



**CAI
(CHILDHEALTH ADVOCACY INTERNATIONAL)
(A Company Limited by Guarantee)**

REPORTS AND FINANCIAL STATEMENTS

**FOR THE YEAR ENDED
31 OCTOBER 2008**



CAI Childhealth
Advocacy International

"improving maternal & child
healthcare worldwide"

**CAI
(CHILDHEALTH ADVOCACY INTERNATIONAL)**

FINANCIAL STATEMENTS

**FOR THE YEAR ENDED
31 OCTOBER 2008**

Company Number: 3597304

Charity Number: 1071486

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CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS REPORT FOR THE YEAR ENDED 31 OCTOBER 2008

The trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 October 2008.

REFERENCE AND ADMINISTRATIVE INFORMATION

Company Number - 3597304

Charity Number - 1071486

Directors

Dr J Bridson (Chairman)
Dr D P Southall
A Sherriff
Dr J Meran (Retired 08.11.08)
S D James
Dr R Moy
N Ager
A Maxfield
Dr B Hayden
Dr A Earley (Appointed 14.02.09)

Secretary and Programme Director

M Szczesny

Registered Office and Operational Address

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Bankers

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Auditors

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CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

STRUCTURE, GOVERNANCE AND MANAGEMENT

The charity is a charitable company limited by guarantee. It is governed by Memorandum and Articles of Association.

Trustees and Organisational Structure

In accordance with the Company's Memorandum and Articles, Dr J Bridson, Dr R Moy and A Sherriff retire by rotation and being eligible, offer themselves for re-election.

The method of appointing directors and trustees is governed by the memorandum and articles of association. Trustees serve until they resign. New trustees are nominated by members of the board of trustees, interviewed by a panel of two trustees and appointed where they have the necessary skills to contribute to the charity's management and development. When new trustees are appointed they are given an introduction to the work of the charity and provided with the information they need to fulfil their roles, which includes information about the role of trustees and charity law.

The board meets quarterly and there are sub-committees covering developmental, finance, fundraising and operational issues. The Programme Planning Group, which is the main sub-committee, meets monthly.

The charity is run day to day by the Programme Director along with 3 other members of staff and many volunteers. She is also the secretary to the trustee board.

The charity has its headquarters in Nottingham, with overseas Field Offices in Albania, Bosnia, Cameroon, Pakistan, The Gambia, Uganda and Zambia. The charity has a number of partner organisations with whom it works and co-operates, to deliver its programmes, including governments, to ensure a co-ordinated effort in the areas in which it operates and to influence longer term strategies to improve healthcare.

Risk Management

The directors have introduced a process to assess business risk. This effectively involves identifying the type of risks the charity faces prioritising them in terms of potential impact and the likelihood of occurrence, and identifying means of mitigating the risks.

Major risks, for this purpose, are those that may have a significant effect on:

- Operational performance, including risks to our personnel and volunteers;
- Achievement of our aims and objectives; or
- Meeting the expectations of our beneficiaries or supporters

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

STRUCTURE, GOVERNANCE AND MANAGEMENT

The trustees review these risks on an ongoing basis to ensure that adequate systems and procedures are in place to manage the risks identified. Where appropriate, risks are covered by insurance. The following framework is central to ensuring adequate risk assurance:

- Regular monitoring of major risks and development of action plans
- Embedding risk identification and assessment within operating procedures
- A clear structure of delegated authority and control
- Review of key systems and procedures
- Maintaining reserves in line with set policies and
- Reports on risk management to the trustee board

Internal Financial Controls

The trustees confirm that internal control procedures are in place:

- Financial policies and procedures which are kept under constant review
- Comprehensive system of annual budgets, approved by the trustees and monthly financial reporting of actuals against budget
- Monthly expenditure forecasting
- Monthly forecasting of predicted income
- Monthly monitoring of reserves and cash
- Regular internal audit of cash handling and other financial procedures within the field offices

OBJECTIVES AND ACTIVITIES

Vision Statement

CAI works to ensure that every vulnerable baby, child and mother has access to compassionate and effective healthcare.

Mission Statement

CAI seeks to achieve this for children and mothers in countries where there is extreme poverty, armed conflict or natural disaster. CAI works with local health providers to develop sustainable systems of health care by

- Improving training in emergency care
- Developing appropriate care for babies, children and mothers.
- Advocating and promoting their best interests.

Objectives

CAI is an international Non-governmental organisation, founded in 1995 by a number of leading UK paediatricians to improve healthcare for children worldwide. Traditionally, healthcare in countries where there is extreme poverty has not always been focused on emergencies and yet many healthcare problems are caused by time-sensitive illnesses and injuries, such as severe infection, accidental injury or other complications. Treatment in the first few hours of an emergency has critical and long-term implications for the individual.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

OBJECTIVES AND ACTIVITIES

CAI concentrates on the provision of healthcare and protection for babies, children and mothers. It achieves these aims by working in some of the most disadvantaged areas of the world with the most vulnerable sections of the community. As a result of input from specialists in the community and hospital health sectors it develops systems of care and protection which can be built on by government or by larger organisations. Much of this work progresses through the development of leading edge educational materials relevant to poorly resourced situations as well as innovative educational methods. We support local healthcare providers where disaster strikes in a country where we are established. CAI also uses advocacy, based on data collected in the field to help improve the circumstances of mothers, babies and children including those suffering from abuse and the devastating effects of armed conflicts.

The activities currently carried out by the charity are:

- Healthcare provision during pregnancy and childbirth, and for the newborn infant or child.
- The management of emergencies both in hospitals and in the community and we integrate the care pathways between home and the hospital.
- Treatment so that patients are not subject to unnecessary pain and suffering.

We contribute to better healthcare by:

- Training healthcare workers, for example, doctors, nurses, midwives and traditional birth attendants. We also encourage education programmes to provide in-country instructors thereby achieving a sustainable outcome.
- Working with local health workers to find the best ways of improving healthcare.
- Developing and distributing free, up-to-date and evidence-based medical teaching materials.
- Advocating that governments renovate hospitals, provide medical equipment, drugs and supplies for managing emergencies.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

EDUCATIONAL MATERIALS

CAI, with ALSG (Advanced Life Support Group) has produced a number of medical teaching materials; books, CD-ROMs and DVD's, to be used by healthcare providers worldwide. Those on our website can be downloaded free by developing countries.

The 'International Manual of Child Health' and 'Pocket Emergency Paediatric Care' books continue to sell well. They received good reviews and are being used in developing countries worldwide, bought at a subsidised cost. They are also available in the developed economies at a market price.

The Advanced Paediatric Life Support (APLS) CD-ROM and DVD are also being used worldwide. The CD-ROM continues to be purchased as part of a package, by all UK health service staff who take the Paediatric Life Support (PLS) and Advanced Paediatric Life Support courses (APLS).

We have produced the 'Obstetric & Neonatal Emergencies' CD-ROM/DVD, a 'Pocket Book of Obstetric and Neonatal Emergencies' and a 'Pocket Book of Obstetric, Neonatal & Paediatric Emergencies including Major Trauma'.

With ALSG, the ESS-EMNCH teaching materials (see below) are under continual development. The most recent document is a manual for Village Health Workers, ensuring we continue to help improve healthcare in emergencies for pregnant mothers, babies, children.

The 'Child Friendly Health Care Initiative' (CFHI) manual and toolkit are published on the CAI and CFHI websites, and are also published and promoted for free global access by the Paediatric Nursing journal. The manual and toolkit have now been translated into Spanish.

Future: we will continue to publish academic articles which are listed on our website

ESSENTIAL SURGICAL SKILLS - EMERGENCY MATERNAL, NEONATAL AND CHILD HEALTHCARE (ESS-EMNCH) (See Pakistan & The Gambia)

Following the development of educational materials in partnership with the Advanced Life Support Group (ALSG), CAI continues to work on the ESS-EMNCH programme, which provides training for overseas doctors, nurses and other health-workers in emergency maternal, neonatal and child health care, with the support of the World Health Organisation (WHO). The project also provides in collaboration with the Government and WHO essential emergency drugs and medical supplies along with basic emergency equipment and renovation of hospital facilities where emergency care is undertaken. The teaching materials included in the course are available free on CD-ROM and on our website. The income generated from the sales of the APLS CD-ROM has financed the ESS-EMNCH Pilot project in Pakistan and partially in The Gambia. ESS-EMNCH is now being cascaded across Pakistan by CAI Pakistan/WHO Pakistan and the Ministry of Health, with money raised from major donors within the country. The project is progressing successfully in The Gambia with the help of WHO The Gambia, and The Gambian Government.

Future: we intend to implement the ESS-EMCH programme in a number of countries around the world, subject to securing funding.

We are developing, with partners, two new concepts to support maternal and child health in disadvantaged nations: the first is a Rights-Based approach to Health Care and the second is an International Coalition of partners with involvement in Emergency Maternal, Neonatal and Child Healthcare.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

ALBANIA

The Neonatal resuscitation programme remains running, the CAI paediatric library in the Mother Theresa Hospital in Tirana has been renovated and the Annual Paediatric Conference sustained.

Iodine deficiency Study

In previous years, CAI had surveyed iodine deficiency and found that more than 90% of 8-12 year old children living in the southern hills of Albania suffer from severe iodine deficiency. This can lead to a variety of problems including stillbirth, abnormalities in newborn babies and learning difficulties in children. The results were published and duly delivered to the Albanian Government and a further study took place which showed that supplementation of iodine to 10 -12 year old children improved their cognitive performance. CAI had presented the results of the Iodine Deficiency Disorder project at the annual Albanian Paediatric Association conference, where the information was well received. The Deputy Minister for Health was present and agreed to act on CAI's findings to immediately improve the cognitive development of Albanian children. We observed in 2006 that many shops in Albania stocked what was labelled as Iodized salt and we bought many different brands and had them analysed, but none contained iodine. This was reported to the Ministry of Health and in the press.

In 2007 we had found that the sale of Iodized salt in the shops was much more reliable. We had analysed salt samples collected from shops labelled as iodized salt, and found most of them contained iodine.

The iodine work is now completed, and a new national law was enacted making universal salt iodization in Albania mandatory. CAI played an important role in achieving this outcome which affects the whole of the population of Albania.

Essential Surgical Skills with emphasis on Emergency Maternal, Neonatal & Child Health (ESS-EMNCH) programme

At the Albanian International Paediatric conference in November 07, we presented a paper on the EMNCH programme. Efforts to get this programme introduced into Albania were not successful. However, the EMNCH Pocket Book, has been distributed across the country.

Future: We will be winding down our activity in Albania which is now a middle-income country and concentrate our energies elsewhere.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

BOSNIA AND HERZEGOVINA

It is now 13 years since the end of the war in Bosnia Herzegovina, one of the republics of the former Yugoslavia. Enormous strides have taken place over this time, in all aspects of civil society, not least medical care.

Childhealth Advocacy International (CAI), with the generous support of the Gift for Living Committee of the British and Irish Lions, continues to be instrumental in providing not only equipment but also the educational resources vital to the provision of high-quality care to babies and children.

Advanced Paediatric Life Support (APLS)

In previous years, training courses in APLS have been provided to casualty and paediatric staff from several Bosnian hospitals. This initiative has been so successful that it is now self-sustaining: local doctors have been trained via the Generic Instructors' Course (GIC), and they now organise and direct courses for colleagues throughout Bosnia.

The teaching programme is strongly supported by Professor Dinarevic, head of Paediatrics in Sarajevo. APLS Bosnia is now a self-sustainable programme, with courses held on an annual basis, and is totally financed and run by medical staff of the Paediatric hospital in Sarajevo. The programme is undergoing expansion.

Future: Dr Hayden will visit Bosnia in April 2009 to observe, and take part in, the running of the APLS course.

Maternal and Neonatal health

The next step is to extend the remit of CAI's work to the care of pregnant women, which will entail setting up the Management of Obstetric Emergencies and Trauma (MOET) course, along the same lines as the APLS course.

Dr. Brigid Hayden, Honorary Country Director, visited Bosnia in May 2008, and found an enormous amount of enthusiasm for this project. Costings for the MOET course have been sought, and potential International Instructors have been approached.

Future: We aim to set up the MOET course in the near future, and that it will, ultimately, be self-sustaining, providing long-term benefits to the health and well-being of babies and pregnant women.

Paediatric Department in Banja Luka Hospital

CAI had previously upgraded the paediatric department in Banja Luka hospital, which is in the Serbian republic division of Bosnia. A large quantity of equipment for managing acutely ill babies and children had been donated by the Gift for Living Committee of the British and Irish Lions. Patients are now given measured oxygen therapy, are kept warm and at the right temperature, and have intravenous fluids in accurately monitored amounts. During the year around many infants and children benefited from this programme. This department is well staffed and acts as a referral centre for the Serbian republic division of Bosnia. The department now provides more sophisticated care for acutely ill or injured children.

Future: in 2009 we aim to equip the department with additional ventilators and incubators, with thanks to The Gift for Living Committee of the British and Irish Lions, who are raising funds to complete this project.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

CAMEROON

CAI projects in Cameroon are based at Bamenda Provincial Hospital in the North West Province of Cameroon, where we have been working since 2002. CAI staff improve the level of care given to mothers and children in the hospital, and work well with the hospital's Director and other departments.

Mother and Baby Unit.

The new neonatal nursery that was extended in 2007/08 is working well. We had identified that there was no accommodation for mothers, whose babies were ill, and they had had to sleep in another building or on the floor. The neonatal nursery, was therefore rebuilt and enlarged, providing a room with beds for mothers to sleep has been built so that they can be near their sick babies. This was necessary to deal with overcrowding and high infection rates among the babies. All the rooms now have electricity, hand wash basins, proper windows with glass. The rooms for premature babies are bigger, and there is a separate nurses office, which was much needed. Items required for breast milk banking have been donated or bought. Breast milk for the bank is now treated and stored in the milk kitchen, which is part of the new nursery building.

Future: We have not yet raised the capital required to complete the mother and baby unit with a toilet and shower block and seating area for mothers. This is a priority for 2009.

The Prevention of Mother To Child Transmission of HIV virus (PMTCT).

This project aims to reduce the number of babies who become infected by the HIV virus during pregnancy, labour or delivery because their mothers are HIV positive. It also aims to support infected mothers caring for their babies, and detect early any babies who do become infected, as this optimises their care.

Achievements: We have appointed and trained a new nurse for PMTCT, and now have 2 full time and one part time nurse. The nurses counsel mothers in pregnancy and then follow up their babies until they are 18 months old, and we can be certain that they are not infected. National advances in testing facilities, ante retroviral drugs, and nutritional support for infants have improved this process.

Of 148 babies tested during the year, 130 were HIV-ve and 18 HIV +ve. Without this intervention, more than twice this number of babies would be expected to be HIV +ve.

The nurses continue to run a support group for infected mothers, which is well attended.

Future: There are mothers who fail to attend follow up clinics with their newborn babies, for various reasons - usually financial, social or because of fear of disclosure of their HIV status. We would like to reduce the number of non-attenders, and are continuing to work on ways of addressing this difficult problem.

Burkitt's Lymphoma – a childhood cancer

Burkitt's Lymphoma is a highly malignant childhood cancer, occurring particularly in African children. It is invariably fatal if left untreated, but cure is possible with a chemotherapy regime. CAI is running a treatment programme for these children at the hospital in Bamenda.

This year we have appointed and trained a second CAI nurse for the project, and given extra training to the senior nurse on the children's ward. A radiographer has also received training to enable children to have the ultrasound scans they need for staging the cancer in Bamenda, instead of having to travel to another hospital. During the year nine new children with Burkitt's Lymphoma have been treated, and others followed up from last year. One child has died.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

Future: More work needed to secure the supply of chemotherapy drugs. We would like to establish a support group for parents of children with Burkitt's Lymphoma.

Other future plans: In the next year we would like to provide training for midwifery and paediatric staff on resuscitation of the newborn.

PAKISTAN

Essential Surgical Skills with emphasis on Emergency Maternal, Neonatal Child Health (ESS-EMCH) Programme

Since the start of this programme over 22,000 health workers from around Pakistan have undergone life support training as part of the ESS-EMNCH programme, which was developed in collaboration with WHO Pakistan, ALSG (Advanced Life Support Group) and the Government of Pakistan. During the year, CAI conducted four 1-day BLS (Basic Life Support) courses, one APLS course (Advanced Paediatric Life Support), two MOET (Management of Obstetrics, Emergency & Trauma) and four 5-day ESS-EMNCH courses. A faculty of internationally certified senior medical doctors and health professionals, from various teaching institutions, hospitals and health facilities of Pakistan, donated their time to the programme for the cause. The programme has three levels of implementation; tertiary care, district hospital, and the first level responders working in the community (ambulance personnel, skilled birth attendants and paramedics). It involves the provision of essential emergency drugs, medical supplies and equipment in parallel with training in emergency care. The training is designed to strengthen the emergency care of critically ill and injured pregnant women, babies and children.

A team of internationally renowned educators designed the curriculum of these structured trainings and local experts (surgeons, anaesthetists, obstetricians and paediatricians), having vast experience in the field of emergency management, modified and adapted it according to Pakistani standards and guidelines. This programme complements the ongoing activities of the Government, and will help to establish the emergency response mechanism in the existing healthcare delivery system.

Following each resuscitation, each trained provider documents in a Log Book the emergency care provided and the outcome. So far more than 2,500 patients have been documented as being resuscitated as part of the programme. 90 per cent of the patients resuscitated survived. Newborn resuscitation was the most commonly utilised skill. Shock, breathing difficulties and fits were the major emergencies in children while massive haemorrhaging was the most frequent emergency in pregnant women.

CAI Pakistan has published articles in Pakistani medical journals, which are on the CAI website.

Future: funds for ongoing development of the ESS-EMNCH course are currently being provided by WHO Pakistan, UNICEF and USAID.

Myanmar visit

On 2nd May 2008 tropical cyclone Nargis hit the coast of Myanmar and devastated large parts of the low-lying Irrawaddy delta of Myanmar (Burma) - located in the south, with an estimated population of over 47 million.

A team from CAI Pakistan visited the affected areas to evaluate the depth of the disaster and conducted a need assessment in Yangon, Myanmar's biggest city, which was badly affected by the cyclone.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

THE GAMBIA

Essential Surgical Skills with emphasis on Emergency Maternal, Neonatal and Child Health (ESS-EMNCH) programme

The teaching programme which has been modified in collaboration with Gambian clinical colleagues to reflect the health care issues and circumstances pertaining locally, continues to progress in Brikama.

Training

In 2007-8 a further approximate 100 nurses, midwives and doctors (including the Spanish speaking Cuban doctors) have been successfully trained on maternal, neonatal and child emergencies. A number of individuals have been identified, trained and mentored as instructors. These colleagues now teach on the courses with the UK instructors which increases the motivation and self-sufficiency of the Gambian health professionals and decreases the need for overseas volunteers. Nurses, midwives and doctors who have been taught on the ESS-EMCH courses are given a log book in which to record details of life-saving interventions that they have used on actual patients using the skills and knowledge acquired on the courses. They continue to be kept up to date with the same excellent outcome of the vast majority of patients requiring emergency intervention surviving.

The Course Manual has been translated by volunteers into Spanish making the course more accessible to the staff on loan from Cuba who support the Gambian Health Service.

The Traditional Birth Attendants (TBAs) are now being trained locally by Gambian Instructors who can work independently of UK support in this area.

Advocacy

To ensure that those trained can effectively use their skills 24 hours every day, a major part of this programme aims to ensure, through advocacy, that hospitals and other health facilities have sufficient emergency drugs and medical supplies provided by the local Government to treat patients safely and reliably. The programme also assists the Government in refurbishing its health facilities and provides basic and essential emergency equipment following a Memorandum of Understanding with the Gambian department of State for Health and Social Welfare.

The operating theatre at Brikama continues to be the best equipped in the country. In 2007-8 it was used by CAI with the help of a specialist surgeon to continue our work in vesico-vaginal fistula repair. This devastating condition is the result of prolonged obstructed labour and is hopefully being reduced by our training and advocacy programme.

Flying Squad

As there are too few midwives in The Gambia, most mothers have their babies in their villages, attended by a Traditional Birth Attendant (TBA). If there are problems, such as an obstructed labour, a breech delivery or severe bleeding, the mother and baby are at serious risk of dying because there is no effective transport to take them quickly enough to the hospital. The programme has trained TBA's in the recognition and immediate treatment of mother and newborn emergencies and provided a fully equipped ambulance with a trained midwife on board to go out to the villages in response to the mobile phone call (again provided by the programme) from the TBA. The Flying Squad is saving lives every week.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

Independent evaluation

The independent report from Dr Aidan McFarlane on the project included statements such as:

"The benefits are immeasurable at all levels – capacity building – institutional strengthening, infrastructure improvements, clear project proposals which have been met; because it was not stand alone, and has forged links from community level to tertiary level"

The regular training of all the personnel involved in the project is undoubtedly, from this evaluation, one of its great strengths. The training programme is very much geared, as it needs to be, to the individual requirements and level of education of the different course participants; the courses include a great deal of interaction; are in line with modern training concepts; provide excellent manuals and other materials

Everyone questioned either by interview or via the questionnaires praised the training that they had been given. There was absolutely no criticism from anyone of the training provided, which was considered universally appropriate and of a very high quality"

"This is an excellent and worthwhile project"

"evidence from the flying squad data for the Brikama District for 14/5/07 till 22/3/2008 clearly demonstrates that both maternal and infant lives were saved by the project."

"The results of the evaluation would strongly support the concept of extending the project to other areas in The Gambia and elsewhere in Africa"

Next district

Following this encouraging report, the partners (CAI, ALSG, WHO and The Gambian Government) decided to extend the project to a rural area deep inland at the farthest end of the river called the Upper River Region (Basse). This area has an especially high mortality rate for mothers and children and is difficult to staff and manage because of its remoteness. An assessment was undertaken which revealed a great need for infrastructure support and training.

Future: Funding has been secured to make a start on the Basse area and training will begin in November 09, but further funds are required.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

UGANDA

This has been a busy year for CAI Uganda, in which they have endeavoured to make themselves autonomous.

The AIDS Orphans Outreach project for Orphaned Children with HIV/AIDS

This project provides a holistic package of support to children who have been orphaned by AIDS, and who are HIV+ or have AIDS themselves. The team offers a home-based care, treatment and health education services to the children and to their carers and extended families. It includes medical care and treatment, counselling, psycho-social support and help with food and schooling, a Children's Group and a Carers Group which meet regularly, and income generating activities. We established the programme in Kampala, where it has operated successfully for a number of years. The advent of an American programme, bringing antiretroviral therapy to the children of Kampala, gave us the opportunity to transfer all 280 of our index children to their care, rather than duplicate badly needed services. Our team assisted the Americans with setting up their treatment and adherence-monitoring programme, then operated a planned withdrawal from Kamala, at the end of 2005.

CAI set up a similar scheme in Kayunga district, approximately 70 km from Kampala, where services for AIDS-affected children were non-existent. There are approx 20,000 orphans in the district, 4,000 of whom have lost both parents. The total number of children who are HIV+ in the district is estimated to be almost 10,000 out of an estimated 154,000 under 15 years (15.4%). Negotiations had been carried out with the local District Director of Health and the Kayunga Hospital, both of whom welcomed CAI and its work. Two teams, consisting of a nurse, social worker, medical assistant and driver, are based in Kayunga and are able to provide a health promotion programme for children in the district. Antiretroviral treatment became available, free of charge, for the children. The teams have made much progress, supporting over 360 index children and families at home and in 'outpost' clinics. The teams have expanded the area in which they provide regular sensitisation sessions (health education and voluntary testing and counselling for HIV). CAI continues to work in partnership with other agencies and organisations in the district, offering voluntary testing and counselling for the disease, providing food support and school fees, establishing Carers groups, food production activities, teaching and training activities – all which enable a large range of services to be offered to the index children and their families. CAI- Uganda has created new partnerships with several agencies, working on programmes to reduce the transmission of HIV from mother to child. This has increased the size of the team from 16 to 32 professionals and also increased the geographical area in which they work. CAI-Uganda continues to supervise those HIV+ orphans from the original Kampala project who are part of the schools programme. Other than this, all fieldwork is carried out in Kayunga District.

Future: We plan to encourage the development of an independent branch of CAI in Uganda with its own Board of Trustees to seek funding from within Uganda for projects of their own design that are best suited to local circumstances, and to form new partnerships.

The Mother Care project

This project offers the kind of care a mother would provide, to infants and children at Mulago Hospital, who have been abandoned by their parents. These infants have been left behind on the maternity wards or in various places across the city. At any one time there may be six or seven children requiring this service. The Mother Care workers arrange medical treatment and provide bedding, clothing, laundry services, food and feeding, cuddles and love which is essential until such time that the child is reunited with the family or rehomed by the Social Services Department.

Future: we plan to hand the project over to Mulago Hospital in Kampala, having provided an excellent service for several years.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

The Children's Play and Learning Scheme

This is located on the children's ward at Mulago Hospital. CAI had decorated, furnished and equipped a small playroom on the children's ward and the local CAI Play Therapist teaches and entertains those children well enough to benefit, including children from the MotherCare project. This helps the recovery of younger children and ensures that older children can maintain their literacy and numeracy.

Future: We plan to transfer the Play Scheme to Kayunga

ZAMBIA

The community-based outreach programme for the prevention of severe malnutrition in under 5 year old children in Lusaka, Zambia has proved to be a sustainable model and responsibility for the project has now been taken over by the Lusaka District Health Management Team. Following the successful introduction of the programme for the identification and management of children with moderate levels of malnutrition in 4 Lusaka clinics, it has now been rolled out to all 25 clinics in Lusaka.

Children with signs of moderate malnutrition are seen, receive a medical examination; investigations are arranged if required; and medicines are given for infections. Children also receive high-energy protein supplements; families receive detailed practical nutritional advice and are referred for voluntary counselling and testing if HIV/AIDS is suspected. There is a high success rate in preventing the development of severe malnutrition, with its associated high mortality. Most children, with the help of the Outreach Programme attain their target safe weight and can be discharged from the programme after 6 – 8 weeks.

Although on-going funding has now ceased, the CAI Programme Manager has been retained in a supervisory role to visit the clinics to provide support. CAI has donated a supply of pre-packaged weaning foods and essential medicines. The CAI vehicle with its driver has been handed over to the new Paediatric Centre for HIV/AIDS which allows for continuing use of the vehicle on supervisory visits.

Future: On-going contact with Zambia will be maintained with a view towards future collaborations such as EMNCH or oncology support.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

THE CHILD FRIENDLY HEALTH CARE INITIATIVE (CFHI)

The CFHI is a practical framework designed to support health workers and hospitals to improve their practice, function more effectively and reduce the avoidable fear and distress that children and families experience in health care. Developed and piloted in several countries by CAI, it is relevant to health care everywhere.

Taking a Rights-based approach (based on the UN Convention on the Rights of the Child) it focuses on attitudes, approaches and using existing resources in the best possible way, rather than relying on inappropriate or unsustainable hi tech equipment (which it discourages) or high level resources that are not likely to be available.

Since the completion of the pilot and publication of a CFHI Manual and Toolkit, CFHI has continued to generate interest from several points around the world, demonstrating the relevance and need for this type of programming.

Following an approach early in the year, a team in Santiago, Chile has now translated the entire CFHI manual and materials into Spanish for South America (also making these available on the web) and is now implementing a substantial CFHI programme in a large hospital complex, with a section of the hospital website dedicated to following its progress and promotion. We will follow this with interest and also look forward to learning from the experiences of the Chilean team.

Future: we continue to promote CFHI by contributing to international child health courses such as that at Warwick University, and there have also been recent requests for CFHI information and tools to support work in Ghana and eastern Europe too.

PLANS FOR FUTURE PERIODS

Plans for individual countries and projects are listed above. Our aim is to implement the ESS-EMNCH programme in many of our target countries and continue to develop medical teaching aids.

Our priority areas for development over the next three to five years will be:

- To build on our project development so that we have a portfolio of sustainable, funded projects that enable us to work in partnership with local communities and other NGOs to deliver our objectives
- To develop our partnership work, both in the UK and internationally so that we can share our expertise and learn from others
- To create a sound financial base, with steady income for core funds and agreed project developments, and an effective marketing strategy, based largely on internet activity
- To increase our Membership base which generates income for the charity
- To have a resilient, fit for purpose organisation with robust policies and effective structures and business and operational processes

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

FINANCIAL REVIEW

In 2007, the trustees carried out a detailed review of the charity's activities and produced a comprehensive strategic plan for the charity. The charity has sound financial management systems in place, both in the UK and overseas. The principle sources of funding for projects and core are from Foundations, Grant Making Trusts, Membership and individual donations.

At the 2008 year end the Charity had total reserves of £113,599 split between unrestricted funds of £27,206 and restricted funds of £86,393

At the 2007 year end the Charity had total reserves of £113,033 split between unrestricted funds of £20,888 and restricted funds of £92,145. Please note, the deficit shown on the restricted funds is due to a timing difference of income and expenditure. The deficit of £135,646 is due to the fact that the expenditure during 2007 has been drawn from reserves we had in 2006 (i.e. Project income had been received in 2006). We were able to contain the loss on the core funding to a figure of £5,443 and was in line with the budget.

The balances on the restricted funds are maintained to comply with the donor's requirements whilst ensuring the Charity is in a position to react to any emergency and once a project is started, it is concluded satisfactorily utilising the funds available. Any funds in deficit would therefore be covered by a transfer from general funds.

The Charity invests in fundraising to support the core work of the charity, which will ensure the strong current growth of the organisation will continue into the foreseeable future.

Reserves Policy

The board of trustees has examined the charity's requirements in light of the main risks to the organisation and has established a policy whereby the unrestricted funds held by the charity which are not committed, should be between 3 and 6 months of expenditure. This is to cover emergency situations and to ensure that the charity has enough resources to fund the programmes it is supporting. A detailed budget for 2008/9 has been prepared and approved by the trustees.

SUPPORT TO CAI

We would like to express our sincerest thanks to all our donors for supporting the work of CAI.. Our thanks go out to Lions Clubs International for support in Bosnia, and the Elton John Aids Foundation for support in Uganda. Our key partner in developing and implementing the ESS-EMCH programme in Pakistan and The Gambia, is the Advanced Life Support Group (ALSG). Through effective partnership, we have been able to add value to our work. Our thanks also go out to all the unpaid volunteers who have helped us tremendously this year, especially the paediatricians and nurses who have donated their time to the Charity and who we heavily rely upon to work on the projects and to the office volunteers who help with administration and fundraising tasks.

CHARITABLE STATUS

CAI is a registered charity, number 1071486 and enjoys the advantages commensurate with that status.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

STATEMENT OF TRUSTEES' RESPONSIBILITIES

Company law requires the trustees to prepare financial statements for each financial period, which give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing those financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees' are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and to enable them to ensure that the financial statements comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

STATEMENT OF DISCLOSURE TO AUDITOR

- (a) so far as the directors are aware, there is no relevant audit information of which the company's auditors are unaware, and
- (b) they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

AUDITORS

The auditors, Barber Harrison & Platt have expressed their willingness to continue in office, subject to the approval of members in the general meeting.

The report has been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (issued in March 2005) and in accordance with the special provisions of part VII of the Companies Act 1985 relating to small companies.

Approved by the Board on 9 May 2009 and signed on its behalf by:

J BRIDSON
Chairman

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

We have audited the financial statements of CAI (Childhealth Advocacy International) on pages 19 to 28 for the year ended 31 October 2008. These financial statements have been prepared in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2007), under the historical cost convention and the accounting policies set out therein

This report is made solely to the charity's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibility of the trustees and auditors

As described in the Statement of Trustees' Responsibilities the trustees (who are also directors of Child Advocacy International for the purposes of company law) are responsible for the preparation of the Directors' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you if, in our opinion, the information given in the Report is consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding directors' remuneration and transactions with the company is not disclosed.

We read other information contained in the Report, and consider whether it is consistent with the audited accounts. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the accounts. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the company's 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 to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error or other irregularity. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

INDEPENDENT AUDITORS' REPORT - continued

Opinion

In our opinion:

- the accounts give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice of the state of the charity's affairs as at 31 October 2008 and of its incoming resources and application of resources in the year then ended;
- the accounts have been properly prepared in accordance with the Companies Act 1985; and
- the information given in the Report is consistent with the accounts.

Barber Harrison & Platt

Chartered Accountants
Registered Auditor
26 May 2009

57-59 Saltergate
Chesterfield
Derbyshire
S40 1UL

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31 OCTOBER 2008

	Note	2008			2007 £
		Unrestricted		Total	
		Fund	Restricted		
	£	£	£	£	
INCOMING RESOURCES					
Incoming resources from generated funds					
- Voluntary income	(2)	62,891	321,174	384,065	355,811
- Activities for generating funds	(3)	8,487	69	8,556	11,212
- Investment income	(4)	1,441	-	1,441	3,334
Total incoming resources		72,819	321,243	394,062	*370,357
RESOURCES EXPENDED					
Costs of generating funds					
- Fundraising trading cost of goods sold and other costs	(5)	23,780	9,922	33,702	37,317
Costs of charitable activities	(6)	64,389	279,927	344,316	451,401
Governance costs	(7)	11,237	3,904	15,141	17,285
Other outgoing resources	(8)	337	-	337	-
Total resources expended		99,743	293,753	393,496	*506,003
Net (outgoing)incoming resources made before transfers		(26,924)	27,490	566	(135,646)
Gross transfers between funds		33,242	(33,242)	-	-
Net (outgoing)incoming resources		6,318	(5,752)	566	(135,646)
Fund balances brought forward at 1 November 2007		20,888	92,145	113,033	248,679
Fund balances carried forward at 31 October 2008		27,206	86,393	113,599	113,033

*** Notes**

Please note, the deficit shown on the restricted funds in 2007 is due to a timing difference of income and expenditure. The deficit of £135,646 is due to the fact that the expenditure during 2007 has been drawn from reserves we had in 2006 (i.e. Project income had been received in 2006). We were able to contain the loss on the core funding to a figure of £5,443 and was in line with the budget.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

BALANCE SHEET

AS AT 31 OCTOBER 2008

	Note	<u>2008</u>		<u>2007</u>
		£	£	£
Fixed assets				
Tangible assets	(11)		27,302	23,134
Current assets				
Debtors	(12)	12,078		13,484
Cash at bank and in hand		78,361		79,575
		90,439		93,059
Creditors: Amounts falling due within one year	(13)	(4,142)		(3,160)
Net current assets			86,297	89,899
			113,599	113,033
Represented by:				
Funds - Unrestricted			27,206	20,888
- Restricted	(18)		86,393	92,145
			113,599	113,033

The financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies and with the Financial Reporting Standard for Smaller Entities (effective January 2007).

The financial statements on pages 19 to 28 were approved by the Board of Directors on 9 May 2009 and are signed on its behalf by:

J BRIDSON
Chairman

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 OCTOBER 2008

1. Accounting policies

(a) Accounting convention

The financial statements have been prepared under the historical cost accounting rules and in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2007).

The financial statements have been prepared to comply with the requirements of the Statement of Recommended Practice – Accounting and Reporting by Charities issued in March 2005.

(b) Tangible fixed assets and depreciation

Tangible fixed assets are included at cost including any incidental expenses of acquisition.

Depreciation is provided on all tangible fixed assets at the following rates, calculated to write off the cost less estimated residual value over their estimated useful lives.

Motor vehicles	25% reducing balance
Equipment - Unrestricted	20% reducing balance
- Restricted	33% reducing balance

For assets held in foreign countries where the asset is likely to be quickly rendered worthless, their cost is written off in the year of acquisition.

(c) Foreign currency translation

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. All differences are taken to profit and loss account.

(d) Restricted funds

These comprise monies donated for specific projects for the assistance of children in desperate situations, who are victims of war, poverty and political upheaval abroad. Any overspending on these funds are covered by transfers from core. Funds that are in deficit at the year end are expected to generate further income in 2008/09 and therefore have not been covered by a transfer from core.

(e) Pensions

The pension costs charged in the financial statements represent the contributions payable by the company during the year in accordance with FRS17.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

1. Accounting policies - continued

(f) Operating leases

Rentals applicable to operating leases are charged to the Statement of Financial Activities over the period in which the cost is incurred.

(g) Gifts in kind

During the year medical equipment with a value of approximately £10,330 (2007: £16,803) was donated to the charity, together with office running costs of approximately £1,000 (2007: £nil), Educational material valued at approximately £1,297 (2007: £30,283) overseeing staff of £13,773 (2007: Nil) and travel costs of approximately £5,432 (2007: £8,161).

The charity also had the use of a donated vehicle during the period. The donated vehicle is in use in Albania where work is being carried out, but because of its age and condition it is considered to be of negligible value and therefore not shown in the accounts.

(h) Cost allocation

All costs are allocated between the expenditure categories of the Statement of Financial Activities on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. staff time.

(i) Membership

Membership covers members for one year from date of joining and is treated on a receipts basis.

2. Voluntary income

	2008			2007
	Unrestricted Fund £	Restricted Fund £	Total £	£
Public donations	22,152	27,235	49,387	25,147
Appeals	13,260	41,462	54,722	710
Government & Global Agencies	-	86,258	86,258	78,809
Adult group donations	5,951	67,122	73,073	57,016
Gifts in kind	1,000	30,832	31,832	55,247
Trusts	3,900	68,265	72,165	119,017
Legacies and bequests	-	-	-	660
Membership	11,102	-	11,102	13,359
Recycling	5,526	-	5,526	5,846
	<u>62,891</u>	<u>321,174</u>	<u>384,065</u>	<u>355,811</u>

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

	<u>2008</u>			<u>2007</u>
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	
	<u>Fund</u>	<u>Fund</u>	<u>Total</u>	
	<u>£</u>	<u>£</u>	<u>£</u>	<u>£</u>
3. Activities for generating funds				
Royalties and product sales	620	-	620	4,425
Talks and Open Days	25	-	25	1,101
Sundry Events	7,842	69	7,911	5,686
	8,487	69	8,556	11,212
4. Investment income				
Bank interest	1,441	-	1,441	3,334
5. Fundraising trading cost of goods sold and other costs				
Fundraising costs	2,977	811	3,788	5,308
Direct project support	-	-	-	950
UK office salaries	15,280	-	15,280	17,283
Rent, rates and insurance	1,837	272	2,109	2,322
Light and Heat	142	-	142	125
Telephone	595	110	705	934
Computer	217	17	234	-
Sundry expenses	240	1	241	565
Printing postage, stationary	1,270	125	1,395	582
Motor and Travel	533	8,569	9,102	8,478
Depreciation – Equipment	689	17	706	770
	23,780	9,922	33,702	37,317

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

	2008			2007
	Unrestricted Fund £	Restricted Fund £	Total £	£
6. Costs of charitable activities				
Medical training, equipment and supplies	646	120,313	120,959	261,984
Project operational costs	-	21,376	21,376	22,842
Project travel costs & motor	1,776	28,564	30,340	28,259
Overseas medical and project staff	-	103,215	103,215	73,705
Depreciation – motor vehicles	-	3,118	3,118	3,046
UK office salaries	45,441	-	45,441	42,780
Rent, rates and insurance	6,125	908	7,033	7,740
Light and Heat	473	-	473	417
Telephone	1,983	365	2,348	3,113
Computer	722	57	779	-
Book keeping and payroll service	104	-	104	250
Sundry expenses	800	4	804	1,882
Printing postage, stationary	4,234	416	4,650	1,942
Bank charges and interest	(210)	1,533	1,323	874
Depreciation – Equipment	2,295	58	2,353	2,567
	64,389	279,927	344,316	451,401
7. Governance costs				
Salaries	5,707	-	5,707	8,385
Rent, rates and insurance	788	117	905	995
Light and Heat	61	-	61	54
Telephone	255	47	302	401
Computer	92	7	99	-
Audit and accountancy	3,060	-	3,060	3,105
Book keeping and payroll service	104	-	104	250
Sundry expenses	103	-	103	242
Professional fees	-	-	-	(358)
Printing postage, stationary	544	53	597	249
Motor and Travel	228	3,672	3,900	3,633
Depreciation – Equipment	295	8	303	329
	11,237	3,904	15,141	17,285
8. Other outgoing resources				
Loss on disposal of fixed assets	337	-	337	-

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

9. Employees	<u>2008</u> <u>No.</u>	<u>2007</u> <u>No.</u>
The average number of employees:	4	4
	£	£
Gross salaries	60,478	61,521
Employers NIC	5,004	5,421
Employers pension contributions	946	1,506
	<u>66,428</u>	<u>68,448</u>

The above relates to full time UK based, working equivalents allocated accordingly between direct charitable expenditure, fundraising and administration costs.

No remuneration was received by the trustees during the year.

Trustees expenses totalling £327 were paid during the year to a trustee for expenses relating to trustees duties. (2007: £442)

There are no employees with emoluments above £60,000 per annum.

10. Surplus for the year

The surplus for the year is shown after charging:-	<u>2008</u> <u>£</u>	<u>2007</u> <u>£</u>
Auditors remuneration - audit fees	3,060	3,105
- other services	208	142
Depreciation	6,480	6,712
Loss on disposal of fixed assets	337	-
	<u>10,085</u>	<u>10,669</u>

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

11. Tangible fixed assets

	<u>Motor Vehicles</u> £	<u>Equipment</u> £	<u>Total</u> £
Cost			
At 1 November 2007	40,264	31,213	71,477
Additions	10,000	985	10,985
Disposals	-	1,524	1,524
At 31 October 2008	50,264	30,674	80,938
Depreciation			
At 1 November 2007	30,295	18,048	48,343
Disposals	-	1,187	1,187
Charge for the year	3,118	3,362	6,480
As at 31 October 2008	33,413	20,223	53,636
Net Book Value			
As at 31 October 2008	16,851	10,451	27,302
As at 31 October 2007	9,969	13,165	23,134

All motor vehicles relate to restricted funds.

	<u>2008</u>			<u>2007</u> £
	<u>Unrestricted Fund</u> £	<u>Restricted Fund</u> £	<u>Total</u> £	
12. Debtors				
Prepayments	1,500	-	1,500	1,500
Other debtors	2,313	8,265	10,578	11,984
	3,813	8,265	12,078	13,484

	<u>2008</u>			<u>2007</u> £
	<u>Unrestricted Fund</u> £	<u>Restricted Fund</u> £	<u>Total</u> £	
13. Creditors: Amounts falling due within one year				
Accruals and deferred income	3,222	920	4,142	3,160

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

14. Pension costs

The company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £946 (2007: £1,506). There were no outstanding contributions at the year end.

15. Share capital

The company is limited by guarantee, every member of the company undertaking to contribute a maximum of £10 to the company's assets should it be wound up while he is a member or within one year after he ceased to be a member.

	2008			2007 £
	Unrestricted Fund £	Restricted Fund £	Total £	
16. Analysis of net assets between funds				
Fixed assets	10,117	17,185	27,302	23,134
Current assets	20,311	70,128	90,439	93,059
Current liabilities	(3,222)	(920)	(4,142)	(3,160)
	<u>27,206</u>	<u>86,393</u>	<u>113,599</u>	<u>113,033</u>

17. Capital commitments

Capital expenditure contracted for but not provided in the accounts amounted to £Nil (2007: £Nil).

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

NOTES TO THE FINANCIAL STATEMENTS - continued

FOR THE YEAR ENDED 31 OCTOBER 2008

18. Restricted funds

	Opening Funds	Movement in Resources			Total
	£	Incoming £	Outgoing £	Transfers £	£
Albania	3,938	1,960	2,974	(965)	1,959
Bosnia	588	11,466	11,120	(285)	649
Cameroon	7,078	42,951	21,210	(7,435)	21,384
ESS-EMCH*	4,674	118,584	2,287	(116,048)	4,923
Pakistan	13,731	1,512	71,884	82,468	25,827
Sri Lanka	3,150	341	220	(55)	3,216
Uganda	17,535	71,621	69,009	(2,388)	17,759
Zambia	23,763	341	20,865	(162)	3,077
Project Reserve	11,010	4,614	-	(10,797)	4,827
CAI Product Development	1,192	-	-	(276)	916
Child Friendly Healthcare Initiative	666	-	336	(298)	32
The Gambia	4,820	67,853	93,848	22,999	1,824
	<u>92,145</u>	<u>321,243</u>	<u>293,753</u>	<u>(33,242)</u>	<u>86,393</u>

* ESS-EMCH = Essential Surgical Skills - Emergency Maternal & Child Healthcare