



**MCAI** | Maternal & Childhealth  
Advocacy International

**MCAI**  
**(MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)**  
**(A Company Limited by Guarantee)**

**REPORTS AND FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED**  
**31 OCTOBER 2009**



**MCAI  
(MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)**

**FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED  
31 OCTOBER 2009**

**Company Number: 3597304**

**Charity Number: 1071486**

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# **MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)**

## ***DIRECTORS REPORT FOR THE YEAR ENDED 31 OCTOBER 2009***

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The trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 October 2009.

### **REFERENCE AND ADMINISTRATIVE INFORMATION**

Company Number - 3597304

Charity Number - 1071486

#### **Directors**

Dr J Bridson (Chairman)  
Dr D P Southall  
A Sherriff  
S D James (Retired 04.09.09)  
Dr R Moy  
N Ager  
A Maxfield  
Dr B Hayden  
Dr A Earley (Appointed 14.02.09)  
E Snell (Appointed 21.11.09)

#### **Secretary and Programme Director**

M Szczesny

#### **Registered Office and Operational Address**

Conway Chambers  
83 Derby Road  
Nottingham  
NG1 5BB  
Tel: 0115 9506662  
Email: [office@mcai.org.uk](mailto:office@mcai.org.uk)  
Website: [www.mcai.org.uk](http://www.mcai.org.uk)

#### **Bankers**

Co-operative Bank  
31 East Street  
Derby  
DE1 2AL

#### **Auditors**

Barber Harrison & Platt  
57-59 Saltergate  
Chesterfield  
S40 1UL

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### INTRODUCING MCAI (Maternal & Childhealth Advocacy International)

MCAI is an international maternal and child healthcare charity dedicated to saving the lives of seriously ill pregnant women, children and babies in countries where there is extreme poverty. Our volunteer senior doctors, midwives and nurses work with, support and train local health workers. We advocate for better healthcare in hospitals and in the community. With improved training, care, medicines, equipment and advocacy many deaths can be prevented.

#### History

MCAI was founded in 1995 as a response to the war in Bosnia and Herzegovina. At the time Bosnia's health services had either been destroyed or greatly disrupted and therefore we began our work by undertaking an emergency aid programme and evacuated sick and injured children to the UK for urgent medical and surgical treatment, without which many of them would have died. Together with Lions Clubs International (LCI) who paid for the treatment and travel, we treated over 40 children. We soon recognised that a long term development project was needed to help build up the health service and we established paediatric and neonatal Intensive Care Units in hospitals, trained medical and nursing staff and renovated and equipped children's wards - all funded by LCI who continue to be our partner.

Two years later, we expanded into other countries and set up developmental projects - first Albania and then we entered sub-Saharan Africa and set up an outreach project in Uganda for orphaned children who have HIV/AIDS. Over the next few years we were working in Afghanistan, Pakistan, India, and Cameroon on projects to improve the health care services in these countries. We have responded to natural disasters and armed conflict in the past - in Kosovo, Sri Lanka and Pakistan where we provided emergency medical relief but we also remained in the country for a number of years after working on long-term projects.

Despite healthcare improvements many women and children continue to die owing to poverty and lack of access to facilities. This is especially the case in an emergency whether caused by accident, illness or childbirth. Improved maternal health is essential and in 2006 we began to focus on projects which incorporated this, in addition to infant and child health.

#### Improving health care

We aim to improve healthcare to prevent unnecessary pain, suffering and death. In countries where there is extreme poverty there has been a limited focus on emergency healthcare and yet many health problems are caused by time-sensitive illnesses and injuries such as severe infection, accidental injury or complications of pregnancy and childbirth. Treatment in the first few hours of an emergency has critical and long-term implications for the individual.

We all have the right to adequate healthcare. Poverty and health are closely linked and in many countries healthcare is not free: if you do not have money you do not receive treatment. Improving health is an important step in tackling the wider issues of poverty.

### OBJECTIVES AND ACTIVITIES

#### Objectives

The activities currently carried out by the charity are:

- Healthcare provision during pregnancy and childbirth, and for the newborn infant or child.
- The management of emergencies both in hospitals and in the community. We develop a means of emergency transport from the village to health centre or hospital.
- Treatment so that patients are not subject to unnecessary pain and suffering.

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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We contribute to better healthcare by:

- Training healthcare workers for example, doctors, nurses, midwives and traditional birth attendants in the management of emergencies. We also encourage education programmes to provide in-country instructors so that skills and knowledge are maintained and the training is sustainable.
- Working with local health workers to find the best ways of improving healthcare.
- Developing and distributing free, up-to-date and evidence-based medical teaching materials.
- Advocating that governments renovate hospitals, provide medical equipment, drugs and supplies for managing emergencies.

### PUBLIC BENEFIT REQUIREMENT

We have referred to the guidance contained in the Charity Commissions general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular the trustees consider how planned activities will contribute to the aims and objectives they have set.

MCAI provide maternal & child health care in the countries as detailed below.

### ACHIEVEMENTS AND PERFORMANCE

#### **Strengthening Emergency Care Programme (SEC) - (See Pakistan & The Gambia)**

SEC is a health system strengthening programme which improves emergency healthcare. It aims to reduce maternal and child mortality and morbidity by establishing a sustainable training programme for health care professionals and community workers; ensuring the availability of essential drugs; medical equipment and supplies; the renovation of hospital wards, and making the 'Emergency Chain of Care' functional by developing communication and transportation for the critically ill between home and hospital. The educational materials and courses are called ESS-EMNCH (Essential Surgical Skills - Emergency Maternal, Neonatal And Child Healthcare)

The training continues to develop across Pakistan by CAI Pakistan/WHO Pakistan and the Ministry of Health. The programme in The Gambia, with system strengthening and development, is progressing successfully with the help of WHO The Gambia, The Gambian Government and our partners.

#### *Future*

*The risk of maternal death in sub-Saharan Africa is 1 in 22. With such an urgent need to reduce both maternal and child mortality rates we are dedicated to delivering this programme in more countries. We know that there is great interest in the training and improving skills for the long-term within countries where there is extreme poverty. Much of the material has been made available free of charge on the MCAI web-site for access by clinicians in these countries. There has been a positive response from donors who are equally as dedicated to improving emergency health care and we are very hopeful to generate even more interest from supporters.*

#### **Albania**

The Neonatal Resuscitation Programme and the Annual Paediatric Conference continue to run. The MCAI paediatric library in the Mother Theresa Hospital in Tirana is functioning well.

The iodine deficiency work is now completed, and a new national law was enacted making universal salt iodization in Albania mandatory. MCAI played an important role in achieving this outcome which affects the whole of the population of Albania.

We wound down our activity in Albania this year, after 13 years of operation, to focus on sub-Saharan Africa.

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### **Bosnia**

Bosnia & Herzegovina, one of the republics of the former Yugoslavia, is still recovering from the war of 1992 -1995. Substantial progress has taken place in the intervening years, but much work remains to be done. MCAI, with the generous support of the Gift for Living Committee of the British and Irish Lions, continues to provide vital medical equipment and educational resources.

### Advanced Paediatric Life Support (APLS)

This course provides training to senior doctors and nurses on the emergency care of babies and children. It is now well-established and self-sustaining in Bosnia & Herzegovina, enthusiastically led by the Course Director and strongly supported by the Head of Paediatrics in Sarajevo. Two of our doctors from the UK took part in the APLS course in Bosnia & Herzegovina in April 2009, providing support to the local team, as well as quality control. Both were greatly impressed by the high academic standard of the instructors as well as the candidates, and by the enormous enthusiasm which was shown for the course and its aims.

*Future: We will continue to offer on-going support and quality control to the programme*

### Management of Obstetric Emergencies & Trauma (MOET)

Work is well under way to extend our work to improving maternal health. Planning sessions and meetings have taken place, the aim being to set up the MOET course, focussing on serious complications of childbirth and their emergency management. This course is the maternal equivalent of the APLS course. We have also indentified the need to provide modern equipment for the care of women in pregnancy and labour and support to babies, in 5 major maternity units in the country.

We aim to undertake the first round of MOET courses in Bosnia in 2010, in Sarajevo. We will train candidates on the first course, who will then go on to do a Generic Instructors' Course, which will equip them with the educational skills required to be a MOET Instructor. They will then teach with the Faculty on the second and subsequent MOET courses. In all, we hope to train 24 doctors and senior nurses to be Instructors, with a view to the course becoming self-sustaining along the lines of APLS.

*Future: we aim to run MOET courses and equip 5 maternity units, with the support of The Gift for Living Committee of the British and Irish Lions, who are raising funds to run this project*

### **Cameroon**

MCAI has been running projects at the Regional Government Hospital in Bamenda, in the North West province, since 2002. The hospital serves a population of half a million people but is very underfunded with only one Paediatrician. We employ local nurses who work in the children's service, and have given them extra training to carry out our work effectively.

### The Prevention of Mother-to-Child Transmission of HIV virus (PMTCT).

This project aims to reduce the transmission of HIV virus from mothers to their babies, which can occur during labour, delivery and breast feeding. The project supports HIV infected mothers in caring for their babies, and detects early any babies that do become infected, so that they can be offered prompt and therefore more effective treatment. In 2009, 121 babies were registered on the programme. The HIV transmission rate from mother to child was 9.8%, the best year so far for this programme. Without intervention the transmission rate would be expected to be around 33%. The nurses also run a support group for HIV positive mothers, offering practical and emotional support.

*Future: We work in Bamenda, North-West Cameroon which still has the highest HIV prevalence rates of all the provinces of Cameroon. We need to maintain this programme and continue to try to work with women on reducing the stigma attached to their HIV status, so that they take advantage of the services offered.*

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### Cameroon - continued

#### Burkitt's lymphoma

Burkitt's lymphoma is a highly malignant childhood cancer, occurring particularly in tropical Africa. It is invariably fatal if left untreated, but is possible to cure with a chemotherapy regime, which MCAI is running. Children presenting with this cancer are now being treated on a new chemotherapy protocol, called 'Cameroon 2008'. Research in Cameroon has shown that it is possible to cure over 60% of children with this regime.

In 2009 15 children received treatment: 7 were new cases and 8 were patients from the previous year. After one year follow up, 53 % of these children had survived and were free from cancer. One reason that more children did not survive was that they came to hospital late, and therefore in the advanced stages of the disease. We are aiming to improve survival rates to 60% of patients

*Future: This year we are planning a support group for the parents of children with Burkitt's lymphoma. One aim of this group is to raise community awareness of the illness, so that children will attend hospital earlier.*

#### Neonatal Unit / Children's Ward

MCAI has provided equipment and medical supplies for the children's ward and baby unit, including an oxygen concentrator to provide oxygen, and monitors to measure babies' blood oxygen levels.

The new neonatal unit that was extended in 2007/08 (Mother and Baby Unit) is working well. We had identified that there was no accommodation for mothers, whose babies were ill, and they had to sleep in another building or on the floor. The neonatal unit was therefore extended, providing a room with beds for mothers to sleep so that they can be near their sick babies. This was necessary to deal with overcrowding and high infection rates among the babies. All the rooms now have electricity, hand wash basins and proper windows with glass. The rooms for premature babies are bigger, and there is a separate nurses' office which was much needed. Breast milk for the bank is treated and stored in the kitchen, which is part of the new building.

*Future: We are continuing to fundraise to complete the Mother and Baby Unit building, with a shower block for mothers. We are planning a new project to train midwives in the resuscitation of newborn babies.*

### Pakistan

#### Strengthening Emergency Care programme

Since the start of this programme over 3,500 health workers from around Pakistan have undergone life support training, on the ESS-EMNCH courses (Essential Surgical Skills with emphasis on Emergency Maternal, Neonatal & Child Healthcare), which was developed in collaboration with WHO Pakistan, ALSG (Advanced Life Support Group) and the Government of Pakistan. During the year, we conducted forty two 1-day BLS (Basic Life Support) courses, one APLS course (Advanced Paediatric Life Support), one MOET (Management of Obstetrics, Emergency & Trauma) and eight 5-day ESS-EMNCH courses.

The programme has three levels of implementation: tertiary care, district hospital, and first level responders working in the community. It involves the provision of essential emergency drugs, medical supplies and equipment in parallel with training in emergency care. The training is designed to strengthen the emergency care of critically ill and injured pregnant women, babies and children. Following each treatment, the trained providers document the emergency care provided and the outcome in a Log Book.

A team of internationally renowned educators designed the curriculum of this structured training, and local experts (surgeons, anaesthetists, obstetricians and paediatricians) with vast experience in the field of emergency management, modified and adapted it according to Pakistani standards and guidelines.

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### Pakistan - continued

This programme complements the ongoing activities of the Government, and will help to establish the emergency response mechanism in the existing healthcare delivery system.

CAI Pakistan has published articles in Pakistani medical journals, which are on the MCAI website.

*Future: we will continue the development and implementation of the course, with funding to be provided by WHO Pakistan, UNICEF and USAID.*

### The Gambia

#### Strengthening Emergency Care Programme

We continue to teach health professionals on the mother, newborn and child emergency care courses, and the Traditional Birth Attendants on the recognition and immediate care of emergencies. The teaching programme has now been extended to include training for Village Health Workers who are being taught to recognise serious illness and injury in order to contact the emergency ambulance and also to give first aid to major illness and injury, and to manage minor injury.

#### Training, advocacy and development

In 2008-9 major progress has been made in the Upper River Region. This is one of the poorest and isolated rural areas of the country where distances and the river present significant barriers to seeking health care, and therefore lead to loss of mothers' and children's lives. We have had three training visits in 2008-9 which has resulted in most nurses and what few doctors there are, being trained in maternal emergencies. More Gambian nurses have been trained to be trainers themselves, thus ensuring the sustainability of the training programme. We also started work on a significant refurbishment of the maternity unit at Basse major health centre and re-establishing the operating theatre to perform emergency operations, as at the outset of our work mothers had a journey of several hours to the nearest hospital with an operating theatre, and lives were lost on the way. We have a volunteer in Basse, a trained GP with obstetric experience, who gives a once weekly consolidation training session to the midwifery staff at the hospital.

Equipment and drugs are being sourced by the Ministry of Health with our advocacy. The use of morphine for severe pain and the development of an increasingly reliable vital blood transfusion service is currently being developed.

We continue to support the hospital at Brikama which serves the Western Region, through teaching new staff as they move into the area. In 2009 we had a volunteer UK midwife worked in there for six months, supporting and developing the midwifery service and consolidating the training "on the ground". The "flying squad" in Brikama, a 24/7 ambulance service with skilled nurses attending to emergency call outs, continues to save lives.

#### *Future:*

*Work in Basse will continue to complete the training of health workers, the operating theatre will be opened, the blood transfusion service and the "flying squad" will be set up.*

*We have identified the next area of work in The Gambia as the North Bank region whose centre is a small town called Essau. A needs assessment has been produced and a bid placed for funding.*



# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### Uganda

CAI-Uganda has now branched off as an independent organisation with its own Board of Trustees, financial arrangements and management plans. It has developed its own partnerships and funding arrangements within Uganda.

While working with MCAI, CAI Uganda has successfully established a service of the care of children orphaned by AIDS within Kayunga district. It is a comprehensive district AIDS programme that now incorporates community sensitisation about HIV, voluntary HIV testing, prevention of mother to child transmission of HIV (PMTCT) and care of infected and affected children. Additionally CAI spearheaded the training of midwives in neonatal resuscitation at Mulago Hospital which has now been incorporated into locally run services, as have projects to provide care to abandoned babies and to provide play opportunities for children in hospital.

### Educational Materials

MCAI, with ALSG (Advanced Life Support Group) has produced a number of medical teaching materials; books, CD-ROMs and DVD's, to be used by healthcare providers worldwide. Those on our website can be downloaded free by developing countries.

*Future: we will continue to publish academic articles which are listed on our website.*

*We have developed, with partners, a new concept to support maternal and child health in disadvantaged nations: this is a Rights-Based approach to Health Care. Papers have been prepared describing the concept and these are being submitted to learned journals.*

### The Child Friendly Health Care Initiative (CFHI)

The CFHI is an approach and framework to support health workers and health providers function more effectively, and reduce the avoidable fear and distress that children and families experience. Developed in several countries by MCAI with multi-agency advice and input, it is relevant to health care everywhere. With assessment and planning tools based on the UN Convention on the Rights of the Child, CFHI focuses on attitudes, approaches and using existing resources in the best possible way, rather than rely on inappropriate or unsustainable hi tech equipment or resources that are not available. The CFHI Manual and Toolkit continues to generate interest from around the world, demonstrating the relevance and need for this type of programme.

At WHO: CFHI has been cited as a significant contributor to the development of a new 17 country pilot project assessing and improving the implementation of children's rights in healthcare.

In Chile: A CFHI programme is running across a large hospital in Santiago and being promoted within the country at conferences and meetings - supported by the translation of all CFHI publications and tools in Spanish.

In the Balkans: A large Swiss humanitarian capacity building organisation is incorporating CFHI into a new curriculum for child & family centred care rolling out across the West Balkan region.

In South Africa: CFHI is being used by journals to promote and advocate strengthened and improved approaches to delivering care for children.

*Future: We will continue to promote and facilitate structured 'child friendly' approaches at every opportunity and will be making a support visit to Chile later in the year at their request.*

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### PLANS FOR FUTURE PERIODS

*Plans for individual countries and projects are listed above.* Our aim is to implement the Strengthening Emergency Care programme in many of our target countries and continue to develop further medical teaching materials.

Our priority areas for development over the next five years will be:

- To develop local and sustainable training programmes, which actively encourages capacity building and the transfer of skills to local individuals and communities
- To develop our partnership work, both in the UK and internationally so that we can share our expertise and learn from others
- To create a sound financial base, with steady income for core funds and projects
- To develop our base of corporate, major and individual donors
- To have a resilient, fit for purpose organisation with robust policies and effective structures and business processes

### STRUCTURE, GOVERNANCE AND MANAGEMENT

The charity is a charitable company limited by guarantee. It is governed by Memorandum and Articles of Association.

#### Trustees and Organisational Structure

In accordance with the Company's Memorandum and Articles, N Ager, Dr D Southall and A Maxfield retire by rotation and being eligible, offer themselves for re-election.

Dr A Earley and E Snell were appointed during the year and also offer themselves for re-election.

The method of appointing directors and trustees is governed by the memorandum and articles of association. Trustees serve until they resign. New trustees are nominated by members of the board of trustees, interviewed by a panel of two trustees and appointed where they have the necessary skills to contribute to the charity's management and development. When new trustees are appointed they are given a full introduction to the work of the charity and provided with the information they need to fulfil their roles, which includes information about the role of trustees and charity law.

The board meets quarterly and there are sub-committees covering developmental, finance, fundraising and operational issues. The Programme Planning Group, which is the main sub-committee, meets monthly. Monthly management accounts are submitted and discussed with the Chairman and at the board meetings.

The charity is run day to day by the Programme Director along with 4 other members of staff and many volunteers. She is also the secretary to the trustee board.

The charity has its headquarters in Nottingham, with overseas Field Offices in Bosnia, Cameroon, Pakistan and The Gambia. The charity has a number of partner organisations with whom it works and co-operates, to deliver its programmes, including governments, to ensure a co-ordinated effort in the areas in which it operates and to influence longer term strategies to improve healthcare.

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

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### Risk Management

The directors have introduced a process to assess business risk. This effectively involves identifying the type of risks the charity faces prioritising them in terms of potential impact and the likelihood of occurrence, and identifying means of mitigating the risks.

Major risks, for this purpose, are those that may have a significant effect on:

- Operational performance, including risks to our personnel and volunteers;
- Achievement of our aims and objectives; or
- Meeting the expectations of our beneficiaries or supporters

The trustees review these risks on an ongoing basis to ensure that adequate systems and procedures are in place to manage the risks identified. Where appropriate, risks are covered by insurance. The following framework is central to ensuring adequate risk assurance:

- Regular monitoring of major risks and development of action plans
- Embedding risk identification and assessment within operating procedures
- A clear structure of delegated authority and control
- Review of key systems and procedures
- Maintaining reserves in line with set policies and
- Reports on risk management to the trustee board

### Internal Financial Controls

The trustees confirm that internal control procedures are in place:

- Financial policies and procedures which are kept under constant review
- Comprehensive system of annual budgets, approved by the trustees and monthly financial reporting of actuals against budget
- Monthly expenditure forecasting
- Monthly forecasting of predicted income
- Monthly monitoring of reserves and cash
- Regular internal audit of cash handling and other financial procedures within the field offices

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

### FINANCIAL REVIEW

In 2008, the trustees carried out a detailed review of the charity's activities and produced a comprehensive strategic plan for the charity. The charity has sound financial management systems in place, both in the UK and overseas. The principle sources of funding for projects and core are from Foundations, Grant Making Trusts, Regular Giving and individual donations.

At the 2009 year end the Charity had total reserves of £221,475 split between unrestricted funds of £29,594 and restricted funds of £191,881.

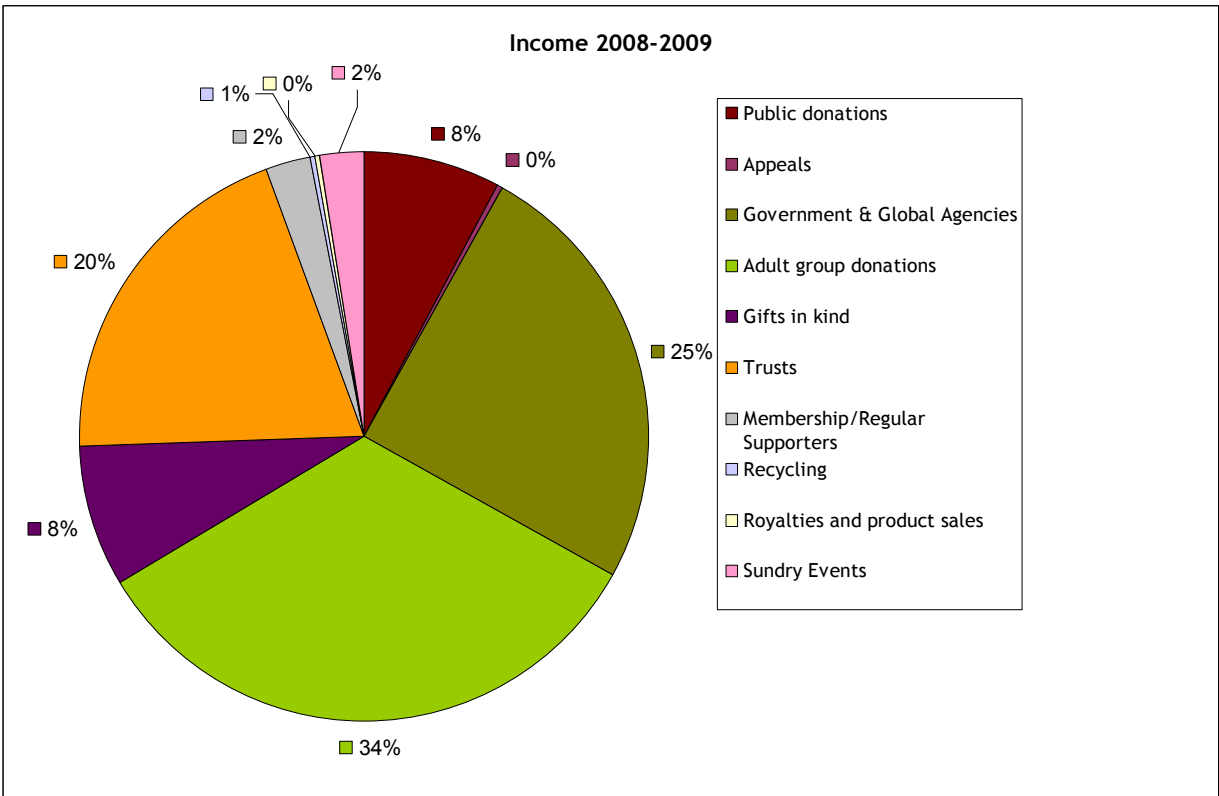
At the 2008 year end the Charity had total reserves of £113,599 split between unrestricted funds of £27,206 and restricted funds of £86,393.

The balances on the restricted funds are maintained to comply with the donor's requirements whilst ensuring the Charity is in a position to react to any emergency and once a project is started, it is concluded satisfactorily utilising the funds available. Any funds in deficit would therefore be covered by a transfer from general funds.

The Charity invests in fundraising to support the core work of the charity, which will ensure the strong current growth of the organisation will continue into the foreseeable future.

### Balanced mix of income

In terms of successful fundraising we work hard to generate a balance of mixed income.

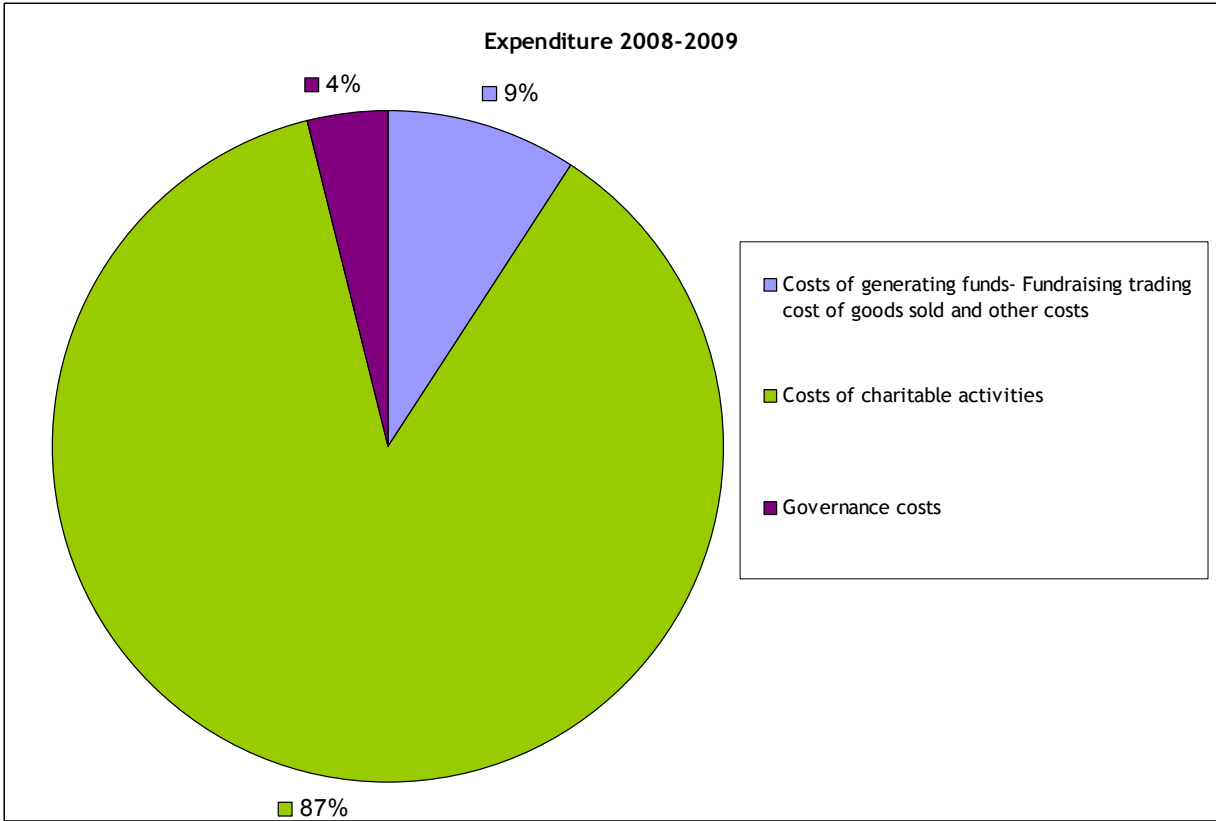


# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## DIRECTORS' REPORT - continued

### Using funds effectively

We consistently spend approximately 87% on our charitable activities and this year is no different.



### Reserves Policy

The board of trustees has examined the charity's requirements in light of the main risks to the organisation and has established a policy whereby the unrestricted funds held by the charity which are not committed, should be between 3 and 6 months of expenditure. This is to cover emergency situations and to ensure that the charity has enough resources to fund the programmes it is supporting. A detailed budget for 2009/10 has been prepared and approved by the trustees.

### SUPPORT TO MCAI

We would like to express our sincerest thanks to all our donors for supporting the work of MCAI. Our thanks go out to Lions Clubs International for support in Bosnia. Our key partner in developing and implementing the Strengthening Emergency Care programme in Pakistan and The Gambia, is the Advanced Life Support Group (ALSG). Through effective partnership, we have been able to add value to our work. Our thanks also go out to all the unpaid volunteers who have helped us tremendously this year, especially the paediatricians and nurses who have donated their time to the charity and who we heavily rely upon to work on the projects and to the office volunteers who help with administration and fundraising tasks.

### CHARITABLE STATUS

MCAI is a registered charity, number 1071486 and enjoys the advantages commensurate with that status.

# **MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)**

## **DIRECTORS' REPORT - continued**

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### **STATEMENT OF TRUSTEES' RESPONSIBILITIES**

Company law requires the trustees to prepare financial statements for each financial period, which give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing those financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The trustees' are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

### **STATEMENT OF DISCLOSURE TO AUDITOR**

- (a) so far as the directors are aware, there is no relevant audit information of which the company's auditors are unaware, and
- (b) they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

### **AUDITORS**

The auditors, Barber Harrison & Platt have expressed their willingness to continue in office, subject to the approval of members in the general meeting.

The report has been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (issued in March 2005) and in accordance with the special provisions of part 15 of the Companies Act 2006 relating to small companies.

Approved by the Board on \_\_\_\_\_ and signed on its behalf by:

**J BRIDSON**  
Chairman

# **INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)**

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We have audited the financial statements of MCAI (Maternal & Childhealth Advocacy International) on pages 15 to 24 for the year ended 31 October 2009. These financial statements have been prepared under the accounting policies set out therein and the Financial Reporting Standard for Smaller Entities (effective April 2008).

This report is made solely to the charitable company's members, as a body, in accordance with Sections 495 and 496 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members as a body, for our audit work, for this report, or for the opinions we have formed.

## **Respective responsibility of the trustees and auditors**

The Trustees' (who are also directors of Maternal & Childhealth Advocacy International for the purposes of company law) responsibilities for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and for being satisfied that the financial statements give a true and fair view are set out in the statement of Trustees' Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice and have been prepared in accordance with the Companies Act 2006. We also report to you whether in our opinion the information given in the Trustees' Annual Report is consistent with the financial statements.

In addition we report to you if, in our opinion, the charity has not kept proper accounting records, if the financial statements are not in agreement with the accounting records and returns, if we have not received all the information and explanations we require for our audit, or if certain disclosure of trustees' remuneration specified by law are not made.

We read the Trustees' Annual Report and consider the implications for our report if we become aware of any apparent misstatements within it.

## **Basis of audit opinion**

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charitable company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

**INDEPENDENT AUDITORS' REPORT - continued  
TO THE MEMBERS OF MCAI  
(MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)**

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**Opinion**

In our opinion:

- the financial statements give a true and fair view of the state of the charitable company's affairs as at 31 October 2009, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- the financial statements have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to smaller entities.
- the financial statements have been prepared in accordance with the Companies Act 2006; and
- the information given in the Trustees' Annual Report is consistent with the financial statements.

**Mr Adrian Staniforth (Senior Statutory Auditor)  
For and on behalf of Barber Harrison & Platt**

**Chartered Accountants  
Statutory Auditor**

57-59 Saltergate  
Chesterfield  
Derbyshire  
S40 1UL



# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31 OCTOBER 2009

	Note	2009		Total £	2008 £
		Unrestricted Fund £	Restricted Fund £		
<b>INCOMING RESOURCES</b>					
Incoming resources from generated funds					
- Voluntary income	(2)	49,518	432,298	481,816	384,065
- Activities for generating funds	(3)	11,650	1,665	13,315	8,556
- Investment income	(4)	159	-	159	1,441
<b>Total incoming resources</b>		<b>61,327</b>	<b>433,963</b>	<b>495,290</b>	<b>394,062</b>
<b>RESOURCES EXPENDED</b>					
Costs of generating funds					
- Fundraising trading cost of goods sold and other costs	(5)	30,189	5,377	35,566	33,702
Costs of charitable activities	(6)	67,218	269,926	337,144	344,316
Governance costs	(7)	12,406	2,298	14,704	15,141
Other outgoing resources	(8)	-	-	-	337
<b>Total resources expended</b>		<b>109,813</b>	<b>277,601</b>	<b>387,414</b>	<b>393,496</b>
Net (outgoing)/incoming resources made before transfers		(48,486)	156,362	107,876	566
Gross transfers between funds		50,874	(50,874)	-	-
Net (outgoing)/incoming resources		2,388	105,488	107,876	566
Fund balances brought forward at 1 November 2008		27,206	86,393	113,599	113,033
<b>Fund balances carried forward at 31 October 2009</b>		<b>29,594</b>	<b>191,881</b>	<b>221,475</b>	<b>113,599</b>

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## BALANCE SHEET

AS AT 31 OCTOBER 2009

	Note	2009		2008
		£	£	£
<b>Fixed assets</b>				
Tangible assets	(11)		17,327	27,302
<b>Current assets</b>				
Debtors	(12)	15,267		12,078
Cash at bank and in hand		199,669		78,361
		<u>214,936</u>		<u>90,439</u>
<b>Creditors: Amounts falling due within one year</b>	(13)	<u>(10,788)</u>		<u>(4,142)</u>
<b>Net current assets</b>			<u>204,148</u>	<u>86,297</u>
			<u>221,475</u>	<u>113,599</u>
<b>Represented by:</b>				
Funds - Unrestricted			29,594	27,206
- Restricted	(18)		191,881	86,393
			<u>221,475</u>	<u>113,599</u>

The financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements on pages 15 to 24 were approved by the Board of Directors on \_\_\_\_\_ and are signed on its behalf by:

J BRIDSON  
Chairman

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS

### FOR THE YEAR ENDED 31 OCTOBER 2009

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**1. Accounting policies**

**(a) Accounting convention**

The financial statements have been prepared under the historical cost accounting rules and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements have been prepared to comply with the requirements of the Statement of Recommended Practice - Accounting and Reporting by Charities issued in March 2005.

**(b) Tangible fixed assets and depreciation**

Tangible fixed assets are included at cost including any incidental expenses of acquisition.

Depreciation is provided on all tangible fixed assets at the following rates, calculated to write off the cost less estimated residual value over their estimated useful lives.

Motor vehicles	25% reducing balance
Equipment - Unrestricted	20% reducing balance
- Restricted	33% reducing balance

For assets held in foreign countries where the asset is likely to be quickly rendered worthless, their cost is written off in the year of acquisition.

**(c) Foreign currency translation**

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. All differences are taken to profit and loss account.

**(d) Restricted funds**

These comprise monies donated for specific projects for the assistance of children in desperate situations, who are victims of war, poverty and political upheaval abroad. Any overspending on these funds are covered by transfers from core. Funds that are in deficit at the year end are expected to generate further income in 2009/10 and therefore have not been covered by a transfer from core.

**(e) Pensions**

The pension costs charged in the financial statements represent the contributions payable by the company during the year in accordance with FRS17.

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

### FOR THE YEAR ENDED 31 OCTOBER 2009

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#### 1. Accounting policies - continued

##### (f) Operating leases

Rentals applicable to operating leases are charged to the Statement of Financial Activities over the period in which the cost is incurred.

##### (g) Gifts in kind

During the year the following donated goods and services have been included within the accounts: - medical equipment with a value of approximately £25,311 (2008: £10,330) was donated to the charity, together with office running costs of approximately £1,052 (2008: £1,000), Educational material valued at approximately £3,199 (2008: £1,297) overseas staff of £7,760 (2008: £13,773) and travel costs of approximately £1,972 (2008: £5,432).

##### (h) Cost allocation

All costs are allocated between the expenditure categories of the Statement of Financial Activities on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. staff time.

##### (i) Membership/Regular Supporters

Membership covers members for one year from date of joining and is treated on a receipts basis.

#### 2. Voluntary income

	<u>2009</u>			<u>2008</u>
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	
	<u>Fund</u>	<u>Fund</u>	<u>Fund</u>	£
	£	£	£	
Public donations	18,869	19,369	38,238	49,387
Appeals	1,374	-	1,374	54,722
Government & Global Agencies	-	124,426	124,426	86,258
Adult group donations	6,741	158,311	165,052	73,073
Gifts in kind	895	38,399	39,294	31,832
Trusts	7,350	91,793	99,143	72,165
Membership/Regular Supporters	11,807	-	11,807	11,102
Recycling	2,482	-	2,482	5,526
	<u>49,518</u>	<u>432,298</u>	<u>481,816</u>	<u>384,065</u>

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

### FOR THE YEAR ENDED 31 OCTOBER 2009

	2009			2008
	Unrestricted	Restricted	Total	
	Fund	Fund	Total	£
	£	£	£	£
<b>3. Activities for generating funds</b>				
Royalties and product sales	1,371	-	1,371	620
Talks and Open Days	10	-	10	25
Sundry Events	10,269	1,665	11,934	7,911
	<u>11,650</u>	<u>1,665</u>	<u>13,315</u>	<u>8,556</u>
<b>4. Investment income</b>				
Bank interest	159	-	159	1,441
	<u>159</u>	<u>-</u>	<u>159</u>	<u>1,441</u>
<b>5. Fundraising trading cost of goods sold and other costs</b>				
Fundraising costs	2,980	14	2,994	3,788
UK office salaries	22,261	-	22,261	15,280
Rent, rates and insurance	1,756	-	1,756	2,109
Light and Heat	213	-	213	142
Telephone	594	226	820	705
Computer	192	33	225	234
Sundry expenses	317	26	343	241
Printing postage, stationary	1,065	95	1,160	1,395
Motor and Travel	197	4,916	5,113	9,102
Depreciation - Equipment	614	67	681	706
	<u>30,189</u>	<u>5,377</u>	<u>35,566</u>	<u>33,702</u>

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2009

	2009			2008
	Unrestricted	Restricted	Total	
	Fund	Fund		
	£	£	£	£
<b>6. Costs of charitable activities</b>				
Medical training, equipment and supplies	733	177,086	177,819	120,959
Project operational costs	-	14,700	14,700	21,376
Project travel costs & motor	657	16,386	17,043	30,340
Overseas medical and project staff	-	39,437	39,437	103,215
Depreciation - motor vehicles	-	1,250	1,250	3,118
UK office salaries	49,765	-	49,765	45,441
Rent, rates and insurance	5,854	-	5,854	7,033
Light and Heat	708	-	708	473
Telephone	1,979	753	2,732	1,983
Computer	640	110	750	779
Book keeping and payroll service	187	-	187	104
Sundry expenses	1,058	88	1,146	804
Printing postage, stationary	3,550	315	3,865	4,650
Bank charges and interest	40	2,725	2,765	1,323
Depreciation - Equipment	2,047	225	2,272	2,353
Donation to other charity	-	16,851	16,851	-
	<u>67,218</u>	<u>269,926</u>	<u>337,144</u>	<u>344,316</u>
<b>7. Governance costs</b>				
Salaries	5,831	-	5,831	5,707
Rent, rates and insurance	753	-	753	905
Light and Heat	91	-	91	61
Telephone	254	97	351	302
Computer	82	14	96	99
Audit and accountancy	3,373	-	3,373	3,060
Book keeping and payroll service	187	-	187	104
Sundry expenses	136	11	147	103
Professional fees	895	-	895	-
Printing postage, stationary	456	40	496	597
Motor and Travel	85	2,107	2,192	3,900
Depreciation - Equipment	263	29	292	303
	<u>12,406</u>	<u>2,298</u>	<u>14,704</u>	<u>15,141</u>
<b>8. Other outgoing resources</b>				
Loss on disposal of fixed assets	-	-	-	337
	<u>-</u>	<u>-</u>	<u>-</u>	<u>337</u>

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

### FOR THE YEAR ENDED 31 OCTOBER 2009

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	<u>2009</u>	<u>2008</u>
	<u>No.</u>	<u>No.</u>
9. Employees		
The average number of employees:	<u>5</u>	<u>4</u>
	£	£
Gross salaries	71,037	60,478
Employers NIC	5,861	5,004
Employers pension contributions	959	946
	<u>77,857</u>	<u>66,428</u>

The above relates to full time UK based, working equivalents allocated accordingly between direct charitable expenditure, fundraising and administration costs.

No remuneration was received by the trustees during the year.

Trustees expenses totalling £642 were paid during the year to a trustee for expenses relating to trustees duties. (2008: £327)

There are no employees with emoluments above £60,000 per annum.

#### 10. Surplus for the year

The surplus for the year is shown after charging:-	<u>2009</u>	<u>2008</u>
	£	£
Auditors remuneration - audit fees	3,373	3,060
- other services	374	208
Depreciation	4,495	6,480
Loss on disposal of fixed assets	-	337
	<u>          </u>	<u>          </u>

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

### FOR THE YEAR ENDED 31 OCTOBER 2009

#### 11. Tangible fixed assets

	<u>Motor Vehicles</u> £	<u>Equipment</u> £	<u>Total</u> £
<b>Cost</b>			
At 1 November 2008	50,264	30,674	80,938
Additions	5,000	6,371	11,371
Disposals	(50,264)	-	(50,264)
<b>At 31 October 2009</b>	<b><u>5,000</u></b>	<b><u>37,045</u></b>	<b><u>42,045</u></b>
<b>Depreciation</b>			
At 1 November 2008	33,413	20,223	53,636
Disposals	(33,413)	-	(33,413)
Charge for the year	1,250	3,245	4,495
<b>As at 31 October 2009</b>	<b><u>1,250</u></b>	<b><u>23,468</u></b>	<b><u>24,718</u></b>
<b>Net Book Value</b>			
<b>As at 31 October 2009</b>	<b><u>3,750</u></b>	<b><u>13,577</u></b>	<b><u>17,327</u></b>
As at 31 October 2008	16,851	10,451	27,302

All motor vehicles relate to restricted funds.

	<u>2009</u>			<u>2008</u> £
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	
	<u>Fund</u> £	<u>Fund</u> £	<u>£</u>	
<b>12. Debtors</b>				
Prepayments	1,712	-	1,712	1,500
Other debtors	4,746	8,809	13,555	10,578
	<b><u>6,458</u></b>	<b><u>8,809</u></b>	<b><u>15,267</u></b>	<b><u>12,078</u></b>

	<u>2009</u>			<u>2008</u> £
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	
	<u>Fund</u> £	<u>Fund</u> £	<u>£</u>	
<b>13. Creditors: Amounts falling due within one year</b>				
Accruals and deferred income	3,847	6,941	10,788	4,142



# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

### FOR THE YEAR ENDED 31 OCTOBER 2009

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#### 14. Pension costs

The company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £959 (2008: £946). There were no outstanding contributions at the year end.

#### 15. Share capital

The company is limited by guarantee, every member of the company undertaking to contribute a maximum of £10 to the company's assets should it be wound up while he is a member or within one year after he ceased to be a member.

	2009			2008 £
	Unrestricted Fund £	Restricted Fund £	Total £	
<b>16. Analysis of net assets between funds</b>				
Fixed assets	7,193	10,134	17,327	27,302
Current assets	26,248	188,688	214,936	90,439
Current liabilities	(3,847)	(6,941)	(10,788)	(4,142)
	<u>29,594</u>	<u>191,881</u>	<u>221,475</u>	<u>113,599</u>

#### 17. Capital commitments

Capital expenditure contracted for but not provided in the accounts amounted to £Nil (2008: £Nil).

# MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

## NOTES TO THE FINANCIAL STATEMENTS - continued

### FOR THE YEAR ENDED 31 OCTOBER 2009

#### 18. Restricted funds

	<u>Opening Funds</u>	<u>Movement in Resources</u>			<u>Total</u>
	£	<u>Incoming</u>	<u>Outgoing</u>	<u>Transfers</u>	£
		£	£	£	
Albania	1,959	5,067	4,312	(2,714)	-
Bosnia	649	13,825	10,207	(149)	4,118
Cameroon	21,384	5,845	14,783	(1,273)	11,173
Strengthening Emergency Care*	4,923	160,160	1,959	(148,715)	14,409
Pakistan	25,827	92,825	95,228	112,009	135,433
Sri Lanka	3,216	1,121	1,489	(2,848)	-
Uganda	17,759	5,154	18,933	(1,880)	2,100
Zambia	3,077	-	3,056	(21)	-
Project Reserve	4,827	5,200	-	(4,458)	5,569
MCAI Product Development	916	-	-	-	916
Child Friendly Healthcare Initiative	32	-	-	(32)	-
The Gambia	1,824	144,766	127,634	(793)	18,163
	<u>86,393</u>	<u>433,963</u>	<u>277,601</u>	<u>(50,874)</u>	<u>191,881</u>

\* Strengthening Emergency Care includes the ESS-EMNCH (Essential Surgical Skills - Emergency Maternal, Neonatal & Child Healthcare) medical educational training course