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Changes at age 14

Last May, my daughter Andrina celebrated her 14th birthday. A bright teenage girl full of drive and the joys of life on her way to adulthood. A path that brings with it many changes and can sometimes also be quite strenuous. We know it – puberty with all its facets, its highs and lows, alternating emotions and growing emancipation from one’s parents. Education and the question of choosing a career take up a lot of space; letting go and being ready for new things on the horizon. Enjoying increasing freedom and at the same time taking on more responsibility; an exciting stage of life between uncertainties and clear ideas.

This year once again, countless girls throughout the world will reach the age of 14. Many of them do not celebrate their birthday because they don't know the date of their birth. Many have no possibility of thinking about education and choice of career. They are even deprived of the time to grow up physically and emotionally. Rather, they experience drastic changes in their teenage years. Often their daily routine consists of hard work and they have to take on responsibility, but without gaining freedoms. In our project countries it is unfortunately quite common for teenage girls to get married. Pregnancies and births at this age often lead to complications and even death. Changes that result in the improvement of their living conditions are urgently needed.

In December 2017 Women’s Hope International (WHI) also celebrated its 14th birthday. The association, founded in 2003 and committed to providing operations for girls and women with obstetric injuries, has grown into an aid organisation. Projects for strengthening women in society, the promotion of safe childbirths and operations for women with obstetric fistula are carried out together with partner organisations in four countries. It is some time since operational responsibility was in the hands of volunteer helpers who gave their limited free time for WHI in addition to their professions and families. WHI is well on the way to maturity. With an organisation this also means changes in the balance between clear ideas and uncertainties. This is made possible by the good cooperation between offices and management board as well as the tireless commitment of the friends.

Read in the present annual report how it was possible, together with our partner organisations and committed fellow human beings on site, to implement positive changes for many sufferers.

Dr. med. Martin Leimgruber
Chairman
Who we are

Women’s Hope International is a Swiss aid organisation committed to the improvement of reproductive health in Africa and Asia. Women and girls are given expert support during pregnancy and childbirth, and the postpartum period. Preventive measures are taken to avoid birth trauma. Women with obstetric fistula receive treatment. We fight against child marriages and for an end to teenage pregnancies. Based on Christian ethics, we carry out our work in cooperation with our partners in a competent, professional, effective and efficient manner.

Our vision

Our aim is to achieve a situation in which…
… all women and girls afflicted with an obstetric fistula, who suffer physically and are outcast and despised, receive medical, social, psychological and pastoral care.
… no woman is obliged to give birth in inhuman and humiliating circumstances.
… no longer does a mother die every two minutes during childbirth, and in which maternal mortality worldwide is reduced to the low level of developed countries.
… girls are not married off whilst still children or by force.
… sexuality is no longer misused in order to humiliate or oppress.
… girls can go to school and not be prevented from doing so by a teenage pregnancy.
… women can organise their relationships with confidence and on an equal footing.

Our values

- Our actions are based on basic human rights, guided by Christian ethics.
- Our actions are based on respect for life and assistance to the socially disadvantaged.
- We are particularly committed to social justice and equal rights for men and women.
- We are committed to helping all, irrespective of age, origin, language, religion, culture or socio-political convictions.

Our mission

The healing of obstetric fistula
The healing of women suffering from birth-related physical trauma

We are committed to the identification, treatment, rehabilitation and reintegration of women and girls suffering from obstetric fistula.

Safe deliveries
Professional care and support;maternity clinics

We help to provide expert care for women and girls during their pregnancy, delivery and childbirth. To achieve this, we train midwives, build functional maternity clinics and ensure that operative birthing assistance is available in cases of acute emergency.
**Strong women**  
Empowerment of women

We promote and support the social status of women and enable them to achieve independence and self-determination. Advice on matters of reproductive health, including family planning, are part of this. We make every effort to prevent any future child marriages or teenage pregnancies.

A midwife checks the weight gain of a child in the health centre of our partner CUAMM in Ethiopia.
International

How we work

Through prevention, the combating of causes and a holistic approach to the treatment of women who are already suffering from birth-related physical trauma, WHI combats the problem of obstetric fistula in an integrated manner. We focus on women and girls who for socio-economic and cultural reasons, and because of inadequate access to appropriate health care, are in danger of dying during or after giving birth, or of developing an obstetric fistula.

The long-term goal is to achieve a marked reduction in maternal mortality and eliminate obstetric fistula. The aim is also for women and girls to achieve self-determination and gain respect and esteem in all areas of life.

In implementing our projects in Afghanistan, Bangladesh, Ethiopia and Chad we act according to the following principles:

- We carry out our mission in a professionally competent, effective and efficient manner.
- We work together with civil and state partners who implement our programmes.
- We work together as partners in pursuit of the same goals; we give long-term support to our partners and help them to achieve a greater degree of professional competence.
- Our programmes are innovative and sustainable. Where possible, they are coordinated with the state health system.
- In the long term we aim to achieve a situation in which our work in every country where we are active is converted into a national programme approach with thematic and geographical areas of focus and, in each case, appropriate coordination structures.
- We test our projects and programmes according to the following criteria: relevance, efficiency, effectiveness, sustainability and impact.

Programme Review Committee

A committee of outside experts meets periodically to give their opinion on new projects for the attention of the Board, either recommending them or turning them down. Exchanges between WHI staff and the experts working on concrete projects also serves the interests of internal knowledge management.

The following persons are members of the committee:

- Dr. Alexander Bischoff, Institute of Nursing Science, Basel University
- Dr. Susanna Hausmann-Muela, Partners for Applied Social Sciences (PASS)
- Dr. Kate Molesworth, Swiss Tropical and Public Health Institute
- Helena Zweifel, former Managing Director of Medicus Mundi
An obstetric fistula is an abnormal connection between the vagina and the bladder or the rectum. The cause of this is very prolonged or obstructed labour, up to dystocia. The child cannot be delivered. Its head presses for hours on the surrounding tissue, which eventually dies. This leads to a breaching of the vaginal, bladder and intestinal walls. As a consequence, urine and stools pass out through the vagina uncontrollably. This incontinence renders it impossible for the person affected to lead a normal life. Such women are frequently shunned, divorced or become social outcasts. As the cause is badly equipped obstetrical care and the young age of the mothers-to-be, this condition only occurs in developing countries. Across the world, two million girls and women suffer from an obstetric fistula. Between 50,000 and 100,000 new cases of obstetric fistula occur each year.

What is an obstetric fistula?

An obstetric fistula is an abnormal connection between the vagina and the bladder or the rectum. The cause of this is very prolonged or obstructed labour, up to dystocia. The child cannot be delivered. Its head presses for hours on the surrounding tissue, which eventually dies. This leads to a breaching of the vaginal, bladder and intestinal walls. As a consequence, urine and stools pass out through the vagina uncontrollably. This incontinence renders it impossible for the person affected to lead a normal life. Such women are frequently shunned, divorced or become social outcasts. As the cause is badly equipped obstetrical care and the young age of the mothers-to-be, this condition only occurs in developing countries. Across the world, two million girls and women suffer from an obstetric fistula. Between 50,000 and 100,000 new cases of obstetric fistula occur each year.
Key figures for the year 2016/2017
(October 2016 to September 2017)

Through the cooperation with the various partner organisations WHI was able to achieve much on the spot. The following summary figures show the effect of the cooperation in the key areas of activity during the year under report.

- Number of fistula operations performed: 408
- Number of midwife students receiving financial support (directly and indirectly): 163
- Number of professionally assisted women with high-risk pregnancies in observation units: 872
- Number of health centres/maternity clinics given support in setting-up: 31

A midwife measures the blood pressure of a pregnant woman in Oromia, Ethiopia.
## Where we work

![World map highlighting Afghanistan, Ethiopia, and Bangladesh.](image)

## Overview of partners and projects

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International

Afghanistan

In Afghanistan WHI has been working with CURE International Hospital since 2007, and with Première Urgence Internationale since 2014.

Project with CURE International:

Prevention and treatment of physical birth trauma

Our partner organisation, CURE International Hospital, is a private training hospital with 104 beds. The treatment centre for women with fistula is part of the hospital and has a nationwide reputation. Women with obstetric fistula come from all corners of the country to undergo an operation here.

Overall objective

The number of women suffering from obstetric fistula is significantly reduced. Fewer women experience birth-related trauma.

Goals

- Fistula surgeons are trained.
- Gynaecologists complete advanced training.
- Women with obstetric fistula are operated on successfully.
- Health workers in the provinces are made more aware of obstetric fistula.

What was achieved?

In spite of the aggravated security situation in the country, a lot has been achieved in this project. In the last year CURE, in cooperation with WHI, attained the following objectives:

- In the year under review, 151 fistula operations were performed in the hospital, with a success rate of 91%.
- Five doctors completed their further training as assistant doctors in the areas of fistula surgery, obstetrics and gynaecology.
- Five midwives from various provinces completed a three-week further training programme for the prevention, diagnosis and treatment of fistula.
- Together with the National Midwives Association CURE organised a day seminar on obstetric fistula, with the participation of 45 midwives and other health workers

Total costs of the project: CHF 773,729

WHI contribution to the project in the year under review: CHF 119,153
Project with Première Urgence Internationale (PUI):

Study on difficult access to health services for mothers

PUI has been active for many years in the province of Kunar, and is responsible for running 45 health centres that are located throughout the province. Health services for mothers and children are a major need.

Goal

The objective of the study is to determine which barriers (economic, geographical, socio-cultural) mothers in Kunar Province have to overcome in order to benefit from family planning and health services.

What was achieved?

The study is still in progress and not yet completed.

Total costs of the project: CHF 29'000

WHI contribution to the project in the year under review: CHF 29'000

Women and men in front of a health centre in Kabul, Afghanistan.
International

Bangladesh

In Bangladesh, WHI has been working exclusively with LAMB since 2012.

Project with LAMB:

Basic reproductive health and holistic treatment of women with obstetric fistula

The programme’s target groups are pregnant girls and women, handicapped children and women with obstetric fistula. The project is being run in ten areas of the Parbatipur sub-district with about 300,000 inhabitants, in close cooperation with the local government and the state health services. The programme is characterised by a holistic approach.

Overall objective

Improved health and resilience for mothers, girls and children from the poorest section of the population.

Goals

- Eleven maternity clinics in operation round the clock.
- The eleven maternity clinics are supported and headed by voluntary management teams.
- The majority of the pregnant women give birth in a maternity clinic or, in the event of complications, in the hospital.
- 600 women’s groups take over responsibility for their right to health: they demand health services from the state health system and initiate their own actions for the promotion of health.
- 1,100 teenagers are trained as group leaders and take on responsibility for sexual health and against forced and child marriages: they oppose forced marriages themselves and encourage their friends to do the same.
- 600 children who are handicapped as a result of pregnancy or childbirth complications receive medical care and are integrated in schools.
- 300 women with obstetric fistula are operated on and reintegrated.

What was achieved?

In the year under review LAMB achieved the following results in cooperation with WHI:

- 11 maternity clinics are fully operational and are run by volunteer management teams.
- A total of 1,758 babies were born in the eleven maternity clinics.
- 600 women’s groups are now active with a total of 12,000 members.
- 1,100 teenagers (962 girls and 138 boys) received training as ‘peer educators’. They meet regularly with their friends in a group to discuss subjects relating to reproductive health and efforts to prevent child marriages.
• In 46 schools students were given information by 60 specially trained teachers on reproductive and sexual health as well as the dangers and risks of child marriages.
• 107 women with obstetric fistula were operated on.

The project “Basic reproductive health and holistic treatment of women with obstetric fistula” is, among others, supported by the Else Kröner-Fresenius-Foundation.

Total costs of the project: CHF 309'240
WHI contribution to the project in the year under review: CHF 309'240

A girls group in Bangladesh meeting up regularly in order to stand up for better youth health and to act against child marriage.
In Ethiopia WHI works with five partner organisations and implements seven projects with them. WHI has been active in Ethiopia since 2004.

**Project with Attat Catholic Hospital:**

*Observation unit for women with high-risk pregnancies*

The project's main target group is women with high-risk pregnancies and their children. These women are in danger of dying before, during or after giving birth, or of developing birth complications.

About 25 health centres, each with five health stations, refer patients to the 65-bed Attat Hospital. In the observation unit on the hospital grounds the high-risk women have access to obstetric care and surgical treatment at all times. Here they can prepare themselves for confinement for two to three weeks before the birth in optimum conditions.

**Overall objective**

Women with higher risks during pregnancy and confinement give birth without complications. Maternal mortality and the mortality rate of new-borns are significantly reduced in the project area.

**Goals**

- The birth preparation for women with high-risk pregnancies takes place in optimum conditions.
- Women with high-risk pregnancies have access to professional and surgical obstetrics at all times.
- High-risk pregnancies are detected in timely fashion.

**What was achieved?**

In the year under review the Attat Hospital achieved the following results together with WHI:

- 675 women with high-risk pregnancies were referred to the observation unit and gave birth to a healthy child. Of these 262 were delivered through caesarean section.

| Total costs of the project: CHF 94’331 |
| WHI contribution to the project in the year under review: CHF 94’331 |
**Project with CUAMM:**

**Health for mothers and children**

The project’s target groups are on the one hand the health personnel of the 20 health centres including their satellite clinics, and on the other hand mothers and infants as well as pregnant women in the three districts of this mainly rural population.

**Overall objective**
Significantly reduce maternal and child mortality in three districts.

**Goals**

- Improve the health services for mothers, new-borns and children in 20 health centres. The health centres have adequate administrative and management systems.
- Pregnant women and mothers know about the available health services and use them. Demand for these health services increases.
- The regional office of the public health ministry has the capacity to plan, implement, monitor and evaluate the necessary health services on an ongoing basis.

**What was achieved?**

In the year under review CUAMM achieved the following results together with WHI:

- Thanks to the improvement in health services in the districts 85% of all pregnant women underwent prenatal examinations over the past year.
- 43% of all pregnant women completed all four compulsory pregnancy check-ups.
- 62% of all pregnant women gave birth to their child in one of the newly renovated health centres, in a health station or in the hospital.
- 63% of mothers with an infant went for a postnatal check-up after the delivery.

| Total costs of the project: CHF 319’651 |
| WHI contribution to the project in the year under review: CHF 115’426 |
Project 1 with Hamlin Fistula Ethiopia:

Midwife training

The project’s target group is midwife students selected from five of the country’s regions. After training they will return to their region to work as midwives in a state health centre in a rural area.

Overall objective
The Hamlin College of Midwives makes a significant contribution to the objective of providing expectant mothers with access to professional obstetrics and of avoiding birth complications.

Goals

- Each year 23 midwife students successfully complete their 4-year training with a Bachelor’s degree.
- They are equipped with the necessary theoretical and practical capacities.
- As a rule the graduates accomplish 100 assisted deliveries during their training.

What was achieved?

In the year under review Hamlin Fistula Ethiopia achieved the following results together with WHI:

- 20 midwife students completed their 4-year training with a Bachelor’s degree and took up work as midwives in their home regions.
- A total of 86 midwife students took part in the school’s training programme.

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Total costs of the project: CHF 357’044
WHI contribution to the project in the year under review: CHF 68’000

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Project 2 with Hamlin Fistula Ethiopia:

Strengthening of maternal health services

The target group is pregnant women and their children in the rural surroundings of the 17 health centres to which the midwives were sent after their training. Furthermore, this is beneficial for the families living in the catchment areas of the centres.

Overall objective
Maternal and infant mortality in the area surrounding 17 rural health centres is significantly reduced.
Goals

- Obstetric care in 17 state health centres in five regions is significantly improved.
- Every year, newly trained midwives are sent to state health centres where they undertake to work for at least three years.
- The basic equipment and medicine for adequate obstetric care are guaranteed, as are transport possibilities in the event of emergency transfers.

What was achieved?

In the year under review Hamlin Fistula Ethiopia achieved the following results together with WHI:

- 9,708 babies were born in the 17 health centres.
- In the 17 centres the following were performed:
  - 7,718 women completed the four compulsory pregnancy examinations.
  - 12,399 women came with their new-born babies for final consultations.
  - 47,181 women received contraceptives.

Total costs of the project: CHF 225'314
WHI contribution to the project in the year under review: CHF 20'260

A midwifery student at Hamlin College of Midwives on visit during her internship.
**Project 1 with St. Luke Catholic Hospital:**

**Maternity waiting area for women with high-risk pregnancies**

The project’s main target group is women with high-risk pregnancies and their children. These women are in danger of dying before or during childbirth, or of developing birth complications.

About 20 health centres, each with five health stations, refer patients to the 200-bed St Luke Hospital. In the maternity waiting area on the hospital grounds the women with high-risk pregnancies have access to obstetric care and surgical treatment at all times. Here they can prepare themselves for confinement for two to three weeks before the birth in optimum conditions.

**Overall objective**

Women with higher risks during pregnancy and confinement give birth without complications. Maternal mortality and the mortality rate of new-borns are significantly reduced in the project area.

**Goals**

- The birth preparation for women with high-risk pregnancies takes place in optimum conditions.
- Women with high-risk pregnancies have access to professional obstetrics and surgical treatment at all times.

**What was achieved?**

In the year under review, St. Luke Hospital achieved the following results together with WHI:

- 197 women with high-risk pregnancies were referred to the observation unit and gave birth to a healthy child. Of these 75 were born by caesarean section.

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<tr>
<td>WHI contribution to the project in the year under review: CHF 6'237</td>
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**Project 2 with St. Luke Catholic Hospital:**

**Midwife training**

The project’s target group is midwife students selected in the region. After training they work either in the maternity department of St. Luke Hospital or in a rural state or private health centre in the region.

**Overall objective**

The College of Nursing and Midwifery of St. Luke Hospital contributes significantly to providing expectant mothers in Ethiopia with access to professional care and thus to avoiding birth complications.
Goals

- Per year a total of 90 students go through the training programme. Every year 15 midwife students and 15 registered nurses successfully complete their 3-year training with a diploma. They are equipped with the necessary theoretical and practical skills.
- The training quality in the school is improved. The instructors display the required professional and didactic capabilities to impart the necessary expertise. The instruction material is adequate for the training.
- Additional source of funds are opened up to ensure the sustainable self-financing of the school.

What was achieved?

In the year under review St. Luke Hospital achieved the following result together with WHI:

- 92 midwife students attended the training in the College.
- 30 midwife students completed their three-year training successfully and now work in a health institution in the region.

Total costs of the project: CHF 131'730
WHI contribution to the project in the year under review: CHF 37'466
Project with WAHA:

Support for the treatment of obstetric fistula

The WAHA specialists have solid and longstanding expertise in the treatment of women with obstetric fistula or uterine prolapse. The WAHA Treatment Centre is attached to the Arsi University Hospital in Asella. The target population is women with obstetric fistula or uterine prolapse in the south-eastern part of the Oromia region.

Overall objective
Reduction of the occurrence of obstetric fistula and uterine prolapse in the south-eastern part of the Oromia region.

Goals

- High-quality treatment of women with obstetric fistula or uterine prolapse is guaranteed.
- Gynaecologists, medical students and nursing staff are well trained in the treatment of obstetric fistula.
- Obstacles for the treatment of the women concerned are removed through payment of transport costs.
- Stigmas and misunderstandings in the population with respect to obstetric fistula and uterine prolapse are largely overcome.

What was achieved?

In the year under review, WAHA achieved the following together with WHI:

- 150 operations were performed. 101 women with obstetric fistula and 49 women with uterine prolapse were operated on and received psychological care.

| Total costs of the project: CHF 111'937 |
| WHI contribution to the project in the year under review: CHF 24'253 |
Currently, no projects are being run in Chad.

During the year under review, WHI worked on new project plans. A study enabled the identification of a new partner organisation.
National

Awareness-raising work

Many women throughout the world still have no access to quality healthcare services during pregnancy, birth and the postnatal period. They continue to be denied equal treatment in society. Women’s Hope International strives to raise public awareness in Switzerland of the life and health situation of girls and women in other countries, and to promote their readiness to help. To this end WHI provides regular information on the people involved in the projects, arranges presentations and organises events.

Presentations

In the past year two presentations were given by the internationally renowned fistula surgeon Dr. Mulu Muleta from Ethiopia – in spring in Langenthal and in autumn in Winterthur. Both events met with keen interest. What Dr. Mulu Muleta had to say visibly moved those who attended.

Obstetric fistula action days

In March there were two action days on the theme of obstetric fistula, organised in collaboration with the Berne University of Applied Sciences, Health Faculty. On the first day Claudia Leimgruber, a midwife and the founder WHI, gave a specialised presentation for the university students and other listeners. On the following day the film ‘A Walk to Beautiful’ was shown, featuring five women from Ethiopia suffering from obstetric fistula.
Frauenlauf (Women’s run)

For the fourth consecutive year, committed girls and women ran the “Frauenlauf” in Bern in support of WHI projects. The run is reputed to be the largest women’s sporting event in Switzerland. The 20 participants running for Women’s Hope International combined sport with commitment and ran in bright summer weather for ‘strong girls and women, safe births and the healing of obstetric fistula’. The next Frauenlauf is planned for June 10, 2018. We look forward to welcoming as many runners as possible.

Change of staff in the awareness-raising section

Madeleine Herzog has left the WHI team after just a few months for family reasons. Since June 2017, Regula Abt has been responsible for WHI’s awareness-raising work. She is a midwife with longstanding experience abroad and training in intercultural skills, health promotion, prevention and adult education.

Membership

Women’s Hope International is constituted as an association. Its members help to carry the vision and highlight the concerns of WHI in the public sphere. At the end of the 2017 financial year, 87 people were members of Women’s Hope International; 26 of them came on board last year. Additional members are most welcome. Further information can be found under www.womenshope.ch/en/take-action/become-a-member.
Communication

Women’s Hope International regularly informs donors and interested parties on the progress of projects, and provides background knowledge on sexual and reproductive health. In the 2017 financial year WHI published four editions of the magazine ‘WHI News’ and sent out thirteen e-mail newsletters. The newsletter was given a new design in the summer. Subscriptions to the magazine and the newsletter can be obtained via the Secretariat. Background information, life stories and news from the projects can all be found on the WHI website.

In the past year, WHI significantly enhanced its presence in the social media. Novelties are featured twice a week on Facebook. WHI can also now be found on Twitter and Instagram. We look forward to new fans, many ‘Likes’ and interactions.

Involvement of volunteers

Without the assistance of many people who make a commitment on the operational or strategic level, WHI would not be able to act on the scale it does today. Volunteers devote their know-how and energy to helping out in a variety of areas.

The field of activity of volunteers includes:

- Finance, accounting, recording of donation data.
- Assistance with publications, writing, layout, despatch.
- Programming work and help in the web area.
- Organisation of events.
- Presentations and lectures
- Assistance in street campaigns
- Work on the Board.

A total of over 798 hours were spent by 22 people on volunteer work - the equivalent of about 94 workdays. Other people carried out their own campaigns and spread information on WHI on occasions such as birthdays, wedding anniversaries or the birth of their children, soliciting donations for the projects.

WHI sincerely thanks all who have invested their time to improve the lot of girls and women in the developing countries of the South on a sustainable basis.
A mother with her newborn child at St. Luke Hospital in Attat.
Financial statement

Balance of accounts
by September 30, 2017

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<td><strong>TOTAL ASSETS</strong></td>
<td>619'063.99</td>
<td>327'138.55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>2'898.70</td>
<td>1'535.30</td>
</tr>
<tr>
<td>supplies/services</td>
<td>-</td>
<td>1'645.95</td>
</tr>
<tr>
<td>Liabilities from</td>
<td>1'645.95</td>
<td>1'588.10</td>
</tr>
<tr>
<td>social insurance</td>
<td>-</td>
<td>158'059.20</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>158'059.20</td>
<td>250.00</td>
</tr>
<tr>
<td><strong>SHORT-TERM LIABILITIES</strong></td>
<td>162'603.85</td>
<td>3'373.40</td>
</tr>
<tr>
<td>Fund Ethiopia</td>
<td>289'669.05</td>
<td>209'007.15</td>
</tr>
<tr>
<td>Fund Chad</td>
<td>346.50</td>
<td>-</td>
</tr>
<tr>
<td>Fund Afghanistan</td>
<td>94'566.26</td>
<td>-</td>
</tr>
<tr>
<td>Fund Bangladesh</td>
<td>20'019.03</td>
<td>58'341.65</td>
</tr>
<tr>
<td>Thematic funds</td>
<td>1'380.00</td>
<td>300.00</td>
</tr>
<tr>
<td><strong>TIED FUND CAPITAL</strong></td>
<td>405'980.84</td>
<td>267'877.40</td>
</tr>
<tr>
<td>Acquired free capital</td>
<td>55'887.75</td>
<td>68'595.11</td>
</tr>
<tr>
<td>Annual result</td>
<td>-5'408.45</td>
<td>-12'707.36</td>
</tr>
<tr>
<td><strong>TOTAL ORGANISATION CAPITAL</strong></td>
<td>50'479.30</td>
<td>55'887.75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES</strong></td>
<td>619'063.99</td>
<td>327'138.55</td>
</tr>
</tbody>
</table>

24
# Profit and Loss Account

*by September 30, 2017*

## REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>CHF</th>
<th>%</th>
<th>CHF</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations from natural persons</td>
<td>300'518.78</td>
<td>22.3%</td>
<td>322'896.65</td>
<td>30.0%</td>
</tr>
<tr>
<td>Donations from legal persons</td>
<td>607'682.70</td>
<td>45.1%</td>
<td>61'754.15</td>
<td>33.5%</td>
</tr>
<tr>
<td>Contributions from church funds</td>
<td>57'870.90</td>
<td>4.3%</td>
<td>57'362.15</td>
<td>5.3%</td>
</tr>
<tr>
<td>Contributions from public funds</td>
<td>354'450.00</td>
<td>26.3%</td>
<td>307'549.85</td>
<td>28.5%</td>
</tr>
<tr>
<td><strong>Total donations &amp; contributions</strong></td>
<td><strong>1'320'522.38</strong></td>
<td><strong>97.9%</strong></td>
<td><strong>1'048'983.79</strong></td>
<td><strong>97.3%</strong></td>
</tr>
<tr>
<td>thereof earmarked donations</td>
<td>905'413.99</td>
<td>67.1%</td>
<td>650'736.51</td>
<td>60.4%</td>
</tr>
<tr>
<td>other revenues</td>
<td>27'865.47</td>
<td>2.1%</td>
<td>28'726.67</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>1'348'387.85</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>1'077'710.46</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

## EXPENDITURE

<table>
<thead>
<tr>
<th>Description</th>
<th>CHF</th>
<th>%</th>
<th>CHF</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects abroad</td>
<td>866'140.48</td>
<td>64.2%</td>
<td>860'941.41</td>
<td>79.9%</td>
</tr>
<tr>
<td>Staff and material expenditure abroad</td>
<td>91'779.24</td>
<td>6.8%</td>
<td>78'634.43</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Total abroad</strong></td>
<td><strong>957'919.72</strong></td>
<td><strong>71.0%</strong></td>
<td><strong>939'575.84</strong></td>
<td><strong>87.2%</strong></td>
</tr>
<tr>
<td>Communication &amp; awareness-raising</td>
<td>18'426.00</td>
<td>1.4%</td>
<td>33'173.45</td>
<td>3.1%</td>
</tr>
<tr>
<td>Staff and material expenditure C &amp; A</td>
<td>108'770.51</td>
<td>8.1%</td>
<td>50'510.45</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Total C &amp; A</strong></td>
<td><strong>127'196.51</strong></td>
<td><strong>9.4%</strong></td>
<td><strong>83'683.90</strong></td>
<td><strong>7.8%</strong></td>
</tr>
<tr>
<td>Events &amp; campaigns</td>
<td>3'343.10</td>
<td>0.2%</td>
<td>12'427.68</td>
<td>1.2%</td>
</tr>
<tr>
<td>Staff and material expenditure fundraising</td>
<td>78'715.81</td>
<td>5.8%</td>
<td>67'577.28</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Total fundraising</strong></td>
<td><strong>82'058.91</strong></td>
<td><strong>6.1%</strong></td>
<td><strong>80'004.96</strong></td>
<td><strong>7.4%</strong></td>
</tr>
<tr>
<td>Staff and material expenditure administration</td>
<td>49'730.81</td>
<td>3.7%</td>
<td>50'747.19</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Total administration</strong></td>
<td><strong>49'730.81</strong></td>
<td><strong>3.7%</strong></td>
<td><strong>50'747.19</strong></td>
<td><strong>4.7%</strong></td>
</tr>
<tr>
<td>Interim result 1</td>
<td><strong>131'481.90</strong></td>
<td></td>
<td><strong>-76'301.43</strong></td>
<td></td>
</tr>
<tr>
<td>Financial income</td>
<td>1'977.47</td>
<td>0.1%</td>
<td>328.60</td>
<td>0.0%</td>
</tr>
<tr>
<td>Financial expenditure</td>
<td>-764.38</td>
<td>-0.1%</td>
<td>-570.43</td>
<td>-0.1%</td>
</tr>
<tr>
<td><strong>Annual result before fund result</strong></td>
<td><strong>132'694.99</strong></td>
<td></td>
<td><strong>-76'543.26</strong></td>
<td></td>
</tr>
<tr>
<td>Allocation of earmarked funds</td>
<td>-905'413.99</td>
<td>-67.1%</td>
<td>-650'736.51</td>
<td>-60.4%</td>
</tr>
<tr>
<td>Withdrawal of earmarked funds</td>
<td>866'140.48</td>
<td>64.2%</td>
<td>860'941.41</td>
<td>79.9%</td>
</tr>
<tr>
<td>Internal transfer of earmarked funds</td>
<td>-98'829.93</td>
<td>-7.3%</td>
<td>-146'369.00</td>
<td>-13.6%</td>
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<tr>
<td><strong>Funds result</strong></td>
<td><strong>-138'103.44</strong></td>
<td><strong>-10.2%</strong></td>
<td><strong>63'835.90</strong></td>
<td><strong>5.9%</strong></td>
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<tr>
<td><strong>Annual result before change in organisation capital</strong></td>
<td><strong>-5'408.45</strong></td>
<td></td>
<td><strong>-12'707.36</strong></td>
<td></td>
</tr>
<tr>
<td>Increase/decrease of organisational capital</td>
<td>5'408.45</td>
<td></td>
<td>12'707.36</td>
<td></td>
</tr>
<tr>
<td><strong>Total change in organisational capital</strong></td>
<td><strong>5'408.45</strong></td>
<td><strong>0.4%</strong></td>
<td><strong>12'707.36</strong></td>
<td><strong>1.2%</strong></td>
</tr>
<tr>
<td>Annual result after allocations</td>
<td><strong>-0.00</strong></td>
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<td><strong>-0.00</strong></td>
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<tr>
<td>Contributions in CHF</td>
<td>Opening balance</td>
<td>Allocation (external)</td>
<td>Utilisation (external)</td>
<td>Internal fund transfers</td>
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<tr>
<td>------------------------------------------</td>
<td>-----------------</td>
<td>-----------------------</td>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>State program Ethiopia</td>
<td>-</td>
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<tr>
<td>Ethiopia overall</td>
<td>-</td>
<td>-</td>
<td>-1'757.53</td>
<td>1'757.53</td>
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<tr>
<td>Obstetric fistula care</td>
<td>-</td>
<td>42'300.00</td>
<td>-24'253.05</td>
<td>32'000.00</td>
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<td>Midwifery School Hamlin</td>
<td>118'251.25</td>
<td>96'750.00</td>
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<td>-20'200.00</td>
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<td>Midwifery School St. Luke</td>
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<td>Maternity Waiting Area St.</td>
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<td>5'786.90</td>
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<tr>
<td>Maternity Waiting Area Attat</td>
<td>-</td>
<td>151'378.20</td>
<td>-94'330.80</td>
<td>-</td>
</tr>
<tr>
<td>Maternal health service</td>
<td>-</td>
<td>-</td>
<td>-20'260.10</td>
<td>20'260.10</td>
</tr>
<tr>
<td>Mother and child health</td>
<td>90'755.90</td>
<td>1'800.00</td>
<td>-115'426.00</td>
<td>22'870.10</td>
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<tr>
<td>Mother’s health Somali Region</td>
<td>-</td>
<td>-</td>
<td>-14'220.30</td>
<td>14.220.30</td>
</tr>
<tr>
<td>Funds Ethiopia</td>
<td>209'007.15</td>
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<tr>
<td>Chad overall</td>
<td>-</td>
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<td>17'640.45</td>
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<td>National coordination office</td>
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<td>731.85</td>
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<tr>
<td>Projet Souffrance</td>
<td>-</td>
<td>346.50</td>
<td>-</td>
<td>346.50</td>
</tr>
<tr>
<td>Funds Chad</td>
<td>-</td>
<td>346.50</td>
<td>-18'372.30</td>
<td>18'372.30</td>
</tr>
<tr>
<td>Afghanistan overall</td>
<td>228.60</td>
<td>-</td>
<td>-1'991.30</td>
<td>1'762.70</td>
</tr>
<tr>
<td>Obstetric fistula care</td>
<td>-</td>
<td>184'860.00</td>
<td>-119'152.50</td>
<td>28'858.76</td>
</tr>
<tr>
<td>Study Accessibility to Health Centres</td>
<td>-</td>
<td>-</td>
<td>-34'000.00</td>
<td>34'000.00</td>
</tr>
<tr>
<td>Funds Afghanistan</td>
<td>228.60</td>
<td>184'860.00</td>
<td>-155'143.80</td>
<td>64'621.46</td>
</tr>
<tr>
<td>Bangladesh overall</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Funds Repro. Health Services</td>
<td>58'341.65</td>
<td>272'351.43</td>
<td>-310'674.05</td>
<td>-20'019.03</td>
</tr>
<tr>
<td>Funds Bangladesh</td>
<td>58'341.65</td>
<td>272'351.43</td>
<td>-310'674.05</td>
<td>-20'019.03</td>
</tr>
<tr>
<td>Funds operations</td>
<td>-</td>
<td>60'858.76</td>
<td>-</td>
<td>-60'858.76</td>
</tr>
<tr>
<td>Funds midwife training</td>
<td>-</td>
<td>6'321.60</td>
<td>-</td>
<td>-6'321.60</td>
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<tr>
<td>Funds strong girls and women</td>
<td>300.00</td>
<td>1'080.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Thematic funds</td>
<td>300.00</td>
<td>68'260.36</td>
<td>-</td>
<td>-67'180.36</td>
</tr>
<tr>
<td>Fund capital earmarked</td>
<td>267'877.40</td>
<td>905'413.99</td>
<td>-866'140.48</td>
<td>98'829.93</td>
</tr>
<tr>
<td>Acquired free capital</td>
<td>55'887.75</td>
<td>-</td>
<td>-</td>
<td>-6'408.45</td>
</tr>
<tr>
<td>Annual result</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5'408.45</td>
</tr>
<tr>
<td>Organisational capital</td>
<td>55'887.75</td>
<td>-5'408.45</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Appendix to the financial statement

Accounting principles
The present financial statements were established in compliance with the accounting recommendations Swiss GAAP FER (Kern-FER and FER 21), and respect the Swiss Code of Obligations and the provisions in the statutes. The financial statements provide a picture of the financial and earnings situation of Women’s Hope International that corresponds to the actual circumstances.

Materiality and valuation base as well as explanatory details on the balance sheet
The accounts are reported in Swiss francs. Assets in foreign currencies are converted at the exchange rate valid on the balance sheet reporting date, transactions generally at the respective daily exchange rate. The principle of individual evaluation of assets and liabilities applies.

Liquid assets
This position contains post and bank accounts, and is evaluated at nominal value; foreign currencies at the period-end exchange rate per:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EURO</td>
<td>1.15</td>
<td>1.10</td>
</tr>
<tr>
<td>USD</td>
<td>0.97</td>
<td>0.97</td>
</tr>
</tbody>
</table>

Receivables
This position contains the credits from withholding tax. The evaluation of this position is made at nominal value.

Fixed assets
This position covers office equipment such as IT hardware and software. The valuation is made on the basis of acquisition costs less depreciation. The equipment is depreciated in linear fashion, within 3 years. The minimum capitalisation level is CHF 1’000.–.

<table>
<thead>
<tr>
<th>Figures in CHF</th>
<th>Opening balance</th>
<th>Inflows</th>
<th>Outflows</th>
<th>Reclassification</th>
<th>Closing balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition values</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movable assets</td>
<td>31'596.70</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>31'596.70</td>
</tr>
<tr>
<td>Total</td>
<td>31'596.70</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>31'596.70</td>
</tr>
<tr>
<td>Provision for depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movable assets</td>
<td>28’596.70</td>
<td>3’000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>31’596.70</td>
</tr>
<tr>
<td>Total</td>
<td>28’596.70</td>
<td>3’000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>31’596.70</td>
</tr>
<tr>
<td>Net book values</td>
<td>3’000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Liabilities from supplies/service
This balance sheet position covers current payables for supplies and services. The accounting is at nominal value.

Deferred income
This position contains the accruals of material and social security expenditures.
**Fund capital**
This position covers funds from donations in which the intended purpose is limited by the donors and the public authorities. The modifications can be seen under Change in Fund Capital in the Operating Statement as well as in the Statement on the Change in Capital. Internal transfers for underfinanced projects were implemented from thematic funds and related overfinanced projects with the same purpose.

**Organisation capital**
This position covers exclusively acquired free capital. See also the Statement on the Change in Capital.

**Details on the Profit and Loss Account**

**Contribution from public funds**
This position contains: Cantons CHF 308’000.00 (previous year CHF 258’000.00) and local communities CHF 46’450.00 (previous year CHF 34’000.00).

**Cost split per category**

<table>
<thead>
<tr>
<th>Figures in CHF</th>
<th>Direct Costs</th>
<th>Staff expenditure</th>
<th>Material expenditure</th>
<th>Depreciation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects abroad</td>
<td>867’139</td>
<td>78’266</td>
<td>11’704</td>
<td>811</td>
<td>957’920</td>
</tr>
<tr>
<td>Communication &amp; awareness-raising</td>
<td>21’732</td>
<td>90’868</td>
<td>13’464</td>
<td>1’133</td>
<td>127’197</td>
</tr>
<tr>
<td>Fundraising</td>
<td>4’043</td>
<td>65’562</td>
<td>11’776</td>
<td>678</td>
<td>82’059</td>
</tr>
<tr>
<td>Administration</td>
<td>11’016</td>
<td>28’380</td>
<td>9’957</td>
<td>378</td>
<td>49’731</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>903’930</strong></td>
<td><strong>263’076</strong></td>
<td><strong>46’900</strong></td>
<td><strong>3’000</strong></td>
<td><strong>1’216’906</strong></td>
</tr>
</tbody>
</table>

**Voluntary work performed**
A total over 798 hours were spent in volunteer work by 22 people. This corresponds to 94 working days.

**Management bodies**
All members of the Board work on a voluntary basis and receive no attendant fees.

**Staff pension arrangements**
Employees of Women’s Hope International are insured in the framework on an affiliation agreement with the Gemeinschaftsstiftung (joint foundation) 12 Plus, Basel, covering the economic consequences of old age, disability and death. This is a contributory plan whereby both employer and employee pay fixed contributions. At the balance sheet closing date no additional benefit or obligations accrue to Women’s Hope International as a result of this affiliation agreement.

**Details on cash flow analysis**
As per Swiss GAAP FER a cash flow statement or analysis is not required for small non-profit organisations (FER 21/16).

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1 If two of the following criteria are not met at two consecutive balance sheet closing dates: balance sheet amount of CHF 2 million, free gifts and contributions from public funds CHF 1 million, an average of 10 fulltime paid positions over the year.
Performance Report 2017

For the organisation’s performance, we refer readers to the comprehensive information in the first section of the annual report.

Women’s Hope International

Legal form: Association

Founded: 4 December 2003, Bern

Purpose of the Association

(Our mission according to the Association's statutes)

Women’s Hope International is an aid organisation working for the improvement of sexual and reproductive health in Africa and Asia.

The Association is active in the identification, treatment, rehabilitation and reintegration of women and girls with obstetric injuries.

The Association supports competent accompaniment of women and girls during pregnancy, childbirth and childbed.

In addition, the Association encourages and strengthens women and girls in their social status, enables their independence and self-determination, especially regarding their sexual and reproductive health.

Help is provided irrespective of age, origin, language, religion, culture or political conviction.

The Association carries out its activity on a non-profit basis. No economic purpose or financial gain is pursued.
Assembly of members

The Assembly of Members has supervisory authority over the Association’s operations. It is responsible for the election and discharge of the Board as well as for acceptance of the organisation’s activity report, financial statements and auditor’s report.

Auditing body

Auditing the financial statements has been entrusted to the company KPB Treuhand AG.

Board

The Board of WHI consisted of five persons in the year under report. The Board is responsible for the strategic management of the organisation and has supervision over the management. In the last year the Board met for three sessions, as well as for a whole-day Board retreat to discuss the orientation of the organisation. The members of the WHI Board work on a voluntary basis. They receive no compensation or attendance fees.

Memberships

WHI is a member of the following networks and organisations:

- Medicus Mundi Schweiz
- Campaign to End Fistula, UNFPA
- International Obstetric Fistula Working Group (IOFWG)
Agency

Gerhard Bärtschi has been CEO of Women’s Hope International since January 1, 2013. Within the Board, the CEO has the right to consultation and petition, but not the right to vote. In this way, the distinction between the strategic and operational level is preserved. In addition to his general management function, Gerhard Bärtschi as Head of Programmes is responsible for managing the area of International Programmes. Léonie Reichenecker also works in the secretariat as Manager for the Fundraising and Communications area. Since June 2017, Regula Abt has been responsible for the Awareness-Raising area and, since September, Muriel Weyermann is the head program manager for Chad. Three volunteers are responsible for Finance and Accounting. Paid staff working at the secretariat part-time add up to a total of 260 per cent (as at 30 September 2017). In addition, during the year under review a trainee worked in the secretariat at 80%.
Sincere thanks!

The annual report gives an account of what Women’s Hope International, together with its partners, has achieved nationally and internationally. We are happy for each person whose life has been improved through the project work on site: women whose fistula have been healed, parents who celebrate the safe birth of their child; young girls who have not been married against their will, and many more.

WHI sincerely thanks all those who have contributed over the past year to implementing the projects in favour of women, children and families in Afghanistan, Bangladesh, Ethiopia and Chad. In particular, out thanks go to:

- Our donors, for their commitment.
- All foundations, parishes and companies for their generous support.
- The Swiss cantons and political communities for their project contributions.
- Our volunteer helpers for their sterling work and great dedication.
- All who have helped make others aware of the challenges we face.
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