



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 2010



MCAI
(MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED
31 OCTOBER 2010

Company Number: 3597304

Charity Number: 1071486

Contents	Page
Directors' Report	1-15
Independent Auditor's Report	16-17
Statement of Financial Activities	18
Balance Sheet	19
Notes to the Financial Statements	20-27

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS REPORT FOR THE YEAR ENDED 31 OCTOBER 2010

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 2010.

REFERENCE AND ADMINISTRATIVE INFORMATION

Company Number - 3597304

Charity Number - 1071486

Directors

Dr B Hayden (Chairperson)
Dr J Bridson (Resigned 25.07.10)
Dr D P Southall
A Sherriff (Resigned 27.07.10)
Dr R Moy
N Ager (Resigned 13.11.10)
A Maxfield (Resigned 13.11.10)
Dr A Earley
Dr D Nunns
E Snell (Resigned 27.04.11)
D Sogan (Appointed 09.04.10 and Resigned 12.04.11)
Dr R MacDonald (Appointed 08.05.10)
Dr J Bunn (Appointed 04.09.10)
S Aziz (Appointed 04.09.10)

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)

Maternal & Childhealth Advocacy International (MCAI) is dedicated to saving the lives of pregnant women, children and babies in countries where there is extreme poverty and inadequate health care. We also enhance the quality of life and health care received by protecting, supporting, and enhancing human rights in a practical way.

History and current programmes

MCAI is an international medical charity and UK-based registered charity (1071486). We began our work in 1995 in response to the health crisis caused by the war in Bosnia and Herzegovina. Over the past 15 years we have supported health projects in Afghanistan, Albania, Bosnia, Cameroon, The Gambia, India, Kosovo, Nicaragua, Pakistan, Sri Lanka, Uganda and Zambia.

We were called Childhealth Advocacy International (CAI) for 14 years but changed our name to Maternal & Childhealth Advocacy International in 2009, as this name better reflects our work with mothers, babies, and children. Currently, we are involved in four countries: Bosnia, Cameroon, The Gambia, and Pakistan.

Our programme in Bosnia supports the training of paediatricians and obstetricians in emergency care and provides emergency equipment for health facilities.

In Cameroon we treat children for the cancer, Burkitt's lymphoma, and provide a Prevention of Mother-to-Child Transmission of HIV programme. We also help to support a Mother and Baby Unit in a public hospital in Bamenda.

We operate our strengthening emergency health programme in both Pakistan and The Gambia. The Pakistan project is now self-sustaining and has been adopted by the Pakistani Government so our role is mainly to provide support and encouragement. Our Pakistan programme also helps to provide emergency relief to displaced people from disasters such as conflict, earthquakes, and floods.

We are currently most active in The Gambia where we work with our partner, Advanced Life Support Group, in five areas of the country to help develop and strengthen emergency health care and to enhance the whole health system.

As our name suggests, advocacy around the health needs and rights of women and children is a key part of our work. Local advocacy in the countries in which we work has led to life-saving changes, such as oxygen supplies in local ambulances, and international advocacy has led to the wider recognition of the emergency health component essential to meet MDG 4 and 5 targets.

MCAI has also developed and led several international initiatives, such as the Child Friendly Health Care Initiative and The International Health Protection Initiative and several low-income countries have us to develop health policies on their behalf. For example, we have developed a policy to improve institutional care for children at the request of the Government of Pakistan and will assist in its implementation. The Gambian government has also asked for our help in developing a child protection strategy, which will involve our help in developing and implementing a multi-professional child protection system.

Our values

We have five core values:

Non-discrimination

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 that everyone should receive life-saving, quality health care, regardless of their ability to pay. We therefore operate all of our programmes within a rights based approach in the public sector.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Partnership

We believe that collaboration and partnership is essential for health care improvement.

Participation

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

Sustainability

We are committed to a whole health systems strengthening approach within available resources, to enable communities and the rest of the health care system to sustain long term effective outcomes.

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

Objective One: To take a whole system 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 sustainable way
- Refurbish and equip local hospitals and health care facilities (where applicable), in particular operating theatres, maternity units, and paediatric wards
- Improving access to emergency care from the community level - for example this may be to set up an emergency ambulance service.
- Advocate to “in country partners” to provide and sustain appropriate medicines, supplies and equipment

Objective Two: To instil a human-rights based approach in all of our work

Eight United Nations Conventions and Treaties cover the rights of women, children, and babies but in order to have any effect, the articles in these conventions have to be implemented in a practical way.

Supporting activities:

- Convert the articles of the Human rights treaties into practical—often clinical—standards
- Develop an implementation system which can be objectively measured, monitored, and evaluated
- Enhance understanding and support of a rights-based approach to health by staff training, high level advocacy, and local awareness campaign

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Objective Three: To develop local health system capacity

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

Supporting activities:

- Engage with local governments to strengthen their capacity to deliver effective and compassionate healthcare
- Support local hospital and community based health staff in developing their knowledge and skills to deliver effective emergency healthcare

Objective Four: To involve patients and the local community in health system solutions

From our in-country experiences, we know that patients and the local community often have the best solutions to health system problems. For example, a mothers support group in Cameroon, have developed their own 'buddy' scheme to encourage other HIV positive mothers to bring their babies back to the hospital for follow-up.

Supporting activities:

- Involve patients and community members 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 instil a culture of collaboration and partnership

Everything we do, we do with others. We will continue to prioritise local and international relationships

Supporting activities:

- Continue to work in partnership with the UK charity, Advanced Life Support Group
- Continue to work with local communities
- Continue to work with national and local government, and the health managers and workers of individual
- Continue to work with international institutions, such as the World Health Organisation, UNICEF, and the United Nations Population Fund (UNFPA)

Objective Six: To continue to advocate for the health needs and rights of women, babies, and children 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 stakeholders to address these groups' health needs and rights

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.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Objective Seven: To enhance the monitoring and evaluation of all of 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 measuring outcomes.

Supporting activities:

- Continue to work closely with in-country teams to gather information and data and the baseline level and to measure impact and outcomes after any intervention.
- Build more robust information gathering systems where necessary
- Link with others (for example, local non-governmental organisations and, health committees) to support data collection and information gathering.

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

- Develop the core knowledge and skills of healthcare workers at all levels by organising and running comprehensive and 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.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Future: We have received support and encouragement from major donors and the Gambian and Pakistani Governments 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 to scale up and roll out the Strengthening Emergency Health Care Programme throughout The Gambia and Pakistan, and to other poor countries in sub-Saharan Africa and Asia.

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.

Bosnia

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

In the 15 years since then, MCAI has maintained a high profile in that country, providing lifesaving care to large numbers of mothers and babies, through the provision of medical education and 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)

MCAI is delighted to report on a great development during this last year, namely the introduction of 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.

In September 2010, MCAI sent a team of 8 UK doctors to Bosnia, led by MCAI's Honorary Country Director Dr Brigid Hayden, and supported by Mrs Jenny Antrobus of ALSG as Course Co-ordinator. We carried out 2 MOET courses, during which 25 Bosnian doctors were trained in lifesaving skills for mothers and babies. We also provided a Generic Instructors' Course (GIC), at which 5 of the local doctors were taught the theory and practice of adult education, and went on to teach on the second MOET course.

Future: Plans are taking shape for a further round of MOET and GIC courses in the summer of 2011, and great enthusiasm has been expressed in Bosnia for this venture. 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.

None of this would have been possible without the huge generosity of the Lions Club of Great Britain & Ireland. Equally generously, the Lions have committed to providing major donations of equipment to the 5 main Maternity Units in Bosnia & Herzegovina, among them Sarajevo, where the courses take place.

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.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

This year a UK paediatric emergency nurse spent time at the hospital, undertaking some training for children's ward nurses on recognition and management of a sick child. Following this, a special area of the children's ward has been created with appropriate equipment for assessing an acutely sick child.

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 occurs during labour, delivery and breast feeding. It supports HIV infected mothers caring for their babies, and detects early any babies that do become infected so that they can be offered prompt treatment. In 2010, 121 babies were registered on the programme. The HIV transmission rate from mother to child, was 10.9%. Without intervention, the transmission rate is 33%. The nurses also run a support group for HIV+ve mothers.

Future: We now plan to seek funding to extend the programme to a clinic in another area of Bamenda, where there is a high prevalence of HIV +ve mothers, but an inadequate service for their babies.

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.

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 2010, six new children and some follow up patients, received treatment in Bamenda.

The support group that was planned last year has now started meeting.

Future: We are planning to use the support group to inform patients in the community about Burkitt's lymphoma, and so encourage children to come to hospital earlier, which improves prognosis.

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 non-invasively 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 had to sleep in another building or on the floor. The neonatal unit was rebuilt and enlarged, providing a room with beds for mothers to sleep has been built 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, proper windows with glass. 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 milk kitchen, which is part of the new building.

Further funding has been raised to build a toilet block for mothers, which is now nearly completed.

Future: Complete the sanitary block, provide a hot & cold water tank, Improve outside seating area for mothers in the neonatal unit.

We are seeking funds for a new project to train midwives in the resuscitation of newborn babies.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Pakistan

Strengthening Emergency Health Care programme

Since the start of this programme over 3,900 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 fifteen 1-day BLS (Basic Life Support) courses, two APLS courses (Advanced Paediatric Life Support), two MOET courses (Management of Obstetrics, Emergency & Trauma) and one 5-day ESS-EMNCH course. A faculty of internationally certified senior medical doctors and health professionals, from various teaching institutions, hospitals and health facilities of 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 trainings and 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.

Response to the flood crisis

On July 28th 2010, there was a sudden flood disaster in 65 union councils of District Swat and 60-70% of the area was affected. In Swat, 120 commercial buildings, 7,210 houses, 30 schools, 35 Kilometre roads, 35 main bridges, 31 foot bridges, 35 hydro powers were damaged because of the monsoon flood. We helped Qatar Red Crescent (QRC) with their activities in the affected areas of the Swat district by providing basic health services in the cut off areas. Two medical camps were established at Kalam and Madyan. Two teams of doctors and paramedics were deployed and provided PHC services. These areas were cut off and millions of people were in desperate need of immediate help, including shelter, food items, non food items, clean drinking water and more importantly primary health care.

CAI Pakistan has along with MCAI published articles in a number of peer-reviewed medical journals, which are on the MCAI website.

Future: Funds for ongoing development of the ESS-EMNCH courses are currently being provided by various donors like UNICEF and USAID.

The Gambia

Strengthening Emergency Health Care Programme

Teaching:

We continue to teach health professionals on 3 day EMNH (Emergency Maternal & Neonatal Healthcare) and 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 GIC courses (Generic Instructor Course) teaches the local Gambians how to become instructors, to continue the training.

During the year, the UK team undertook three trips, and were joined by a senior midwife Wendy Martin. She joined the team after she had undertaken a very valuable research project for her Masters degree in MCAI's area of work in the districts of Brikama, Basse and Essau. She is now a regular volunteer with additional skills which complement those of the team.

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Over the year the following courses were completed:

- EMNH 6 courses: 148 doctors and nurses (3 courses were undertaken by Gambian instructors alone, showing that the sustainability goal is attainable)
- ECTH 3 courses: 66 doctors and nurses.
- GIC 3 courses: 29 doctors and nurses as new instructors
- TBAs 2 courses: 53 TBAs
- VHWS 2 courses: 70 VHWS

We have an agreement with the School of Midwifery to support them in introducing our training for trainee midwives, and continue to develop a training course for all staff on cleanliness and hygiene with the department of Infection Control in the Department of Health

Renovations and Equipment:

During the year, we

- provided essential medical equipment and supplies for 3 hospitals
- replaced the ceiling in the children's ward in Brikama hospital
- completely renovated the operating theatre at Basse Hospital. Life-saving surgery, mainly Caesarean sections and repair of ruptured ectopic pregnancies, is now being carried out there. Previously, patients had a journey of several hours to the nearest hospital with an operating theatre and lives were lost on the way. Further work on expanding and re-equipping the labour ward is in the planning stage.
- reached an agreement with the government to deploy more midwives to this understaffed area and we have secured vital accommodation for them.
- 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.

Future: In addition to running more of the above mentioned training courses, we also plan to introduce 3 new training courses: the use, management and storage of morphine; cleanliness and hygiene in the hospitals, and child protection.

We plan to set up the Emergency Ambulance Service (locally referred to as the "Flying Squad") in Basse and Upper River Region

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 material, such as morphine administration training course, cleaning and hygiene course, and a child protection course.

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 and Reproductive Health

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Future: We will continue to publish academic articles which are then 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 peer-reviewed journals.

The Child Friendly Health Care Initiative (CFHI)

The CFHI is a participatory approach and framework designed 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 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 continues to generate interest from around the world, demonstrating the relevance and need for this type of programme.

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. CFHI Honorary Director Andrew Clarke visited Santiago in 2010 and spoke at specially convened seminars that were video-linked to another 51 sites across Chile and to Mexico, Guatemala, Honduras, Ecuador, Argentina and the Dominican Republic. Further discussions with the Ministry of Health were also very productive with commitments being made.

In the Balkans: Serbia and Macedonia. A Swiss organisation Partnerships in Health, in partnership with the John Hopkins Life Centre (USA) have created a training programme based on the CFHI. In collaboration with the Serbian Ministry of Health, 22 paediatric hospitals were assessed and 8 teams trained in Serbia and Macedonia. This work was presented at the Child Life conference in Padua (Italy) in 2010.

Health Promoting Hospitals Network: Task Force (17 countries). The HPH Network includes over 650 hospitals in many hospitals across Europe and Eurasia as well as some in Australasia and North America. A large pilot to assess and address children's rights in hospitals had been developed by this network. CFHI had some concerns about the processes developed for use in this pilot. Together with colleagues from other agencies we have successfully lobbied the Task Force to adopt important changes to this work (formally accepted in Lisbon October 2010). We have now been asked to support a Working Group tasked with developing improvements to a revised pilot. This would be piloted in approximately five pilot sites in Europe and also a number of low income countries (which would need coordination by a designated agency).

We have now been asked to support a Working Group tasked with developing improvements to a revised pilot. This would be piloted in approximately five pilot sites in Europe and also a number of low income countries (which would need coordination by a designated agency).

Future: We will continue to seek opportunities to support the extended application of these approaches in other settings. The tools and process also require revising in light of increased experience.

In Ghana - an emerging training programme for Paediatric Nurses (the first in the country) will be based on the CFHI.

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 instil the ethos of human rights and implement a practical rights-based approach to health care
- 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 help implement the extra components of our strengthening emergency health care in every project that has currently only implemented the basic components
- Aim to help implement the basic components of our strengthening emergency health care programme in at least two new areas/regions/countries that fit our criteria.

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 & 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 go to 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 currently have eight trustees and hold quarterly trustee meetings. Currently, MCAI employs three staff (two fulltime and one 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 currently, MCAI heavily relies on volunteers to help with office tasks and several key positions, such as the medical director and the executive director of the charity, who are currently 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 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 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 trustee board

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 2010, 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.

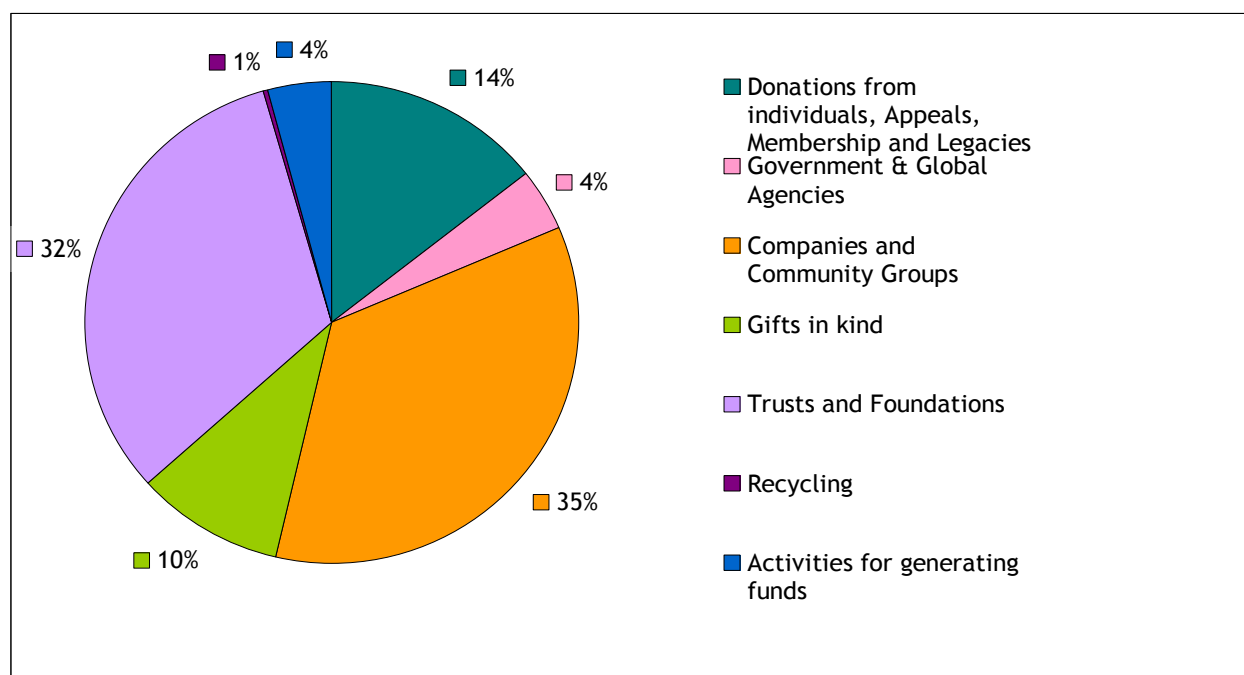
At the 2010 year end the Charity had total reserves of £206,044 split between unrestricted funds of £28,933 and restricted funds of £177,111.

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 are listed below.

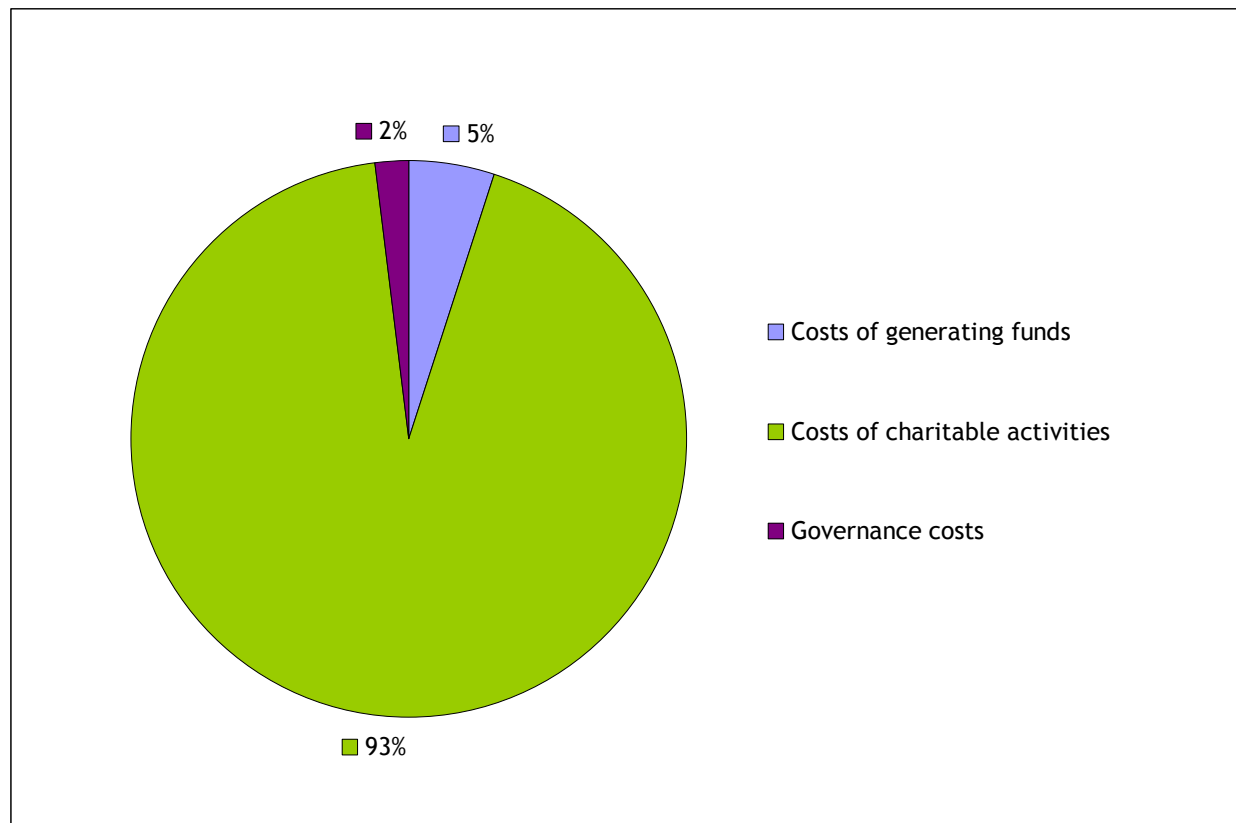


MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT - continued

Using funds effectively

We spent 93% 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 2010/11 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 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

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 20th June 2011 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) on pages 18 to 27 for the year ended 31 October 2010 which comprise Statement of Financial Activities, the Balance Sheet and the related notes. 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 adequate 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)

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 2010, 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 2010

		2010			
		Unrestricted	Restricted		
	Note	Fund £	Fund £	Total £	2009 £
INCOMING RESOURCES					
Incoming resources from generated funds					
- Voluntary income	(2)	66,056	355,217	421,273	481,816
- Activities for generating funds	(3)	10,066	7,758	17,824	13,315
- Investment income	(4)	101	-	101	159
Total incoming resources		76,223	362,975	439,198	495,290
RESOURCES EXPENDED					
Costs of generating funds					
- Fundraising trading cost of goods sold and other costs	(5)	17,666	5,289	22,955	35,566
Costs of charitable activities	(6)	100,995	321,623	422,618	337,144
Governance costs	(7)	8,306	750	9,056	14,704
Total resources expended		126,967	327,662	454,629	387,414
Net (outgoing)/incoming resources made before transfers		(50,744)	35,313	(15,431)	107,876
Gross transfers between funds		50,083	(50,083)	-	-
Net (outgoing)/incoming resources		(661)	(14,770)	(15,431)	107,876
Fund balances brought forward at 1 November 2009		29,594	191,881	221,475	113,599
Fund balances carried forward at 31 October 2010		28,933	177,111	206,044	221,475

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

BALANCE SHEET

AS AT 31 OCTOBER 2010

	<u>Note</u>	<u>2010</u>		<u>2009</u>
		£	£	£
Fixed assets				
Tangible assets	(10)		13,497	17,327
Current assets				
Debtors	(11)	24,456		15,267
Cash at bank and in hand		173,285		199,669
		<u>197,741</u>		<u>214,936</u>
Creditors: Amounts falling due within one year	(12)			
		(5,194)		(10,788)
		<u></u>		<u></u>
Net current assets			192,547	204,148
			<u>206,044</u>	<u>221,475</u>
Represented by:				
Funds - Unrestricted			28,933	29,594
- Restricted	(17)		177,111	191,881
			<u>206,044</u>	<u>221,475</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 18 to 27 were approved by the Board of Directors on _____ and are signed on its behalf by:

B Hayden
Chairperson

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 OCTOBER 2010

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 is 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 2010

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 £36,691 (2009: £25,311) was donated to the charity, together with office running costs of approximately £Nil (2009: £1,052), Educational material valued at approximately £Nil (2009: £3,199) overseas staff costs of £646 (2009: £7,760), Computer costs of £250 (2009: £Nil), Staff training costs of £4,380 (2009:£Nil) and travel costs of approximately £Nil (2009: £1,972).

(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

	<u>2010</u>			<u>2009</u>
	Unrestricted	Restricted		
	<u>Fund</u>	<u>Fund</u>	<u>Total</u>	
	<u>£</u>	<u>£</u>	<u>£</u>	<u>£</u>
Donations from individuals	30,819	12,012	42,831	38,238
Appeals	5,085	3,079	8,164	1,374
Government & Global Agencies	748	17,807	18,555	124,426
Companies and Community Groups	6,139	147,618	153,757	165,052
Gifts in kind	4,413	37,554	41,967	39,294
Trusts and Foundations	4,000	137,147	141,147	99,143
Membership	10,575	-	10,575	11,807
Recycling	2,299	-	2,299	2,482
Legacies	1,978	-	1,978	-
	<u>66,056</u>	<u>355,217</u>	<u>421,273</u>	<u>481,816</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2010

	2010			2009
	Unrestricted	Restricted	Total	
	Fund	Fund		
	£	£	£	£
3. Activities for generating funds				
Royalties and product sales	1,739	1,521	3,260	1,371
Talks and Open Days	-	-	-	10
Sundry Events	8,327	6,237	14,564	11,934
	<u>10,066</u>	<u>7,758</u>	<u>17,824</u>	<u>13,315</u>
4. Investment income				
Bank interest	<u>101</u>	<u>-</u>	<u>101</u>	<u>159</u>
5. Fundraising trading cost of goods sold and other costs				
Fundraising costs	2,495	299	2,794	2,994
UK office salaries	10,410	-	10,410	22,261
Rent, rates and insurance	1,757	13	1,770	1,756
Light and Heat	276	-	276	213
Telephone	385	4	389	820
Computer	215	49	264	225
Sundry expenses	233	11	244	343
Printing postage, stationery	1,061	105	1,166	1,160
Motor and Travel	277	4,365	4,642	5,113
Depreciation - Equipment	557	443	1,000	681
	<u>17,666</u>	<u>5,289</u>	<u>22,955</u>	<u>35,566</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2010

	2010			2009
	Unrestricted	Restricted	Total	
	<u>Fund</u>	<u>Fund</u>	<u>Total</u>	
	£	£	£	£
6. Costs of charitable activities				
Medical training, equipment and supplies	8,221	239,314	247,535	177,819
Project operational costs	-	15,946	15,946	14,700
Project travel costs & motor	1,066	16,807	17,873	17,043
Overseas medical and project staff	-	44,971	44,971	39,437
Depreciation - motor vehicles	-	-	-	1,250
UK office salaries	73,883	-	73,883	49,765
Rent, rates and insurance	6,764	50	6,814	5,854
Light and Heat	1,062	-	1,062	708
Telephone	1,485	16	1,501	2,732
Computer	829	193	1,022	750
Book keeping and payroll service	213	-	213	187
Sundry expenses	1,022	44	1,066	1,146
Printing postage, stationary	4,083	405	4,488	3,865
Bank charges and interest	223	2,172	2,395	2,765
Depreciation - Equipment	2,144	1,705	3,849	2,272
Donation to other charity	-	-	-	16,851
	<u>100,995</u>	<u>321,623</u>	<u>422,618</u>	<u>337,144</u>
7. Governance costs				
Salaries	3,463	-	3,463	5,831
Rent, rates and insurance	264	2	266	753
Light and Heat	41	-	41	91
Telephone	58	1	59	351
Computer	32	8	40	96
Audit and accountancy	3,914	-	3,914	3,373
Book keeping and payroll service	214	-	214	187
Sundry expenses	35	2	37	147
Professional fees	-	-	-	895
Printing postage, stationary	159	16	175	496
Motor and Travel	42	655	697	2,192
Depreciation - Equipment	84	66	150	292
	<u>8,306</u>	<u>750</u>	<u>9,056</u>	<u>14,704</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2010

8. Employees	<u>2010</u> <u>No.</u>	<u>2009</u> <u>No.</u>
The average number of employees:	<u>5</u>	<u>5</u>
	£	£
Gross salaries	79,447	71,037
Employers NIC	6,770	5,861
Employers pension contributions	1,539	959
	<u>87,756</u>	<u>77,857</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 £643 were paid during the year to a trustee for expenses relating to trustees duties. (2009: £642)

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>2010</u> <u>£</u>	<u>2009</u> <u>£</u>
Auditors remuneration - audit fees	3,914	3,373
- other services	427	374
Depreciation	<u>4,999</u>	<u>4,495</u>

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2010

10. Tangible fixed assets

	<u>Motor Vehicles</u> £	<u>Equipment</u> £	<u>Total</u> £
Cost			
At 1 November 2009	5,000	37,045	42,045
Additions	-	1,169	1,169
Disposals	-	-	-
At 31 October 2010	5,000	38,214	43,214
Depreciation			
At 1 November 2009	1,250	23,468	24,718
Disposals	-	-	-
Charge for the year	938	4,061	4,999
As at 31 October 2010	2,188	27,529	29,717
Net Book Value			
As at 31 October 2010	2,812	10,685	13,497
As at 31 October 2009	3,750	13,577	17,327

All motor vehicles relate to restricted funds.

2010			
	<u>Unrestricted</u> <u>Fund</u> £	<u>Restricted</u> <u>Fund</u> £	<u>Total</u> £
2009			£
11. Debtors			
Prepayments	1,818	-	1,818
Other debtors	4,576	18,062	122,638
	6,394	18,062	24,456

2010			
	<u>Unrestricted</u> <u>Fund</u> £	<u>Restricted</u> <u>Fund</u> £	<u>Total</u> £
2009			£
12. Creditors: Amounts falling due within one year			
Accruals and deferred income	4,122	1,072	5,194
	4,122	1,072	5,194

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2010

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 £1,539(2009: £959). 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.

2010				
<div>Unrestricted Restricted</div>				
	<div>Fund</div>	<div>Fund</div>	<div>Total</div>	<div>2009</div>
15. Analysis of net assets between funds	<div>£</div>	<div>£</div>	<div>£</div>	<div>£</div>
Fixed assets	5,578	7,919	13,497	17,327
Current assets	27,477	170,264	197,741	214,936
Current liabilities	(4,122)	(1,072)	(5,194)	(10,788)
	<div>28,933</div>	<div>177,111</div>	<div>206,044</div>	<div>221,475</div>

16. Capital commitments

Capital expenditure contracted for but not provided in the accounts amounted to £Nil (2009: £Nil).

MCAI (MATERNAL & CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2010

17. Restricted funds

	Opening Funds	Movement in Resources		Transfers	Total
	£	Incoming £	Outgoing £	£	£
Bosnia	4,118	45,026	38,390	(2,499)	8,255
Cameroon	11,173	28,979	24,963	(5,321)	9,868
Strengthening Emergency Health Care*	14,409	61,295	1,183	(62,816)	11,705
Pakistan	135,433	84,614	141,411	(871)	77,765
Uganda	2,100	-	-	(2,100)	-
Project Reserve	5,569	3,198	2,129	(5,681)	957
MCAI Product Development	916	-	-	-	916
The Gambia	18,163	139,863	119,586	29,205	67,645
	<u>191,881</u>	<u>362,975</u>	<u>327,662</u>	<u>(50,083)</u>	<u>177,111</u>

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