

# Hospice Africa

## Palliative Care for Sub-Saharan Africa

# 26th Annual Report

## April 2018 - March 2019



## Our Mission

To bring peace to the suffering in Africa, by providing and facilitating affordable and accessible palliative care in Uganda and other African countries.

Registered Charity 1024903

Registered Company 2835469





## Contents

<b>Legal &amp; Administrative Information</b>	<b>1</b>
<b>Hospice Africa Origins</b>	<b>2</b>
<b>Introducing palliative care in Africa</b>	<b>3</b>
<b>Supporters in the UK &amp; Charity Shops</b>	<b>4</b>
<b>Hospice Africa Uganda</b>	<b>5</b>
<b>International Programmes</b>	<b>6</b>
<b>Give a Chance Programme</b>	<b>7</b>
<b>Finance &amp; Governance Issues</b>	<b>8</b>
<b>Audited Accounts</b>	<b>A1 – A7</b>

## Legal and administrative information

Company number:  
**Registered in England No. 02835469**

Registered charity number:  
**Charity Commission No. 1024903**

### Directors and Trustees:

**Prof. David Phipps (Hon. Chair)**  
**Ms. Pat Linnell (Hon. Treasurer)**  
**Mr. Doug Haynes (Hon. Secretary)**  
**Dr. Mary Bunn**  
**Prof. Ken Holden**  
**Ms. Clare Ion**  
**Prof. Barbara Jack (resigned 13/10/18)**

**Prof. Anne Merriman (Founder) MBE**  
**Mr. Chris Merriman**  
**Mr. Mike Merriman**  
**Prof. David Phipps**  
**Mrs. Lesley Phipps MBE**  
**Mrs. Ann Vassie**

Company Secretary: **Doug Haynes**  
Registered Office:  
**16 Arden Close**  
**Southport. PR8 2RR**

Independent Examiner: **Roger Hughes**  
**Lower Farm**  
**90 Brimstage Road, Heswall,**  
**Wirral. CH60 1XQ**

## REPORT OF THE DIRECTORS AND TRUSTEES

**The Trustees, who are also the Directors of the charity for the purposes of the Companies Act, present their annual report and the financial statements for the year ended 31 March 2019. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP 2005) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity.**

## Structure, Governance and Management

**The charity is constituted as a company limited by guarantee, governed by a memorandum and articles of association. The charity's object and principal activity continues to be "to provide and support the provision of palliative care to terminally ill cancer and AIDS patients and their families in the African setting".**

**The Trustees have continued to meet regularly to manage the affairs of the charity in the UK. The Charity's work continues to be carried out entirely on a voluntary basis. The Honorary Treasurer manages the day-to-day finances of the charity. The Hon. Chair, Hon. Secretary and Hon. Treasurer, with help from other Trustees, have shared the collective duties normally carried out by a Chief Executive. The Board of Trustees has the power to appoint additional Trustees as it sees fit within the remit of the Articles of Association. Bishop Vincent Malone, Canon Dr. Donald Gray and Frank Cottrell-Boyce kindly act as Patrons.**

**There is an AGM at the end of June when Trustees, donors, supporters and Charity Shop staff meet at the Brain Charity Centre in Liverpool, often with guests attending from African countries. The work is carried out in close partnership with the Founder, Professor Anne Merriman, and there is regular contact with Hospice Africa Uganda (HAU), which is a non-governmental organization and a limited company in Uganda. Lesley Phipps, former Hon. Chief Executive of Hospice Africa, has continued as a Director of HAU and attends directors' meetings in Uganda where possible.**

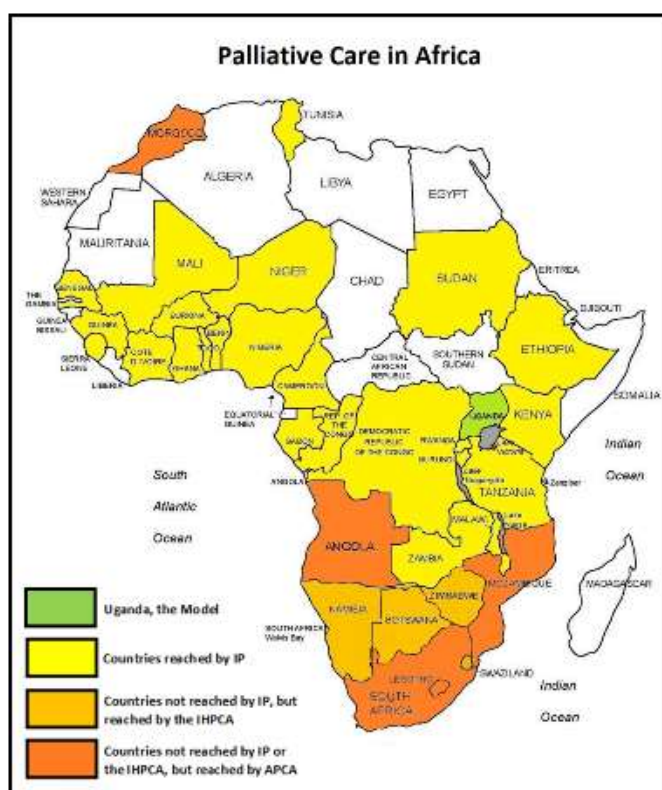
## Hospice Africa Origins

**Hospice Africa (HA) was founded in 1993 to spread the ethos and practice of palliative care in Africa. Our founder, Dr. Anne Merriman, has radically changed the provision of care for people in Africa with life-limiting illnesses.**

**HA raises and manages funds in the UK to send out to our partners in Africa, particularly in the long-term with Hospice Africa Uganda (HAU).**

**With our partners, we have helped to introduce palliative care directly for the first time to 35 of 54 Africa countries. In 20 of these 35 countries, affordable oral morphine, the backbone of all palliative care, is now available for pain relief.**

**15 other countries have been reached indirectly through the African Palliative Care Association (APCA), which has worked in partnership with Hospice Africa Uganda (HAU). APCA has premises next door to HAU in Kampala.**



**This has transformed the lives of thousands of patients providing significantly longer life for many and allowing others a pain-free and dignified death.**

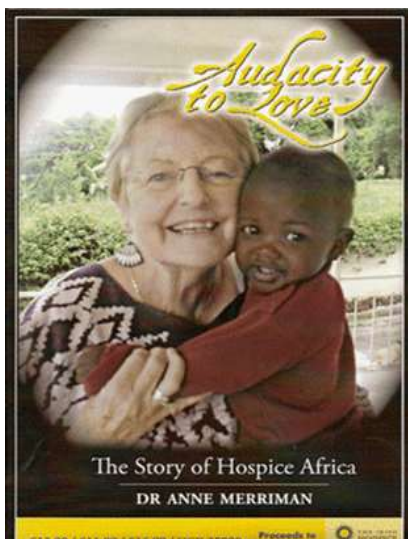
## Introducing Palliative Care into Africa

It was in 1993 that “Dr. Anne” started Hospice Africa in Kampala, Uganda. The reality then was that most cancer patients had access only to paracetamol tablets for pain control. Since then, Hospice Africa has been committed to providing or supporting palliative care in Africa for cancer and HIV/AIDS patients suffering from pain. In Uganda, there are 3 hospices (Kampala, Mbarara and Hoima) providing home-care, out-patient clinics and the support infrastructure for severely ill patients.



There are no in-patients, as it is too expensive, and patients mainly want to be at home with their families. Visits to outreach clinics are made weekly from each site. On the way, roadside clinics are held and patients who are not able to reach the Hospice are examined in the vehicle.

The key pain control is the formula for oral morphine, introduced to Uganda in 1993. Affordable and simple to use, oral morphine has revolutionised palliative care for Africa. It is safe and non-addictive. For 17 years, Hospice Africa Uganda made it for their own patients using a simple “kitchen sink” method. Today, it is manufactured by HAU for all Uganda in a public-private partnership with the Ugandan Government.



### *“Bringing hope and peace for the dying”*

One milestone along the way was the publication in 2010 of Dr. Anne’s book *Audacity to Love*, the story of Hospice Africa. It is a remarkable book because it bravely uncovers the palliative care mission, which “comes from the love for the patient and the family, loving them as we would ourselves or our family members.”

**Why audacity?** Well Anne suggests that “audacity” indicates that we are brave and willing to stand up for love, the love of our patients and their families, and for each other in the teams.

Since 1993, more than 33,000 patients, together with families and carers, have received the holistic care, comfort and support provided by HAU. This care has been demonstrated and taught to initiators and leaders, from 33 of the 54 African countries. Palliative care now has a foothold in these countries.



## Supporters in the UK

The funds for Hospice Africa in the UK accrue through 4 key donor groupings:

- Individual supporters, including regular donors by banker's order
- Charity Shop income
- Corporate organisations and groups who make one-off contributions
- Grant Funding donor organisations

The Trustees wish to gratefully acknowledge the support of all the individuals and organizations, nationally and internationally, who have given funds for palliative care in Africa. Several supporters have organised sponsored walks or other sponsored events and we are grateful for their energetic initiatives.

## Charity Shops

The two charity shops, in Liverpool and Ainsdale, continue to be a key source of regular income. The volunteers at both shops are very hard working and although the volunteers are often stretched with a heavy turnover of goods, morale is good. Once again, the Trustees would like to take this opportunity to acknowledge the enormous help of all those volunteers who work so conscientiously in the shops.



**Birthday Celebration at the Liverpool Shop when volunteer, Harry Knight, turned 90.**



**Ainsdale Shop Volunteers**

25<sup>th</sup> Anniversary Celebrations: **An Ecumenical Celebration was held at Christ the King, Childwall, Liverpool. At the reception afterwards, Martha Rabwani, Rose Kiwanuku and Polly Collier helped to cut the Anniversary Cake.**



A 25th Anniversary Ball, was held at West Lancs Golf Club, Masterminded by our quiz master John Nelson and his wife Julia. The band 'Tonal Select' got everybody singing, dancing and raising the roof. An auction raised a substantial sum for Hospice Africa. Patron, Frank Cottrell-Boyce, gave a moving address, citing some of his own experiences in the face of the death of a loved one.



### Fundraising events

- Annual Hospice Africa Quiz, with Quiz Master John Nelson, held in March at the Campion Tennis Club in Crosby.
- Sponsored Wirral Cycle Ride, 25 miles around the Wirral Coast and Wirral Way.

### Contributions 'in kind'

Our Trustees continue to collect unwanted stoma products from various local hospitals (Liverpool Royal, Southport & Ormskirk, Arrowe Park, and The Countess of Chester) and store them until there is sufficient volume to be sent to Africa. We sent 29 boxes weighing in at 560 kg to Uganda recently.

### Norman Hope

Former Treasurer and long serving Trustee, Norman Hope, passed away just recently.

Norman was a key member of our early Trustees and will be greatly missed.



### Hospice Africa Uganda (HAU)

We reported last year that HAU has been facing a major challenge following the ending of the USAID grant in 2015. The very generous grant, which had provided funding for a 10-year period, enabled the Hospice Vision to be taken forward with infrastructure buildings and facilities, as well as the appointment of further clinical, educational and administrative staff.

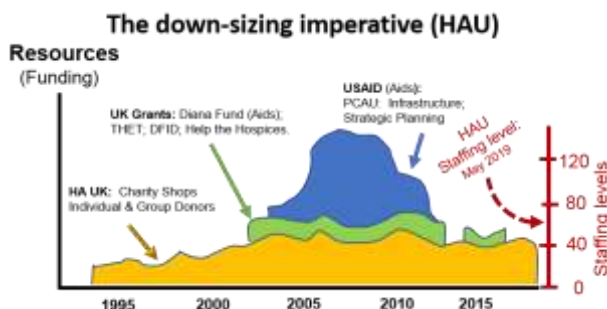


However, the grant funding came with various strings attached such as a primary focus on Aids-based medical treatment and with an infrastructure and staffing profile subservient to attaining the funding objectives. For HAU, this funding allowed several years of growth and developmental appointments up to a staff complement which reached 135 staff throughout Uganda.

The staff team in Uganda, and indeed the UK Trustees, have been seeking to replace this loss of funding with other developmental and health-based grants, but the downturn in UK support for overseas charities, in general, and Africa, in particular, has meant this has not been possible. This scenario is now presenting itself as a crisis for HAU. The previous staff complement cannot be afforded and has recently had to be reduced from 89 to 61.

The Institute for Hospice and Palliative Care in Africa continues to be in a difficult position with diploma and degree course income falling far-short of staff costs.

The chart illustrates how the fall-off in funding for HAU translates into a reduction in staff numbers. Such strong action taken by the HAU Board is tough, but it is necessary for survival. We are trying to give as much compassionate support as possible whilst such a tough operational climate persists.



We are very grateful to David & Lesley Phipps who made an urgent, thorough, and exhausting visit to Uganda in April and assisted in agreeing recommendations for the HAU Board. We are also indebted to the HAU Chair (Joan Kelly), HAU Board and staff who are doing their best in the face of adversity. We are also grateful to the dedication of two international volunteer consultants, Michael Corless (retired Senior Accountant from Ireland) and Anne Lezak (Organisation Development consultant from USA) who have helped give wisdom and stability in Uganda through a very challenging period.

## International Programmes Team during 2018-19

Dr Anne: Director

Berna Basemera: Anglophone Nurse Trainer; IP Administrator and PA to Dr Anne

Sylvia Dive: Senior Francophone Nurse Trainer

Dianah Basarika: Francophone Nurse Trainer

The team meets monthly to update each other on progress being made by each one and sharing planned activities upfront. The team has continued to support other departments especially clinical care where patients are assessed, managed and also participate in weekly case conferences and journal clubs.

**Initiation Work:** There is an impressive programme of palliative care initiation work rolling on, much in French-speaking countries, funded by HA France (HAF), and a little in English-speaking countries. A survey of initiators indicates that courses are deemed successful by 77% of attendees, and clinical placements are considered the most useful component of training. Courses can be run when a minimum of 12 delegates ensures there is a break-even cost.

**Work Variety:** There is much variety in the work composition covered by the IP Team. Some brief highlights are:

- Cameroon: Problems because of inadequate morphine supply from Kenya.
- Democratic Republic of Congo: Requiring advice in complicated treatment for some patients.
- Guinea Conakry: National association seeking guidance on building and strengthening effective collaborations with potential partners.
- Country visits to Tanzania and Congo Brazzaville, offering mentorship and ongoing clinical training to palliative team; speaking at conferences; Meetings held with hospital management to streamline palliative care activities and

deliverables; Protocols and guidelines for PC delivery in hospital and community drafted.

- Sylvia has travelled to France for over a month of awareness creation about the work of HAU, and to carry out fundraising activities in different regions of France. Sylvia and the HAF team visited schools, hospitals (palliative care teams), organizations, individuals and radio stations trying to target as many people as possible who can raise funds for HAU given the current situation of reduced resources.



For the last 4 years, Ndi Moyo (in central Malawi) has been holding Initiators courses for those working on the ground in Malawi. Many are with NGOs and some are with hospitals and will carry on the spirit and ethos as far as they are allowed.

There are now 2-week student placements in the homes; the pictures show students measuring the severity of pain with 5 fingers.

#### Give a Chance Programme



1. Hannah Merriman has continued to oversee the work undertaken by Give a Chance and there are many individual donors. The logistics of the programme are complex and require precise funding support both at HA UK and at HAU.
2. Some 40 school children, who have experienced a parent dying from cancer, have continued to benefit by receiving their school fees from Give a Chance.

Recent reports to Trustees demonstrate the wonderful ongoing work by the Give a Chance Project. These children are being given a once in a lifetime opportunity to benefit from education, even if their circumstances sometimes make it difficult for them to take full advantage of it.

#### Background

As part of the holistic approach, Hospice Africa Uganda (HAU) attends to all areas of concern to patients and their families including physical, psychosocial and spiritual matters. Wherever possible, HAU through its donors and stakeholders supports the education of orphans and vulnerable children (OVCs) and adolescents so they can receive the opportunity to go to school and acquire knowledge and competencies to become independent citizens.

The project targets poor former or current patients' households based on routine assessments conducted during patient reviews. The main objective of this project is to reduce children's vulnerability through provision of education support in primary, secondary and vocational levels, care and support, and provide socio-economic security to the households which they come from.

#### **Achievements and impact:**

- HAU has supported 66 orphans and vulnerable children (OVCs) on its GAC programmes with school fees, scholastic materials and sundries
- The children were all provided psychosocial support by social workers at all the three sites in schools. Liaising with their teachers, the students received counselling from HAU Social workers in an effort to continuously improve their academic performance
- By keeping the girls in school, the GAC Programme protects its beneficiaries from early marriages and from dropping out of school.
- Psychosocial distress of patients and their parents has been reduced through the knowledge that their children are progressing through school and will have a brighter future after completion of their education.

Three students have completed their vocational training - they have gained skills that will enable them to be self-reliant by generating their own income. Some students have achieved commendable end points for their education.

For example, Kabasomi Phiona completed a certificate in Nursing and Midwifery from Hoima School of Nursing and Midwifery and graduated on 26th October 2018.



#### **Financial Review**

The Statement of Financial Activities (see pages A1-A7) shows the income of the charity fell marginally from £203,808 last year to £201,823 with resources expended increasing from £207,097 last year to £220,309. Charitable activities totalled £200,855 supporting work primarily in Uganda and Malawi. Our expenditure exceeded income by £18,485, resulting in our reserves reducing from £197,726 last year, to £179,241.

There is ongoing work to restructure the Hospice Africa Uganda organisation with a view to cutting overheads significantly. In these circumstances, the Trustees have agreed to conserve reserves in order to support patient services during this transition, or to assist HAU with emergency funding.

#### **Reserves**

Because the Charity employs no staff, except on a voluntary basis, all of the income raised, apart from a small amount of governance expenditure, is used directly for the work of the Charity on its core objective of palliative care on the African continent. The Trustees have continued to allocate £30,000, held as a general reserve, for emergency use in any of the projects. Any remaining reserves are available for supporting work in Africa.

## Investment Policy and Performance

**Under the Memorandum and Articles of Association, the charity has the power to make any investment which the Trustees see fit. To date the Trustees have made use of higher interest and term bank accounts to maximise interest received.**

## Risk Management

**The Trustees actively review the major risks which the charity faces on a regular basis. In particular, reserves are maintained in order to provide sufficient resources to assist in the event of adverse conditions. During 2018-19, Trustees have evaluated the risks associated with data security, and also implemented systems to enable those on our contacts lists to 'opt in' as supporters and donors (responding to GDPR legislation). Some emergency funding has also been sent to HAU to ensure ongoing viability.**

## Future Developments

**The demand for palliative care in Africa continues to be huge and ongoing. HA UK will continue, as far as possible, to support this work and pursue the enduring vision of palliative care for all in need. The Trustees are aware that the funding climate is challenging but are seeking to ensure the work can continue with the help of our many supporters, both individual and corporate.**

## Strategy

**The strategy for Hospice Africa UK is embedded within the strategic vision of Hospice Africa. HA UK is committed to:-**

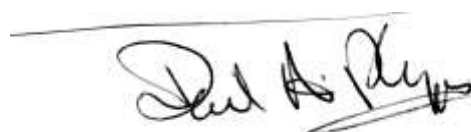
- **Support for the educational programmes based in Kampala, including teaching qualifications for palliative care health professionals. This supports the improvement of the wider expertise in palliative care across the African countries.**
- **Support for the Founder and for the International Programmes Team. This is a priority since this is pioneering work which assists in the initiation and support of new programmes of palliative care in African countries.**
- **Support for palliative care centres in Africa newly formed and establishing or extending their basic palliative care services.**

## Auditor and Independent Examiner

**A resolution proposing that 'Roger Hughes, Chartered Accountant, be reappointed as the charity's Independent Examiner' will be put to the Annual General Meeting.**

**This report was approved by the Board of Directors and Trustees on 20<sup>th</sup> May 2019 and signed by the Hon. Chair.**

Signed: Prof. David Phipps



**HOSPICE AFRICA LIMITED**  
**INDEPENDENT EXAMINER'S REPORT TO THE MEMBERS ON THE**  
**UNAUDITED ACCOUNTS OF HOSPICE AFRICA LIMITED**  
**YEAR ENDED 31ST MARCH 2019**

I report on the accounts of the charitable company for the year ended 31 March 2019, which are set out on pages A1 to A7.

**Respective responsibilities of Trustees and examiner**

The charity's trustees (who are also the directors of the company for the purpose of company law) are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charity's Act) and that an independent examination is needed. The Charity's gross income did not exceed £500,000 and the gross assets did not exceed £3,260,000 and I am qualified to undertake this examination by being a qualified member of the Institute of Chartered Accountants in England and Wales.

Having been satisfied that the Charity is not subject to an audit under company law and is eligible for Independent examination it is my responsibility to:

- examine the accounts under section 145 of the Charities Act;
- to follow the procedures laid down in the General Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act), and;
- to state whether particular matters have come to my attention.

**Basis of independent examiner's report**

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and, consequently, no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

**Independent examiner's statement**

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that, in any material respect, the requirements: - to keep accounting records in accordance with section 386 of the Companies Act 2006; and
- to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice; Accounting and Reporting by Charities (revised 2005) have not been met; or

- (2) to which, in my opinion, attention should have been drawn in order to enable a proper understanding of accounts to be reached.

**R W Hughes**  
**Chartered Accountant**  
**90 Brimstage Road**  
**Heswall**  
**Wirral**  
**CH60 1XQ**



20<sup>th</sup> May 2019

**HOSPICE AFRICA LIMITED**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**YEAR ENDED 31ST MARCH 2019**

	Notes	Unrestricted Funds £	Restricted Funds £	2019 Total Funds £	2018 Total Funds £
<b>Incoming resources</b>					
Incoming resources from generated funds					
Voluntary income	2 & 14	99,623	39,581	139,204	137,174
Activities for generating funds	3	62,208	-	62,208	66,500
Investment income	4	411	-	411	134
<b>Total Incoming Resources</b>		<b>162,242</b>	<b>39,581</b>	<b>201,823</b>	<b>203,808</b>
<b>Resources expended</b>					
Costs of generating funds					
Costs of generating voluntary income	5	2,282	-	2,282	1,953
Fundraising trading: costs of goods sold and other costs	6	15,050	-	15,050	15,943
Charitable activities	7 & 14	168,182	32,673	200,855	187,349
Governance costs	8	2,122	-	2,122	1,852
		<b>187,636</b>	<b>32,673</b>	<b>220,309</b>	<b>207,097</b>
<b>Net income/(expenditure) for the year (net movement in funds)</b>		<b>( 25,393)</b>	<b>6,908</b>	<b>( 18,485)</b>	<b>( 3,289)</b>
<b>Reconciliation of funds</b>					
Total funds brought forward		<b>106,450</b>	<b>91,276</b>	<b>197,726</b>	<b>201,015</b>
<b>Total funds carried forward</b>		<b>81,057</b>	<b>98,184</b>	<b>179,241</b>	<b>197,726</b>

The notes on pages A4-A7 form part of these financial statements

**HOSPICE AFRICA LIMITED**  
**BALANCE SHEET AS AT 31 MARCH 2019**

	Notes	£	2019 £	2018 £
<b>Current Assets</b>				
Debtors	9	5,407		500
Cash at bank and in hand	10	175,711		198,953
		<u>181,118</u>		<u>199,453</u>
<b>Current Liabilities</b>				
Creditors: amounts falling due within one year	11	1,878		1,727
		<u></u>	<u></u>	<u></u>
<b>Net current assets</b>			<b>179,240</b>	197,726
			<u></u>	<u></u>
<b>Total net assets</b>			<b>179,240</b>	197,726
			<u><u></u></u>	<u><u></u></u>
<b>The funds of the Charity</b>				
Unrestricted income funds	12		<b>81,057</b>	106,450
Restricted income funds	14		<b>98,184</b>	91,276
			<u></u>	<u></u>
<b>Total Charity funds</b>			<b>179,241</b>	197,726
			<u><u></u></u>	<u><u></u></u>

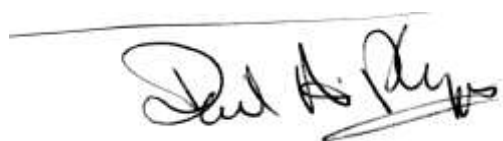
For the financial year end 31 March 2018 the company was entitled to exemption from audit under section 477 Companies Act 2006. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these financial statements under the requirements of Companies Act 2006.

The trustee directors acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime within Part 15 of the Companies Act 2006 and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were approved by the board of trustee directors on 20th May 2019 and signed on its behalf by:

**Prof. D Phipps**



The notes on pages A4-A7 form part of these financial statements

**HOSPICE AFRICA LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

**1. ACCOUNTING POLICIES**

**1.1 Basis of Accounting**

The financial statements have been prepared under the historic cost convention and in accordance with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP 2005), applicable accounting standards, including the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 2011 and the Companies Act 2006.

**1.2 Incoming resources**

Voluntary income, donations and grants are included in incoming resources when they are receivable. The income from activities for generating funds is shown gross, with associated costs included in fundraising costs. Gifts donated for resale are included as income when they are sold at the amounts realised.

**1.3 Resources Expended**

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of VAT which cannot be recovered.

Rentals applicable to operating leases are included in resources expended as incurred.

**1.4 Costs of generating voluntary income**

Fundraising expenditure comprises costs incurred in inducing people and organisations to contribute financially to the Charity's work.

**1.5 Governance costs**

Expenditure includes all costs not directly related to charitable activity or fundraising ventures.

**1.6 Taxation**

The company is a registered charity and is exempt from taxation under the Income & Corporation Tax Acts.

**2. VOLUNTARY INCOME**

	Un restricted Funds £	Restricted Funds £	Total 2019 £	Total 2018 £
Gifts and donations	99,623	39,581	139,204	91,982
Grants	-	-	-	45,192
	<u>99,623</u>	<u>39,581</u>	<u>139,204</u>	<u>137,174</u>

**HOSPICE AFRICA LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

<b>3. ACTIVITIES FOR GENERATING FUNDS</b>	<b>Un restricted £</b>	<b>Restricted £</b>	<b>Total 2019 £</b>	<b>Total 2018 £</b>
Charity shop takings				
- Liverpool	42,936	-	42,936	44,790
- Ainsdale	18,936	-	18,936	20,912
- Other trading	336	-	336	798
	<u>62,208</u>	<u>-</u>	<u>62,208</u>	<u>66,500</u>

**4. INVESTMENT INCOME**

Bank Interest	411	-	411	134
	<u>411</u>	<u>-</u>	<u>411</u>	<u>134</u>

**5. COSTS OF GENERATING VOLUNTARY INCOME**

Publicity	1,410	-	1,410	1,363
Just giving fees	216	-	216	216
Bank Charges	656	-	656	374
	<u>2,282</u>	<u>-</u>	<u>2,282</u>	<u>1,953</u>

**6. FUNDRAISING COSTS**

Costs of running charity shops				
- Liverpool	13,066	-	13,066	12,096
- Ainsdale	1,484	-	1,484	2,923
-Badges	500	-	500	924
	<u>15,050</u>	<u>-</u>	<u>15,050</u>	<u>15,943</u>

**7. CHARITABLE ACTIVITIES**

The resources were expended on palliative care in the countries listed below.

Grants and supplies				
- Uganda	160,555	6,463	167,018	71,967
- Malawi	-	25,597	25,597	35,534
- Nigeria	-	-	-	-
- Cameroon	-	-	-	-
- Ethiopia	-	613	613	1,045
DFID Grant	-	-	-	58,767
Travelling expenses	103	-	103	-
Founder and international programmes	3,740	-	3,740	20,036
25th Anniversary event	3,784	-	3,784	-
	<u>168,182</u>	<u>32,673</u>	<u>200,855</u>	<u>187,349</u>

**8. GOVERNANCE COSTS**

Accountancy	1,500	-	1,500	1,500
AGM Costs	622	-	622	352
	<u>2,122</u>	<u>-</u>	<u>2,122</u>	<u>1,852</u>

**HOSPICE AFRICA LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

	2019 £	2018 £
<b>9. DEBTORS</b>		
Income Tax on donations	5,407	-
Bank charges to be refunded	-	-
Badge stock	-	500
	<u>5,407</u>	<u>500</u>
<b>10. CASH AT BANK:</b>		
Current Account	11,559	8,905
Deposit Account	45,176	71,391
High Interest Account	-	-
Fixed Term Deposit Account 1	30,999	30,894
Fixed Term Deposit Account 2	87,743	87,478
Cash in Hand	234	285
	<u>175,711</u>	<u>198,953</u>
<b>11. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR</b>		
Sundry creditors and accruals: Accountancy	1,500	1,500
Sundry creditors and accruals: Shop expenses	378	94
Sundry creditors and accruals: Transport of medical goods	-	-
Sundry creditors and accruals: Hospice Ethiopia donations	-	133
	<u>1,878</u>	<u>1,727</u>
<b>12. UNRESTRICTED INCOME FUNDS</b>		
Balance at 1 April	106,450	109,986
Net (Outgoing)/incoming resources	- 25,393	( 3,536)
	<u>81,057</u>	<u>106,450</u>
Allocated as follows:		
Designated funds		
Emergency fund	30,000	30,000
General Fund	51,057	76,450
<b>Total unrestricted income funds</b>	<u>81,057</u>	<u>106,450</u>

The emergency fund is intended to cover emergencies in Africa such as the urgent need for a replacement vehicle or to cover a delay to funding.

**13. CHARITABLE COMMITMENTS**

There is no current charitable commitments, guarantees or contingent liabilities.

**HOSPICE AFRICA LIMITED**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

	<b>01-Apr 2018 £</b>	<b>Incoming Resources £</b>	<b>Outgoing Resources £</b>	<b>31-Mar 2019 £</b>
<b>14. RESTRICTED INCOME FUNDS</b>				
Fr J Meriman Memorial Scholarship	-	2,000	-	2,000
C Stephenson fund	-	-	-	-
Legacies Fund	57,034	-	-	57,034
Help the Hospices Grant	-	-	-	-
GPAF- DFID	-	-	-	-
Kampala Fund	-	2,532	2,532	-
Comfort Fund	-	2,681	431	2,250
Children's Fund	-	3,500	3,500	-
Hoima Fund	62	536	-	598
Mbarara Fund	33,685	-	-	33,685
Cameroon	-	-	-	-
Ethiopia Hospice	270	678	613	335
Tiyanjane Fund	-	27,654	25,597	2,057
Fr Merriman Fund	225	-	-	225
<b>Total restricted income funds</b>	<b>91,276</b>	<b>39,581</b>	<b>32,673</b>	<b>98,184</b>

The training fund was set up in 1994 to provide training in palliative care.  
The other funds are to provide finance for palliative care projects in sub-Saharan Africa.

**15. ANALYSIS OF NET ASSETS BETWEEN THE FUNDS**

	<b>Unrestricted Funds £</b>	<b>Restricted Funds £</b>	<b>Total 2019 £</b>
Debtors	5,407	-	5,407
Cash at Bank	77,527	98,184	175,711
Creditors	( 1,878)	-	( 1,878)
	<b>81,056</b>	<b>98,184</b>	<b>179,240</b>

**16. OPERATING LEASE COMMITMENTS**

The lease on the Liverpool shop expired on 15 March 2008. Since that date the shop has continued to operate as normal with the rent being paid each month. A new lease has not been entered into by 31 March 2019.

**17. INFORMATION REGARDING TRUSTEES**

The trustees received no emoluments in the year (2018 - £nil).  
Expenses reimbursed to trustees or paid on their behalf while acting in their capacity as trustees:

Travelling expenses - £nil ( 2018 - nil)



## *History ... a timeline of achievements for Hospice Africa*

**1993: Hospice Africa (HA)** formed in the UK. Uganda chosen from 4 countries as the country for the model for all Africa. Work started in a loaned small house in Nsambya Hospital. A clinical service in Mulago Hospital (Kampala), mission hospitals and outreach to the community commenced immediately. Education is recognised as a priority. Oral morphine introduced, made by a “kitchen sink method”. Undergraduate teaching in palliative medicine commenced at Makerere Medical School.

**1994: Hospice Africa Uganda (HAU)** registered as an NGO. After several moves HAU finds a new home at **Makindye**, close to the centre of Kampala.

**1998: Mobile Hospice Mbarara (MHM)** and **Little Hospice Hoima (LHH)** start. Palliative care introduced to the undergraduate medical curriculum at Mbarara University Medical School (MUST)

**1999: The Palliative Care Association of Uganda (PCAU)** founded.

**2000: Rutamweba House** - a Clinical Services and Education building opened. International Programmes (IP) starts and begins to train Initiators.

**2001-2002: Dr Anne Merriman**, Founder of HAU, awarded **MBE**.

**2002-2004:** HAU heads steering committee for the **African Palliative Care Association (APCA)** and provides major professional and financial supports.

**2003:** After lobbying by HAU, a change in Ugandan statute law makes it the first country in Africa to allow **nurses specially trained in palliative care by HAU to prescribe morphine**. Previously, this was restricted to doctors only. First Diploma in Clinical Palliative Care (DCPC) commences to train PC Nurses in PC and prescribing oral morphine. Uganda becomes the first country to do this.

**2004: Free oral morphine** to all prescribed by a recognised prescriber. Uganda was the first country in Africa to do this. This has led to the integrated services in Uganda.

**2005:** Hoima gets new building. **International Programmes (IP)** starts.

**2009: The Institute for Hospice and Palliative care (IHPCA)** formed from the Education Department of HAU. It offers diplomas and later on the only degree course in palliative care in sub-Saharan Africa

**2010: Brendan House** complete as centre of excellence for IP and clinical.

**2011:** The **Diploma in Clinical Palliative Care (DCPC)** conferred on an additional 95 nurses as prescribers of morphine. A new B.Sc. Palliative Care validated by Makerere University. HAU becomes sole supplier for **morphine** for all Uganda  
Lesley Phipps, Founding Trustee, awarded **MBE**

**2014:** Dr Anne nominated for **Nobel Peace Prize**. Uganda now has the most integrated palliative care in Africa on a par with UK, US and Australia. (**WHO and WHPCA Atlas of Palliative Care 2014**). The Economist Intelligence Unit rates Uganda highly in the “Quality of Death Index”

**2015:** HAU becomes national provider of morphine for all Uganda. HAU, with the support of DFID, brings further **paediatric palliative care** to Western Uganda

**2017:** IHPCA introduces **Post-graduate Diplomas** and plans for **M.Sc.** in 2018.

**2018:** Today, the work begun by HAU has brought palliative care to **93 of the 112 Districts in Uganda** and over **35,000 patients**, mainly in their own homes.

**2019:** HAU seeks to partner with APCA and PCAU to ensure that Palliative Care clinical excellence and training remains available in Africa.

