

# ANNUAL REPORT 2014

## AKPAFU TBA WOMEN'S ASSOCIATION



### **Executive Board Members:**

Chair: Wurapah Rita

Secretary: Asare Regina

Member: Ms. Bernice ADIKU

Member: Bansah Evelyn

Member: Rev. Emmanuel Dzade

**Advisors:** Health Education: Ms. Irene

Dzirasah: Director Food and Nutrition (Ghana Health Service) Hohoe

Public Health: Wurapah Rita: Afadzato South District Health Directorate (Ghana Health Service)

Training of birth attendants: Dr. Felix Doe (Municipal Director of Health Services Ghana Health Service) Hohoe

Out reach programmes: Miss. Asempah Gifty (Public Health Nurse-Hohoe) Ghana Health Service

### **Local Collaborators:**

Hohoe Municipal Health Directorate (Ghana Health Service)

Hohoe Municipal Assembly

Hohoe Midwifery Training School

Hohoe Municipal Directorate of Department of Social Welfare

### **Networks/Memberships**

Coalition of NGOs in Health

Ghana HIV/AIDS Network (GHANET)

### **International memberships**

*Associated Country women of the World, United Kingdom*



**Contact Address:**

Akpafu TBA Women's Association (ATBAWA)  
P. O. BOX HH 526, Hohoe, Volta Region, Ghana  
West Africa. Office location: Akpafu Mempeasem  
Email: [info@atbawa.org](mailto:info@atbawa.org)  
Cell Contact Numbers: +233(0) 24-0088824/+233(0)  
24-6723642/+233(0) 24-1317964  
Website: [www.http://atbawa.org](http://www.atbawa.org)

***TBA Training Centre, Akpafu Mempeasem***

**Approaching the Tipping Point of Millennium Development Goal by 2015;**

Akpafu organization working areas since 1992

- (4) Improving child health*
- (5) Reducing maternal deaths*
- (6) Combat HIV/AIDS, malaria and other diseases*



**Message from the President**

Dear Readers, I would like to say that we have come a long way up till date with the training of practicing but untrained traditional birth attendants in the Volta Region and for that matter Hohoe Municipality Ghana. Without your support we couldn't have been able to achieve this. The year under review saw a series of activities being organized to reduce maternal and infant mortality rates which is quite high nation wide.

Over the past years, the Ministry of Health (MOH) and the Ghana Health Service (GHS) have been working together to reverse the trend, but this has not produced much result. Akpafu organization came in 1992 to compliment the efforts of the government agencies by recruiting and training of practicing but untrained traditional birth attendants in the project regions. The year under review was very exceptional when 50 practicing but untrained traditional birth attendants were officially trained and certified. There is more to be done as the population of the Hohoe/Afadzato municipalities keeps increasing and there are also resettlements. The broad-based initiatives unveiled at last year's annual meeting have begun to turn things around, as perhaps never before.

We are, of course, still a long way from achieving the outcomes we seek. Success will require more hard work and a redoubling of our commitment to service and collaboration in the spirit of the beneficiaries, and the values of our larger Ghana community. But I heartily commend the staff and volunteers who have helped bring

this year's success, and humbly thank all the members, contributors, donors and patrons for their support in helping Akpafu reach this "tipping point".

Thank you

*Asare Regina (Mrs.) Chief Executive Officer*

### **Brief background**

Akpafu Traditional Birth Attendants Women Association is a health non-governmental and non-profit association established in 1992. At the early beginning, the association presented by four retired trainers, started to mobilize traditional birth attendants and recommended them for formal training by the local health authority, Ghana Health Service. During the years more retired nurses, traditional birth attendants, trainers and social workers entered the association which was officially registered in 1997.

### **Organizational Profile**

Since 1992, **Akpafu Traditional Birth Attendants Women's Association (ATBAWA)** has worked to reduce maternal mortality rates and train Traditional Birth Attendants (TBAs) to administer safe prenatal, delivery and postnatal care and services in the Volta Region of Ghana. Examples of the group's comprehensive activities include: 1) conducting community outreach programs to increase access to pre and post natal care and advocate with local leaders against harmful traditional practices such as Female Genital Mutilation (FGM) and *Trokosi (ritual servitude)* that compromise the health of mothers and children; 2) undertaking community education on sexual and reproductive health; 3) facilitating training of Traditional Birth Attendants (TBAs) with information for hospital referrals, family planning, enhanced medical techniques and health care kits as a strategy to reduce high risk pregnancies and maternal and infant mortality; and 4) advising pregnant women and mothers on infant health. The organization has designated a holistic approach to promote HIV/AIDS preventive care and treatment, and reduce mother-to-child transmission as well as transmission from Traditional Birth Attendants to mother or mother to traditional birth attendant due to unsafe practices or procedures. Through ATBAWA programs, over 50,000 people have become more knowledgeable on family Planning, HIV/AIDS and other Sexual Transmitted Infections (STIs).

Akpafu TBA Women's is governed by a five member Board of Directors. It has a total membership of 195 of which 95% of the members are women.

### **Mission Statement**

Akpafu mission is to contribute to socio-economic development of the women and wealth creation by promoting health and vitality, ensuring access to quality health, population and nutrition services for all people especially our target persons living in Volta and promoting the development of Traditional Birth Attendants in project regions.

## Projects, Programme & Events

Under the period of review, the organization was able to train 50 practicing but untrained traditional birth attendants from more than 20 communities under Hohoe municipality and Afadzato South District. Two people were selected from each community and the training was residential taking 8 days to complete. The local health partner, Ghana Health Service (GHS) Hohoe and Afadzato South provided the trainers. The training venue was at the organizational training Centre based at Akpafu Mempeasem. The participants were basically trained in basic midwifery practices, obstetric care, safe motherhood, HIV/AIDS, malaria and diarrhea.



### Malaria and Diarrhea training Workshops

Malaria and Diarrhea training workshops were separated from traditional birth attendants training and this took a different time where the trainees undergone a five day training workshop. **Malaria**:-this topic was chosen because it is a serious national problem for the country and has serious implication for pregnant women and children. It is felt that the traditional birth attendants can help in curbing the incidence of the infection by doing health education and campaign on the ground.

They were taken through the following aspects of Malaria by health educator;

- What it is, what causes it, breeding places of the mosquito, signs and symptoms,
- Care of the patient while waiting to get to a referral point, example reducing high temperature by using tepid water on the body. Care of the patient at home if not admitted into a health facility.
- Prevention: - clean environment, weeding of bushes around, burying used can, covering stored water, living in mosquito proof houses, the use of Mosquito Nets and hanging techniques.

**Diarrhoea diseases**:-Diarrhoeal diseases also have serious implications for pregnant women and children. Participants were made aware of what constitutes diarrhoea, how it spreads, and factors that may be responsible for causing the condition. The havoc it can cause. Pregnant women and children are very vulnerable. The role of Oral rehydration Treatment in the management of diarrhoea, that timely referral is necessary for survival. Prevention of the condition: ways of prevention were discussed. Example proper hand washing especially with soap before eating, washing of fresh fruits in salty water before eating them, covering of food and water, proper disposal of refuse, developing the habits of making our environment clean.

This topic was led by health education officers from Ghana Health Service through the municipal health directorate

After, the successful training of the traditional birth attendants, they were certified by the organization and the Ghana Health Service (Municipal Director of Health Services, Hohoe). Traditional Birth Attendants Tool Kit boxes were awarded to each trainee. Inside the boxes are medical supplies, gloves, blade, mentholated alcohol and many more.

The trainings seek to improve mother and child health care and reduce infant and maternal deaths in the project regions. The referral system has been very effective and successful.

These are some of the assorted mentholated alcohol spirits and Boxes of Latex Condoms. Above: Group photograph of the participants.

On Malaria prevention Insecticide bed nets were procured and distributed to participants for campaign purposes. Some of the Nets are to be distributed to pregnant women and children under five years.

**Programmes Strategies &Methodology:** To achieve our objectives, the project employs different tools and strategies based on a comprehensive approach towards women's health were adopted.

1. Awareness raising activities for women of all age groups.
2. Community activities (e.g., home visiting and other community-based services).
3. Use of Information Education Communication (IEC) materials including family planning education and services delivery.
4. Use of the media.
5. Capacity building activities through in-service training courses for the traditional birth attendants.
6. Lobbying and advocacy for women's rights.
7. Cooperation and coordination with all providers of women's health services.

**Postnatal care:** postnatal care services are usually provided during a home visit within the first week of delivery by the trained traditional birth attendants.

Post natal women attend the clinic for postnatal care by the end of the first week of delivery only when they develop complication.

Full examinations for postnatal mothers performed for women attending for the vaccination for their children or when they attend for family planning at the 6<sup>th</sup> week after delivery.

**Family planning:** our program is considered one of the important sources for family planning services in the Hohoe Municipality. All women attending for family planning services receive counseling. Condoms are being distributed by the trained traditional birth attendants and referrals are made by traditional birth attendants for clients who needed other devices at the family planning clinic.

**The Health education:** Programme for women during antenatal visits and during the postnatal period is believed to have a role in the increased attendance at the family planning clinic. As a rule, all women during antenatal and postnatal periods receive health education sessions on the importance of family planning and advice on contraceptives available in the clinics. Birth attendants assist couples in locating where family planning clinic are.

**Home visits:** Home visits are considered the main component of community health, implemented by community health workers and trained traditional birth attendants. Home visits for postnatal mothers are considered one of the most important objectives of the programme. During pre-and postnatal periods, birth attendants make home visits to their client's compounds.

### **Supervisory & Home visits**

During supervisory visits, we collect Data on traditional birth attendant's activities such as number of safe births, hospital referrals, how the referred cases ended or failed at the referral points. We monitor the above-mentioned data and then we go back 2 years interval and compare the present and past figures and finally arrives at the point where we can say that; there has been an improvement in the present data.

These figures are obtained from the trained birth attendant for analyze on the number of safe births, how many loses. The same goes for fistula formation cases.

**The table shows the progress of work and the figures thereof.**

*Supervisory Visits Totals for December 2014*

Facilities	Registration	Visit	Babies Alive	Dead	Mothers Alive	Dead	Cases	Visits
ALAVANYO	79	312	454	-	454	-	227	653
AKPAFU	16	94	66	-	66	-	66	230
LEKLEBI	30	146	194	-	194	-	194	582
HAVE	6	6	164	-	164	-	164	780
GBLEDI	4	58	98	-	98	-	222	582
LIKPE	-	20	190	-	190	-	190	564
<b>TOTAL</b>	<b>135</b>	<b>636</b>	<b>1,166</b>	<b>-</b>	<b>1,166</b>	<b>-</b>	<b>1,063</b>	<b>3,391</b>

*Above table summarizes impact made by trained birth attendants on the mothers and children after training during our home visits to birth attendant's homes and communities.*

### **Supervisory and home visits**

There were three major supervisory visits undertaken in collaboration of Hohoe Health Directorate office. The team members were. One midwife (Trainer), one Public Health Nurse and one community health nurse, programmes coordinator of Akpafu organization and a Driver. Health Office vehicle was used. Each supervisory trip took seven days to complete.



The supervision included taking the record of work done by the trained community midwife. In addition, checking the Tool Box and its content

Taking record of work done by trained community midwife and also inspecting her tool box.

A nursing mother and her baby, she was delivered by a trained traditional birth attendant in her village. However, she had attended her post-natal clinic. She and her baby sleep under mosquito proof net safe from the attacks by Malaria.

## **MALARIA HOSPITAL ATTENDANCE**

2013

Under 5 years	-	
5,866		
Pregnant women	-	613

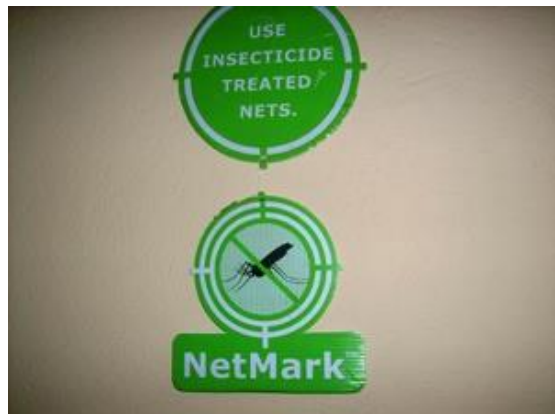
2014

Under 5 years	-	1,145
Pregnant women	-	576

## **DISCUSSION ON MALARIA**

Mosquito breeding areas

Prevention



**Dots:** - SP - Swlphadoxin Perimethamine

From 20 weeks of pregnancy 3 tablets to be swallowed in the presence of the midwife at monthly interval to prevent malaria, x 3 months parasites from attacking the placenta.

**Note:** Malaria r x - if any reaction report for substitute and intra uterine Fetal Death - check movement.

## **HANG UP CAMPAIGN AND ROLE OF BIRTH ATTENDANT**



### **Collaboration/partnerships**

1. Collaboration between the professional and the TBAs. Though there has been a great improvement in this area, more work is still to be done.
2. The fact that the whole Hohoe municipal which consist of 171 communities with over 265,000 population has only 15 professional midwives; this number is woefully inadequate. This clearly shows that the services of birth attendants can not be done away with, hence the need to have the TBAs trained to do basic midwifery.
3. TBAs are requesting baby scales so that they can register weight of babies delivered in their homes since this is important for figures in delivery records. The constraint, however is that the scales are cost intensive. Help from a donor will be apparent.
4. The issue of timely referrals was stressed,
5. TBAs were charged with the responsibility of reporting their operations to the nearest health centers.

Another crucial discussion settled on malaria a close look at the following table shows that there is a decline in malarial infections as far as reporting at the districts hospitals goes. The figures are for 2014

Under 5 years	-	5,866
Pregnant women	-	613
Under 5 years	-	576

Still efforts are to be intensified in this area for further reduction in malaria infection rate.

This discussion brought in the role of the birth attendants in malarial prevention. The Insecticide Treated Nets (ITNs) was of major concern. Interestingly, some of the birth attendants are volunteers on teams dealing with proper ways of hanging the nets ITNs (LLIN) for effective protection against mosquito bite while sleeping. The birth attendants were taken through the proper ways of hanging these nets with pictures showing the various ways being distributed to them. An emphasis was laid on tucking in the loose and under the mattresses.

What is new is that: the Ghana Health Service (GHS) now recognizes the role of the birth attendants in the infant and maternal issues as well as in other health related issues.

### **Challenges faced**

Generally, there were some challenges faced during the implementation of project but these do not affect our activities.

Individually; we have been facing challenges on fixing the training timetable during major farming seasons. But this year training project did not fall under a farming season. Therefore, all participants selected and invited participated in the training workshops successfully. There is transport challenge facing organization.



At the community level, we have realized that some of the chiefs are not capable of organizing meetings with the community people where a trained traditional birth attendant is introduced well to the community members. The trained traditional birth attendant therefore finds; herself in a difficult situation to introduce herself to the community members. What we have planned, to do is reactivate and train the community health committees who will oversee and support the trained birth attendants in their communities/villages.

The lodging facility is not enough to accommodate more traditional birth attendants as an overnights accommodation. On this, we will in the future solicit funding to support us construct additional 20 rooms for overnight accommodation for birth attendants. There is a need to set up Practical demonstration apartment where traditional birth attendants can have their practical whiles in training workshop. This apartment is very important, since it will reduce transport costs for birth attendants for travelling to Hohoe.

Looking at the wider coverage of the programmes and activities and the distance from each community to another, also the poor road network, we will be very glad to have a means of transport in form of a Pick-Up. This will enhance our home visits, supervision and general errands for the organization. At the moment, we have partnered with Hohoe Health Service office to conduct joint supervision using their Vehicle. The supervision takes place every quarter. Because of the creation of Afadzato South District Health Directorate, there are some materials and equipments that have to be moved to the new District.

### **Foreign Donor Partners Visit**

We are pleased to announce that, during the period, we had our major foreign partner visit to our project office at Akpafu Mempeasem. Akpafu Mempeasem is about 15km drive from Hohoe the capital. The partners were German Medical Aid Organization (action-Medeor). Action Medeor is a funding donor since from 2008 has been a funding financier of the projects. They have supported Akpafu three times. Action Medeor funding have come to a close in 2014.

### **T& Meyer Family Foundation, United Kingdom, London**

Catriona Spiller is the Health Analyst at the above-mentioned organization visited ATBAWA project Center and spends three days observing the organizational activities/training Programmes for possible partnership. She visited in March, 2014.

### **Feed the Minds**

#### **United Kingdom, London**

The Programmes Director of British Funding Organization (Feed the Minds) visited ATBAWA project Center January, 2014 in person Katty-Newell Jones. Feed the Minds funded one training workshop for traditional birth attendants July, 2008. She made a follow-up visit for possible funding.

## Photographers without Borders

### Ontario Canada

Amber Nicole a photographer visited ATBAWA project Centre to photograph a series of training activities/Programmes organized by ATBAWA Ghana. Amber Nicole spends two weeks with the organization filming and taking of photos during training workshops by Akpafu organization.

### Meeting Bismarck e.V Germany

Mrs. Sonja a German Midwife and the Founder of Meeting Bismarck charity organization based at Germany also visited ATBAWA in 2014. Meeting Bismarck co-funded TBA training workshop with the German Medical Aid Organization.

### Compassionate Journeys

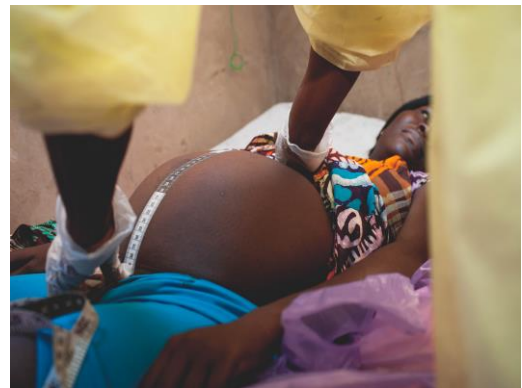
United States of America. USA.

Amanda Cislis visited ATBAWA project Center 2014 for possible partnership and medical supplies and donations. Amanda is a qualified midwife and also a founder of the Organization based at the USA.









Above are some of the photographs of the visits as well as ATBAWA training workshops.

**AKPAFU TRADITIONAL BIRTH**  
**ATTENDANTS WOMEN ASSOCIATION**

**FINANCIAL STATEMENTS FOR THE YEAR**  
**ENDED 31<sup>ST</sup> DECEMBER, 2014**

## **CONTENTS**

**COMPANY INFORMATION**

**REPORT OF THE DIRECTORS**

**REPORT OF THE AUDITORS**

**FINANCIAL POSITION**

**INCOME AND EXPENDITURE**

**NOTE TO THE FINANCIAL STATEMENT**



## **AKPAFU TRADITIONAL BIRTH ATTENDANTS**

### **WOMEN'S ASSOCIATION**

1. Registered Office:-  
P. O. Box HH526  
Hohoe/ Akpafu Mempeasem – Volta Region
2. Directors:-  
  
Madam Rita Wurapah  
  
Madam Bansah Evelyn  
  
Ms Bernice ADIKU  
  
Rev. Emmanuel Dzade  
  
Madam Regina Asare
3. Bankers: -  
Barclays Bank Ghana Ltd.  
Hohoe Branch
4. Auditors  
Asante Wiredu & Associates  
(Chartered Accountants)  
P. O. Box GP 20077  
Accra

**AKPAFU TRADITIONAL BIRTH ATTENDANTS WOMEN**  
**ASSOCIATION DIRECTORS REPORT FOR THE**  
**YEAR ENDED 31<sup>ST</sup> DECEMBER, 2014**

**DIRECTORS RESPONSIBILITIES**

The Directors are required by Ghana Companies Code (Act 179) to prepare financial statement for each financial year that gives a true and fair view of the state of affairs of the associations as at the end of the year and of its income and expenditure for the period.

The directors confirm that suitable accounting policies have been used and applied consistently and reasonable and prudent judgments and estimates have been made in the preparation of the financial statements for the year ended 31<sup>st</sup> December, 2014. The directors also confirm that applicable accounting standards have been followed and the financial statements have been prepared on the going concern basis.

The directors are responsible for the keeping of accounting records, for safeguarding the assets of the association and hence for taking reasonable steps for the prevention of detection of fraud and other irregularities.

**PRINCIPAL ACTIVITIES**

The Income and Expenditure Statements for the year is set out on page 6. The principal activities association remains unchanged.

**AUDITORS**

In accordance with section 134(5) of the companies' code, 1963 (Act 179) Asante Wiredu & Associates (chartered Accountants) have indicated their willingness to continue in office as auditors of the company.

## **REPORT OF THE AUDITORS TO THE MEMBERS OF AKPAFU TRADITIONAL BIRTH ATTENDANTS WOMEN ASSOCIATION**

We have audited the accompanying financial Statements on Pages 5 to 9. These financial statements comprise the Statement of Financial position as at 31<sup>st</sup> December, 2014 and Statement of income and Expenditure for the year ended and a summary of significant accounting policies and other explanatory information.

### **DIRECTORS RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS**

As described on Page 2, the Directors are responsible for the preparation of the financial statements that give a true and fair view in accordance with international financial Reporting Standards and with the provision of the companies code, 1963 (Act 179).

### **AUDITORS RESPONSIBILITY**

It is our responsibility to form an independent opinion, based on our audit, of those statements and to report our opinion to you.

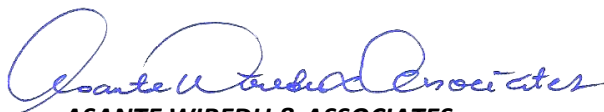
We conducted our audit in accordance with International Financial Reporting Standards on auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit includes examination on test basis of evidence relevant to the amounts and disclosures in the financial statement. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the financial statement and of whether the accounting policies are appropriate to the Directors circumstances consistently applied and adequately disclosed.

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

### **OPINION**

In our opinion, the financial statement give a true and fair view of the financial position of the Association as at 31<sup>st</sup> December, 2014 and of Income Statement which have been properly prepared in accordance with the companies Code, 1963 (Act 179).

  
**ASANTE WIREDU & ASSOCIATES**  
**(CHARTERED ACCOUNTANTS)**

**DATED, 4<sup>th</sup> January, 2015**

**AKPAFU TRADITIONAL BIRTH ATTENDANTS WOMEN ASSOCIATION (NON-  
GOVERNMENTAL ORGANISATION)**

**FINANCIAL POSITION AS A 31<sup>ST</sup> DECEMBER, 2014**

	Notes	2014
<b>ASSETS EMPLOYED</b>	<b>2</b>	<b>Gh¢</b>
NON – CURRENT ASSETS		6,270
<b>CURRENT ASSETS</b>		10,677
Cash and Bank Balances		<u>16,947</u>
<b>TOTAL ASSETS</b>		
 <b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts Payables and Accruals		-                      -
		<u>-                      -</u>
 <b><u>ACCUMULATED FUND</u></b>		
Accumulated funds		16,947
		-                      -
<b>TOTAL LIABILITIES AND ACCUMULATED FUND</b>		<u><u>16,947</u></u>

The attached notes forms part of the accounts

**AKPAFU TRADITIONAL BIRTH ATTENDANTS WOMEN ASSOCIATION**  
**(NON-GOVERNMENTAL ORGANIZATION)**

**STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED**  
**31<sup>ST</sup> DECEMBER, 2014**

	Notes	2014
		Ghc
Income	3	120,713
Operating Cost	4	95,971
		<hr/>
Administration Expenses	5	28,820
Financial Charges	6	113
		<hr/>
		28,933
		<hr/>
Surplus/(Deficit)		(4,191)
		<hr/> <hr/>

**ACCUMULATED FUND**  
**FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER, 2014**

	<b>2014</b>
	<b>Ghc</b>
Balanced b/fwd. – 01/01/2014	21,138
Surplus transferred from I & E	<u>(4,191)</u>
Balance b/fwd. – 31/12/2014	<b><u>16,947</u></b>



**AKPAFU TRADITIONAL BIRTH ATTENDANTS WOMEN ASSOCIATION**  
**NOTES OF THE FINANCIAL STATEMENTS FOR THE YEAR**  
**ENDED 31<sup>ST</sup> DECEMBER, 2014**

**1. BASIS OF ACCOUNTING**

These financial Statements have been prepared under the historical cost convention.

**ACCOUNTING POLICIES**

The following Accounting Policies have been used consistently in dealing with items which are considered material in relation to the Company's Financial Statements.

**(a) Depreciation**

Depreciation is provided for on a straight line basis at rates calculated to write off the cost of each fixed asset over its estimated useful life.

Fixtures & Fittings	10%
Office Equipments	10%
Machinery	10%

**(b) Foreign Exchange**

Transactions denominated in foreign currencies are translated in cedi and recorded at the rates of exchanged ruling on the dates of the transactions.

Balances denominated in foreign currencies have been translated at the ruling exchange rates as at 31<sup>st</sup> December, 2014.

# FIX ASSET SCHEDULE

	Machinery	Office Equipment	Furniture & Fittings	Total
COST	Gh¢	Gh¢	Gh¢	Gh¢
Cost		6,700		11,200
Additions	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>6,700</u>	<u>3,500</u>	<u>1,000</u>	<u>11,200</u>
Depreciation				
Balanced – 01/01/2014	2,101	1,400	400	3,812
Charge for the Period	<u>670</u>	<u>350</u>	<u>100</u>	<u>1,120</u>
	<u>2,680</u>	<u>1,750</u>	<u>500</u>	<u>4,930</u>
W.D.V – 31/12/2014	<u>4,020</u>	<u>1,750</u>	<u>500</u>	<u>6,270</u>

**AKPAFU TRADITIONAL BIRTH ATTENDANTS WOMEN ASSOCIATION**  
**SUPPLEMENTARY NOTES TO THE ACCOUNTS FOR**  
**THE YEAR ENDED DECEMBER, 2014**

<b>3. <u>GRANT AND DONATIONS</u></b>	<b>2014</b>
	<b>Ghc</b>
Global Fund for Women	26,208
ACWW – UK	25,679
Action Medeor	21,961
 Kitchen Table UK	 14,733
NAWA – Accra	7,360
CSTWF – Ireland	19,372
EPDRA – Ho	3,000
Membership Subscriptions	1,500
Individual donations	900
	<hr/> 120,713 <hr/>
 <b>4. <u>OPERATING COST</u></b>	
Training costs	37,000
Monitoring and supervision	6,800
Workshops & Seminar Expenses	10,800
Medicines and Contraceptives	9,000
Medical supplies and Equipment	25,000
Mosquito Prove Nets	4,300
Mattresses	3,071
	<hr/> 95,971 <hr/>
 <b>5. <u>ADMINISTRATION EXPENSES</u></b>	
Printing and Stationery	900
Salaries and Wages	3,100
Security Expenses	500
Electricity and Water	900
Communication	1,100
Photocopies of TBA Training Manual	6,000
Photocopies of TBA Records Books	8,200
TBA Tools Kit	8,000
Depreciation	1,120
	<hr/> 28,820 <hr/>
 <b>6. <u>FINANCIAL CHARGES</u></b>	
Bank Charges	113
	<hr/>