

# ANNUAL REPORT 2018

1.10.2017 – 30.9.2018



**Women's Hope  
International**



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# Earth provides enough to satisfy every man's need but not every man's greed.

## Mahatma Gandhi

We're sitting round an open log fire in a two-century-old cabin in the remote Grison Alps, far from civilisation. Outside the weather is bleak. But we enjoy the simplicity, the crackling fire, the warmth amid light snowfall, a glass of wine. There is no need to go outside: our cabin has running water, a toilet, firewood and enough food for a fine meal. We are warm and dry. This apparent simplicity is thus a luxury we afford ourselves during the festive break.

We're sitting on a tarpaulin mat in a mud hut, rain beating down on the tin roof and drowning out our conversation as insects buzz intrusively. Everything is clammy. A small fire smoulders in the adjoining hut; smoke fills the room and drifts over to us. Zenaba is cooking millet. Having gathered firewood for a full day, she sends her young daughter Habiba to fetch water from the village well. The family shares a walled but roofless pit toilet with their neighbours. Everyone in the village hopes for a good rainy season, essential for an adequate harvest. In Chad, simplicity is no luxury, but a harsh, everyday reality.

How much do I really need to be happy? More and more people are asking themselves this very question and discovering minimalism as a countermovement to consumerism – a growing trend in Western society. It is a conscious decision to go without to make room for that which is essential.

However, in the countries where we run our projects, essential living means nothing more than simple survival: sufficient food, access to drinking water, good medical care, protection from violence and despotism, guaranteed human rights.

For 15 years, Women's Hope International (WHI) has been supporting people who are in no position to reject wealth or abundance. The women we work with make do with the little they have – and often despite obstetric injuries caused by complicated births.

Together with our partners on the ground, we've been lending our support to individuals and communities in Afghanistan, Bangladesh, Ethiopia and Chad. The Annual Report you are currently reading will tell you more about our work.

The success of our work is down to the efforts of our many friends and members of WHI; charities, corporations and public donations help us realise our projects. A big thank you to everyone who supports WHI and feels connected to our work and our vision.



Dr. med. Martin Leimgruber  
President

# Who We Are

Women's Hope International (WHI) is a Swiss non-profit organisation involved in improving living standards for women and girls in Ethiopia, Afghanistan, Bangladesh and Chad. WHI forms long-term partnerships with local actors aimed at strengthening self-sufficiency, responsibility and competence. Wherever possible, the projects are coordinated with the governmental healthcare system. WHI has been certified by the Zewo Foundation, Switzerland.

## Our Vision

Women and girls are fully respected and valued in all spheres of life. Sexual and reproductive health is guaranteed through bodily autonomy as well as through safe and competent care throughout pregnancy, during childbirth and beyond. The global maternal mortality rate is as low as in industrialised nations. Obstetric trauma injuries have been eliminated.

## Our Values

- Our support for people is independent of their age, origin, language, religion, culture, social status and political beliefs.
- Our actions are motivated by our respect for life and our commitment to the socially disadvantaged. We stand for equal rights for women and men.
- Our engagement is founded on fundamental and human rights and follows Christian ethics.



## Our Mission

### Strong Women

Empowerment of women

We advocate and reinforce the standing of women and girls in society and fight for their right to self-determination and full participation. We significantly contribute to the elimination of child marriage and forced marriage. We campaign for female access to consultation regarding sexual and reproductive health.

### Safe Childbirths

Competent care during pregnancy, childbirth and the puerperium

We advocate professional assistance during pregnancy, childbirth and the puerperium or postnatal period. To achieve this, we support the training and further education of midwives, we help strengthen sexual and reproductive healthcare within established healthcare systems and we assist in setting up vital new structures.

### Healing Obstetric Fistula

Healing obstetric injuries

Our focus is the identification, treatment, rehabilitation and reintegration of women and girls suffering from obstetric fistula. Obstetric fistulas are severe internal injuries that are sustained from prolonged labour and professionally unsupervised childbirth and lead to incontinence.

# How We Work

In implementing our projects and programmes we adhere to the following principles:

- We fulfil each mission competently, effectively and efficiently. Our work is participatory and has a human rights-based approach.
- We concentrate on select countries in Africa and Asia with high maternal mortality rates.
- We implement projects and programmes independently as well as in collaboration with local partners.
- It is important to us to strengthen our partners' autonomy and responsibility and to promote mutual learning.
- Our projects and programmes are innovative and sustainable. Wherever possible, they are coordinated with the governmental healthcare system.
- Our interventions strengthen the connection between local communities and public health services.
- We regularly assess the relevance, efficiency, effect and sustainability of our projects and programmes.
- We strive for good communication within and without.
- We use natural resources responsibly.

- We are part of a national and international network committed to the same goals and are in frequent communication with other organisations.

## Planning and Developing New Projects

### Programme Review Committee

New projects and programmes are first assessed by external experts and then presented to the Board of Directors with a recommendation or rejection.

Committee members in the last financial year were:

- Dr. Alexander Bischoff, Institute for Nursing Science (INS), University of Basel
- Dr. Susanna Hausmann-Muela, Partners for Applied Social Sciences (PASS)
- Dr. Kate Molesworth, Swiss Tropical and Public Health Institute
- Helena Zweifel, former chief executive, Medicus Mundi Switzerland



Project staff in Bangladesh participating in a workshop

# Where We Work



## Our Partners

Country	Partner Organisation	Projects	Focus*
Ethiopia	Hamlin Fistula Ethiopia	Midwifery training	<b>B</b>
		Expand maternal healthcare services	<b>B</b>
	St. Luke Catholic Hospital	Midwifery training	<b>B</b>
		Maternity waiting home for women with high-risk pregnancies	<b>B</b>
	Attat Catholic Hospital	Maternity waiting home for women with high-risk pregnancies	<b>B</b>
	WAHA (Women and Health Alliance)	Support treating obstetric fistula	<b>F</b>
	CUAMM	Well-being of mother and child (project completed)	<b>B</b>
Organization for Welfare and Development in Action (OWDA)	Well-being of mother and child based on strengthening local initiatives (new project)	<b>B</b>	
<b>Chad</b>	BASE (Bureau d'Appui Santé et Environnement)	Basic health for mother and child (new project)	<b>B</b>
<b>Afghanistan</b>	CURE International Hospital	Prevention and treatment of obstetric injuries	<b>B F</b>
	PUI (Première Urgence Internationale)	Safe childbirth in remote villages (new project)	<b>B</b>
<b>Bangladesh</b>	LAMB (Lutheran Aid to Medicine in Bangladesh)	Basic reproductive healthcare and holistic fistula treatment (project completed)	<b>W B F</b>
		Self-governed basic healthcare (new project)	<b>B</b>
		Combating child marriage (new project)	<b>W</b>
		End Fistula (new project)	<b>F</b>

\* **W**: strong women, **B**: safe childbirths, **F**: healing obstetric fistula

# Key Data 2017/2018

(October 2017 to September 2018)

Together with our partner organisations, WHI was able to achieve a lot on the ground. The following data reveals the impact of the project work in our core areas throughout the year under review.

## Strong Women

- **950 teenager groups** are active and meet regularly to discuss sexual and reproductive healthcare and to campaign against child marriage.
- In the past four years, **600 women's groups with approximately 12,000 members** were founded and educated. They are now active.
- **55,956 women** in five regions of Ethiopia received **counselling** about sexual and reproductive health.
- **45 young women** successfully completed their **midwifery training**.
- **A new project** to tackle child marriage was devised and launched.
- **Strengthening the social status** of women and girls is a vital aspect of all of the projects – though difficult to evaluate in terms of data.

## Safe Childbirths

- **160 midwifery students** were being supported; 45 successfully completed their training.
- **15,656 childbirths** were assisted by qualified professionals in institutions set up and/or supported by WHI.
- **884 women with high-risk pregnancies** were professionally monitored in maternity waiting homes and gave birth under safe conditions. 313 caesarean sections were performed.
- **Four new projects** were planned and put into action.

## Healing Obstetric Fistula

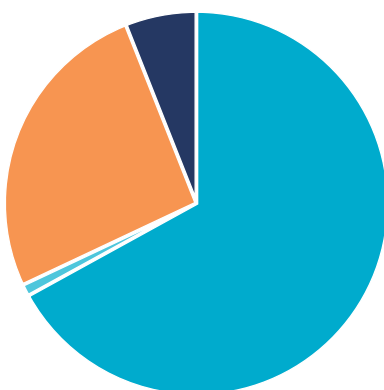
- **372 operations** were performed to treat obstetric injuries and pelvic floor ailments. The success rate exceeded the international average of 85%.
- **Ten gynaecologists** received qualitative **further education in fistula surgery**.
- **Ten nurses** and midwives are now fully trained in fistula diagnosis and treatment.
- **1,434 healthcare workers** were made aware of obstetric fistula.
- **One new project** was planned and implemented.

## Direct Beneficiaries and Costs per Area

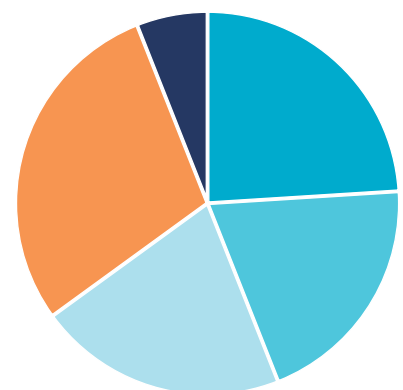
Total of direct beneficiaries: 123,255

Areas

Total costs: CHF 786,583



67%	Setting up and supporting health services for mothers and infants	24%
1%	Maternity waiting homes and emergency caesareans	20%
<1%	Midwifery training	21%
26%	Holistic fistula treatment and gynaecological examinations	29%
6%	Combating child marriage, adolescent health	6%



# Ethiopia



WHI project locations in Ethiopia



## Midwifery Training near Addis Ababa

### Project with Hamlin Fistula Ethiopia near Addis Ababa

Rural Ethiopia often lacks qualified healthcare workers. The midwifery programme offers young women from five rural regions excellent training. A four-year course provides students with well-grounded theoretical and

practical knowledge. Upon completion, they return to their regions as qualified healthcare professionals and work in rural healthcare centres.

#### Goals

Each year, 23 midwifery students complete their four-year training with a bachelor's degree.

The students acquire all necessary theoretical and practical skills and competencies.

#### Achievements during review period

**All 20 final-year midwifery students** completed their four-year training with a bachelor's degree.

Altogether, **95 midwifery students** were enrolled in the training programme.

Midwifery students attended **at least 100 deliveries** throughout their training.

**All new graduates** returned to their region of origin and now work there as midwives.

Total annual cost of the project: CHF 357,044

Total WHI contribution in the review period: **CHF 64,825**

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## Strengthening Maternal Healthcare Services

### Project with Hamlin Fistula Ethiopia in five rural regions of the country

In order to ensure round-the-clock access to professional obstetric care for women in rural areas of Ethiopia, the newly trained midwives are obliged to return home and take up work in local healthcare centres for at least three years. This ensures that our 17 partner centres are guar-

anteed a supply of competent staff. Maternal and infant mortality rates are being significantly reduced. In the case of complications, mothers are transferred to the closest hospital by an ambulance service.

#### Goals

Midwife graduates are obliged to work in a healthcare centre in their own region for at least three years. 17 rural health centres benefit from a guaranteed supply of qualified staff.

Basic equipment and medication for adequate delivery assistance as well as transportation in case of emergency transfer are guaranteed.

#### Achievements during review period

**20 new midwifery graduates** are each sent to one of **17 rural healthcare centres** where:

- **8,441 children** were born.
- **7,577 pregnant women** went to all four recommended prenatal check-ups.
- **11,142 mothers** brought **their infants** to a final check-up.
- **55,956 women** received family planning consultation.

Total annual cost of the project: CHF 225,314

Total WHI contribution in the review period: **CHF 20,625**

## Midwifery Training in Wolisso

### Project with the St. Luke Catholic Hospital, Wolisso

Rural areas in Ethiopia often lack qualified medical staff. The midwifery course grants young women a well-founded education. The project aims to improve the quality of education at the College of Nursing and Midwifery at the St. Luke Hospital by investing in learning materials, further

training courses and sustainable infrastructure. On completing the three-year course, graduates are obliged to take up professional care work in their regions of origin. This ensures improved access to professional care for expectant mothers in the region.

#### Goals

Every year, at least 15 students graduate from their three-year course with a degree.

Teachers have the technical and didactic skills to convey the necessary expertise. Teaching materials are adequate. Students thus acquire all necessary theoretical and practical competencies.

Additional financial investments help sustain the school's self-financing model.

#### Achievements during review period

**25 midwives** successfully completed their degrees and took up healthcare work in their region of origin.

**Two teachers** completed their three-year master's degree course. The school is nationally certified. Students (once again) graduated with excellence with an average point score of 92%.

The school's **yearly emergency obstetrics course** for external participants generates additional income. During the period under review, 25 people took part in the course.

Total annual cost of the project: CHF 64,684

Total WHI contribution in the review period: **CHF 61,360**



Midwifery students near Addis Ababa celebrate their graduation



Pregnant woman cooking in the maternity waiting home in Wolisso

## Maternity Waiting Home for Women with High-Risk Pregnancies

### Project with the St. Luke Catholic Hospital, Wolisso

Women in rural areas rarely have access to hospitals that can facilitate operative obstetrics in the event of pregnancy complications. This project makes it possible for women with high-risk pregnancies to be admitted to the maternity waiting home on the campus of the St. Luke

Hospital during the final weeks of their pregnancy. This means the women have access to expert support at all times and can give birth in a safe environment. This level of care significantly reduces maternal and infant mortality in the region.

#### Goals

Women with high-risk pregnancies have round-the-clock access to professional care and operative measures if necessary.

#### Achievements during review period

**200 women with high-risk pregnancies** were admitted to the maternity waiting home and gave birth in a safe environment.

**72 caesareans** were performed.

Total annual cost of the project: CHF 10,960

Total WHI contribution in the review period: **CHF 10,960**

## Maternity Waiting Home for Women with High-Risk Pregnancies

### Project with the Attat Catholic Hospital, Welkite/Gurage Zone

Pregnant women in rural areas are often unable to access medical care on time should complications occur. Attat Hospital houses women with high-risk pregnancies on site where they can access round-the-clock expert support

and give birth in a safe environment. This reduces maternal and infant mortality rates. Furthermore, during their stay, the women receive health education from a midwife who trains them as advocates for safe births.

#### Goals

Women with high-risk pregnancies have round-the-clock access to professional care and operative measures if necessary.

High-risk pregnancies are identified early on (e.g. by the trained advocates) and the pregnant women are admitted to the maternity waiting home if necessary.

#### Achievements during review period

**684 women with high-risk pregnancies** were admitted to the maternity waiting home and gave birth in a safe environment.

**241 caesareans** were performed.

During their stay in the waiting home, **684 women** attended a total of **240 lectures on health issues** and thus became advocates for safe births.

Total annual cost of the project: CHF 108,808

Total WHI contribution in the review period: **CHF 108,808**



Women attending health education in the maternity waiting home



Patients in the WAHA Treatment Centre learning to read

## Supporting the Treatment of Obstetric Fistula

### Project with WAHA, Asella

For women with obstetric fistula or uterine prolapse, accessing professional treatment is often very difficult; transportation costs alone can be an insurmountable obstacle in seeking help. The WAHA Treatment Centre offers women expert, holistic treatment. Here they receive preoperative

care, surgery and psychological support. Future doctors and nurses are given high-quality further training in the prevention and treatment of obstetric fistula and uterine prolapse.

#### Goals

High-quality treatment of obstetric fistula or uterine prolapse is ensured.

Reimbursement of transportation costs makes it possible for impoverished women to travel to the centre for treatment.

Gynaecologists and healthcare workers are fully trained in obstetric fistula and uterine prolapse treatment.

The stigma and mystery in the local population surrounding obstetric fistula and uterine prolapse are largely eradicated.

#### Achievements during review period

Altogether, **122 operations** were carried out: **60 cases of obstetric fistula** and **62 cases of uterine prolapse**. All patients received psychological support. 90% of patients who underwent obstetric fistula surgery were discharged after a full recovery with no remaining incontinence. The international success rate is 85%.

**86 women** had their **transportation costs reimbursed**.

**Four healthcare workers, one gynaecologist and four medical students** completed their training.

**Public events** in 13 health centres and two weekly **radio messages** raised public awareness of the topic.

Total annual cost of the project: CHF 102,788  
Total WHI contribution in the review period: **CHF 50,023**



Rural health centre

## Healthcare for Mother and Child (project completed)

### Project with CUAMM, Districts of Wolisso, Goro and Wonchi/Shoa Zone

Previously, pregnant women and young mothers from these three districts in Ethiopia seldom had access to competent medical care for themselves or their children. Furthermore, in some of the centres the quality of provision was inadequate. This project improved the healthcare access

for mothers, infants and young children as well as the quality of provision in the three districts.

The project was completed in April 2018.

#### Overall project goals

Healthcare services for mothers and children in the 20 healthcare centres in the three districts are significantly improved. All the centres have adequate administration and management systems.

All pregnant women and mothers in the region are aware of available healthcare services and increasingly make use of them.

The regional branch of the public health ministry has the capacity to plan, realise and monitor necessary health services.

#### Achievements of the four-year project

**The healthcare centres were renovated.** **Eleven out of 20 healthcare centres** significantly improved their **emergency labour services**. The remaining healthcare centres assist very few births per annum, meaning experience and routine are lacking.

During the project, **75% of pregnant women** from the three districts went for at least one **prenatal check-up** (85% in the final project year compared with a regional average of 50%). 42% underwent at least four prenatal examinations (with 43% in the final project year).

**51% of women gave birth in a healthcare centre** (62% in the final project year). This is a significant increase: compared with 2012, numbers have doubled.

**110 healthcare workers on site and in the office** were educated on how to run a healthcare system. This enables improved planning and a better realisation of healthcare services.

Total annual cost of the project: CHF 216,122  
Total WHI contribution in the review period: **CHF 30,000**

## Community-Led Maternal and Newborn Health (new)

Project run by WHI in collaboration with OWDA, Doolo Zone/Somali Region

Healthcare services for mothers and children in the Somali region of Ethiopia were ranked insufficient. In addition, the low quality of care in the few existing healthcare centres fuels mistrust within the community towards healthcare services in general.

This new project mobilises communities in the Somali region to improve mother-and-child healthcare through their own initiatives. In order to improve the quality of care, health personnel is trained and the infrastructure and equipment of the existing health facilities are upgraded. By including key figures from the community, trust in institutional healthcare is increased.

The project was developed together with local consultants and partners in Jijiga and will be implemented as of 2019.

### Goals

- Local communities are mobilised and empowered to take the lead in monitoring and governing **mother-and-child health services** and thereby improve accessibility.
- Pregnant women and young mothers show increased **demand** for and make greater use of **mother-and-child health services**.
- State health services are able to provide **high-quality mother-and-child healthcare**.



Nomads in the Somali Region

# Chad



WHI project location in Chad



# Improvement of Maternal and Newborn Health through Active Community Involvement (new)

Pilot project with Bureau d'Appui Santé et Environnement BASE, Abougoudam/Ouaddaï

The majority of pregnant women and young mothers from this rural area have no access to qualified medical care. This project aims to strengthen and sustain community resilience by improving mother-and-child healthcare. Local residents develop their own solutions and receive support in realising their ideas. This strengthens the quality as well as the acceptance of reproductive healthcare services.

The pilot project was developed in partnership with BASE. It focuses in particular on community health. This way, local participation in formulating priorities and strategies as well as actively implementing them can be assured. The project was launched in the final quarter of 2018.

## Goals

- The supported health facilities in Abougoudam have increased **collective capacity** to deliver **higher-quality mother-and-child health services**.
- The village communities are actively involved in the **planning and implementation of solutions**.
- **The village communities actively support** the use of the services on offer in the field of reproductive health.
- The **management of the local health system** is inclusive and efficient.



The barren landscape around an Abougoudam health centre

# Afghanistan



WHI project locations in Afghanistan

## Prevention and Treatment of Obstetric Injuries

### Project with CURE International, Kabul

Without access to competent medical treatment, many women in Afghanistan suffer for years from obstetric fistula. The fistula centre of the CURE International Hospital in Kabul specialises in effective surgical solutions for affected women. To ensure these treatments continue in

the future, gynaecologists are trained at the CURE hospital to treat fistula. Furthermore, key health workers are schooled in fistula prevention and taught how to identify affected women and transfer them to the centre.

#### Goals

The training and further education of fistula surgeons, midwives and gynaecologists ensure long-term qualitative treatment for women suffering from obstetric fistula.

Women with obstetric fistula are successfully treated.

Medical staff in the provinces are sensitised to obstetric fistula.

#### Achievements during review period

**Five physicians** completed an 18-month **further education** course in fistula surgery, midwifery and gynaecology. **16,480 outpatients** received check-ups and treatment at the hospital's gynaecological clinic.

**154 women** suffering from obstetric fistula underwent **surgery**. 85% of them were discharged after a full recovery and no longer experience incontinence. This corresponds to average international success rates.

**Six experienced midwives** from different provinces participated in a three-week **further education** course held at the CURE hospital specialising in the prevention, diagnosis and treatment of obstetric fistula. Following this course, the midwives promote their knowledge of fistula prevention and treatment in their region of origin. **A CURE doctor** visited 50 health centres in four provinces and taught a total of 1,434 healthcare workers about causes and treatment of obstetric fistula.

Total annual cost of the project: CHF 630,337

Total WHI contribution in the review period: **CHF 86,940**

## Safe Childbirths in Remote Villages (new)

### Project with PUI, Kunar Province

Women living in remote villages in the Kunar province of Afghanistan seldom have access to professional midwives during labour – with resulting negative health issues among mothers and infants in the region. The new project aims to provide women living in remote villages with access to professional labour assistance in a healthcare facility and thus significantly improve mother-and-child health in the region.

The new project is based on a study undertaken in 66 villages in the Kunar province. The study was able to determine the barriers that made it difficult or impossible for mothers to receive prenatal medical care or labour assistance. The project was developed in close collaboration with PUI members and was launched on 1 October 2018.

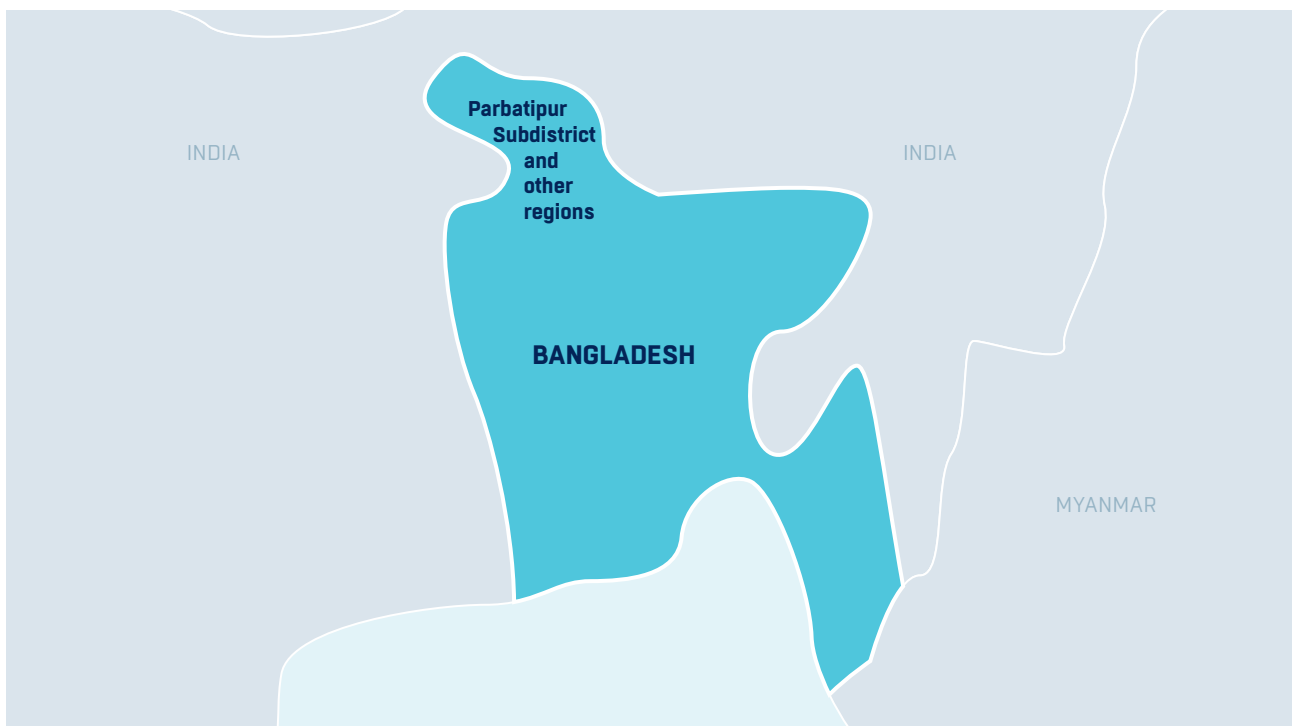
#### Goals

- **Communities** (families, men and important social groups) are **sensitised to mother-and-child health issues and mobilised**. Family Health Action Groups are (re-)activated.
- **The availability** of high-quality health services for pregnant women is guaranteed round the clock.
- **Access to the health centres** is made easier. A sustainable fund to cover transportation costs is established.

Total annual cost of the project: CHF 49,015

Total WHI contribution in the review period: **CHF 49,015**

# Bangladesh



WHI project location in Bangladesh

# Basic Reproductive Health and Holistic Treatment of Women with Obstetric Fistula (project completed)

## Project with LAMB, Parbatipur

A significant number of women and children living in the subdistrict of Parbatipur in northern Bangladesh had no access to healthcare, in particular women from the poorest sections of society, women suffering from obstetric fistula, teenage mothers and disabled children.

To ensure access to basic healthcare for all women, the project helped set up a number of maternity clinics with

accompanying healthcare systems and train healthcare workers. Women with obstetric injuries were treated holistically. Young people were schooled in reproductive health issues.

The local community was involved in every aspect of the project, which was completed in June 2018.

### Overall project goals

### Achievements of the four-year project

#### Sustainable administration and management systems for basic health services

The districts' eleven maternity clinics assure round-the-clock professional birthing assistance. The clinics are competently run by voluntary management teams.

**Eleven maternity clinics** as well as one in the districts' capital are fully functional. **Three birth assistants per clinic** guarantee that women can give birth in a safe environment at any time.

The majority of pregnant women in the region give birth in one of the clinics (goal: 4,000 births). In the event of complications, they are transferred to the hospital. Transportation options are guaranteed.

Altogether, **4,567 infants were born** in the maternity clinics during the project. **Transportation options in case of complications** are available throughout all districts.

#### Comprehensive system of health promotion in all ten districts

600 women's action groups take responsibility regarding their right to adequate healthcare, demand healthcare services from the public healthcare system and initiate their own campaigns to promote health.

**600 women's action groups with 12,000 participants** were founded throughout the ten districts. The women involved encourage families to go to maternity clinics for check-ups as well as for giving birth.

1,100 teenagers are trained as group leaders ready to take on responsibilities as educators in matters concerning sexual and reproductive health as well as campaigning against forced marriages and child marriages.

**1,100 teenagers** (boys and girls) completed a **Peer Educator training programme**, acquiring the skills required to set up their own groups. 86% of the groups remain active and regularly meet to discuss sexual and reproductive health issues and to further their campaigns against child marriage.

#### All residents of Parbatipur have access to qualitative basic healthcare services

600 children with disabilities receive medical care and are integrated into the schools.

**3,437 children with disabilities and their families** were supported under the project.

300 women with obstetric fistula receive surgery and are reintegrated into their communities.

**335 women suffering from obstetric fistula** underwent surgery and made a full recovery.

Impoverished pregnant women and teenagers have access to professional medical support throughout their pregnancy and labour. A rise in professionally assisted births from a rate of 20% to 50% – even among the poorest families.

**97% of the pregnant women** and teenagers attended at least one **prenatal examination** (compared with 50% at the start of the project), 58% attended at least four examinations (compared with 10% at the beginning of the project). **The rate of professionally assisted labour** among the poorest families **rose** from under 20% to over 50%. Overall, the project saw a rise of 71%.

Total annual cost of the project: CHF 861,653  
Total WHI contribution in the review period: **CHF 861,653**

## New Projects in Bangladesh

Altogether, three projects were developed collaboratively in the subdistrict of Parbatipur. All three projects have been running since July 2018.



Girls at a school in Bangladesh

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## Self-Governed Basic Health (new)

### Project with LAMB, Parbatipur

This two-year project follows on from the previous project “Basic Reproductive Health”. It aims to further strengthen the structures established and boost community participation in the project to ensure it is sustained beyond the project’s given time frame. The realisation depends on close collaboration with state-run health services and the local population and government.

#### Goals

- **Governance:** leadership structures and control and accountability mechanisms are established.
- **Financing:** a sustainable self-financing system for some public health sectors and for the healthcare of the poorest members of society is established. The finances are administered competently.

- **Mobilisation of the local community:** women’s groups join forces and claim their right to healthcare access. In the groups, women share their knowledge as well as insights into maternal healthcare practices.
- **Quality control:** healthcare workers in the centres are subject to regular assessment according to established regulations – continual improvement is encouraged.

#### What occurred during the year under review?

The remaining three months of the year saw the recruitment of project workers and the education of healthcare staff in a series of workshops.

Total annual cost of the project: CHF 45,596

Total WHI contribution in the review period: **CHF 45,596**

## Combating Child Marriage (new)

### Project with LAMB, Parbatipur

Despite being proscribed by law, in Bangladesh two-thirds of girls are married under the age of 18. This project aims to eliminate child marriage in Bangladesh and to support girls and young women who have been married off prematurely. Girls should be able to decide for themselves whether, when and whom they marry. The project empowers girls and encourages families and the community to generate new norms and behaviour patterns regarding child marriage. Accessibility to education, health and income is improved particularly for the most vulnerable girls and adolescents. Furthermore, existing protective regulations are reinforced.

#### Goals

- **Adolescent girls are empowered.** They are trained and enabled to act against child marriage.
- **Communities, especially men and boys, are sensitised** to the negative social, legal and health consequences of child marriages and are mobilised.
- **Particularly vulnerable girls** are protected and are not married off early as a result of poverty.
- **Legal child and adolescent protection mechanisms** are functional.

#### What occurred during the year under review?

The remaining three months of the year saw the recruitment of project workers and the initiation of a baseline study.

Total annual cost of the project: CHF 34,724

Total WHI contribution in the review period: **CHF 34,724**

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## End Fistula – Identify, Treat & Reintegrate Women with Obstetric Fistula (new)

### Project with LAMB, 30 subdistricts in north-western Bangladesh

This project plays a vital role in helping women who suffer from obstetric fistula. Many women are not aware that their condition can be healed. Targeted fistula awareness campaigns reach out to afflicted women and educate the broader community as well as healthcare workers about causes and treatment. The women have access to surgical treatment at the LAMB hospital and receive support reintegrating into society, since most of the women with obstetric fistula live isolated and are socially marginalised. This project is characterised by its holistic approach.

#### Goals

- **Women with obstetric fistula** are reached out to and awareness is raised among the population.
- Afflicted women have **access to qualitative treatment** leading to an improved quality of life.
- Women still suffering or previously afflicted again **become active members of society.**

#### What occurred during the year under review?

During the remaining three months of the year, educational courses were held for traditional midwives, while teachers, government officials and religious leaders attended orientation events. A decentralised camp for diagnosing obstetric fistula was set up.

Total annual cost of the project: CHF 35,570

Total WHI contribution in the review period: **CHF 35,570**

# Raising Awareness



Women's Hope International wishes to raise awareness in Switzerland of the concerns and challenges faced by girls and women in Africa and Asia. We also seek to inform the public of the impact of WHI and highlight the opportunities for action. To this end, WHI regularly reports on current projects, tells personal stories of people in the project countries, instigates participatory campaigns and organises events.

## Dinner for Change

Enjoyment in a good cause.

In May, WHI launched a participatory event called Dinner for Change. Scheduled around Mother's Day, the campaign highlights the downsides of motherhood in developing countries with the aim of raising awareness and effecting change in matters of maternal health. Approximately 50 hosts enthusiastically signed up to serve more than 400 guests – with everything from neighbourhood breakfasts to Korean buffets, coffee and cake, birthday drinks and a men's pizza night.

The event will be held annually in May. After registering, hosts receive a "Dinner Package" with information and decorative material.

[www.dinnerforchange.ch](http://www.dinnerforchange.ch)



Posting our Dinner Packages





## Women's Run

On a sunny day in June 2018, 20 women combined engagement with sport. For the fifth year in succession, WHI put together a team and took part in the Schweizer Frauenlauf, a run exclusively for female runners in Bern. The event is the largest of its kind in Switzerland.

The next Schweizer Frauenlauf is scheduled for 16 June 2019, with WHI as an official charity partner.

[www.womenshope.ch/womensrun](http://www.womenshope.ch/womensrun)

## Days of Action for Obstetric Fistula

In March, the department of health at Bern University of Applied Sciences once again hosted the "Days of Action for Obstetric Fistula". In the packed-out International Lounge, students from a variety of disciplines were moved by a screening of "A Walk to Beautiful". The film follows five Ethiopian women afflicted by obstetric fistula. Claudia Leimgruber, midwife and co-founder of WHI, held a well-attended lecture filled with personal insights. Throughout the week, an information desk provided interested visitors with information about the projects of WHI.

## Membership

WHI is a registered association. Members share the WHI vision and support WHI concerns, lending them weight in the public sphere. At the end of the 2018 business year, Women's Hope International had 98 registered members, with eleven new members joining at the start of the new year. New members are always welcome.

[www.womenshope.ch/membership](http://www.womenshope.ch/membership)

## Communication

Women's Hope International regularly keeps members and donors informed about current projects and provides background information on topics surrounding sexual and reproductive health. In 2018, four editions of the magazine "WHI News" and 16 electronic newsletters were published and distributed. You can subscribe to our magazine or newsletter by contacting us at our office or online. Background information, personal stories and project news can be found on the WHI website.

Our Facebook page is updated regularly. WHI is also on Instagram – new fans and followers, comments and "likes" are always welcome!

# Balance Sheet

as at 30 september

	30.9.2018		30.9.2017	
	CHF	%	CHF	%
<b>ASSETS</b>				
Accounts CHF	719,187	90.1	554,326	89.5
Accounts EUR	54,013	6.8	49,278	8.0
Account USD	10,155	1.3	10,060	1.6
<b>Total liquid funds</b>	<b>783,356</b>	<b>98.2</b>	<b>613,664</b>	<b>99.1</b>
Receivables	-	-	-	-
Prepaid expenses	2,001	0.3	2,400	0.4
<b>CURRENT ASSETS</b>	<b>785,357</b>	<b>98.4</b>	<b>616,064</b>	<b>99.5</b>
Financial assets	12,500	1.6	3,000	0.5
<b>NON-CURRENT ASSETS</b>	<b>12,500</b>	<b>1.6</b>	<b>3,000</b>	<b>0.5</b>
<b>TOTAL ASSETS</b>	<b>797,856</b>	<b>100.0</b>	<b>619,064</b>	<b>100.0</b>
<b>LIABILITIES</b>				
Trade payables	2,401	0.3	2,899	0.5
Liabilities from social security	-166	-	1,646	0.3
Deferred income	250	-	158,059	25.5
<b>SHORT-TERM LIABILITIES</b>	<b>2,485</b>	<b>0.3</b>	<b>162,604</b>	<b>26.3</b>
Fund Ethiopia	210,626	26.4	289,669	46.8
Fund Chad	2,900	0.4	347	0.1
Fund Afghanistan	35,003	4.4	94,566	15.3
Fund Bangladesh	401,817	50.4	20,019	3.2
Thematic funds	4,733	0.6	1,380	0.2
<b>TIED FUND CAPITAL</b>	<b>655,079</b>	<b>82.1</b>	<b>405,981</b>	<b>65.6</b>
Acquired unrestricted capital	50,479	6.3	55,888	9.0
Annual result/previous year's result	89,813	11.3	-5,408	-0.9
<b>TOTAL ORGANISATION CAPITAL</b>	<b>140,292</b>	<b>17.6</b>	<b>50,479</b>	<b>8.2</b>
<b>TOTAL LIABILITIES</b>	<b>797,856</b>	<b>100.0</b>	<b>619,064</b>	<b>100.0</b>

# Profit and Loss Account

1 October–30 September

	1.10.2017–30.9.2018		1.10.2016–30.9.2017	
	CHF	%	CHF	%
<b>REVENUE</b>				
Donations of natural persons	430,875	30.5	300,519	22.3
Donations of legal persons	484,196	34.3	607,683	45.1
Contributions of churches	111,093	7.9	57,871	4.3
Public-sector contributions	364,300	25.8	354,450	26.3
<b>Total donations and contributions</b>	<b>1,390,464</b>	<b>98.5</b>	<b>1,320,522</b>	<b>97.9</b>
thereof earmarked	812,348	57.6	905,414	67.1
other revenues	21,026	1.5	27,865	2.1
<b>TOTAL REVENUE</b>	<b>1,411,490</b>	<b>100.0</b>	<b>1,348,388</b>	<b>100.0</b>
<b>EXPENDITURE</b>				
Projects abroad	616,171	57.5	866,140	71.2
Staff and material costs abroad	170,411	15.9	91,779	7.5
<b>Total abroad</b>	<b>786,583</b>	<b>73.5</b>	<b>957,920</b>	<b>78.7</b>
Communication and awareness-raising	32,428	3.0	18,426	1.5
Staff and material costs C & A	111,238	10.4	108,771	8.9
<b>Total communication and awareness-raising</b>	<b>143,666</b>	<b>13.4</b>	<b>127,197</b>	<b>10.5</b>
Actions	6,689	0.6	3,343	0.3
Staff and material costs fundraising	71,929	6.7	78,716	6.5
<b>Total fundraising</b>	<b>78,617</b>	<b>7.3</b>	<b>82,059</b>	<b>6.7</b>
Sales and miscellaneous	-3,298	-0.3	-3,872	-0.3
Staff and material costs administration	65,284	6.1	53,603	4.4
<b>Total administration</b>	<b>61,986</b>	<b>5.8</b>	<b>49,731</b>	<b>4.1</b>
<b>TOTAL EXPENDITURE</b>	<b>1,070,852</b>	<b>100.0</b>	<b>1,216,906</b>	<b>100.0</b>
<b>Interim result 1</b>	<b>340,638</b>		<b>131,482</b>	
Financial income	124		1,977	
Financial expense	-1,851		-764	
<b>Annual result before fund result</b>	<b>338,911</b>		<b>132,695</b>	
Allocation to earmarked funds	-812,348		-905,414	
Withdrawal of earmarked funds	616,542		866,140	
Internal transfers earmarked funds	-53,292		-98,830	
<b>Fund result</b>	<b>-249,098</b>		<b>-138,103</b>	
<b>Annual result before change in organisation capital</b>	<b>89,813</b>		<b>-5,408</b>	
Increase/decrease in organisation capital	-89,813		5,408	
<b>Total change in organisation capital</b>	<b>-89,813</b>		<b>5,408</b>	
<b>Annual result after allocations</b>	<b>-</b>		<b>-</b>	

# Changes in Capital

## Statement of variation in capital 2017/2018

(in CHF)	Opening balance	Allocation	Use	Internal transfers	Closing balance
Overall Ethiopia	-	-	-5,572	5,572	-
National CO Ethiopia	-	-	-1,077	1,077	-
Obstetric fistula care	50,047	33,981	-50,023	-	34,005
Midwifery school Hamlin	126,801	-	-64,824	-20,625	41,352
Midwifery school St. Luke	55,773	79,875	-61,361	-	74,288
Maternity waiting home St. Luke	-	-	-10,961	10,961	-
Maternity waiting home Attat	57,047	112,743	-108,809	-	60,982
Strengthening maternal healthcare services	-	-	-20,625	20,625	-
Mother-and-child health	-	54,000	-30,000	-24,000	-
Maternal health in the Somali Region	-	405	-1,987	1,582	-
<b>Fund Ethiopia</b>	<b>289,669</b>	<b>281,004</b>	<b>-355,238</b>	<b>-4,809</b>	<b>210,626</b>
Overall Chad	-	-	-6,038	6,038	-
Project Souffrance	-	-	-	347	347
Maternal health in Ouaddai	347	2,925	-372	-347	2,553
<b>Fund Chad</b>	<b>347</b>	<b>2,925</b>	<b>-6,410</b>	<b>6,038</b>	<b>2,900</b>
Prevention and treatment of obstetric fistula	94,566	1,499	-86,940	25,879	35,003
Maternal health in Kunar	-	-	-49,015	49,015	-
<b>Fund Afghanistan</b>	<b>94,566</b>	<b>1,499</b>	<b>-135,955</b>	<b>74,894</b>	<b>35,003</b>
Overall Bangladesh	-	-	-3,048	3,048	-
Self-governed basic healthcare	20,019	83,329	-45,597	-	57,752
Combating child marriage	-	248,850	-34,724	-	214,126
Identify, treat & reintegrate women with obstetric fistula	-	165,510	-35,571	-	129,939
<b>Fund Bangladesh</b>	<b>20,019</b>	<b>497,689</b>	<b>-118,939</b>	<b>3,048</b>	<b>401,817</b>
Fund Operations	-	26,428	-	-25,879	549
Fund Midwifery Training	-	1,679	-	-	1,679
Fund Strong Girls and Women	1,380	1,125	-	-	2,505
<b>Thematic funds</b>	<b>1,380</b>	<b>29,231</b>	<b>-</b>	<b>-25,879</b>	<b>4,733</b>
<b>Earmarked fund capital</b>	<b>405,981</b>	<b>812,348</b>	<b>-616,542</b>	<b>53,292</b>	<b>655,079</b>
Acquired unrestricted capital	50,479	-	-	89,813	140,292
Annual result	-	89,813	-	-89,813	-
<b>Organisation capital</b>	<b>50,479</b>	<b>89,813</b>	<b>-</b>	<b>-</b>	<b>140,292</b>

# Appendix

## Appendix to the financial statements 2017/2018

### 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 statement provides a picture of the financial and earnings situation of Women's Hope International that corresponds to the actual circumstances.

### Accounting and Valuation Principles as well as Notes 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:

Currency	30.9.2018	30.9.2017
EURO	1.13	1.15
USD	0.98	0.97

#### Financial Assets

This position contains the rental guarantee deposit.

#### Fixed Assets

This position contains IT hardware and software. The valuation is made on the basis of acquisition costs less depreciation. The equipment is depreciated in linear fashion, within three years. The lower capitalisation limit is CHF 1,000. The fixed assets were already fully depreciated by the end of the previous year. No additions were made in the course of the financial year.

#### Trade Payables

This balance sheet position contains short-term trade payables. They are stated in the balance sheet at their nominal value.

#### Deferred Income

This position contains the accruals of material and social security expenses.

#### Fund Capital

This position covers funds that result 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 profit and loss account as well as in the statement of variation in capital. Internal transfers for underfinanced projects were implemented from thematic funds and related projects with the same purpose.

#### Organisation Capital

This position contains exclusively acquired unrestricted capital. See also the statement of variation in capital.

## Notes on the Profit and Loss Account

### Public-sector Contributions

This position contains: cantons CHF 338,000 (previous year: 308,000), and municipalities and cities CHF 26,300 (previous year: 46,450).

### Cost Allocation by Area

(in CHF)	Direct Costs	Personnel Expenditure	Material Expenditure	Depreciation	Total
<b>Abroad</b>	618,721	151,125	16,737	–	<b>786,583</b>
<b>Communication &amp; awareness-raising</b>	32,499	91,096	20,072	–	<b>143,666</b>
<b>Fundraising</b>	9,778	56,711	12,128	–	<b>78,617</b>
<b>Administration</b>	9,707	29,386	22,893	–	<b>61,986</b>
<b>Total</b>	<b>670,705</b>	<b>328,317</b>	<b>71,830</b>	–	<b>1,070,852</b>

### Human Resources

On an annual average, a total of six people with a full-time equivalent (FTE) of 4.30 worked for Women's Hope International in a regular, contractual employment relationship. 1.6 FTEs are equivalent to two interns.

### Voluntary Work

22 people spent a total of 780 hours in volunteer work. This corresponds to more than 92 working days.

### Governance Bodies

All board members work on a voluntary basis and receive no attendance fee.

### Obligations from Rental Contract

For the office premises, a lease was concluded for a period of five years. As of the balance sheet closing date, the remaining term is four years and four months. The total rent for this period is CHF 100,100.

### Employee Pension Plan

The employees of Women's Hope International are insured against the economic consequences of old age, disability and death as part of an affiliation agreement with the joint foundation 21 Plus in Basel. It is a contributory plan whereby both the employer and the employee pay fixed contributions. As of the balance sheet closing date, no additional economic benefits or obligations accrue to Women's Hope International as a result of this affiliation agreement.

## Notes on the Cash Flow Statement

As per Swiss GAAB FER, a cash flow statement is not required for small\* non-profit organisations (FER 21/16).

\* If two of the following criteria are not met at two consecutive balance sheet closing dates: balance sheet total of CHF 2 million, free gifts and public-sector contributions of CHF 1 million, an average of 10 full-time paid positions over the year.

# Audit Report



## VON GRAFFENRIED TREUHAND

### Report of the statutory auditors on the limited statutory examination to the members' meeting of the association Women's Hope International, Berne

As statutory auditors, we have examined the financial statements (balance sheet, income statement, change over capital and notes) of Women's Hope International for the financial year ended at 30 September 2018. The limited statutory examination of the prior year financial statements was performed by another auditor who expressed an unmodified examination conclusion on those financial statements on 7 December 2017. In accordance with Swiss GAAP FER 21, the information in the performance report is not subject to auditing by the auditors.

These financial statements are the responsibility of the Board. Our responsibility is to perform a limited statutory examination on these financial statements. We confirm that we meet the licensing and independence requirements as stipulated by Swiss law.

We conducted our examination in accordance with the Swiss Standard on the Limited Statutory Examination. This standard requires that we plan and perform a limited statutory examination to identify material misstatements in the financial statements. A limited statutory examination consists primarily of inquiries of company personnel and analytical procedures as well as detailed tests of company documents as considered necessary in the circumstances. However, the testing of operational processes and the internal control system, as well as inquiries and further testing procedures to detect fraud or other legal violations, are not within the scope of this examination.

Based on our limited statutory examination, nothing has come to our attention that causes us to believe that the financial statements do not give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER and do not comply with the law and the articles of incorporation.

Bern, 18 December 2018 sct/stn

Von Graffenried AG Treuhand

  
Michel Zumwald  
Swiss Certified Accountant  
Licensed audit expert

  
Toni Schlegel  
Swiss Certified Accountant  
Licensed audit expert  
Auditor in charge

Enclosures:

Financial statements (balance sheet, statement of income, change over capital and notes)

Von Graffenried AG Treuhand  
Waughausgasse 1, Postfach, CH-3001 Bern, Tel. +41 31 320 56 11, Fax +41 31 320 56 90

# Performance Report 2017/2018

The organisation's performance is set out particularly in the key figures and project reports as presented on pages 5 to 23 of this 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 a Swiss organization engaged in improving sexual and reproductive health in Africa and Asia.

The association is active in the identification, treatment, rehabilitation and reintegration of women and girls suffering from obstetric injuries.

The association supports the competent care of women and girls during pregnancy, childbirth and the puerperium period.

In addition, the association supports and empowers women and girls, thereby strengthening their social status and enabling independence and self-determination, especially regarding their sexual and reproductive health.

Help is provided irrespective of age, origin, language, religion, culture and political belief.

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

## Assembly of Members

The general assembly has overall supervision over all business activity. It is responsible for the election and discharge of the board of directors, as well as for the approval of organisation's project reports, annual financial statements and audit report.

## Auditing Body

Von Graffenried AG Treuhand was entrusted with auditing the annual financial statements.

## The Board

During the year under review, the WHI board of directors comprised six members. The board is responsible for the organisation's strategy and oversees the management. In the past year, the board convened on five occasions and met for a one-day retreat to discuss the organisation's focus and direction. All members are engaged on a voluntary basis and receive no compensation or attendance fees.



**Dr. Martin Leimgruber**  
president

surgeon and GP, Bellach



**Dr. Dorothea Hefti-Fliegenschnee**  
vice president

gynaecologist and obstetrician,  
Langenthal



**Matthias Lüscher**  
secretary

head of public relations,  
lic. phil. hist, Bern



**Madeleine Bolliger**  
member of the board

ethnologist, Basel



**Manuela Bracale**  
member of the board

head of finance and business  
development, Wilen



**Tabea Stalder**  
member of the board

pastor, Thunstetten





On the road in northern Bangladesh

## Headquarters

Gerhard Bärtschi has been the CEO of Women's Hope International since 1 January 2013. On the board, the CEO has an advisory function and the right to petition, but not the right to vote. This preserves the separation between the strategic and operational level. In addition to his executive function, Gerhard Bärtschi is also responsible for international programmes.

Other members working at the office are Léonie Reichenacker, responsible for fundraising and communications, Regula Abt, responsible for awareness campaigns, and Muriel Weyermann, programme manager for Chad. Two volunteers are responsible for finance and accounting. The overall full-time staff employment rate is 270% (as at 30 September 2018). In addition, the year under review was supported to an average of 135% by office interns.

## Support by Volunteers

Without the support of numerous volunteers engaged in operative or strategic work for WHI, the organisation would not have been able to reach its current position. Volunteers apply their know-how and their energy to a variety of tasks. They are involved in a whole range of activities, including:

- Acquisition of donation data and bookkeeping
- Editorial cooperation
- Event organisation
- Talks and lectures

- Building work in the WHI offices
- Translation of documents
- Executive work

Altogether, 22 volunteers contributed 780 hours of unpaid work – the equivalent of 92 full workdays. Furthermore, around 50 hosts organised a Dinner for Change, 20 women joined the women's run through Bern and several people set up fundraising options for WHI in the event of births, birthdays and weddings.

WHI would like to express their heartfelt thanks to everyone who has invested their time and expertise to sustainably improve the situation of girls, adolescents and women in the project countries.

## Memberships

WHI is a member of the following networks and organisations:

- Medicus Mundi Switzerland
- Campaign to End Fistula, UNFPA
- International Obstetric Fistula Working Group (IOFWG)
- Girls not Brides

# Thank You Very Much!

We thank everyone who supported us in the past year and thus helped us to implement our projects:

- **Donors for their engagement**
- **Foundations, parishes, other organisations and businesses for their generous support**
- **The cantons, communities and cities for their project contributions**
- **All volunteers for their huge commitment**
- **Everyone who contributed to informing others and raising awareness**

We are grateful for a generous legacy we received this year.

The following institutions funded our organisation in the review period (1.10.2017–30.09.2018) with a donation of at least CHF 500. We would also like to thank all of our funding partners not listed here.

## **Public Funds**

The municipalities of Arlesheim, Bolligen, Bottmingen, Küssnacht, Maur, Pfeffingen and Saanen; the cantons of Aargau, Basel-Stadt, Bern and Glarus; the cities of Schaffhausen, Chur, Rapperswil-Jona, Schlieren and Solothurn

## **Foundations**

Anne Frank Fonds, Bonitas Stiftung, Carl und Elise Elsener-Gut Stiftung, Crain-Zivy-Stiftung, Däster-Schild Stiftung, Ebnet Foundation, Else Kröner-Fresenius-Stiftung, Fondation Rosyland, Gebauer Stiftung, Gertrud von Haller Stiftung für Drittwelthilfe, Hans und Therese Allemann-Lüthi Stiftung, Karl Kahane Foundation, Mary's Mercy Foundation, Mutter Bernarda Stiftung, Rosmarie Mettler-Stiftung, Stiftung "Dr. Valentin Malamoud", Stiftung Henriette und Hans-Rudolf Dubach-Bucher, Stiftung SAAT, Stiftung Sonnenschein, Susanne und Martin Knechtli-Kradolfer-Stiftung, TMR Welfare-Stiftung

## **Businesses**

Amgwerd-Finanzcoaching GmbH, Frauenpraxis Runa GmbH, Labormedizinisches Zentrum Dr. Risch AG, Migros Unterstützungsfonds, Möbel Werthmüller GmbH, SI Monthcitykar SA, Tschumi + Partner Treuhand AG, Weiss + Kaltenrieder AG

## **Parishes**

Apostolic Christian Church Foundation, Communität Don Camillo-Wavre, Evangelical Reformed Church Münchenbuchsee-Moosseedorf, Evangelical Reformed Church Zurich Hard, Evangelical Reformed Church of the canton of St. Gallen, Evangelical Reformed Church Köniz, Evangelical Reformed Church Meikirch, Evangelical Reformed Church Meisterschwanden-Fahrwangen, Evangelical Reformed Church Steinmaur-Neerach, Evangelical Reformed Church Thunstetten, Evangelical Reformed Church Weisslingen, Evangelical Reformed Church Wohlen, Evangelical Reformed Church Zurich Im Gut, Evangelical Reformed Church Zurich-Höngg, Reformed Church of Lucerne, Roman Catholic Churches of Bern and surrounding, Roman Catholic Church Seeland, Roman Catholic Church St. Martin, Roman Catholic Church Zurich, association of the Evangelical Reformed Churches of the city of Zurich

## **Other Organisations**

Kriens hilft Menschen in Not, Rotary Club Bern, Rotary Club Gösgen-Niederamt, Soroptimist International Club Langenthal

## **Imprint**

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