



Annual Report 2008-2009



Cover Picture: Ward round at Mulago Hospital

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Our Vision

- A world where palliative care is accessible by all.

Our Mission

- To promote and facilitate the provision of high quality palliative care in the developing world where such care is limited or non-existent.

Our Aims

- We seek to work in partnership with local organisations and individuals to empower sustainable developments in palliative care.
- We are needs-led and only work in response to requests from local colleagues.
- We provide expertise, education, training and support.
- We seek to influence policy makers by raising awareness of palliative care needs in the developing world with governments, NGOs, aid agencies and academic institutions.

Our Values

- We respect the integrity and equality of each person: their faith, background and lifestyle.
- We are motivated by compassion inspired by the love of Christ.



A message from the Chairman

Global credit crunches are no respecters of charities, and the last twelve months has been a challenging time for many. We are very grateful to all who have helped Cairdeas to weather the storm. Grants are now scarce and we have not been able to realise the growth in activity to which we continue to aspire. Nevertheless we have managed to sustain an impressive programme thanks in large part to the dedication of our Medical Director.

The opportunity to develop an academic department of palliative care in Uganda is so strategically important for sub-Saharan Africa that it has rightly been the major focus of Cairdeas' activities in 2008-9. It is exciting to know that in the near future this will translate into the first degree course in palliative care for developing African countries. Already the course is oversubscribed which is encouraging news. This is a great example of the partnership that can be realised between ourselves and local healthcare/education providers.

I am pleased to say that we have also continued to work in Mizoram through our partnership with Pallium India. Do read our Medical Director's blog for up-to-date news on this and the work in Uganda.

And I want to take this opportunity to thank our Treasurer for her unstinting work to keep our finances in order.

In the year ahead Cairdeas will continue to work towards expanding our activities whilst honouring our existing commitments. We remain grateful as ever to our core supporters.

I commend this report and the hard work it reflects to you.



Simon Barker
Chairman



Medical Director's Report

'Discovering your voice' is the theme of the 2009 World Hospice and Palliative Care Day on 10 October. Who will listen to the voices of those who struggle with serious illness and pain? It is my privilege to be able to represent Cairdeas in India and Africa and to listen to the stories of those we meet and seek to meet their needs. Let me tell you just one story:

Esperanza had fled war in Goma, leaving the whereabouts of many of her family unknown, including several of her children. She had previously been treated for cancer and was now ill again, and this time there was little chance of slowing the disease. The refugee camp transferred her hundreds of miles away to Mulago Hospital, accompanied by her elderly mother who slept on the hard floor under her daughter's bed. She was in pain, frightened and struggling to communicate. We visited her for several weeks: controlling her pain, buying a mattress for her mother, supporting her as she realised the seriousness of her illness, and ensuring she was cared for as her life neared its end. Movingly, she often spoke of her sense of peace – 'my life is in God's hands' and said 'for the first time in hospital I feel cared for'.

This year our focus has been in Uganda with shorter visits to India. Our objectives are to build capacity for palliative care, identify and meet specific training needs, and support the development of national staff and local models of care. The needs of the patient and family are at the heart of Cairdeas as we work in partnership to improve the quality of life for those in need now, and to ensure better access to appropriate and sustainable services in the future.

What have we achieved this past year?



Uganda

**Development of a Palliative Care Unit within an African academic centre:
Department of Internal Medicine, Makerere University, Mulago Hospital,
Kampala**

Following a request for consultancy support for the development of a university palliative care service, in 2008 we were approached to offer leadership for two years. I was appointed head of unit and took up this post in October 2008, committing to 70% of my time in Uganda.

The priorities for the unit were:

- Develop a centre of excellence and model for hospital-based palliative care.
- Enhance advocacy and raise credibility for palliative care within Mulago Hospital and Makerere University.
- Provide clinical support as part of the Mulago palliative care service and Hospice Africa Uganda (HAU).
- Support postgraduate clinical training in palliative medicine.
- Collaborate with the education department at HAU to support undergraduate and postgraduate training, including plans to offer degree level qualifications
- Support and initiate research and development

Mulago Hospital is the major government tertiary referral hospital for Uganda, and the only cancer centre. With more than 1000 beds and many outpatients the clinical challenges are immense within a resource constrained environment. Although there has been a palliative care nursing team for two years they had faced difficulties in developing the service: in particular gaining medical credibility, establishing referral pathways, gaining institutional space and offering holistic care.

Makerere University is one of the most prestigious in East Africa, though is suffering from lack of investment. The Medical Faculty is part of the College of Health Sciences and shares a site with Mulago Hospital. Nursing, Allied Health, Public Health and Pharmacy Faculties also share the same campus. Hospice Africa Uganda is an affiliated institution of Makerere University with its 'campus' situated with the clinical service in Makindye (an area of Kampala). HAU has been training at all levels but in particular an 18-month distance learning Diploma which is now to be offered as a modular B.Sc. in Palliative Care. This 'Degree for Africa' will continue to train future leaders in palliative care from across the region and beyond.

Key activities and achievements

Establishment of a clinical service within Mulago Hospital

We meet daily as a team of two doctors (consultant and specialist registrar) and four nurses, and carry out three clinical rounds per week. Referrals continue to rise, with an average of 30 patients being cared for at any one time. We have secured a clinical office and computer and have agreed a referral pathway and data collection tool. We have still to develop a database. We attend weekly multidisciplinary meetings with internal medicine, radiotherapy, oncology, surgery and HAU. Mulago Hospital manufactures and distributes oral morphine for Uganda (excepting HAU programmes), and ensuring a regular supply has been a major priority and thus far a success. Day-to-day basic supplies and human resources are often in short supply. Patients may not have the drugs they require, dressings for their wounds, intravenous fluids, blood for transfusion, food to eat, money for transport on discharge or to pay for urgent tests. A donation has helped us support in practical ways. We work alongside many committed and dedicated staff who daily struggle with system failures and scarcity of resources. The needs are overwhelming and the challenges immense, but we have made significant progress towards ensuring patients and families have holistic compassionate palliative care. Hear the voice of one of our first patients:

'when I see you coming with the team I feel so much better. God has answered my prayers and I know that he cares for me. I no longer feel angry and sad. I can sleep at night instead of crying. I now have hope. Thank you.'



Mhoira with patient, Agnes

Training

We are involved in undergraduate medical and nursing training as well as postgraduate clinical attachments. This is a rapidly growing area of activity, limited mostly by the capacity of our unit, though we continue to work in collaboration with HAU and other colleagues. A major development has been clinical teaching for postgraduate trainees (MMed programme) in internal medicine and psychiatry, with future plans to offer similar training to radiotherapy and surgery. To quote one of our MMed trainees ***'I will be a better doctor now'***.

Related activities:

Faculty for Palliative Care Education conference for Deans and academic leaders, Kampala (9–10 October)

Participated in policy development day for Family Medicine (1 February)

Faculty for AFRA region radiotherapy conference (2–6 March)

Faculty for Ugandan Medical Association conference, Gulu (26–28 February)

B.Sc. in palliative care 'A Degree for Africa'

We are delighted to be a core part of this exciting and important development. Hospice Africa Uganda in partnership with APCA and as an affiliated institution of Makerere University has finished the feasibility project and moved to development and academic approval for this programme. Funding remains an ongoing challenge. I have an honorary consultancy with the education department at HAU and offer leadership and executive roles to this process. This is the first such course in Africa and will be offered from February 2010. Students will be admitted to a 3-year distance learning programme leading to the award of B.Sc., though students may also exit after year one with a Diploma. This Diploma will include a certificate allowing nurses to prescribe oral morphine. Students already holding a creditable Diploma may enter directly into Year 2. Interest is high and applications far outweigh the places available (20 per year). The aim is to develop and train competent clinicians and strategic leaders for palliative care in Africa.

Research

Why is research a priority for the Palliative Care Unit at Makerere? You may think we should be focusing on looking after patients and training students. But much needs to be done to ensure we are making a difference. We need to examine practices and determine the needs and priorities. We must listen to the patient's and family's perspective and find ways that support quality of life yet can be sustainable and accessible. We need to help build credibility among health policy makers and clinicians. We were delighted to have Prof. Scott and Mary Murray and Prof. Barbara Jack to help launch our research network, develop our research agenda and offer specific skills training. We were joined by Dr Jane Graham, specialist registrar from the UK and working at HAU, to develop and complete our first project.

*Prof. Harriet Mayanja,
Head of Department of Medicine at Mulago,
with Prof. Scott Murray*



Related activities:

- Research forum network (first meeting 19 March)
- Masterclasses in qualitative research skills (18 March, and second planned for June)
- Collaborative project in ethics of abandoned patients in Mulago (ongoing)
- Palliative care point prevalence needs assessment for Mulago Hospital, led by Dr Jane Graham (completed June 2009)

Advocacy and building collaborative networks

We have met with more than 40 senior colleagues in the University, government health services, ministry of health, international experts and national, regional and international palliative care associations. These meetings were to listen, hear about issues and challenges, explore models of working, and explore funding streams; and all will be used to develop the strategic planning process. We are delighted by the warmth of welcome and encouragement from so many. It has been particularly encouraging to receive a start-up grant of \$50k from the Open Society Institute. This grant is being facilitated by Hospice Africa Uganda and is funding administrative costs, registrar post and other development costs in the first year.

We have also been delighted to welcome colleagues to visit our developing service, which allows our model to be examined and shared; and we have had medical students doing elective projects with us.

Visitors have come from Botswana, Rwanda, Nigeria, UK, Ireland, Ethiopia, Cameroon, USA and Malawi.

India

Pallium India Partnership

This is our key partnership in India, led by Prof. M R Rajagopal, with an emphasis on supporting the development of young services, offering clinical mentorship and help with strategic planning.

Pallium India has asked us to visit services in Aisawl and Lucknow as a follow-up to a project to develop palliative care in the Regional Cancer Centres. The North East is an area of high cancer incidence, significant HIV and AIDS challenges, remote access and relative poverty. The North of India is very poor in regards to palliative care provision yet home to such a large population: the state of Uttar Pradesh has a population of 180 million, 3% of the global population, but has only one palliative care service at present, in Lucknow. These visits are scheduled for July 2009.

Related activities:

- Visit to Trivandrum Institute of Palliative Sciences (TIPS) and Pallium India base (8–9 February)

Indian Association for Palliative Care (IAPC)

We continue to be involved with IAPC. This year's conference was the first to be hosted in the capital and in the leading government institution, the All India Institute for Medical Sciences (AIIMS). There were more than 600 delegates; I attended as part of the International Advisory Committee and gave a paper 'Opioid availability in sub-Saharan Africa'.

Key activity:

Faculty for Indian Association for Palliative Care 16th International Conference Delhi (13–15 February)

Emmanuel Hospital Association (EHA) partnership

Emmanuel Hospital Association is a non-governmental Christian network of 20 hospitals and 30 community projects across the north of India, with a vision to reach the poorest in rural areas. They recently committed to developing palliative care programmes, with Lalitpur in Uttar Pradesh and Shalom in Delhi planned to spearhead these developments. I was invited to be faculty for the first training programme in Delhi organized by Dr Ann Tyle (EHA) and Dr Ed Dubland (Canada). It was especially good to take part as EHA was the first place I visited 10 years ago to ask about possible collaboration. Further visits are planned for July 2009, and I very much hope Cairdeas will be able to work in partnership to support this initiative.

Related activities:

Training in palliative care at Shalom Centre in Delhi (16–17 February)

Cairdeas expert visits / collaborations:

Richard Gamlin, Senior Lecturer in Palliative Care Nursing, Sunderland: Kampala, 26 August 26th to 3 September 2008

Dr Dorothy Logie, Public Health and Primary Care Physician, Lothian: Kampala, 17–21 November 2008

Prof. Scott Murray, Primary Palliative Care Research Group, University of Edinburgh: Kampala, 13-22 March 2009

Prof. Barbara Jack, Director Evidence-Based Practice Research Centre, Edgell University: Kampala June 2009

Scheduled visits:

Dr Grahame Tosh, Palliative Care Physician and Medical Director, Southend NHS Trust: Mizoram, 5–19 July 2009

Dr Chitra Ventaswaren, Associate Professor Psychiatry and Consultant with MEHEC, Kochi: Mizoram, 5–19 July 2009

Dr Shoba Nair, Associate Professor Palliative Care, St John's Hospital, Bangalore: Mizoram, 12–19 July 2009

Our thanks to those who have visited in the past year to support Cairdeas activity and training. Most have self-funded these visits, and all have contributed with enthusiasm and skill. We would love to be able to facilitate many more such visits in the future.

Looking ahead

In 2009 to 2010 our main focus will continue to be in Uganda, with a lesser involvement in India:

- Support for launch of the B.Sc. in palliative care by Hospice Africa Uganda and Makerere University, starting February 2010
- Continued development of the palliative care unit at Mulago Hospital
 - Launch of referral pathway
 - Development of social support
 - Training for dispensary and pharmacy staff
 - Development of link nurses on wards
 - Initiation of postgraduate training
 - Monitoring, research and evaluation
- Strategic roles in national policy for palliative care and education in Uganda
- Support for educational initiatives with the African Association for Palliative Care
- Mentorship and training visits to Mizoram and Lucknow, July 2009 and January 2010.
- Participation in Indian Association for Palliative Care conference in Trichy, February 2010
- Participation in Association for Palliative Care UK conference, March 2010
- Support for Emmanuel Hospital Association palliative care developments, July 2009 and July 2010

A handwritten signature in blue ink, appearing to read "Mhoira Leng", is written over a light blue rectangular background.

Mhoira Leng
Medical Director

Cairdeas Support Group

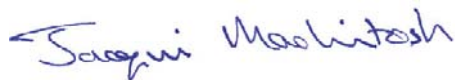


This last year has seen some changes in the format of the Support Group. For a variety of reasons, such as work and family commitments, some of its members felt they could no longer be so actively involved in the Group, so it was decided to disband it as such. I take this opportunity to thank the members of the Support Group for their commitment and enthusiasm when Cairdeas was very much in its infancy, and for working so hard to establish a core of supporters and raise funds.

The important work of supporting many of the practical aspects of Cairdeas is, of course, continuing. We have seen a significant increase in the number of Cairdeas 200 supporters – those who contribute regularly to the work. And over the last year fundraising parties have been held in Edinburgh, Liverpool, Lenzie and Aberdeenshire, as well as a number of Christmas Fayres.

An exciting new development is that over the coming months we will be setting up a network of Cairdeas representatives - for example in their church or workplace. Primarily their role will be to promote the work of Cairdeas through the distribution of newsletters, and encouraging prayer and fundraising. It is anticipated that this will also widen Cairdeas' supporter base.

So this will be my last report as Chair of the Support Group; but I look forward to working with our new representatives as we journey together with our supporters and partners over the coming year.



Jacqui Macintosh
Supporters Co-ordinator



Treasurer's Report

Funding

Our income continues to come from a number of sources: the most significant being donations from individuals and churches. This year we started to apply for funding from various Trust and Foundations. This is still in progress and in the current economic climate we realise that this is going to be an extremely difficult task. We are therefore especially grateful to all our supporters who responded to our Christmas appeal. The one-off donations received totalled £1,690, while new and increased regular giving have raised the monthly donations to just over £2000 (over £2,500 including Gift Aid and Transitional Relief). Overall these increased donations in the current year by approx £3,000. In addition to the regular giving we receive, we rely on the one-off donations, fundraising events and Cairdeas parties held by our supporters.

This year we are particularly grateful to Gerrard Street Baptist Church, which has continued its regular support of our work; Sheddocksley Baptist Church, which hosted last year's Annual Gathering and has offered to host this year's which will be held in October; the International Christian Medical and Dental Association (UK) Trust, which sponsored our Medical Director to attend and lecture at their European Conference last September, and two supporters who generously gave us the money to buy a car for Mhoira in Uganda. This not only saved us money on transport costs, but more importantly gives Mhoira greater safety while she lives and works in Uganda. Anyone who has visited Africa will know how dangerous the roads can be!

More Cairdeas Parties have been held this year, raising over £1,300. These are small "friend" and fundraising events hosted by supporters of Cairdeas to raise awareness about Cairdeas, as well as providing an opportunity for people to make one-off donations, join the Cairdeas 200 or purchase some fairly-traded products. These products are purchased on a fair trade basis in places where Cairdeas works. The receipts from these events incorporate donations and income from selling these products.

The "Cairdeas 200" is the name we have given to our core group of supporters who commit to regular giving. At 31 March 2009, we had 66 such supporters (2008 – 51), and during the year to 31 March 2009, the donations from these totalled £14,223 (2008 – £8,511). This includes regular donations received via JustGiving. The Cairdeas JustGiving website was launched in June 2008, and during the year to 31 March 2009 we received £320. In addition, two supporters have set up regular donations through the site.

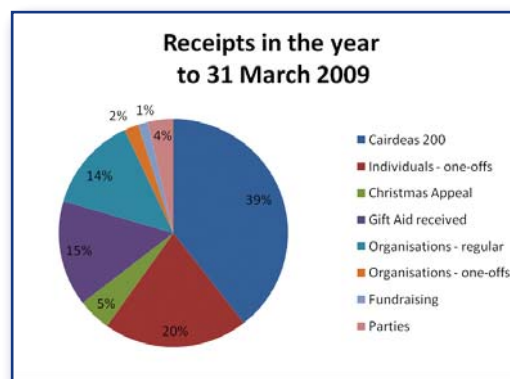
This year we reclaimed Gift Aid on donations from individuals more frequently, which is why there has been such a significant increase compared to the year to 31 March 2008. We did this to improve our cash flow.

Receipts

	Year to 31 March 2009	Year to 31 March 2008
	£	£
Cairdeas 200	14,223	8,511
Individuals - one-offs *	7,370	3,781
Christmas Appeal	1,690	0
Gift Aid received	5,396	1,604
Organisations - regular	4,850	3,000
Organisations - one-offs **	730	4,052
Fundraising	501	4,999
Parties	1,306	1,976
Bank interest	22	54
Total	36,088	27,977

* Includes a gift to buy Mhoira a car in Uganda

** Includes donation from International Christian Medical and Dental Association (UK) Trust



Payments

On the payments side, our most significant costs continue to be travel and subsistence payments for Mhoira, and her fee as Medical Director and Visiting Specialist. Our travel and subsistence costs have been higher this year mainly because Mhoira has spent a higher proportion of her time in Uganda, where living costs are significantly higher than in India. In addition, Mhoira was frequently provided accommodation free of charge or at a very low cost in India, whereas the longer term nature of her appointment in Uganda has meant that renting a small apartment has been more cost-effective. Wherever possible we aim to minimise our travel and accommodation expenses, bearing in mind the need to be time efficient and ensuring that our consultants are properly looked after in what are sometimes difficult and challenging circumstances.

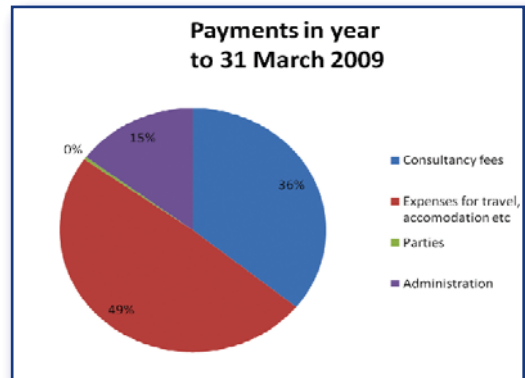
When funding from Trusts and Foundations did not materialise during the current year we had to restrict our overseas work and appeal to our supporters for additional funding. As a result of this potential shortfall in funding, we were able to provide financial assistance to only one Visiting Specialist this year, Richard Gamlin, who visited Mulago Hospital for two weeks in August 2008. We are very fortunate that other Visiting Specialists have been willing and able to fund their own trips this year to both Uganda and India; but in years ahead, we very much hope to be able to offer assistance to others, where this is appropriate. For more detail about Cairdeas activity during the year, please see the Medical Director's report.

In March 2008, the Trustees appointed David Swift as our Executive Director. This is a part-time role which is boosting our activities in the UK. David has been involved in compiling newsletters to supporters, updating and re-designing the Cairdeas website, circulating regular blog posts and e-prayer letters and organising the Civic Reception hosted by the Lord Provost in Aberdeen. During the last six months, David has focussed on seeking funding from Trusts and Foundations, in conjunction with the Funding Group. This is the main reason for the increased administrative costs this year compared to last. We anticipate that we will be able to grow our funding, and therefore our activities, without significantly increasing our administration costs from the current level.

	Year to 31 March 2009	Year to 31 March 2008
	£	£
Consultancy fees	13,828	12,500
Expenses for travel, accommodation etc *	18,903	13,460
Consultant travel grants	0	699
Charity Ball	0	50
Parties	143	995
Administration	5,716	1,990
Total	38,590	29,694

* This includes reimbursing Mhoira for her car in Uganda

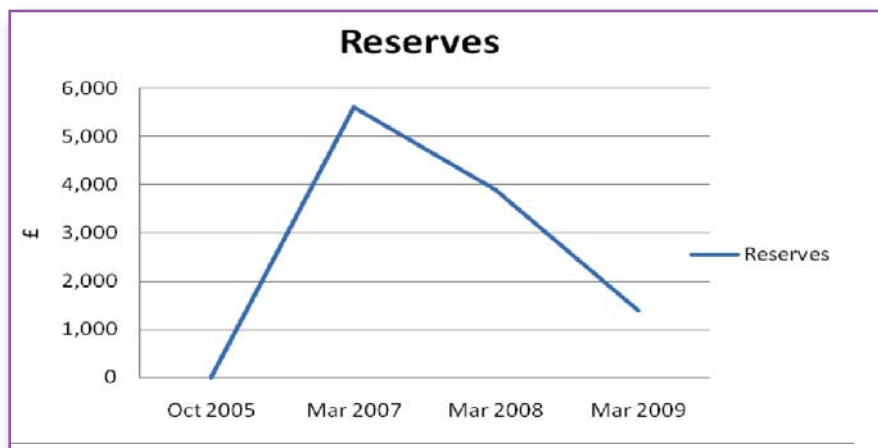
Payments continued.



Reserves and the Year Ahead

The Trustees are in the process of formalising a policy with regards to the level of reserves required for Cairdeas to be able to plan ahead effectively and respond to changing opportunities internationally. During the current year we made another small deficit of £2,502 (2007 – £1,717).

This mainly reflects higher living costs in Uganda, the funding difficulties we experienced during the year when applications to Trusts and Foundations were unsuccessful, and the timing of expense payments to Visiting Specialists.



We are very pleased that one result of the Christmas Appeal has been a significant increase in our core funding. This has enabled us to commit to projects in the coming year, most especially our continuing work in Uganda. However, until funding from Trusts and Foundations is received, our capacity for additional international work is restricted, and this is something we are working hard to remedy. With additional funding we could facilitate a greater number of Visiting Specialists who are key in our capacity building initiatives and provide training in the more remote Indian States e.g. Mizoram, where a skeleton Palliative Care Service has been established but with insufficient training or resources to grow either in the numbers of people trained, or in the depth of clinical expertise required.



Katherine Burnett
Treasurer

Independent Examiner's Report

This summarised financial information may not contain sufficient information to allow for a full understanding of the financial affairs of the Trust. For fuller information, the annual accounts with reports by the Trustees and Independent Examiner can be obtained by writing to us. However, in my opinion, the foregoing accounts have been properly compiled from the full annual accounts and are consistent therewith.

Prof J E McLachlan BA, CA, FCCA, MHSM, FCIE

Board of Trustees



Chairman – Mr Simon Barker

Simon is a Consultant Orthopaedic Surgeon based in Aberdeen.



Treasurer – Mrs Katherine Burnett

Katherine is a Chartered Accountant based in Edinburgh.



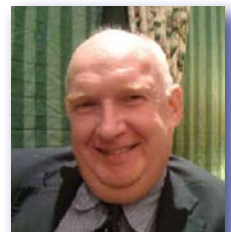
Human Resource Director – Dr Jack Leng

Jack is a retired General Practitioner based in Glasgow.



Supporters Co-ordinator – Ms Jacqui Mackintosh

Jacqui is a social worker working in health and social care training, in Aberdeen.



Mr David Knight

David is a Consultant Orthopaedic Surgeon based in Aberdeen.



Medical Director – (ex officio) Dr Mhoira Leng

Mhoira is a Consultant in Palliative Care Medicine and is based in various locations around the world.

Glossary of terms and abbreviations

AFRA	African Regional Cooperative Agreement for Research, Development and Training related to Nuclear Science and Technology
APCA	African Palliative Care Association
Cairdeas	(pronounced cardis) – Gaelic word meaning world wide friendship and fellowship
CMC	Christian Medical College in Vellore, India.
EHA	Emmanuel Hospital Association
HAU	Hospice Africa Uganda
IAPC	Indian Association for Palliative Care
OSCR	Office of the Scottish Charity Regulator
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
TIPS	Trivandrum Institute of Palliative Sciences

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