



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 2011



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

FINANCIAL STATEMENTS

**FOR THE YEAR ENDED
31 OCTOBER 2011**

Company Number: 03597304

Charity Number: 1071486

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MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT FOR THE YEAR ENDED 31 OCTOBER 2011

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 2011.

REFERENCE AND ADMINISTRATIVE INFORMATION

Company Number - 03597304

Charity Number - 1071486

Directors

Dr B Hayden (Chairperson)
Dr D P Southall
Dr R Moy (Resigned 17/10/11)
Dr A Earley
Dr D Nunns
Dr R MacDonald
Dr J Bunn
S Aziz
Dr D Churchill (Appointed 12/11/11)
Dr C Cox (Appointed 22/12/11)

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
Website: 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

INTRODUCING MCAI (Maternal & Childhealth Advocacy International)

MCAI is a non-political international medical charity.

Vision

For every baby, child and pregnant woman to receive high quality emergency healthcare without delay.

Mission

To save and improve the lives of babies, children and pregnant women in areas of extreme poverty, by empowering and enabling our in-country partners to strengthen emergency healthcare.

Values

We believe that every woman, baby and child has the right to access the high quality, safe, and effective health care they need in order to save, and improve, the quality of their lives – enabling them not only to live, but through empowerment and education, to have the opportunity to lead a healthy and productive life.

To this end, we believe in supporting public health systems and advocating for effective treatment to be free at the point of delivery and accessible to all.

We believe in, and are committed to, advocating for effective change at a local, governmental and international level.

We believe in, and are committed to, finding evidence-based, innovative solutions to the clinical and systems problems we identify.

Our values

We have six core values, which underpin all of our work;

Equality

We believe that every human life is equal. No individual, group or society is worth more or less than any other.

Health as a human right

We believe in universal access to quality health care.

Sustainability

We believe in, and are committed to, taking a whole systems approach, firmly embedded in communities, in order to effect change and sustain long-term improvements in health.

Credibility

We believe our work should be based on evidence of effectiveness and where this information is lacking, seek to find innovative solutions.

Partnerships

We believe that collaboration and partnership is essential for long-lasting healthcare improvements.

Participation

We believe in individual and community participation to encourage ownership and achieve effective change.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

OUR AIMS, OBJECTIVES, AND SUPPORTING ACTIVITIES

Aim: To strengthen emergency health care provided to women, children and babies in a sustainable way by taking a rights-based approach. In order to achieve this aim, we have the following objectives:

Objectives

We work on the following objectives in collaboration with our partner Advanced Life Support Group (ALSG), a medical education charity.

Objective one: To take a whole systems approach

We recognise that the individual elements of health programmes, whilst providing some benefit, would not have the overall impact that a whole systems approach will have. Such an approach includes appropriately skilled and motivated local staff, well functioning and equipped hospitals/ health centres, with appropriate access to these services.

Supporting activities:

- Training local health care staff (hospital and community) in emergency care, to include developing a source of locally based instructors to continue training programmes in a sustainable way
- Refurbish and equip local hospitals and health care facilities (where applicable), in particular operating theatres, maternity units, and paediatric and neonatal wards
- Improving access to emergency care from the community level - for example this may be to set up an emergency ambulance services
- Advocate for in country partners to provide and sustain appropriate medicines, supplies and equipment, with a special focus on oxygen supply and its delivery
- Continue to strengthen our relationships with the local offices of UN agencies (WHO, UNICEF, UNFPA) in countries in which we work

Objective two: To seek advice from governments in how we can best serve the health needs of their populations

We focus our work on specific areas which the national government has identified as a priority and has requested our help

Supporting activities:

- Organise an initial meeting with the Minister of Health before we start to work in any country and introduce appropriate components of our strengthening emergency health care programme at his/her invitation
- Formalise a memorandum of understanding with the Ministry of Health early on in the process
- Ensure the Ministry of Health signs off on the needs assessment for a particular region
- Organise regular meetings with the Minister of Health

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Objective three: To develop local health system capacity by working in partnership with local or national government, rather than creating parallel systems

Building local capacity and ownership is vital to the sustainability, reliability, and quality of local health care.

Supporting activities:

- Support national and local governments to strengthen their capacity to deliver effective healthcare through the national public health system
- Support local hospital and community-based health staff in developing their knowledge and skills to deliver effective emergency healthcare through the national public health system
- To continue to work with in-country partners such as the national offices of WHO, UNFPA and UNICEF at a practical and strategic level

Objective four: To involve patients and the local community in health through participatory approaches and community sensitisation

Patients and the local community are best placed to identify their health needs and to suggest solutions to health system problems. Input from those using, or who might use, local health facilities is vital to ensure that adequate health care is available and delivered in an appropriate way.

Supporting activities:

- Involve patients and community members, often through national health teams, in developing the most appropriate ways to enhance use of health services in order to help achieve improved health care at the individual and population level
- Continuously engage with patients and the local community and prioritise their input at every stage of project development, implementation, and evaluation

Objective five: To improve healthcare against defined standards as outlined in our internationally renowned manuals and toolkits – the child friendly health care initiative and the maternal child health focused initiative

The child friendly health care initiative and the maternal child health focused initiative use human rights conventions as a basis for defined standards of clinical care for babies, children, and women and girls who are pregnant which can be measured and improved through comprehensive toolkits

Supporting activities:

- Embed the standards as defined in the child friendly health care initiative and the maternal child health focused initiative in all of our work
- Advocate for the standards as defined in the child friendly health care initiative and the maternal child health focused initiative to be implemented at a local, national, and international level and support the implementation system

Objective six: To identify solutions to the problems we encounter when implementing our work

In order to progress effectively, it is essential to overcome any practical obstacles we experience in implementing our work on the ground.

Supporting activities:

- To continue to use our technical expertise in combination with our practical experience to find innovative solutions to system and clinical problems
- To share these solutions with others

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Objective seven: To monitor and evaluate all our work

In order to know whether our work has had any effect, it is crucial to monitor and evaluate every project, programme, and campaign by collecting baseline and outcome data and information

Supporting activities:

- Continue to work closely with in-country teams to gather information and data at the baseline level and to measure impact and outcomes after any intervention
- Build more robust information-gathering systems where necessary
- Include qualitative information, such as formal feedback and interviews with appropriate people (such as health workers and patients)
- Link with others (for example, local non-governmental organisations and, health committees) to support data collection and information gathering
-

Objective eight: To use appropriate and innovative medical education in emergency care - this training is appropriate and innovative because it is tailored to specific needs

Training health workers in an engaging and effective way that is best suited to their needs is at the heart of our work.

Supporting Activities

- To continue to develop new courses for specific groups, such as training midwives in obstetric surgery
- To continuously update all teaching materials on current courses

Objective nine: To provide opportunities for healthcare professionals from well-resourced countries to volunteer in our projects

While we work with dedicated in-country teams, we also rely on committed volunteers to help with training and research.

Supporting Activities

- To widely promote available opportunities for potential volunteers
- To further develop support systems for volunteers

Objective ten: To develop and distribute publications and materials appropriate to strengthening emergency health care systems

As we further develop our work in strengthening emergency healthcare systems, it is important to write up and widely disseminate these developments in order to share best practice.

Supporting activities:

- To continue to write up and widely distribute our developments in strengthening emergency healthcare systems, in addition to focusing on target groups and organisations, such as UNFPA, WHO, and HIFA 2015
- Continue to invite our in-country partners, such as officials from the Ministry of Health, WHO, UNFPA and UNICEF to be involved in writing these papers as authors

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Objective eleven: To publish, share, and disseminate our research findings so that health care can be improved worldwide

Our cutting edge medical research and our innovative systems research has contributed to changing clinical practice and health policy around the world.

Supporting activities:

- To continue to write up the findings of all our research projects into academic papers and submit them appropriate, peer-reviewed journals
- Once published, to distribute the paper to relevant individuals, groups and organisations

Objective twelve: To continue to advocate for the health needs of babies, children and pregnant women at a local and international level

Local and high level advocacy is vital to influence key stakeholders to prioritise emergency care for pregnant women, newborn infants, and children, and to encourage and influence stakeholders to address these groups' health needs and the quality and effectiveness of health care.

Supporting activities:

- Advocate locally within the countries in which we work at regional and national levels
- Advocate from within the UK to the UK Government, European Governments, World Health Organization and other UN agencies for better access to, and availability of, quality appropriate healthcare for women, children, and babies
- Campaign on specific issues, such as the need for oxygen supplies, and organise public awareness campaigns

Objective thirteen: To continue to work in a meticulous, well-organised, cost-effective way

We recognise that, in order to give the greatest value to our beneficiaries from the resources we have available, we must ensure that efficient systems are established and operated in order to exercise close and effective control over all aspects of our activities, in the UK and in the countries in which we work.

Supporting activities:

- Structure our projects so that they are organised to achieve their healthcare objectives in the most efficient and cost-effective way
- Continue to put in place robust systems to exercise effective financial, operational and managerial control of projects, supported by excellent relationships and communication developed with local staff, in-country organisations and Governmental partners
- Monitor and evaluate the contributions of our expert health professional volunteers (doctors, nurses, midwives etc) who are involved in a large part of our work:
 - for project activities - our UK based Honorary Medical Director and Project Leaders who are primarily responsible for implementing monitoring and evaluating the performance of our projects, and the obstetricians, paediatricians & nurses who work on projects in-country
 - for advocacy work - our Honorary Executive Director and Honorary Medical Director
- Operate systems to ensure that we obtain best value in the procurement and implementation of equipment, supplies and services for our in-country projects and our UK operations

PUBLIC BENEFIT REQUIREMENT

We have referred to the guidance contained in the Charity Commission's 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 (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

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

ACHIEVEMENTS AND PERFORMANCE

Strengthening Emergency Health Care Programme - (See Pakistan & The Gambia)

In this programme we work with our partner Advanced Life Support Group, and in partnership with national governments, the national World Health Organization (WHO) and UNFPA offices to help to strengthen the country's health system, especially its capacity to deal with major medical emergencies such as pregnancy and childbirth complications, resuscitation of newborn infants, child medical emergencies and major trauma, such as road traffic accidents.

Aims and objectives

Our Strengthening Emergency Health Care Programme aims to overcome the many barriers faced by women, children and infants when seeking appropriate and timely care and takes a practical rights-based approach to health care. This programme achieves this by: training health staff, community workers, and traditional birth attendants in emergency skills (and then training some of them to become trainers so they can continue to teach their colleagues); refurbishing health care facilities; supplying necessary medical devices, drugs, and equipment and setting up emergency transport facilities (ambulances and boats). Our Strengthening Emergency Health Care Programme takes a sustainable approach by giving ownership of each project to the national Government, local authority, health facility, health and community workers, and the local community.

The objectives of our Strengthening Emergency Health Care programme (on which we work on simultaneously) are to:

- Develop the core knowledge and skills of healthcare workers at all levels by organising and running comprehensive, sustainable training courses in emergency obstetric and paediatric care and in life-threatening illness and injuries
- Work with partners to build systems to deliver emergency care at all levels i.e. from an individual's dwelling in a village to the hospital bed
- Ensure that healthcare facilities are fit for purpose by doing a rigorous Needs Assessment and then helping local partners to meet these needs, and in doing so improve staff morale and retention
- Work with national government/local health authority/hospital staff/local communities to adopt and embed these system changes in order to achieve a sustainable health system that can deal with emergencies

Future: We have received support and encouragement from major donors and from The Gambian government for our Strengthening Emergency Health Care Programme as they can see its benefits and that this programme addresses all of the issues involved in tackling Millennium Development Goals 4 & 5. Our future plans are to work with partners and donors, including the Soroptimists of Great Britain and Northern Ireland (SIGBI), to scale up and roll out the Strengthening Emergency Health Care Programme throughout The Gambia and in other countries in sub-Saharan Africa, such as Liberia.

We know that there is great interest in training and in 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 website for access by clinicians in these countries. We plan to work on an international textbook and manual which will be provided free of charge to health workers in low-income countries.

There has been a positive response from donors who recognise the need to improve emergency health care and we are very hopeful of generating even more interest from supporters.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Bosnia

The charity MCAI was born out of the civil war in Bosnia Herzegovina, which ended in 1995.

In the 17 years since then, MCAI has maintained a high profile in Bosnia & Herzegovina, providing lifesaving care to large numbers of mothers, children and babies, through the provision of medical education and vital medical equipment. This has all been made possible by the consistent and very generous support of the Gift For Living Committee of the British & Irish Lions Clubs International, under the leadership of Mr Phil Nathan.

Management of Obstetric Emergencies & Trauma (MOET)

In 2010 MCAI introduced the MOET course to Bosnia. The course is aimed at senior doctors who work in Bosnia, caring for mothers and babies. It focuses on serious complications of childbirth and their emergency management.

Following on from the 2 MOET courses that we ran in September 2010, the MCAI field office in Bosnia maintained contact with the 25 doctors who received the training, and undertook work to evaluate the success of such training in improving outcomes for patients. These 25 Bosnian doctors had been trained in lifesaving skills for mothers and babies, and then 5 of them were taught on the Generic Instructors' Course (GIC), learning theory and practice of adult education. They went on to teach on the second MOET course.

During 2010/11, preparations were made for the second round of MOET training and a GIC course which are planned for November 2011. New candidates were identified, including doctors from Macedonia and Albania, in addition to the Bosnian doctors, and reading materials sent to them in advance of the courses. By teaching lifesaving skills to local doctors, and training them to become MOET Instructors, we plan to ensure that the MOET course becomes self-sustaining in the long-term.

Future: to run 2 MOET courses and 1 GIC, In November 2011, and 2 MOET courses in the autumn of 2012. The plan is for the Bosnian and Macedonian doctors who have taken the GIC course to act as instructors and teach on the courses. These courses will be led again by MCAI's Honorary Country Director Dr Brigid Hayden, and supported by Mrs Jenny Antrobus of ALSG as Course Co-ordinator.

Advanced Paediatric Life Support (APLS)

In October 2011 an APLS course was delivered in Bosnia, in which 22 doctors were trained in the treatment and stabilisation of children with life-threatening emergencies, and in practical procedures for effective management of childhood emergencies. The 3 day course used the new 2011 5th edition material, and was overseen by APLS Project Director for Bosnia, Dr Oliver Ross. All candidates passed and 5 doctors were selected as future instructor candidates.

Cameroon

MCAI has been running projects at the Regional Government Hospital in Bamenda, Cameroon, since 2002. We employ local nurses who work in the children's service, and have given them extra training to carry out our work.

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DIRECTORS' REPORT - continued

The Prevention of Mother To Child Transmission of HIV virus (PMTCT)

This programme is to reduce the transmission of HIV virus from infected mothers to their babies. Our nurses counsel mothers and then ensure that they and their babies are given the appropriate advice and medicines until they have finished breast-feeding, after which transmission from mother to baby is no longer a risk. Any babies that are infected with HIV, then receive early treatment. A support group for parents helps them with the emotional impact of living with this disease.

In 2011, 137 babies were registered on the programme, and the transmission rate was 7.2%, which is an improvement on 2010. We have recently employed 2 new nurses to extend the PMTCT programme to a clinic in Nkwen, another area of Bamenda, where babies of HIV mothers were not getting the care they needed.

Future: We plan to start a parent support group in the Nkwen area, and do some training for community workers to raise awareness of the new service.

Burkitt's lymphoma - a childhood cancer

Burkitt's lymphoma is a highly malignant childhood cancer, occurring particularly in African children. It is invariably fatal if left untreated, but cure is possible with a relatively straightforward chemotherapy regime. MCAI is running a treatment programme for these children at the hospital in Bamenda.

We have continued to treat children with this condition. The support group that we started for parents of children with cancer has joined with others in the NW province of Cameroon, and been registered as an organisation in the province.

Future: to continue to use the support group to raise awareness of Burkitt's lymphoma in the community, thereby encouraging children to come to hospital earlier, which improves prognosis.

New project planned: We are planning a course to train doctors, nurses and midwives in newborn resuscitation and serious illness in newborn babies.

Pakistan

Strengthening Emergency Health Care programme

Since the start of this programme approx **3,975** 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), developed in collaboration with WHO Pakistan, ALSG (Advanced Life Support Group) and the government of Pakistan. During the year, CAI conducted two 1-day BLS (Basic Life Support) courses, and one 5-day ESS-EMNCH courses. A faculty of internationally certified senior medical doctors and health professionals, from various teaching institutions, hospitals and health facilities in Pakistan, donated their time to the programme for the cause. The programme has three levels of implementation; tertiary care, district hospital, and the first level responders working in the community (ambulance personnel, skilled birth attendants and paramedics). 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.

A team of internationally renowned educators designed the curriculum of these structured training courses. Local experts (surgeons, anaesthetists, obstetricians and paediatricians), having vast experience in the field of emergency management, modified and adapted it according to Pakistani standards and guidelines. This programme complements the ongoing activities of the government, and will help to establish the emergency response mechanism in the existing healthcare delivery system.

Future: CAI Pakistan is in a good position to now be self-sufficient and so we have decided to end our formal affiliation but continue to support them in an informal capacity

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

The Gambia

Strengthening Emergency Health Care Programme

Teaching:

The teaching programme continues to flourish. Health professionals are taught on 3-day EMNH (Emergency Maternal & Neonatal Healthcare) and 3-day ECTH (Emergency, Child & Trauma Healthcare) courses. We also train Traditional Birth Attendants (TBA's) on the recognition and immediate care of emergencies, and Village Health Workers (VHW's) to recognise serious illness and injury in order for them to contact the emergency ambulance and also to give first aid to major illness and injury, and to manage minor injury. The Generic Instructor Courses teach the local Gambians how to become instructors, to continue the training. They can now teach the Maternity and Newborn course independently, but we are continuing to support them in teaching the Children and Trauma course. A new course in Child Protection was piloted and included not only health professionals but also police and social services. There is a real engagement with this vital area in the country.

Over the year the following courses were completed:

EMNH 4 courses: 78 doctors and nurses (and a total of 24 courses and 559 doctors and nurses to date)

ECTH 2 courses: 36 doctors and nurses (and a total of 9 courses and 173 doctors and nurses to date)

GIC 0 courses: (a total of 7 courses and 76 doctors and nurses as new instructors to date)

TBAs 4 courses: 111 TBAs (and a total of 14 courses and 357 TBA's to date)

VHWs 2 courses: 56 VHWs (and a total of 7 courses and 209 VHW's to date)

Child protection course

We had a wonderful volunteer obstetrician from the UK, Dr Sophie Haynes, who spent six months in Bansang Hospital saving many mothers' and babies' lives, as well as teaching and developing the service.

Patients treated:

The hospital in Brikama has been overwhelmed by patient numbers as mothers now seem more confident to give birth there, as a result of the teaching programme and awareness campaigns: the maternal deaths have dropped significantly despite the increased numbers of births.

In Basse, right up the river, the operating theatre we renovated and equipped has been used steadily to perform life-saving operations all year, including Caesarean sections. We were pleased that the government were able to employ more midwives to the maternity unit.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Renovations and Equipment:

During the year, we provided essential medical equipment and supplies for 3 hospitals: Brikama, Basse and Essau.

Work started on expanding and re-equipping the labour ward in Basse Hospital, completion date being January 2012.

We secured an agreement with another charity, "Riders for Health", which provides vehicles to transport patients, to install oxygen in these vehicles, a much needed advance. Dr Haynes collected data for our project to install oxygen, finding that about 20% of patients were in desperate need of oxygen on their journeys from health centre to hospital. We have shipped over oxygen cylinders and accompanying equipment for use in ten ambulances and are in discussions with the Gambian Ministry of Health about securing a reliable oxygen supply.

Future: In addition to running more of the above mentioned training courses, we also plan to introduce new training courses: the use, management and storage of morphine; cleanliness and hygiene in the hospitals; and a medical ethics course.

We also plan to continue developing the use of oxygen and other vital drugs throughout the country; test the validity of a non-invasive method of measuring haemoglobin; expand the labour ward at Brikama Hospital to cope with the increasing births; and provide essential medical equipment and refurbishment in the 3 district hospitals we are supporting.

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.

We have developed, or are in the process of developing, a number of new courses, (with accompanying materials), such as a cleaning and hygiene course, a medical ethics course, and multi-sector training in child protection.

We are in the process of writing The Maternal and Child Healthcare Initiative (MCHI) - a manual for health workers and a textbook *International Maternal and Child Healthcare: a practical textbook for hospitals worldwide*

At the request of the Government of Pakistan, we have written a working proposal to address the problems associated with child institutional care in Pakistan. We have also successfully published papers about our work in peer reviewed medical journals, such as The Lancet, Reproductive Health, and The Archives of Diseases of Childhood.

Future: We will continue to publish academic articles which are then listed on our website. We will continue to work on the manual and textbook described above and to work on plans for their dissemination.

Child Friendly Healthcare Initiative (CFHI)

The CFHI is a participatory assessment framework, designed to support health workers and health providers facilitate greater implementation of children's rights, improve the quality of care that children and families experience (reducing avoidable fear and suffering), and also to function more effectively. Developed in several countries by MCAI with multi-agency advice and input, it is relevant to health care everywhere but has particular relevance to low income settings. 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, (in English and Spanish), continues to generate interest from around the world.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

In Africa: This year CFHI has been published on a CD-ROM of the London School of Hygiene & Tropical Medicine and distributed to 15,000 health workers, primarily in Africa.

In Chile: The 'Hospital Amigable' programme, (based on CFHI), in Santiago continues to grow and has been promoted across Chile and other countries in South and Central America, with active work now emerging in Paraguay too. CFHI Honorary Director Andrew Clarke visited Santiago again in 2011 to provide follow up input and advice to the structured pilots and development work.

In the Balkans: Serbia. A Swiss organisation, Foundation Partnerships in Health, collaborated with the John Hopkins Child Life Centre (USA) to create a training programme based on CFHI and Child Life. In collaboration with the Serbian Ministry of Health, they are now rolling this out across all hospitals in Serbia and the training is also about to enter pre-registration nurse education too.

Health Promoting Hospitals (HPH) Network: Task Force (17 countries). We have continued to liaise and work with the HPH Network during the year, attending meetings in Finland and Austria and also working closely with other UK HPH working group members. This will be presented at a large meeting in Taiwan in April 2012.

Future: We are working hard to bring together key stakeholders in order to develop and implement a renewed wave of CFHI work and influence through government health services. We hope that this will take significant steps forward during the coming year and have engaged with professional associations (eg RCN) and other NGOs in order to achieve this.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

FUTURE PLANS

Programmes

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

Our priority areas for programme development over the next five years are;

Moving forward

In order to help as many women, babies, and children as possible over the next five years we will:

- Aim to improve standards of care, which can be objectively measured and evaluated
- Aim to train all health care professionals (of every cadre) working at the health care facilities in the countries in which we work in emergency obstetric, neonatal, and paediatric care
- Aim to train more traditional birth attendants in maternal and neonatal emergency care and provide all trained individuals with specially equipped birthing kits
- Aim to introduce our Strengthening Emergency Health Care programme in at least two new areas/regions/countries where we can work in partnership with national/local governments
- Aim to further develop our Strengthening Emergency Health Care programme with additional components
- Develop and finalise a practical implementation package

In order to improve the effectiveness and efficiency of our Strengthening Emergency Health Care programme over the next five years we will:

- Work more closely with all partners
- Expand upon our current information collection and flow systems
- Build and expand on our monitoring and evaluation work and use appropriate outcomes for all of our activities
- Establish a strong link with an academic institution to help with the independent evaluation of our programmes

Administration and Fundraising

Moving Forward

- We will continue to operate a full cost recovery system to ensure that all staff input into project delivery is recognised
- We will focus on recruiting and retaining more full-time volunteers
- We will develop and implement a plan to strengthen our internal structure and increase our capacity so we can best move forward
- We will implement a new fundraising strategy, which will focus on effective, high-impact methods of funding
- We will continue to apply to Trusts and Foundations to provide funding for our programmes and build on current relationships
- We will substantially increase our regular supporters over the course of the next few years. We will initially target health professionals
- We will prioritise the sale of our (MCAI and ALSG) teaching materials to raise funds for our work and explore new markets
- We will develop new teaching products which will act as a reliable source of income, such as the DVD for parents in the basic management of child emergencies
- We will develop criteria for determining which conferences to attend for fundraising purposes
- We will further explore online regular giving opportunities
- We will further develop and nurture our current regular supporters to encourage them to continue to give regularly, and perhaps give more

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Charity is a Charitable Company limited by guarantee. It is governed by Memorandum and Articles of Association.

We have nine trustees and hold quarterly trustee meetings. Currently, MCAI employs five staff (three full-time and two part-time) based in our office in Nottingham. We also pay a small honorarium to staff in the countries in which we work (as a supplement to their national wage). However MCAI currently relies heavily on volunteers to help with office tasks. Furthermore several key positions, such as the Medical Director and the Executive Director of the charity, who are both trustees, are honorary positions.

Trustees and Organisational Structure

Trustees act in accordance with the Company's Memorandum and Articles, that is, retire by rotation and, if eligible, offer themselves for re-election.

Four trustees were appointed during the year and also offered 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 the secretary, 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. Monthly management accounts are submitted and discussed with the Chair and at the Board meetings.

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.

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 board of trustees

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

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

FINANCIAL REVIEW

In 2011, 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.

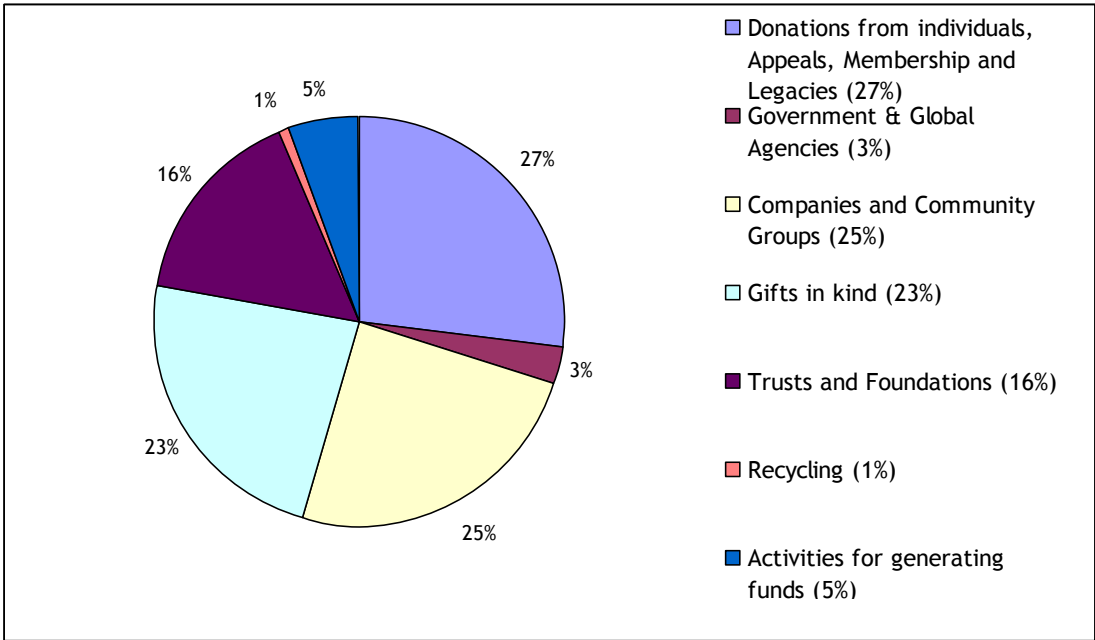
At the 2011 year end the Charity had total reserves of £146,974 split between unrestricted funds of £44,612 and restricted funds of £102,362.

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.

Income

Income from different fundraising activities is listed below.

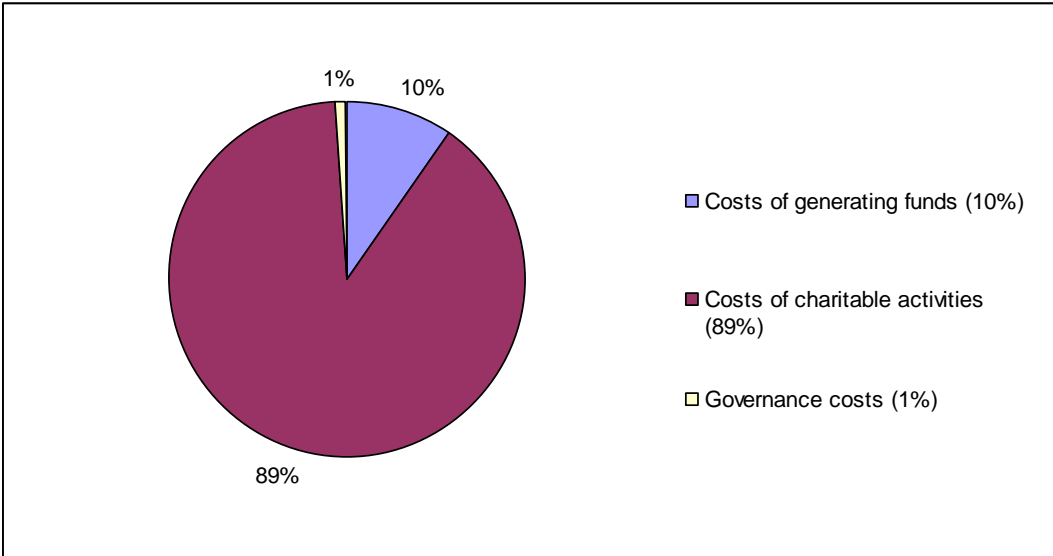


MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Using funds effectively

We spent 89% on our charitable activities this year. In recent years we have consistently maintained this proportion at between 87% and 93%.



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 2011/12 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, particularly the Lions Clubs International for their continuous support for our Bosnia programme. 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. Our thanks go also 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

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:

B Hayden
Chairperson

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

We have audited the financial statements of MCAI (Maternal & Childhealth Advocacy International) for the year ended 31 October 2011 which comprise Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to smaller entities).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 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 trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement set out on page 17, the trustees (who are also directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board (APB's) Ethical Standards for Auditors.

Scope of the audit for the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors' Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

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 2011, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to smaller entities; and
- have been prepared in accordance with the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the directors' report.

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 2011

	Note	2011			2010
		Unrestricted Fund £	Restricted Fund £	Total £	Total £
INCOMING RESOURCES					
Incoming resources from generated funds					
- Voluntary income	(2)	81,403	264,578	345,981	421,273
- Activities for generating funds	(3)	17,179	2,812	19,991	17,824
- Investment income	(4)	130	-	130	101
Total incoming resources		98,712	267,390	366,102	439,198
RESOURCES EXPENDED					
Costs of generating funds					
- Fundraising trading cost of goods sold and other costs	(5)	21,508	19,884	41,392	22,955
Costs of charitable activities	(6)	58,213	320,749	378,962	422,618
Governance costs	(7)	4,818	-	4,818	9,056
Total resources expended		84,539	340,633	425,172	454,629
Net (outgoing)/incoming resources made before transfers		14,173	(73,243)	(59,070)	(15,431)
Gross transfers between funds		1,506	(1,506)	-	-
Net (outgoing)/incoming resources		15,679	(74,749)	(59,070)	(15,431)
Fund balances brought forward at 1 November 2010		28,933	177,111	206,044	221,475
Fund balances carried forward at 31 October 2011		44,612	102,362	146,974	206,044
Net expenditure on additions to fixed assets		8,833	-	8,833	-

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

BALANCE SHEET

AS AT 31 OCTOBER 2011

	Note	2011		2010
		£	£	£
Fixed assets				
Tangible assets	(10)		16,238	13,497
Current assets				
Debtors	(11)	25,996		24,456
Cash at bank and in hand		120,931		173,285
		<u>146,927</u>		<u>197,741</u>
Creditors: Amounts falling due within one year	(12)	<u>(16,191)</u>		<u>(5,194)</u>
Net current assets			<u>130,736</u>	<u>192,547</u>
			<u>146,974</u>	<u>206,044</u>
Represented by:				
Funds - Unrestricted			44,612	28,933
- Restricted	(18)		102,362	177,111
			<u>146,974</u>	<u>206,044</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 20 to 29 were approved by the Board of Directors on _____ and are signed on its behalf by:

B Hayden
Chairperson

Company Registration No.03597304

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 OCTOBER 2011

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
Software	20% straight line

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 is covered by transfers 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 2011

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 £7,933 (2010: £36,691) was donated to the charity, together with overseas staff costs of £76,764 (2010: £646), Motor and travel costs £662 (2010: £Nil) Computer costs of £Nil (2010: £250) and Staff training costs of £Nil (2010: £4,380).

(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

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

2. Voluntary income

	2011			2010
	Unrestricted	Restricted	Total	
	Fund	Fund		£
	£	£	£	
Donations from individuals	60,231	26,146	86,377	42,831
Appeals	511	1,659	2,170	8,164
Government & Global Agencies	-	11,237	11,237	18,555
Companies and Community Groups	3,578	86,486	90,064	153,757
Gifts in kind	662	84,697	85,359	41,967
Trusts and Foundations	3,200	54,353	57,553	141,147
Membership	9,887	-	9,887	10,575
Recycling	3,334	-	3,334	2,299
Legacies	-	-	-	1,978
	<u>81,403</u>	<u>264,578</u>	<u>345,981</u>	<u>421,273</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2011

	2011			2010
	Unrestricted	Restricted	Total	£
	Fund	Fund		
	£	£	£	
3. Activities for generating funds				
Royalties and product sales	922	-	922	3,260
Sundry Events	16,257	2,812	19,069	14,564
	<u>17,179</u>	<u>2,812</u>	<u>19,991</u>	<u>17,824</u>
4. Investment income				
Bank interest	130	-	130	101
	<u>130</u>	<u>-</u>	<u>130</u>	<u>101</u>
5. Fundraising trading cost of goods sold and other costs				
Fundraising costs	1,427	316	1,743	2,794
UK office salaries	14,980	14,805	29,785	10,410
Rent, rates and insurance	1,867	21	1,888	1,770
Light and Heat	298	2	300	276
Telephone	488	76	564	389
Computer	380	-	380	264
Sundry expenses	330	3	333	244
Printing postage, stationery	452	483	935	1,166
Motor and Travel	533	3,827	4,360	4,642
Depreciation - Equipment	753	351	1,104	1,000
	<u>21,508</u>	<u>19,884</u>	<u>41,392</u>	<u>22,955</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2011

	2011			2010
	Unrestricted	Restricted	Total	£
	Fund	Fund		
6. Costs of charitable activities	£	£	£	
Medical training, equipment and supplies	562	147,161	147,723	247,535
Project operational costs	-	12,683	12,683	15,946
Project travel costs & motor	-	380	380	17,873
Overseas medical and project staff	-	48,535	48,535	44,971
UK office salaries	69,408	48,195	117,603	73,883
Rent, rates and insurance	7,306	84	7,390	6,814
Light and Heat	1,161	10	1,171	1,062
Telephone	1,912	299	2,211	1,501
Computer	1,487	-	1,487	1,022
Book keeping and payroll service	-	-	-	213
Sundry expenses	1,293	13	1,306	1,066
Printing postage, stationary	1,771	1,893	3,664	4,488
Bank charges and interest	187	2,863	3,050	2,395
Depreciation - Equipment	2,947	1,374	4,321	3,849
(Profit)/Loss on disposal of assets	(733)	-	(733)	-
Motor and travel	2,088	14,990	17,078	-
Management recharge	(23,282)	23,282	-	-
Administration recharge	(7,644)	7,644	-	-
Product recharge	(250)	250	-	-
Donations to CAI Pakistan	-	11,093	11,093	-
	<u>58,213</u>	<u>320,749</u>	<u>378,962</u>	<u>422,618</u>
7. Governance costs				
Salaries	-	-	-	3,463
Rent, rates and insurance	-	-	-	266
Light and Heat	-	-	-	41
Telephone	-	-	-	59
Computer	-	-	-	40
Audit and accountancy	3,729	-	3,729	3,914
Book keeping and payroll service	489	-	489	214
Sundry expenses	-	-	-	37
Professional fees	600	-	600	-
Printing postage, stationary	-	-	-	175
Motor and Travel	-	-	-	697
Depreciation - Equipment	-	-	-	150
	<u>4,818</u>	<u>-</u>	<u>4,818</u>	<u>9,056</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2011

	<u>2011</u>	<u>2010</u>
	<u>No.</u>	<u>No.</u>
8. Employees		
The average number of employees:	<u>4</u>	<u>5</u>
	£	£
Gross salaries	76,563	79,447
Employers NIC	6,107	6,770
Employers pension contributions	1,682	1,539
	<u>84,352</u>	<u>87,756</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 £696 were paid during the year to a trustee for expenses relating to trustees duties. (2010: £643)

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

9. Surplus for the year

The surplus for the year is shown after charging:-	<u>2011</u>	<u>2010</u>
	£	£
Auditors remuneration - audit fees	3,729	3,914
- other services	489	427
Depreciation	<u>5,425</u>	<u>4,999</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2011

10. Tangible fixed assets

	<u>Software</u>	<u>Motor Vehicles</u> £	<u>Equipment</u> £	<u>Total</u> £
Cost				
At 1 November 2010	-	5,000	38,214	43,214
Additions	5,552	-	3,281	8,833
Disposals	-	-	(1,173)	(1,173)
At 31 October 2011	5,552	5,000	40,322	50,874
Depreciation				
At 1 November 2010	-	2,188	27,529	29,717
Disposals	-	-	(506)	(506)
Charge for the year	1,110	703	3,612	5,425
As at 31 October 2011	1,110	2,891	30,635	34,636
Net Book Value				
As at 31 October 2011	4,442	2,109	9,687	16,238
As at 31 October 2010	-	2,812	10,685	13,497

The motor vehicle relates to restricted funds.

	<u>2011</u>			<u>2010</u> £
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u> £	
	<u>Fund</u> £	<u>Fund</u> £		
11. Debtors				
Prepayments	1,500	-	1,500	1,818
Other debtors	877	23,619	24,496	22,638
	2,377	23,619	25,996	24,456

	<u>2011</u>			<u>2010</u> £
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u> £	
	<u>Fund</u> £	<u>Fund</u> £		
12. Creditors: Amounts falling due within one year				
Accruals and deferred income	4,226	11,965	16,191	5,194

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2011

13. 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 £1,682 (2010: £1,539). There were no outstanding contributions at the year end.

14. 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.

15. Analysis of net assets between funds	2011			2010 £
	Unrestricted	Restricted	Total	
	Fund £	Fund £	Total £	
Fixed assets	14,129	2,109	16,238	13,497
Current assets	34,709	112,218	146,927	197,741
Current liabilities	(4,226)	(11,965)	(16,191)	(5,194)
	<u>44,612</u>	<u>102,362</u>	<u>146,974</u>	<u>206,044</u>

16. Capital commitments

Capital expenditure contracted for but not provided in the accounts amounted to £Nil (2010: £Nil).

17. Operating lease annual commitment

The company had the following annual
Commitment under operating leases

	2011 £	2010 £
Lease within one year	2,650	-
Lease within one to two years	-	6,360

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2011

18. Restricted funds

	<u>Opening Funds</u>	<u>Movement in Resources</u>			<u>Total</u>
	£	<u>Incoming</u>	<u>Outgoing</u>	<u>Transfers</u>	£
		£	£	£	
Bosnia	8,255	34,638	27,171	75	15,797
Cameroon	9,868	54,631	41,336	-	23,163
Strengthening Emergency Health Care*	11,705	67,013	21,452	(26,358)	30,908
Pakistan	77,765	27,362	104,438	(689)	-
Uganda	-	-	-	-	-
Project Reserve	957	5,000	378	(889)	4,690
MCAI Product Development	916	-	-	(916)	-
The Gambia	67,645	78,322	145,421	27,258	27,804
Child Friendly Healthcare Initiative	-	424	437	13	-
	<u>177,111</u>	<u>267,390</u>	<u>340,633</u>	<u>(1,506)</u>	<u>102,362</u>

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