closer to the health centre at the end of their pregnancy.

In the first project year 2,161 community members participated in workshops about harmful practices; 1,200 clean birth kits were assembled by local women; and 35,887 health messages, demonstrations and counselling services were provided by WEWs.

10 **Literacy Facilitators** laying the foundation of knowledge for change

50 **Traditional Birth Attendants** refusing to undertake harmful traditional practices

10 **Women Extension workers** competently supporting births and community health every day

3 **Health Workers** now certified by the Department of Health giving access to primary health care



Halima Hassen is a Women Extension Worker (WEW) Coordinator working in Dullassa for APDA.

Photo credit Zeshi Fisher.

What is the Impact?

Less harm and greater wellbeing

This year has seen significant initial shifts in attitudes and behaviours. Girls and women now have local advocates, women extension workers, who champion their cause with the district and zonal administration and push to resolve cases of forced and early marriage.

All births attended by trained TBAs are closely monitored and free from harmful practices. Ground-breaking progress has been made in addressing discrimination against a tribal group known as Boon, previously excluded from integration in the Afar society with limited access to health and education services.

Boon individuals have been targeted for training as members of the health teams and are now actively working to serve their communities in 3 sub-districts. This has acted to advance the health and social status of Boon people within Dullassa.



Young mothers from Bortali village with their babies.

Photo credit Zeshi Fisher.

Stronger community health teams

Health teams have demonstrated increasing competence and coordination. Women extension workers have gained popularity and reputation, as the community seek their help to find practical solutions to their health and family issues.

The 3 selected health workers have been trained and now certified by the Bureau of Health. From the community, 28 women with reproductive health issues were accompanied to APDA's Barbara May Maternity Hospital for treatment and surgery. Without the community referral network, these women would have suffered for great lengths of time without resolution.

Families supported to seek health care

Communities, including family and clan leaders, are now more aware of their families' health needs and services available. They are participating in open and frank discussions on harmful practices and the very new concept of planning family size in relation to a capacity to provide. Progress is also being made towards greater demand for trained birth attendants, and the acceptance of referrals for more specialist care outside of the district, such as the Barbara May Maternity Hospital. Increasing literacy across the targeted sub-districts has been instrumental in shifting deep-seated traditional perspectives.

499

Safer Births attended or referred

2,161

Community Members exposed to information on harmful practices

11,500

People reached by APDA's program



Girls from Bortali village milking the animals.

Photo credit Zeshi Fisher.



An education session is attended by community members. Project partner APDA, Ethiopia.

Effectiveness and Learning

The local health and referral network is central to this project, meaning the work of employees and volunteers are the foundation of any success. Therefore, ongoing feedback and reporting is important in ensuring the effectiveness, accountability and improvement of the project and approach. APDA ensures all coordinators in the field attend monthly meetings at APDA's headquarters. On a quarterly basis they present and analyse the work of the community team in a general forum. These meetings assist the district teams, or indeed teams across the entire regional program, to learn from each other and to adapt in response to emerging risk or opportunities. This adaptive cycle allows for the real time improvement of the program, or ability to trial new approaches.

As an organisation we continue to learn about working in partnership, and the importance of working together for mutually defined goals and stakeholder needs.



A young mother cradles her twin babies.

Photo credit Zeshi Fisher.

Story from the Field

Halima is APDA's Women Extension Worker Coordinator in Dullassa. In addition to providing care and education in her community, her role involves the instruction and supervision of all WEWs throughout the district. She travels on a regular basis to all sub-districts (kebeles), particularly to higher need areas requiring additional support. Each quarter she reports to APDA on the situation in Dullassa and prepares a 3-month work plan with program managers.

Many years ago, Halima participated in a program run by APDA to teach and encourage women to establish community cooperatives. From this, she was motivated to set up a cooperative and savings group in her home village. She was able to trade at the local market and it was not long before other women could see the benefits and persuaded their husbands to allow them to be involved. Halima envisages a future in which she can establish an agricultural cooperative for her community's self-sufficiency and economy.

Halima is motivated and entrepreneurial and has used this to drive change within her community. However, prior to participating in any education, she describes herself as having been "just a pastoralist wife—a traditional naked woman, familiar only with the Koran and looking after my family".

For women like Halima, APDA's education and employment has been life changing.

Safer Childbirth for Afar Women

Clean Delivery Sets = Employment + Safer Childbirth in the Afar community

This year BKFA has continued to support the local production of Birthing Kits, known in the region as clean delivery sets. This year, support was given for 3,000 sets. These sets comprise a plastic ground sheet, a bar of soap, one pair of examination gloves, string to tie the cord, a new razor blade, cotton wool, gauze bandage, and two pieces of cloth to dry and wrap the baby.

The components are procured locally and Afar women are employed to assemble the sets before they are distributed within APDA's maternal health programs in 17 districts in Zones 1-4 of the region. Within the existing programs these sets contribute to the reduction of risk of infection for mothers and newborns attended by trained TBAs, and to strengthen the connection between TBAs and WEWs through the supply of sets and regular reporting.

APDA's vision is that Afar pastoralist community will direct its development through its own motivation and with full emphasis that Afar women are involved with maximum participation.

APDA works to eradicate harmful traditional practices that impact on the rights and dignity of women, and to develop services based on Afar culture and local beliefs. The organisation also acts as an advocate for the Afar people on matters of pastoral development and government relations.

3,000

Clean delivery sets assembled by Afar women

India Co-designing Solutions for Girls and Women

A New Approach to Partnership and Collaboration

Our project partner is Bangalore City Mission (BCM). The organisation was founded in 1990 to support underprivileged children from families working in the local quarries to access a quality education. From its beginning in the family home, the school now has more than 600 children, 85% of whom are children from low-income or underprivileged households. The school is just one of many programs now run by BCM including health and community outreach, self-help groups, vocational training centres, sanitation and clean water, adult literacy and supporting women in crisis.

Bangalore is one of the most rapidly expanding and modern cities in India. The swift development and growth has brought prosperity to many, but also left whole segments of the population behind.

BKFA's Impact and Design Manager, Zeshi Fisher, is welcomed at Bangalore City Mission, India.

Photo credit Rachel Glasby.

Why is this work important?

Many communities struggle to survive in the slum communities and quarry areas in the outskirts of the city. Families rely on the heavy physical work of breaking and carrying quarry rocks for their basic income and many children are enlisted in work instead of school from an early age. Girls and young women face a disproportionate lack of education and employment opportunities and have no authority to make decisions for themselves and their families.

Scoping and Design

Two visits to Bangalore in 2018/2019 allowed BKFA to establish and strengthen the partnership with BCM, to gain insights into the local context, and explore opportunities for collaboration.

Multiple ideas and options were highlighted in the initial exploratory phase, and guided by a human-centred design approach, we spent time with BCM, the students and teachers, disability organisations and a range of community members to better understand the experience for girls and young women.

Concept

The result of this facilitated process was the concept of developing a new curriculum for BCM's college for women; focusing on innovation, social impact and entrepreneurial skills to address girls' future employment needs and a desire to support wellbeing in the local community; as well as to enhance the school's reputation.

In this curriculum model, the BKFA birthing kit is a learning tool and basis for innovation, enabling students to learn about low-tech solutions to real world needs and contribute to the evolution of the BKFA kit through prototyping and testing.

Learning and Next Steps

Planning and implementation challenges are approached with a learning mindset and the way forward for any new initiative, is a continuous process of learning and adaptation so that our work is relevant, community-driven, and effective.

This year has laid the foundation of our work with BCM and future collaborations in this community. The ongoing education of young girls is a determining factor in their ability to break the cycle of poverty and disempowerment in households and community structures.

BKFA is committed to co-designing new solutions with BCM to deliver sustained impact for girls in Bangalore and is excited to explore possibilities moving forward.



Birthing Kit Components

As part of BKFA's commitment to reflect, learn and improve on the effectiveness of the Birthing Kit in supporting positive maternal and newborn health outcomes, the contents of the kit are reviewed annually to determine whether any changes need to be made to better serve the people who use it.

Our Birthing Kit contains 6 disposable components:

1. **Soap** to wash the birth attendant's hands and the mother's perineum
2. **Plastic Sheet** to prevent the mother and newborn coming into contact with the ground or an unhygienic surface
3. **Gloves** to cover the birth attendant's hands and provide protection for both the birth attendant and the mother from infections such as HIV
4. **Gauze** to wipe clear the newborn baby's eyes, and to clean the mother's perineum prior to giving birth
5. **Cord Ties** to cleanly tie the umbilical cord
6. **Sterile Blade** to cut the umbilical cord and reduce risk of newborn tetanus and sepsis.

Component Review and Field Partner Feedback

Because we send Birthing Kits to diverse communities in eighteen different countries, any changes to the kit must be acceptable across multiple settings.

Throughout 2018/2019, the Birthing Kit contents were reviewed by: considering feedback from our Field Partners about the contents of the kit; and assessing BKFA's kit against current international standards and guidelines on clean childbirth kits.

This year's review highlighted the need for two improvements to our Birthing Kit:

1. **Increase in the size of the soap**
Feedback received from Field Partners and review of current international standards and guidelines on clean childbirth kits, indicated that there was a need to increase the size of the soap to better serve pregnant women and their babies, and their birth attendants. The new soap will be individually wrapped to minimise the risk of soap contamination, and the size of the soap will be increased to a standard weight of 20 grams. This change will come into effect on 1 July 2019.
2. **Addition of pictorial instructions on how to use the Birthing Kit**
Current international standards and guidelines on clean childbirth kits recommend the inclusion of pictorial instructions. Although BKFA's partnership terms require Field Partners to distribute Birthing Kits with instruction on the correct use of the kit, the inclusion of pictorial instruction in the kit may help a person using the Birthing Kit recall and understand how to use the kit effectively in childbirth, especially when there has been a substantial lapse in time between demonstration and use.

This year, BKFA engaged Lauren Mullinder, a local illustrator, to design pictorial instructions for use in our Birthing Kit.

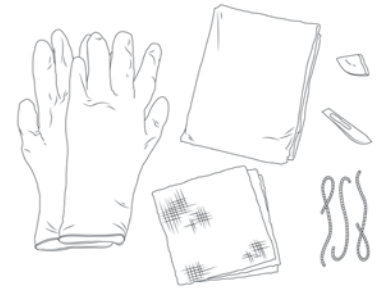


Illustration of BKFA Birthing Kit. Image copyright Lauren Mullinder, 2018

The development of the pictorial instructions for the Birthing Kit is still in its pilot phase and before the instructions are finalised for widescale distribution, they will need to be tested in various country contexts to evaluate cultural suitability and user-interpretation. The testing phase of the pictorial instructions will begin in 2020, with a view to add pictorial instructions to the Birthing Kit as part of ongoing improvement and innovation.

Future Considerations

Future improvements to the Birthing Kit will not only be driven by international standards and guidelines on clean childbirth kits and understanding the user experience of the kit, but by BKFA's commitment to environmental sustainability. In order to minimise the environmental impact of the Birthing Kit, BKFA has been exploring the possibility of substituting the items in the kit that are made from plastic with more environmentally friendly materials. BKFA is planning to prototype and test plastic-free Birthing Kit components in 2020.

Birthing Kit Program

According to the World Health Organization, 99% of all maternal deaths and the vast majority of newborn deaths¹ occur in low and middle-income countries².

BKFA supplies Birthing Kits to Field Partners that work with communities experiencing high rates of maternal and newborn mortality.

The Birthing Kit does not look like much: soap, gloves, a plastic sheet, gauze, cord ties and a sterile blade. However, in many parts of the world, when a pregnant woman has a Birthing Kit, she has access to essential items that can prevent infection in childbirth - one of the leading causes of maternal and newborn mortality in low and middle-income countries.

BKFA knows that a Birthing Kit is most effective when it is integrated into community-based health interventions. Therefore, BKFA partners with organisations that have existing community-based strategies that engage communities in maternal and newborn education and health services.

Because the local needs and circumstances are different for each target population, our Field Partners employ a variety of context-specific community-based strategies to make a lasting, positive impact for mothers and newborns. The types of strategies employed by Field Partners include:

- Training of community health workers or traditional birth attendant
- Antenatal classes
- Deployment of community health teams (doctors, nurses, etc.)
- Collaboration with local government authorities
- Community dialogue sessions
- Radio health announcements
- Supporting local, under-resourced health centres.

210,400

Birthing Kits sent in 2018/2019

18 COUNTRIES

Birthing Kits were sent to 44 Field Partners in 18 countries

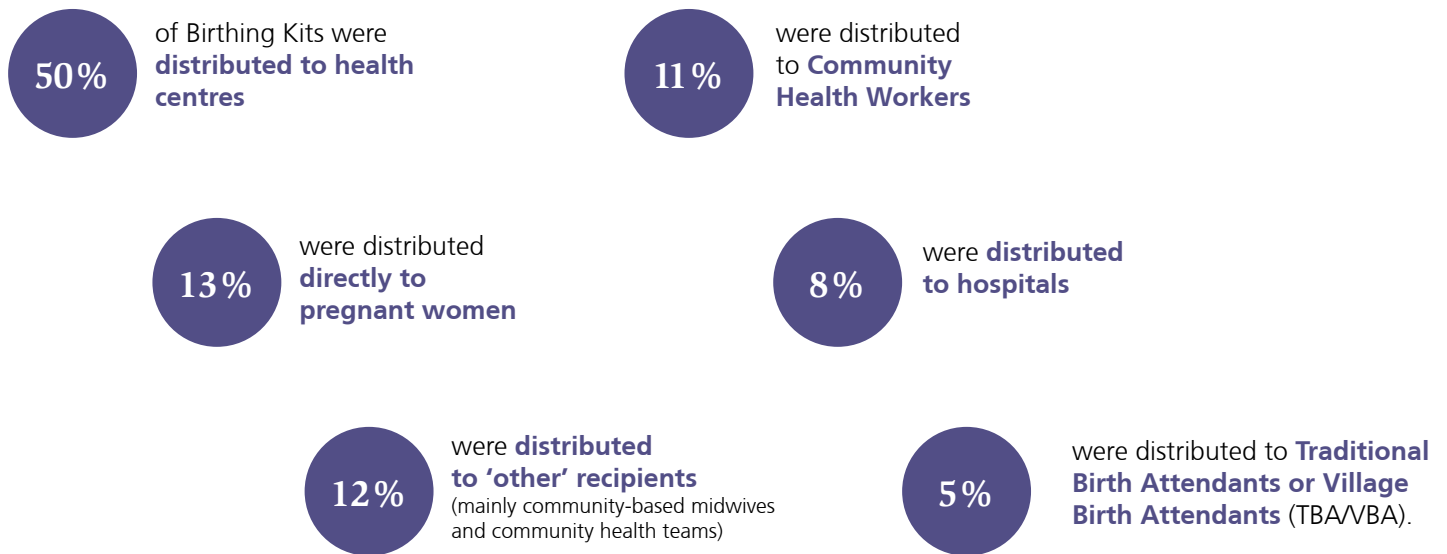
10,000

Birthing Kits sent for Emergency Response



Field Partners integrate the distribution of Birthing Kits into a range of these education and health service activities as part of their ongoing efforts to improve maternal and newborn health in the communities in which they work.

To whom or where a Birthing Kit is distributed depends on the type of education and health service activity a Field Partner employs. In 2018/2019, our Field Partners reported that:



What We Learnt

In the 2018/2019 period we learnt:

- A growing portion of our Field Partners are integrating kit distribution into their community-based strategies with the aim to link and connect pregnant women with a health centre.
- At times, the Birthing Kit, in its current form, only subsidises and does not cover the whole cost of items required at childbirth. This outstanding cost can be prohibitive for many pregnant women.

These new insights from our Field Partners who help BKFA to further develop the Birthing Kit to ensure it continues to meet the needs of the women who use it.

BKFA was also made aware that in some countries where our Field Partners work, increased customs fees on the import of donated Birthing Kits have become unsustainable.

If BKFA is to continue further engagement with communities in these countries, our organisation will need to investigate alternative ways of supporting maternal and newborn activities that are compatible with a country's context.

¹ World Health Organization, 2018, Maternal Mortality, <<https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality>>

² World Health Organization, 2018, Newborns: reducing mortality, <<https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>>

Responding to Emergencies

Reaching pregnant women and their newborns most at-risk of poor health outcomes has always been the foundation of BKFA's mission.

Many countries are currently experiencing humanitarian crises as a result of civil conflict, natural disasters, or both. Humanitarian disasters can increase the vulnerability of pregnant women and their babies to poor maternal and newborn health outcomes. The United Nations Population Fund has estimated that globally, 60% of maternal deaths and 45% of newborn deaths occur in countries affected by a humanitarian crisis or fragile conditions¹.

During humanitarian crises and other emergencies, pregnant women and girls are at an even greater risk of complications in childbirth. The breakdown or disruption in quality reproductive health services during an emergency setting means that many pregnant women and girls often have no option but to give birth in unclean environments without assistance from a skilled health worker.

A Birthing Kit is an essential tool in humanitarian and emergency situations that is used to promote clean home deliveries when access to a health facility is not possible, or when a facility has limited supplies. The kit contains the basic items that support a clean birthing environment and can help reduce the risk of umbilical cord, puerperal and postpartum infections.

New mothers assisted by the Birthing Kit program at their local maternal and child health clinic. Field Partner, World Vision Australia, Somalia.

World Vision Australia

This year, BKFA provided World Vision Australia (WVA) with 10,000 Birthing Kits for their humanitarian operations in Puntland State, Somalia.

The complex and long-standing humanitarian crisis in Somalia has been fuelled by armed conflict, widespread violence, and chronic climatic shocks. The crisis has seen the breakdown of vital health care services and given rise to some of the worst maternal and newborn health indicators in the world. The maternal mortality ratio stands at 732 per 100,000 live births, and neonatal mortality rate is 40 per 1000 live births².

Since the beginning of 2018, WVA has been working in Puntland State providing essential services and assistance to people affected by the crisis.

Part of WVA's activities in Puntland State have focused on the delivery of basic healthcare services, with a focus on antenatal care. Birthing Kits are provided to health clinic staff and are given to pregnant women attending their third or fourth antenatal consultation to encourage them to return to a health facility for childbirth. WVA also distribute the kits to Community Health Workers (CHWs) who work in remote areas of Puntland State where there is limited access to health services. These CHWs conduct home visits and play a crucial role in promoting cleaner childbirth environments.



¹ United Nations Population Fund (UNFPA). "Maternal Mortality in Humanitarian Crises and in Fragile Settings," (2015). Available at: www.unfpa.org/sites/default/files/resource-pdf/MMR_in_humanitarian_settings-final4_0.pdf

² United Nations Children Fund (UNICEF). "Maternal and Newborn Health Disparities: Somalia," (2018) Available at https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles/Jan_18

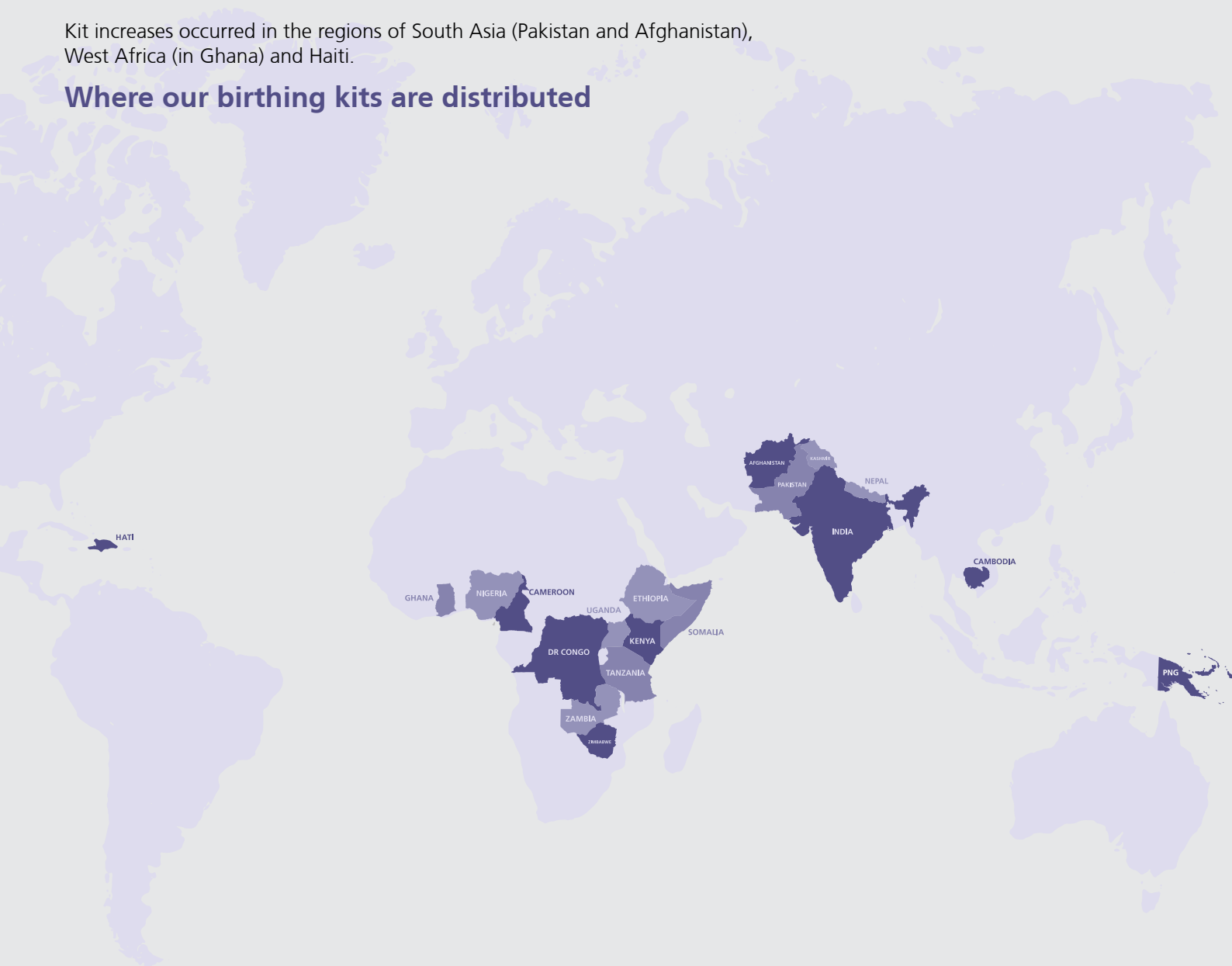
Kit Distribution 2018/2019

A total of 210,400 birthing kits were sent to field partners in 2018/2019.

This was a substantial increase compared to the previous year and equates to an additional 38,800 kits (23%) distributed to Field Partners.

Kit increases occurred in the regions of South Asia (Pakistan and Afghanistan), West Africa (in Ghana) and Haiti.

Where our birthing kits are distributed



Africa and Haiti

HATI

GHANA

NIGERIA

CAMEROON

UGANDA

ETHIOPIA

SOMALIA

DR CONGO

KENYA

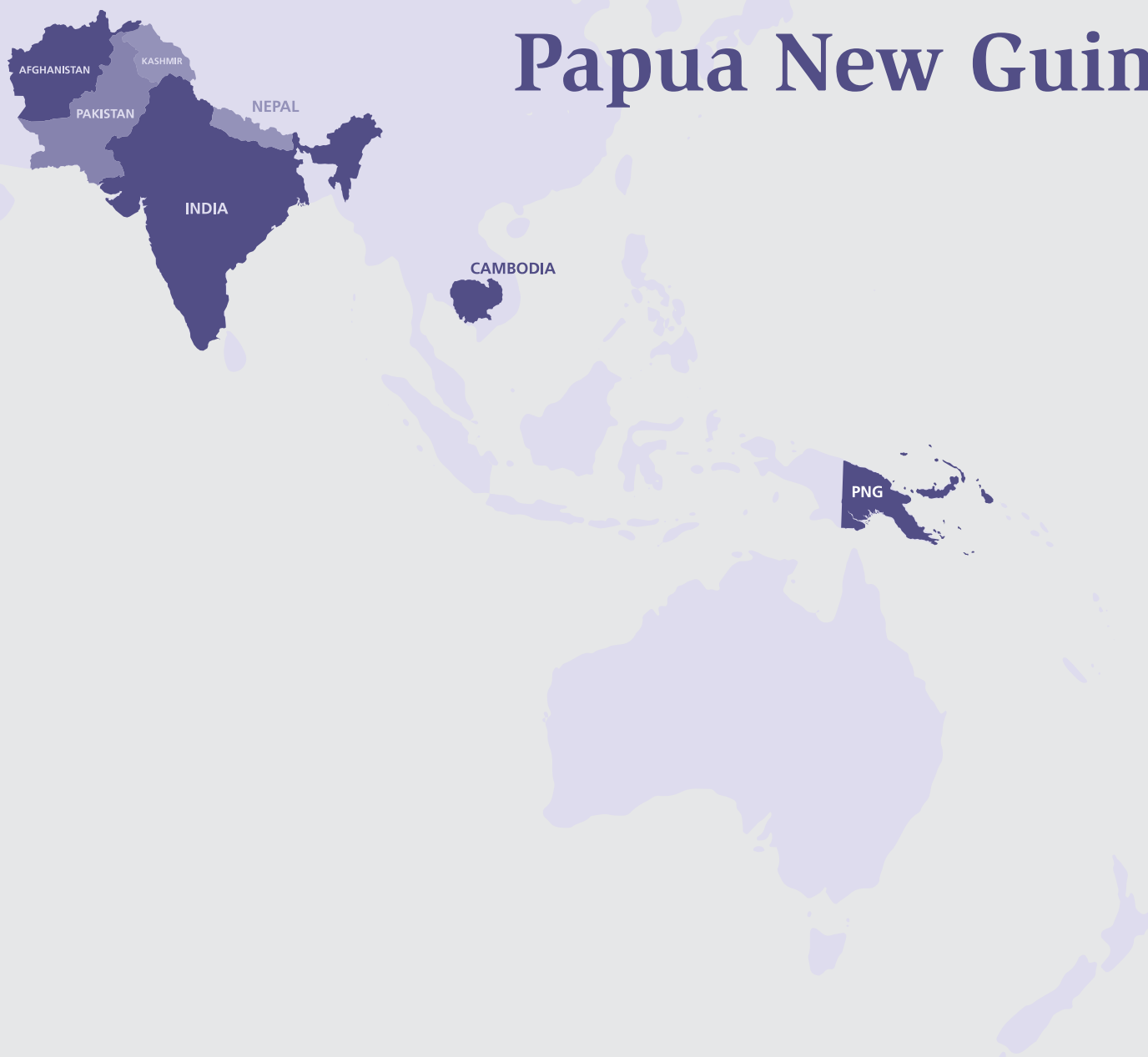
TANZANIA

ZAMBIA

ZIMBABWE

Field Partner Name	Country	# Kits Sent by BKFA in 2018-19
Reach Out Cameroon (ROC)	Cameroon	800
Redefined Ministries	DR Congo	18000
Mission in Health Care and Development (MHCD)	DR Congo	18000
Green Ark Committee	DR Congo	2000
Action For Social Development And Environmental Protection (ASDEPO)	Ethiopia	1300
SHAPEthiopia	Ethiopia	700
Women's Health to Wealth (WHW)	Ghana	8000
Caris Foundation International	Haiti	10100
Matata Nursing Hospital	Kenya	1400
World Youth International (WYI)	Kenya	300
Rotarian Action Group for Population & Development (RFPD)	Nigeria	25000
Hacey Health Initiative (HHI)	Nigeria	9000
Golden Change Concerned Youth Forum (GCCYF)	Nigeria	5100
PeachAid Medical Initiative (PMI)	Nigeria	2800
Safer Hands Initiative (SHI)	Nigeria	2000
Diocesan Health Initiative (DHI)	Nigeria	1000
Divine Grace Medical Missionaries (DGMM)	Nigeria	200
World Vision Australia (WVA)	Somalia	20000
Social Relief Organization (SRO)	Somalia	12500
Future Warriors Project (FWP)	Tanzania	500
Popcares (Population Cares Uganda)	Uganda	5100
Beaton Foundation Initiative (BFI)	Uganda	5100
Teso Women Peace Activists (TEWPA)	Uganda	4500
Foundation for Development and Relief Africa (FIDRA)	Uganda	4500
Uganda Australia Christian Outreach (UACO)	Uganda	4200
Egoli Africa	Uganda	2000
Rotary Club of Makindye (RC Makindye)	Uganda	1000
Global Support Development Initiative (GDI Uganda)	Uganda	1000
Think Humanity	Uganda	800
Supporting Opportunities for Ugandans to Learn Foundation (S.O.U.L)	Uganda	300
On Call Africa (OCA)	Zambia	500
Aid for Africa Down Under (AFADU)	Zimbabwe	2000

South Asia and Papua New Guinea



Field Partner Name	Country	# Kits Sent by BKFA in 2018-19
World Vision Australia (WVA)	Afghanistan	20000
One Family at a Time (OFAAT)	Cambodia	300
Kanthi Samstha	India	200
Development Society for Poor (DSP)	India	200
The Compassion Project	Nepal	200
PEI (Poverty Eradication Initiative)	Pakistan	12500
Aizan Development Foundation (ADF)	Pakistan	200
Living Child Inc.	PNG	4500
Reef & Rainforest Research Centre (RRRC)	PNG	1000
Touching the Untouchables (TTU)	PNG	600
No Roads - Health	PNG	400
Enga Baptist Health Services	PNG	400
Healthcare Access for Remote Communities (HARC)	PNG	200

Distribution Approaches

Improving childbirth health outcomes for pregnant women and their babies requires a deep understanding of a target population's local contexts and the factors that contribute to poor childbirth outcomes.

Our Field Partners not only understand the complexity of barriers that their target population(s) face, they are committed to long-term involvement with communities in order to bring about real change.

Because the local needs and context are different in each location, our Field Partners employ a variety of Birthing Kit distribution methods to increase pregnant women's access to cleaner childbirth environments and to improve childbirth outcomes for mothers and their babies.

Distribution of Birthing Kits to pregnant women

Providing Birthing Kits to pregnant women is a simple intervention that can reduce poor maternal and newborn health outcomes. Not only does this approach provide women with basic supplies for a cleaner childbirth environment, it can also encourage pregnant women to seek facility-based care and skilled attendance at birth.

Our Field Partners tell us that some health facilities require pregnant women to bring their own birthing supplies for childbirth. The cost of these supplies can be prohibitive for many pregnant women. A pregnant woman in possession of a Birthing Kit is often able to make her own choices about where to access care for birth and does not fear mistreatment or dismissal by healthcare staff for not bringing the required supplies.



A woman from the Maasai Women's Support Network in the city of Arusha. She is happy to take kits back to her village. Field Partner, Future Warriors Project, Tanzania.

Distribution of Birthing Kits to birth attendants in the community

Many of our Field Partners work in countries where traditional birth attendants are the first point of call for many pregnant women. In remote and low-resource settings, skilled birth attendants are often in short supply and for reasons related to geographical distance, financial limitations, trust and tradition, pregnant women continue to seek childbirth care with traditional birth attendants.

Depending on the existing activities and capacity of the Field Partner, the distribution of Birthing Kits to birth attendants may be accompanied by simple instruction or form part of a more comprehensive maternal health training program.

A Trained Birth Attendant measures an expecting mother during an antenatal check up. Field Partner, Mission in Health Care and Development, DR Congo



Distribution of Birthing Kits through community dialogue

Maternal and newborn health outcomes are often powerfully shaped by social norms, including traditional beliefs, gender inequality, and a lack of male involvement in maternal and family health. Community participation in the promotion of healthy behaviours can provide opportunities for new ways of thinking that can evolve into new social norms.

Some of our Field Partners use community dialogue as a method to improve community awareness and knowledge about maternal and newborn health. The community dialogue sessions involve community leaders, women and men, and are designed to normalise communication about safe motherhood with the goal of creating a social environment that prioritises the health of women throughout the childbearing period. During these community dialogues, Birthing Kits are distributed to women to promote the use of clean childbirth supplies, and to encourage women to seek care at a healthcare facility.



An education session run by local health care workers. Field Partner, Beaton Foundation Initiative, Uganda

Distribution of Birthing Kits to health workers in the community

Many of our Field Partners engage community health workers to promote healthy maternal and newborn care practices. Depending on the context, health workers may be responsible for attending births or they may act in a supporting role for health promotion, referral or supervision.

In remote settings and amongst marginalised groups, community health workers can improve pregnant women's access to essential maternal and newborn health care.



Kits received by the Compassion Health Centre in Lamagaun Village. Field Partner, The Compassion Project, Nepal.

Distribution of Birthing Kits to health facilities

Static and outreach health facilities often experience a shortage of medical supplies required to facilitate a clean and safe birth. The irregular provision of medical supplies can impact on healthcare satisfaction and service demand and can decrease access to essential childbirth care.

Kits distributed to health centres ensure vulnerable mothers and families are not required to pre-purchase often unaffordable supplies, and skilled health workers can provide safer childbirth care.



Health staff with birthing kits. Field Partner, Hacey Health Initiative, Nigeria

Champions for Change

BKFA has a proud history of partnering with Australians to support improved maternal and newborn health in developing countries. In fact, over 100,000 Australians have volunteered with BKFA since 2006 and their contribution has helped us to create over 2 million clean birthing kits.

In June 2019, BKFA celebrated the 20th anniversary of the very first birthing kits that were made by the Zonta Adelaide Hills service committee. The women in this club have created such a strong foundation for the birthing kit program and we thank them for their ongoing support as BKFA transitions and explores new ways of delivering impact for women and girls in low resource settings.

With the help of our "Champions for Change" across Australia, BKFA continues to progress the health and rights of childbearing mothers and their families. Whether it is volunteering at an Assembly Day, making regular donations or partnering with us in our "Business for Birthing Kits" program, our supporters are making a world of difference and we are proud to share some of their stories with you.

Assembly Days Volunteer Champion, Judi Hutchison



Judi Hutchison (left) and her sister Helen at an Assembly Day event

When did you get involved with BKFA?

I became involved in Birthing Kits project in 2006 when I was a member of Zonta Club of Brisbane Breakfast in the Service Committee, was handed a large file of birthing kit project information and volunteered to become involved and manage the project for the club. The project has provided me with such wonderful experiences and opportunities.

What is the best part of hosting an Assembly Day event?

The best part of hosting an Assembly Day is the number of volunteers from all walks of life coming together to help women they do not know personally. It also provides an opportunity for people to volunteer when perhaps they have not considered this previously. It is also an education process in relation to the global need and the Birthing Kit Project in general. The simplicity of the kit assists in people connecting to the project.



From left Sherry Proferes, Coraine Sopru, Julie Monis-Ivett, Doone Winnall and Margaret Parsons. Missing from the photo is Joy O'Hazy, Jane Abdilla and Lorna Caire.

What achievement are you most proud of?

The day we completed 15,000 kits. I was overwhelmed with the capacity and dedication of all the wonderful volunteers who never once faulted in their enthusiasm. Another special and overwhelming moment was being granted Life Membership to the Birthing Kit Foundation Australia.

What would you say to someone who is considering supporting BKFA?

Go for it! Putting together any number of kits involves a great deal of organisation and coordination plus generosity of tangible and intangible items including enthusiasm. The emotion and satisfaction at the end of each assembly day experienced by everyone in the room is infectious. I will forever cherish this opportunity to make a difference to improve the health of women and babies in developing countries.

Business for Birthing Kits Partner Champion, Robyn Jones

Why did you decide to become a Business for Birthing Kits partner?

I first heard about BKFA shortly after giving birth to my eldest son. He was born with the umbilical cord around his neck and required medical intervention to deliver him safely. I was so grateful for the doctor and midwife I had supporting me, and it was when I heard about BKFA that I fully understood how fortunate I was to be able to give birth in a world-class hospital, and how this quite common occurrence in childbirth could have meant life or death for either me, or my baby. I was humbled that a simple birthing kit costing just a few dollars could make a huge difference to women giving birth in a developing country.

When I decided to start Mama Maya, our muslin baby swaddle brand, I knew BKFA would be the perfect organisation with whom to align – and it was an honour to be the first Business For Birthing Kits partner!

Monthly Donor Donor Champion, Dr Grant Saffer

What gave you the idea to donate to BKFA for every baby born?

Having grown up in South Africa I was exposed to medicine in the third world and that is where I became a doctor. The recent United Nations study on death in childbirth has revealed that the chance of a woman dying through her reproductive life due to a complication during pregnancy is 1 in 20 in Sierra Leone and 1 in 21 in neighbouring Chad. This is a figure that is just beyond astounding. Living in such a privileged society like ours, I felt the need to counter balance this inequality and give to those women who are struggling through childbirth.

What has been the response from your customers?

There's a growing community of brands who are prioritising purpose over profit, and customers are embracing it. We have so many loyal customers who give Mama Maya swaddles as gifts for newborn babies because it's a gift that gives back, and by giving one birthing kit for every swaddle purchased our customers can see a tangible benefit to their purchase.

Mama Maya operates as a socially conscious business, what achievements are you most proud of?

From day one I had a goal for Mama Maya to become a certified B Corporation – companies that use the power of business to help solve social and environmental challenges that our world faces today. I'm proud that in May 2018, after a long and intensely thorough certification process, Mama Maya became one of only around 300 certified B Corporations in Australia.

In June this year, I was also honoured to be named a finalist in the Marie Claire Glass Ceiling Awards in the category of Social Conscience – for a woman paying it forward and making a difference in the world.

However, what I'm most proud of is building a business that has funded birthing kits for over 8,000 women to date. I'm so proud of this partnership and looking forward to funding many, many more kits!



***Robyn Jones, Business Owner,
Mama Maya***

What is it about BKFA that inspired you to give?

I make a small donation for my patients once they have had their baby and I think it is just a way of letting them know how fortunate they are and to think about other women who have also just gone through childbirth.

What do your patients think about this?

The feedback I have had from my patients is certainly extremely positive. It is really only a very small donation but hopefully this will encourage my patients to do the same. It is difficult to know where else money can get spent wisely, but the Birthing Kits are so simple and make a genuine difference.



***Dr Grant Saffer and baby
(Obstetrician and Gynaecologist
MB BCh, FRANZCOG)***

Program Supporters

BKFA would like to sincerely thank and acknowledge the following organisations and individuals for their support during 2018/2019:

The Fullife Foundation

The Neilson Foundation

The McIntyre Foundation

The Peggy Charitable Foundation

MUN (Australia) Pty Ltd

World Vision Australia

Argon Design and Yada

Carousel Media

Dr Grant Saffer

Julie Bongiorno-Millar

Rachel Glasby

Mama Maya

Snugbags

ProLoan Australia Limited

OutlookBaby

Beautiful Blessingways

Medline

Zonta International, Districts 22, 23 and 24

Volunteer research and administrative support from:

Eliza Schioldann



Birthing Kit Assembly Day, Zonta Club of Adelaide Hills, 1 June 2019

Treasurer's Report

Each year BKFA has undertaken a strategic planning process to ensure its ongoing relevance and financial viability.

This year, recognising the significant pace of change, we focused on developing an adaptive strategy to ensure that we remain agile to take advantage of the changing environment in which we operate. We explored the most effective way to build and source new revenue streams.

It was a challenging year, where despite significant organisation effort, our ability to attract grant income did not reach budget targets resulting in the total revenue being slightly lower than last year.

Funding of kits has come from a combination of direct donations and a fixed donation provided for each kit assembled. The organisation recognised early in the financial year that this was not a sustainable model. In the short term the fixed donation provided for each kit assembled needed to be significantly increased to sustain financial viability, which the Board approved to be implemented from 1 July 2019.

Concurrently the organisation is exploring new innovative ways to increase organisation revenue including the development of long term partnerships. The Board chose this year, to use our accumulated reserves to fulfil its project commitments resulting in a deficit of \$209,156.

BKFA has continued to attract and is grateful for philanthropic and sponsorship funds. I acknowledge the continued support from MUN Australia, in the form of sponsorship funds and provision of gloves for both our birthing kits and for use by volunteers at packing days.

I also acknowledge other support that has been provided by Neilson Foundation, Fullife Foundation, and Peggy Charitable Foundation.

We will continue to invest cash in term deposits, recognising that while these investments deliver conservative results they are secure and enable cash flow during the whole period.

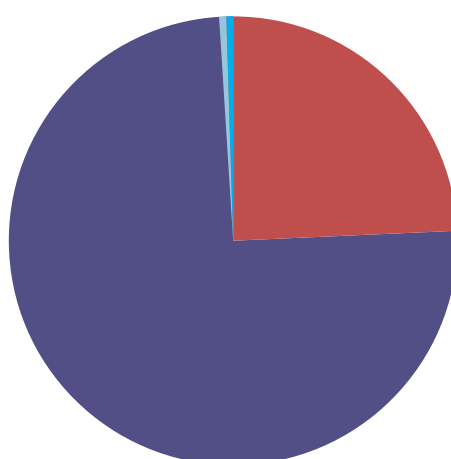
Where our support comes from

Donations and gifts:

Contributions from:

- Australian public
- Philanthropy
- Corporate
- Small business partners in the Business for Birthing Kit program

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



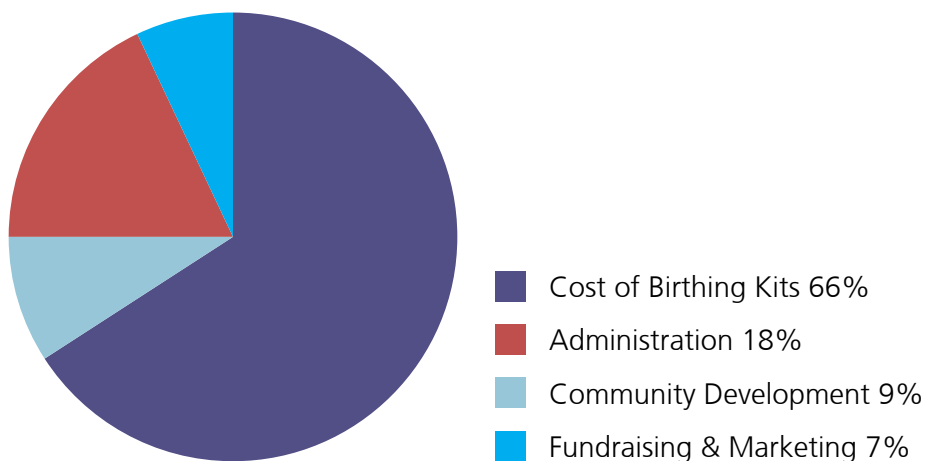
- Kit Making Donations 75%
- Donations & Gifts 24%
- Interest 0.5%
- Membership 0.5%

Where the money goes

BKFA acknowledges that fundraising and administration expenditure is essential to ensure that our core business can increase as well as maintaining our management structures. We see this as an investment in the financial sustainability of the organisation to allow us to continue our work well into the future with confidence and stability. This year's administration ratio is 18% and fundraising is 7%.

Expenses

- Purchasing of supplies, storage, freighting to Assembly Days, support costs & freight o/seas
- Community Development, Programs Costs relates to overseas education programs Fundraising and Marketing
- Costs associated with securing donations that fund our work Administration and accountability
- Costs associated with the operational capability of BKFA



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

Overall, BKFA remains in a strong and stable financial position with reasonable cash reserves for resilience and stability. The organisation is committed to accountability and transparent financial management and will ensure that funds are used as intended.

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

I acknowledge the Auditors from NFPAS, Danielle Hibbard and Ian Mostert and thank them for their advice and expertise.

Financial Reports

BKFA summary financial reports comply with the standards set out by the ACFID Code of Conduct. The ACFID Code of Conduct is available at www.acfid.asn.au/code-of-conduct.

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



1300 123 637 • enquiries@nfpas.com.au • www.nfpas.com.au

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL REPORT FOR BIRTHING KIT FOUNDATION (AUSTRALIA)

The accompanying summary financial statements, which comprises the summary balance sheet and statement of changes in equity as at 30 June 2019, and the summary income statement for the year then ended, are derived from the audited financial report of Birthing Kit Foundation (Australia) for the year ended 30 June 2019. We expressed an unmodified audit opinion on that financial report in our report dated 30 September 2019. That financial report, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on that financial report.

The summary financial statements do not contain all the disclosures required by Australian Charities and Not-for-profits Commission Act 2012 and the Australian Accounting Standards - Reduced Disclosure Requirements. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial report of Birthing Kit Foundation (Australia).

The Responsibility of the Board Members for the Summary Financial Report

The Board Members of the entity are responsible for the preparation of a summary of the audited financial report in accordance with the requirements set out in the ACFID Code of Conduct

Auditor's Responsibilities for the Audit of the Financial Report

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the summary financial statements derived from the audited financial report of Birthing Kit Foundation (Australia) for the year ended 30 June 2019 are consistent, in all material respects, with that audited financial report, in accordance with the requirements set out in the ACFID Code of Conduct.

NOT FOR PROFIT ACCOUNTING SPECIALISTS
KESWICK SA 5035

A handwritten signature in blue ink, appearing to read 'N. Matsis', written over a light blue circular stamp or watermark.

.....
Nicholas Matsis CPA
Registered Company Auditor No 77466

Dated: 4 October 2019



CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND

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SUMMARISED FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019

The following financial statements have been prepared in accordance with the presentation and disclosure requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website, www.acfid.asn.au.

INCOME STATEMENT FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019		
	2019 \$	2018 \$
Revenue		
Donation and Gifts		
Monetary	767,227	722,823
Non-monetary	-	41,388
Investment income	3,865	7,774
Other income	2,075	2,690
Total revenue	773,167	774,675
Expenditure (International Aid and Development Programs Expenditure)		
International Programs		
Funds to international programs	479,723	404,979
Program support costs	256,796	225,175
Public Fundraising Costs	68,166	79,676
Accountability and administration	177,638	133,014
Total international aid and development programs expenditure	982,323	842,844
TOTAL EXPENDITURE	982,323	842,844
SURPLUS/(DEFICIT)	(209,156)	(68,169)
Other Comprehensive Income	-	-
TOTAL COMPREHENSIVE INCOME	(209,156)	(68,169)

BALANCE SHEET FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019

	2019 \$	Restated 2018 \$
Assets		
Current		
Cash and cash equivalents	355,903	597,948
Trade and other receivables	8,425	17,219
Inventories	55,913	52,290
Total Current assets	420,240	667,457
Total assets	420,240	667,457
Liabilities		
Current Liabilities		
Trade and other payables	13,047	21,853
Other liabilities	19,511	54,020
Provisions	33,908	28,653
Total Current liabilities	66,465	104,526
Total liabilities	66,465	104,526
Net assets	353,775	562,931
Total Equity	353,775	562,931

STATEMENT OF CHANGES IN EQUITY FOR THE FINANCIAL YEAR ENDED 30 JUNE 2019

	Restated Retained Earnings \$
Balance At 1 July 2017	631,100
Excess of Expenses over Revenue	(68,169)
Balance at 30 June 2018	562,931
Balance at 1 July 2018	562,931
Excess of Expenses over Revenue	(209,156)
Balance at 30 June 2019	353,775

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 (ACNC). 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. As of 1 December 2016, registered ACNC charities are exempt from requiring a fundraising licence in South Australia and 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. Where required BKFA holds fundraising licences in other 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 of BKFA and are unpaid. The Board structure, numbers and processes for appointment are set out in the Constitution, which is available on the BKFA website. The Board meets monthly, with additional meetings for strategic planning, including the annual budget process. Financial performance reports are prepared by the Treasurer and Chief Executive Officer and are reviewed by the Board at each meeting. Audited financial statements are provided to ACFID, the ACNC, and to other regulators required by law. A summarised version of these statements are included in this Annual Report. A copy of the full audited statements are available on request. A general meeting of members was held in May 2019 to approve a change of auditor.

Work Health and Safety

There were no workplace injuries or incidents reported in the 2018/2019 year.

Complaints

No complaints were received in the 2018/2019 year.

Complaints about the performance or conduct of Birthing Kit Foundation Australia may be lodged via the link on our website, emailed to us at info@bkfa.org.au or

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

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

Company Secretary

Deborah sits on the Risk and Compliance Committee supporting risk management and policy review. Deborah has decades of experience as a senior manager, practice manager and business consultant working with small business, local government and the not for profit sector at various life cycle transition points. Deborah brings to BKFA key strengths in financial management, governance and compliance. She is passionate about family owned businesses and not for profits – who all give so much to our communities.



Deborah Floyd
Company Secretary

Meet Our Team

BKFA has a small but passionate team, committed to driving change and delivering impact for women, girls and babies around the world.

It has been another busy year for our staff as the organisation transitions from its traditional model of operations and moves towards to a more agile way of working in support of BKFA's strategy pillars of partnership, growth and innovation.

BKFA would like to take this opportunity to thank and farewell Catriona Neil-Dwyer, Marketing and Fundraising Manager as well as Erica Osborn, Operations Coordinator, for their contribution to the organisation throughout 2018/2019. We wish them both success in their new roles.

In April 2019, BKFA welcomed our newest team member, Nicole Marshall who has taken on the role of Business Development and Marketing Manager.

BKFA Staff



Matt Anderson

Chief Executive Officer



Rebecca Davey

Program Coordinator



Zeshi Fisher

Impact and Design Manager



Hannah Moore

Marketing Coordinator



Nicole Marshall

Business Development and Marketing Manager



Adrian Harris

Logistics, Warehousing and Supplies Coordinator



Hilary Carruthers

Assembly Day Coordinator



Kellie Stelzer

Finance and Membership Officer

Meet Our Board of Directors

1. Jenny Weaver (Chair)

Jenny has a BA and Dip Ed from the University of Adelaide. She taught in secondary schools for 18 years with special responsibility for introducing equal opportunity programs. In partnership, she ran a vineyard and small wine-making business for 10 years. As a Certified Financial Planner, Jenny worked as an adviser for 21 years with management and marketing responsibilities. Jenny joined the BKFA Board in 2006, motivated to do so by The Zonta Birthing Kit Project. Providing Birthing Kits in developing countries where there are few health services or resources appealed to Jenny as a practical way to help some of the world's most disadvantaged women. She sits on the Risk and Audit Committee and has previously served on the International Projects, Research, Future Directions and Finance Committees. She often travels to developing countries and has been fortunate to visit many BKFA partners in their homelands, seeing firsthand the environment and the conditions where Birthing Kits and training are needed most. She loves to cycle in Europe, visit remote parts of the world and read.

2018/2019 Board meetings attended: 10/11

2. Edward (Ted) A'Bear (Vice Chair)

Ted has worked and lived in over 50 countries including Somalia, Swaziland and Papua New Guinea. Here he has gained insights into working with communities in challenging rural areas. He has provided support and advice to BKFA informally over the last twelve years and was co-opted to the Board in May 2017. Ted is inspired by the fact that simple Birthing Kits can help to save the lives of babies and mothers in areas where minimal health care is available. This has motivated him to support BKFA using his program management and international development experience. Ted chairs the Future Directions Committee and was a member of the former Research Committee. In his spare time Ted enjoys walking and playing tennis.

2018/2019 Board meetings attended: 9/11

3. Maggi Gregory (Treasurer)

Maggi was involved in small business management and is now retired. From this background she brings to the Board diligence, an understanding of procedures and processes and finance skills. She is an inaugural Board member of BKFA and has been Treasurer since inception. She also contributes to her community by actively working as a Justice of the Peace. Maggi enjoys keeping fit, yoga, bush walking/camping and reading. Maggi chairs the Finance Committee.

2018/2019 Board meetings attended: 9/11

4. Gail Casey

Gail has a Master of Public Policy, Bachelor of Business, is CPA qualified and is a graduate of the Australian Institute of Company Directors. Gail has over 20 years in positions in both State and Federal Government at Director level and has held positions on the Board of the Rotary Club of Norwood. Gail strongly supports the need for and importance of the work of BKFA and joined the Board in 2017 as she felt that she could use her skills to benefit others, bringing experience in all aspects of good governance, strategic planning, procurement, logistics and financial management. Gail sits on the Finance Committee. Besides her love of walking and football, she enjoys knitting and crocheting for a charity, is very involved with her nine grandchildren and loves to travel in regional South Australia.

2018/2019 Board meetings attended: 11/11



The BKFA Board of Directors

5. Melanie Cottell

Melanie has held a range of executive and leadership roles in the SA Government, including shaping and implementing policy and providing strategic oversight to the State's Public Private Partnership arrangements. She lived in London for 9 years where she provided advice to the UK Government in relation to large, complex, multi-billion-dollar EU procurements; particularly Private Finance Initiatives. She holds qualifications in law, psychology and a Master of Business Administration. She is a graduate of the Australian Institute of Company Directors. She holds MCIPS, Chartered Professional status with the Chartered Institute of Procurement and Supply. She joined the Board in July 2017 and Chairs the Risk and Compliance Committee. Melanie joined BKFA as she is passionate about gender equality and supporting women's rights in all aspects of life. She strongly supports BKFA's vision of eradicating preventable maternal and infant mortality. In her spare time Melanie enjoys long walks and time with family.

2018 /2019 Board meetings attended: 11/11

6. Joy O'Hazy

Joy is a medical doctor with an interest in women's health. She has been involved in many aspects of the provision of Birthing Kits to women in rural areas of the developing world including administration, advocacy, governance and strategic planning. She was a member of the original Zonta Birthing Kit Committee and has been on the Foundation's board for 12 years. Joy sits on the Future Directions Committee.

2018 /2019 Board meetings attended: 11/11

7. Julie Monis-Ivett, OAM


Julie brings business administration, and health profession knowledge as a partner in a private dental practice. With Joy O'Hazy and members of the Adelaide Hills Zonta club she started the birthing kit project in 1999. As Project Administrator for the first 7 years she has an in-depth understanding of all aspects of the program as it evolved and progressed to being inaugural Chair from 2006 - 2009, and Vice Chair from 2009 -2011. She has been the Zonta District 22, 23 and 24 Birthing Kit Project Coordinator since 2004 and liaison person with Zonta International since 2000. Julie sits on the Future Directions Committee, and was a member of the former Advocacy and Organisation and Development Committees. Julie is most happy when surrounded by friends, especially those who care about the worlds' most vulnerable. She loves gardening, Port Power football team, reading crime novels and spending time with family, friends and her dog Maddy.

2018 /2019 Board meetings attended: 10/11



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

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

 facebook.com/BirthingKitFoundationAustralia

 instagram/birthingkitfoundationaustralia

**A woman receives the gift
of hope: a BKFA birthing kit.
Field Partner, PeachAid Medical
Initiative, Nigeria**



**Birthing Kit
Foundation**
Australia



**ACFID
MEMBER**