



# African Palliative Care Association **ANNUAL REPORT**

2022 - 2023

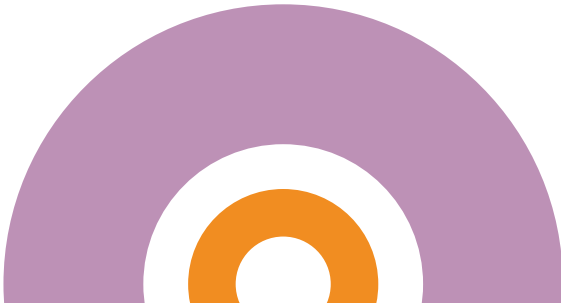




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# ABBREVIATIONS

<b>APCA</b>	African Palliative Care Association
<b>CC</b>	Cervical cancer
<b>CPC</b>	Children's palliative care
<b>CSR</b>	Corporate Social Responsibility
<b>HIV</b>	Human immunodeficiency virus
<b>LMICs</b>	Low to medium income countries
<b>PC</b>	Palliative care
<b>PCC</b>	Person Centred Care
<b>UHC</b>	Universal Health Coverage
<b>VIA</b>	Visual inspection with acetic acid
<b>WHO</b>	World Health Organisation
<b>WHA</b>	World Health Assembly



# I. BACKGROUND

**The African Palliative Care Association (APCA) was founded in 2002 at a meeting of palliative care experts and stakeholders from across the African continent who saw the need to integrate palliative care into health care systems and national health strategies in Africa.**

A declaration from that initial meeting in Cape Town, South Africa, led to the establishment of the membership-based pan-African organization for umbrella bodies, organisations and individuals working to promote palliative care in Africa, with its headquarters located in Kampala, Uganda.

APCA has since established a continent-wide reach and built strong partnerships globally, regionally and at national levels that have enabled it to deliver on its objectives. APCA's strategic direction and activities are

guided by its core values, a strong governance structure, robust accountability systems and a commitment to the people served. At the centre APCA's work are patients, their families, their caregivers and the multidisciplinary teams of health workers. APCA's strategic plan for 2020-2030 is intended to orchestrate action at regional, national and local levels to ensure that there is access to palliative care services for all who need them without having to face risks of out-of-pocket costs in line with the global Universal Health Coverage 2030 agenda.



## Our Vision

Access to palliative and comprehensive chronic care for all in Africa.



## Our Mission

To ensure palliative and comprehensive chronic care is understood and integrated into health systems at all levels to reduce pain and suffering across Africa.

## Our Values



### Collaboration

We work collaboratively, by asking for and giving support, jointly implementing projects and sharing success with others.



### Integrity

We are honest, trustworthy and straight-forward in our dealings, and use time, money and resources wisely.



### Diversity and inclusiveness

We value all people and key and vulnerable populations are central to our inclusion and diversity ethos. Everybody's contribution is valued and all beneficiaries are given equal access to opportunities irrespective of age, gender, sexual orientation, disability, religion, displacement, incarceration, remote geographical location, or social status.



### Respect

We involve and listen to others, show consideration and empathy for their emotional and physical wellbeing.



### Excellence and quality

We always strive to provide services that meet or exceed the needs, standards and timescales of our internal and external stakeholders and strive for excellence and quality in all areas.



### Reliability

We deliver what we commit to and keep our stakeholders informed of progress.



### Social justice

We strive to create an organisation that is based on the principles of equality and solidarity, that understands and values human rights and that recognises the dignity of every human being.



### Cultural sensitivity

We advocate for palliative and comprehensive chronic care delivery in a manner sensitive to values and beliefs of others even when they are different from our own.



### Team work

We strive to support one another, working co-operatively, respecting one another's views and making our work environment positive and enjoyable as we work towards achieving our goal.

## 2. MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear APCA members, partners and friends,

**I welcome you to yet another edition of the APCA Annual Report.**

During the 2022/2023 financial year, we at the African Palliative Care Association have continued working to fulfill our obligations under our 2020-2030 strategic plan. This has been a unique year as we hosted our 4th African Ministers of Health Session, the 7th International African Palliative Care Conference and held our General Assembly in Kampala Uganda where a new board of directors was elected. All these events were held in a hybrid format, with a big number of delegates attending physically and others online. There were many lessons learnt from the very wide range of delegates at these events, and we are profoundly grateful to both the African and global palliative care fraternity who took time to be with us and share their work, research, and experiences. We wish to thank the outgoing members of the board of directors led by the board chair, Mr. Andre Wagner, and to warmly welcome the new board of directors.

We also wish to appreciate the generous support of all our partners and donors which has enabled us to deliver on our promises with

a much leaner but more effective team of staff. I sincerely thank and congratulate all staff on this achievement.

On accountability to our members, donors, partners, and statutory authorities, this year we have recorded yet another unqualified external audit, maintaining our record over the years of fully accounting for all funds received.

On a rather difficult note, the host country for APCA secretariat, Uganda, has amended its NGO registration requirements with the National Bureau of NGOs that has consumed a lot of our time, money and caused several delays as we awaited the renewal of the 5-year NGO permit. Despite these challenges and the occasional interruptions in the flow of our finances we have managed to keep going and completed all the new NGO registration requirements.

We look forward to another fruitful year ahead as we embark on new projects, new partnerships and new innovations as well as sustaining those already underway. We are also in great anticipation of the APCA's 20th anniversary in the year 2024, and will use this milestone to propel our vision, "*access to palliative and comprehensive chronic care for all in Africa*" forward.



**Dr Emmanuel Luyirika**  
*Executive Director*



### 3. MESSAGE FROM THE BOARD CHAIR

Dear APCA members, partners, staff, and friends,

**It gives me great pleasure to write this overview of the work done by APCA during the 2022/23 financial year. The Annual Report is always a great opportunity for APCA staff and the board of directors to reflect on the work we have done, identify any gaps, and formulate strategies to strengthen the work going forward.**

The World Health Organisation recognises palliative care as an essential component of the global Universal Health Coverage (UHC) strategy. Most African countries have adopted UHC as the ultimate goal in their national health strategies, especially its underlying principle proposing that everyone should receive needed health services without facing financial hardship. However, the majority of people who need palliative care live in low- and middle-income countries where there is little access to even basic care services, hence APCA's drive to contribute towards UHC, with a focus on making palliative and comprehensive chronic care accessible to all. During the year under review, APCA continued to support members in lobbying and advocacy work that ensures that palliative care is an integral part of national level health plans, including budget allocation and inclusion in relevant health policies. APCA's experience in different countries has shown that there is no one-size-fits-all approach to integrating palliative care; they support each country to tailor their strategies and interventions according to national and regional level circumstances.

APCA's work directly contributes towards the 2014 global World Health Assembly (WHA) resolution that calls on the WHO and member states to improve access to palliative care as a core component of health systems, with an emphasis on primary health care and community/home-based care. Palliative care is an essential element of the **right to health**, and not a privilege.

APCA Management and Board remain committed to the advancement of palliative care in Africa. And continue to make progress and positive achievements despite operating in an environment riddled with the ripple effects of declining funding and shrinking donor base for palliative care services. APCA has had to reprioritise its work while maintaining a balance on the attainment of its strategic imperatives. Consequently, staff members in some units have experienced an increase in their workload. Staff managed to weather the storm through hard work, dedication, diligence, leadership determination, and innovative thinking.

We wish to acknowledge our donors and strategic partners, without whose continued support APCA would not be able to execute its mission. I am equally delighted to report that once again APCA obtained an unqualified audit, an achievement that we believe is the result of the sheer dedication and capable leadership of APCA management and the diligent and meticulous work of the Audit and Risk/finance Committee.

In conclusion, I wish to express my sincere thanks and appreciation to the outgoing Chairperson Mr Andre Wagner and outgoing board members, who have given so freely and so generously of their time, energy and wisdom to ensure that APCA remains true to its mission and equally appreciate incoming board members. We look forward to further advancing access to palliative and comprehensive chronic care.

**Thobekile Finger**  
*Board Chair*



# 4. PALLIATIVE CARE AND THE SUSTAINABLE DEVELOPMENT GOALS

APCA's focus on palliative and comprehensive chronic care contributes to five of the 17 Sustainable Development Goals, i.e.,

<p><b>#1</b> No poverty Targets 1.1 and 1.2</p>	<p><b>#3</b> Good health and wellbeing Target 3.8</p>	<p><b>#4</b> Quality Education Target 4.4</p>
<p><b>#5</b> Gender Equality Target 5.5</p>	<p><b>#8</b> Decent work and Economic Growth Targets 8.5 and 8.6</p>	

## SUSTAINABLE DEVELOPMENT GOALS

<p><b>1</b> NO POVERTY</p> 	<p><b>2</b> ZERO HUNGER</p> 	<p><b>3</b> GOOD HEALTH AND WELL-BEING</p> 	<p><b>4</b> QUALITY EDUCATION</p> 	<p><b>5</b> GENDER EQUALITY</p> 	<p><b>6</b> CLEAN WATER AND SANITATION</p> 
<p><b>7</b> AFFORDABLE AND CLEAN ENERGY</p> 	<p><b>8</b> DECENT WORK AND ECONOMIC GROWTH</p> 	<p><b>9</b> INDUSTRY, INNOVATION AND INFRASTRUCTURE</p> 	<p><b>10</b> REDUCED INEQUALITIES</p> 	<p><b>11</b> SUSTAINABLE CITIES AND COMMUNITIES</p> 	<p><b>12</b> RESPONSIBLE CONSUMPTION AND PRODUCTION</p> 
<p><b>13</b> CLIMATE ACTION</p> 	<p><b>14</b> LIFE BELOW WATER</p> 	<p><b>15</b> LIFE ON LAND</p> 	<p><b>16</b> PEACE, JUSTICE AND STRONG INSTITUTIONS</p> 	<p><b>17</b> PARTNERSHIPS FOR THE GOALS</p> 	

By 2060, 83% of the world's health related suffering will be in LMICs, which represents a figure of over 20 million people experiencing avoidable suffering in their last year of life.<sup>1</sup> Most healthcare systems, particularly those in LMICs, are poorly prepared to handle the changing dynamics in disease burden and meet the growing need for pain and symptom management, in many instances coupled with higher life expectancy rates.<sup>2</sup> The expansion of palliative care has the potential to meet this need and prevent substantial, health-related suffering resulting from life-limiting and chronic illnesses.

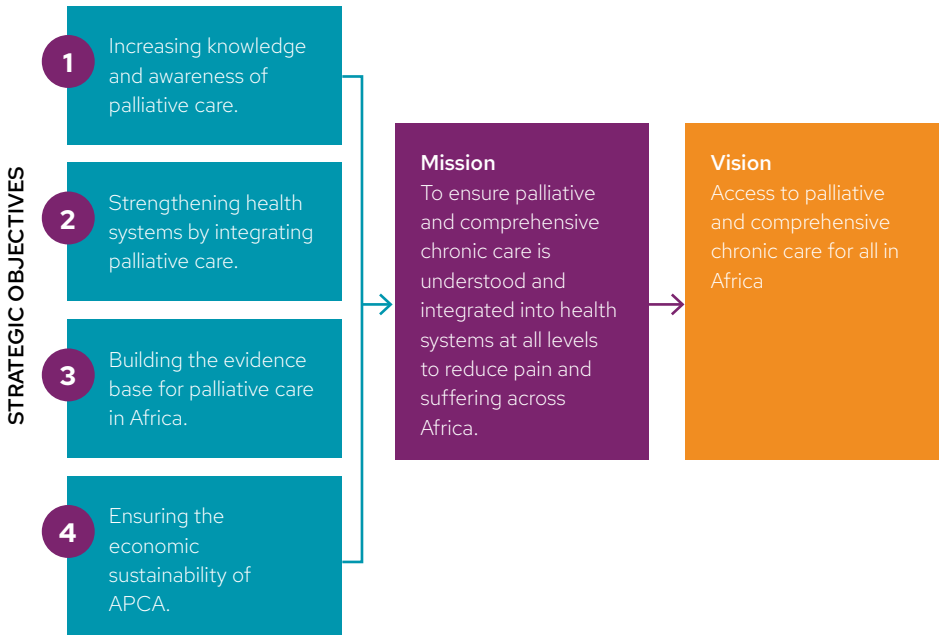
Palliative care aims to control patient and family multi-dimensional symptoms and concerns to improve their quality of life, and it can be given alongside disease transforming treatment. Evidence demonstrates that palliative care reduces catastrophic financial costs associated with seeking institutional health care and this reduces household vulnerability to poverty.

The [APCA Atlas for Palliative Care in Africa](#) shows that over 98% of hospices and palliative care services in Africa offer outpatient, community/home-based care services where the care providers interact with the patient and family for a few minutes or hours while the rest of the tasks and burdens rest with their family carers (informal caregivers) or paid non-professional caregivers. Common roles include, wound care, turning and feeding patients, physiotherapy and rehabilitation support, giving medication, mobility around the household, toileting, placement and use of patient support or user devices, supporting patients with Advance Care Planning and to fulfil their wishes during illness and after death. The informal care is also largely provided by women and girls, thereby pre-disposing them to socio-economic vulnerabilities, as this labour is largely unpaid for. One of APCA's aims is, therefore, to support the recruitment and retention of male care providers into the field to address the gender gap alongside advocating to consider financial rewards for this unpaid labour.



# 5. INTRODUCTION

The period from April 2022 to March 2023 marked the 3rd year in the implementation of APCA's 10-year Strategic Plan (2020 – 2030). All activities and interventions implemented are aligned to the 4 strategic objectives which are:



In terms of fostering the effective integration of palliative care into national health systems, our work continued to be aligned with and guided by the World Health Organisation's public health strategy building blocks for health systems. We collaborated with and supported palliative care development in different ways in response to expressed needs of our members and/or gaps observed in ongoing monitoring and evaluation.

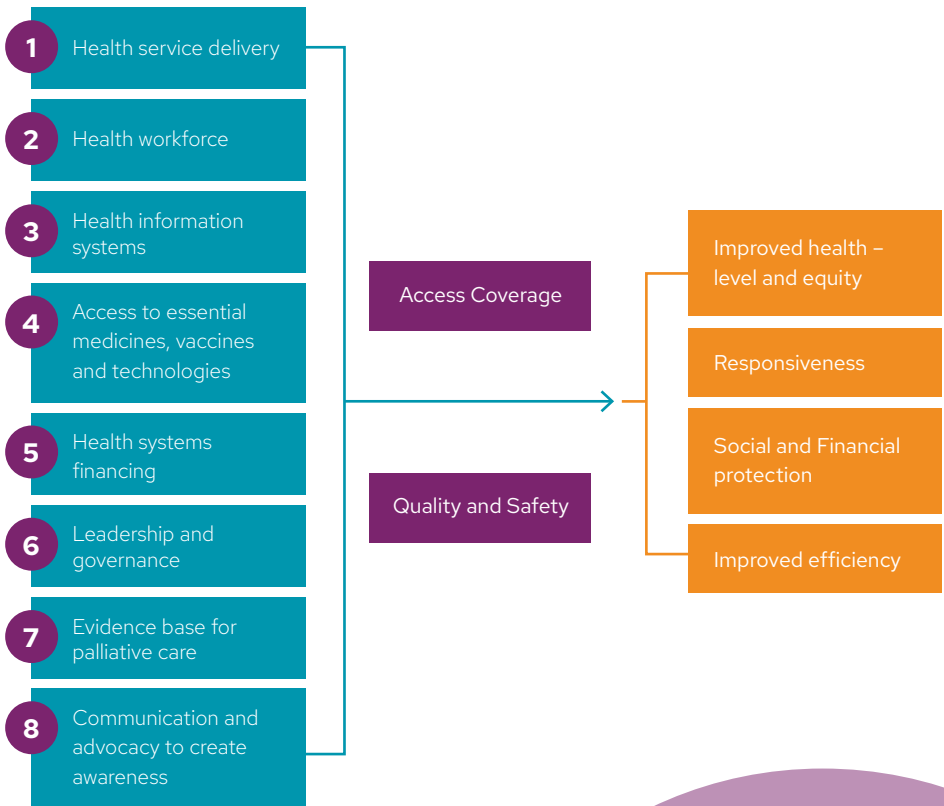
APCA also ensures that its activities contribute to global strategies that relate to

palliative care, namely, the 2014 World Health Assembly resolution to strengthen palliative care as a component of comprehensive care throughout the life course, the 2017 World Health Assembly Resolution on Cancer, the Sustainable Development Goals (SDGs), including good health and well-being.

This annual report will highlight our success stories in line with the WHO building blocks, and APCA's strategic blocks which may not be included in the standard WHO blocks.

Namely:

1. Health service delivery
2. Health workforce
3. Health information systems
4. Access to essential medicines, vaccines and technologies
5. Health systems financing
6. Leadership and governance
7. Evidence base for palliative care
8. Communication and advocacy to create awareness



During the period under review, APCA programs reached the following countries: Burundi, Cape Verde, Democratic Republic of Congo, Eswatini, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Sudan, Tanzania, Uganda, and Zimbabwe, Interventions were implemented mainly

through formal partnerships and collaborations with Ministries of Health, national palliative care associations, palliative care service providing organisations, public and private-not-for profit health facilities including cancer centres, professional associations and civil society organisations as well as academic institutions.

Below is a list of organizations and agencies that we worked with in terms of technical support interventions:

### **National palliative care associations**

- Kenya Hospice and Palliative Care Association (KEHPCA)
- Palliative Care Association of Malawi (PACAM);
- Palliative Care Association of Uganda (PCAU);
- Hospice Palliative Care Association of Zimbabwe (HOSPAZ),
- Hospice and Palliative Care Association of South Africa (HPCA-SA)
- Mozambique Palliative Care Association (MOPCA)
- Palliative Care Association of Rwanda (PCAR)

### **Ministries of health**

- Ministry of Health - Malawi
- Ministry of Health - DRC
- Ministry of Health - Uganda
- Ministry of Health - Senegal
- Ministry of Health and Social Services - Zimbabwe

### **Palliative care service providers**

- Mulago Palliative Care Unit (MPCU)
- Hospice Africa Uganda (HAU)
- Island Hospice Zimbabwe
- Centre for Palliative Care, Nigeria (CPCN)
- Peace hospice Adjumani
- Rays of Hope Hospice -Jinja
- St Francis Naggalama Hospital

- Uganda Cancer Institute
- Uganda Heart Institute
- Kiruddu Referral Hospital
- Kitovu Mobile
- Yumbe regional referral hospital

### **Academic institutions**

- University College Hospital Ibadan - Nigeria;
- Sagam Community Health Hospital - Kenya
- University of Leeds - UK
- Cicely Saunders Institute, Kings College London - UK
- University of Birmingham - UK
- Queens University, Belfast - UK
- University of Notre Dame - USA
- University of Navara - Spain

### **Other international partners**

- Institute of Hospices and Palliative Care (IAHPC)
- International Children's Palliative Care Network (ICPCN)
- St Jude Children's Research hospital
- Worldwide Hospice and Palliative Care Alliance (WHPCA)
- Global Partners in Care
- United Nations Office on Drugs and Crime (UNODC)
- WHO Geneva, Africa Region, and several WHO country offices

## The True Colours Trust/ African Palliative Care small grants initiative

The Africa Small Grants programme, funded by The True Colours Trust, provides grants to hospices and palliative care providers across Africa to support the development of palliative care. All work supported by this programme

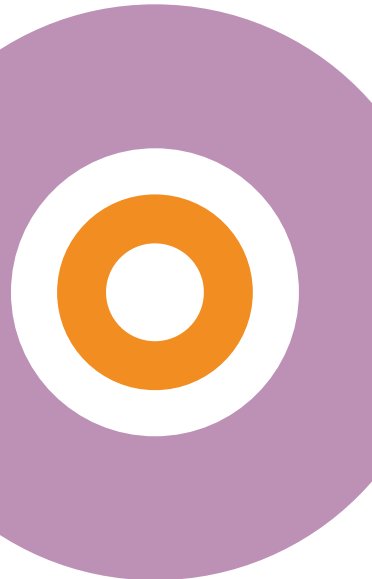
must adhere to the WHO definition of palliative care. The table below summarises the organisations that APCA partnered with on this initiative, by country over the past year.

### 5.1 Summary of partners and collaborators by country

Country	#of local partners	Details of country partners supported this year
1. Eswatini	02	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• Eswatini Hospice at Home</li> </ul>
2. Democratic Republic of Congo	03	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• Centre Hospitalier Aru Cite-Diocese of Aruu</li> <li>• PalliaFamilli</li> </ul>
3. Kenya	04	<ul style="list-style-type: none"> <li>• Kenya Hospices and Palliative Care Association</li> <li>• Kibera Self Help Community Organization</li> <li>• Vines Kenya</li> <li>• Laikipia Palliative Care Centre</li> </ul>
4. Mozambique	01	<ul style="list-style-type: none"> <li>• Mozambique Palliative Care Association</li> </ul>
5. Rwanda	01	<ul style="list-style-type: none"> <li>• Palliative Care Association of Rwanda</li> </ul>
6. South Africa	06	<ul style="list-style-type: none"> <li>• Hospice and Palliative Care Association of South Africa</li> <li>• Helderberg Hospice</li> <li>• Leratong Hospice</li> <li>• Kynsa Sedgfield Hospice</li> <li>• The Nightingale Hospice</li> <li>• PlettAid Foundation</li> </ul>
7. South Sudan	02	<ul style="list-style-type: none"> <li>• Palliative Care Association of South Sudan</li> <li>• Women Relief Aid</li> </ul>
8. Tanzania	02	<ul style="list-style-type: none"> <li>• Arusha Lutheran Medical Centre</li> <li>• Bulogwa Lutheran Hospital</li> </ul>

9. Uganda	06	<ul style="list-style-type: none"> <li>• Makerere University- College of Health Sciences</li> <li>• Palliative Care Association of Uganda</li> <li>• Uganda Cancer Institute</li> <li>• St Francis Nyenga Hospital</li> <li>• Stroke Foundation</li> <li>• Uganda Reach the Aged Association</li> </ul>
10. Zambia	03	<ul style="list-style-type: none"> <li>• Ranchhod Community Services and Hospice</li> <li>• Zambia Tuberculosis and Leprosy Trust</li> <li>• Zambia Childhood Cancer Foundation</li> </ul>
11. Zimbabwe	02	<ul style="list-style-type: none"> <li>• Hospice Palliative Care Association of Zimbabwe</li> <li>• KidZCan Zimbabwe</li> </ul>
12. Nigeria	02	<ul style="list-style-type: none"> <li>• St Cyril Cancer Treatment Centre</li> <li>• Centre for Palliative Care Nigeria</li> </ul>
<b>Total number of partners</b>	<b>34</b>	

In the subsequent sections, we share our achievements by a hybrid using the WHO health system building blocks and the APCA strategic objective.





## 6. IMPACT AREAS

### 6.1 Impact Area 1: Palliative Care Service Delivery

#### 6.1.1 Small grants

Provision of and access to quality palliative and chronic care services for all who need it is the linchpin of all palliative care work. APCA continued to support the scaling up of quality palliative care service coverage through its partnership with the True Colours Trust (TCT) under which small grants have enabled palliative care service delivery and development in many African countries. The APCA/TCT small grants programme started in 2009 with the aim of providing funds to organisations such as hospices, non-governmental organisations and hospitals to support the development and provision of palliative care services. To date, the programme has made 27 calls for small grants applications and awarded 254 grants to palliative care service providers to further strengthen and expand quality palliative care services as well as quality improvement.

During this year under review, we awarded small grants to **22** organizations/ institutions from **11 African countries** (Sudan, Uganda, South Africa, Tanzania, Kenya, Nigeria, Zambia, DRC, Mozambique, Eswatini and Zimbabwe) under the 26th round of calls for applications. The selection of grantees for the 27th round call for applications was launched towards the end of the year and was ongoing at the time of reporting. A total of 63 grant applications were received from 36 countries.

Reports and stories of significant change demonstrate that the small grants are continuing to make significant impact on organisations and networks providing and promoting palliative care services, and to the lives of patients and their families. Below are highlights of the contribution of selected small grant recipients in Africa.

#	Indicator	Quantity	Comments
1	Number of patients receiving palliative care through small grants	4,428	This includes some patients under home based care.
2	Number of children receiving palliative care	283	These received paediatric palliative care.
3	Number of home visits conducted to patients who could not make it to the facilities	6,772	The aftermath of COVID-19 restrictions resulted in reduced no. of home visits.
4	Number of health workers trained	123	This includes facility based and non-facility-based health workers.

5	Number of people reached via sensitization and awareness sessions	21,866	These include policy makers, journalists, religious leaders and communities through media campaigns, distribution of IEC materials, social media, community meetings and newsletters.
6	Infrastructure developments to improve patient comfort and practical support to patients	<ul style="list-style-type: none"> <li>• Patient Mobility equipment; Wheel chairs, walking frames.</li> <li>• Medicine + medical supplies</li> <li>• Infrastructure improvement, e.g., purchase of a Container &amp; Motorbike</li> <li>• PPE and COVID-19 prevention supplies such as masks, disinfectants, temperature guns, hand-washing facilities, etc.</li> <li>• Food hampers.</li> <li>• Other medical furniture and essential equipment.</li> </ul>	Equipment purchased for patients and infrastructure improvements result into better patient experience and improved quality of care to patients from service providers.

## 6.1.2 Advocacy Project Knowledge Sharing Webinar

In June 2022, APCA organized an advocacy webinar where the national palliative care associations for Kenya, Uganda and South Africa shared their learning and experience in the implementation of the “Fast Tracking Strategic Advocacy for the Inclusion of palliative Care in Universal Health Coverage in Africa” project, an initiative that was funded by OSIEA as part of the exit strategy after supporting APCA for several years ending September 30, 2022. Key messages drawn out of the session included, among others:

- Palliative care is an essential service with many opportunities for integration into other disciplines, for instance, in mental health, global health security and non-communicable diseases.
- Some decision makers in African countries (e.g., Kenya) are still not aware of the value of palliative care, including those in control of health-related budgets.
- COVID 19 highlighted the need for the discipline of palliative care to update its practice to include guidelines on self-protection and infection control when providing care as well as programs that integrate remote interaction with patients and family.
- COVID-19 challenged practitioners and decision-makers in to appreciate the role of palliative care in a situation of pandemic to avoid failures noted during the COVID-19 pandemic.

- Palliative care services must strengthen the grief and bereavement components to meet the needs of bereaved families following the burden of multiple losses,

and complicated grief. The latter is exacerbated by the isolation and disruption in normal end of life and grief rituals, e.g., failure to attend funerals.

### 6.1.3 APCA 07th International Palliative Care Conference 2022

The conference was successfully conducted in August 2022, co-chaired by APCA and the Worldwide Hospice Palliative Care Alliance (WHPCA). It brought together an estimated 350 delegates (123 online and 189 physical) from over 40 countries across the globe with the majority coming from East and Southern Africa. Palliative and chronic care practitioners showcased their work in different fields, providing a compact mutual learning opportunity for delegates under the theme “Palliative Care in a Pandemic”. Topics were organised in 5 tracks;-

1. Empowerment through Education/ Learning
2. Building an African Evidence-Base
3. Comprehensive/Holistic Care
4. Harnessing Technology in Palliative Care
5. Health Systems, Policy and Law

The conference was hybrid in nature, with the physical event hosted at Mestil Hotel in Kampala.



The Minister of Health, Uganda poses for a photo with conference delegates.

African country delegates included representatives from Benin, Botswana, Burkina Faso, Cameroon, DRC, Eswatini, Ethiopia, Gabon, Ghana, Kenya, Lesotho, Malawi, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Sudan, Tanzania, The Gambia, Uganda, Zambia and Zimbabwe. As anticipated Uganda had the highest number of participants attending in person. Delegates attending from beyond Africa were from Australia, Canada, the Czech Republic, Malaysia, Nepal, Peru, Portugal, Spain, Taiwan, Singapore, the United Kingdom and the United States of America.

Delegates appreciated the conference as it was among the first events to take place after the global restrictions brought about by the COVID-19. Presentations included past and current research, new innovations in paediatric and adult palliative care, advocacy, views, experiences and challenges presented in plenary, breakaway sessions, posters, and other audio-visual combinations. Discussions were engaging and many sought to challenge existing practices, especially drawing on lessons learnt from the COVID-19 pandemic. The representation of diverse groups of health professionals, policy makers, and other role players laid a good ground to see innovations being adopted for the further development

and improvement of service delivery across disciplines. Notwithstanding some minor technological challenges for those in virtual attendance, the hybrid arrangement proved to be effective a fair undertaking to give an opportunity to those who couldn't travel to also participate virtually and benefit from the conference proceedings.

As usual, the conference was preceded by the African Ministers of Health Session on Palliative and Comprehensive Chronic Care. It was a very well attended hybrid session, hosted by the Ministry of Health, Uganda, and attended by representatives of Ministers of health from 17 African countries. At the end of the session, priority issues and action points were drafted into the Kampala Declaration of 2022 which includes the following:

1. All African governments through their ministries of health to ensure that palliative care for adults and children is integrated in all national responses to infectious diseases outbreak, pandemics and epidemic as a funded component.
2. That national infectious diseases response protocols to include palliative care sections as standard for both adults and children.
3. That national emergency response teams for diseases outbreaks, epidemics and pandemics are trained and equipped in aspects of palliative care as providers of appropriate and effective pain and symptom control for both adults and children.
4. That national infectious diseases response plans and protocols provide for the needs of patients holistically, including psychosocial and spiritual aspects, to reduce the suffering among affected adults and children that follows when focus is only on physical needs.





## 6.2 Impact Area 2: Health Workforce

This year, APCA continued to provide opportunities for the development of health workforce in palliative care. The use of E-based models of to deliver training remotely has proved effective, not only as a solution to the limitations posed by Covid-19 pandemic, but

also to reduce health workers' travel demands. Thanks to such arrangements, several health professionals were trained in palliative and comprehensive chronic care through short courses. Below are some highlights.

### 6.2.1 Online Course on Integration of Covid-19 Prevention, Management, and Control into Palliative Chronic Care Services

APCA partnered with the Institute of Hospice and Palliative Care in Africa and Veta Bailey to conduct a 5-day online training to equip 15 health professionals with knowledge and skills of integrating Covid-19 into palliative and chronic care. This had the added advantage of not removing employees from their workplaces as well as saving on travelling and accommodation costs. Trainees were drawn from 5 regions in Uganda including, Northern, West Nile, Eastern, Central and Western regions. After the online training, the 15 trainees were placed at palliative care centres accredited by the Ministry of Health for 3 days

for practicum to translate theory into practice. Experienced palliative care specialist mentors supported trainees during the placement exercise.

By the end of the training, all 15 participants (nurses, and clinical officers) were updated with knowledge and skills of integrating Covid-19 prevention, management, and control into palliative and comprehensive chronic care services, including data collection and reporting on palliative care outcomes and documenting in health facility registers.



*A trainee (in blue T-shirt) at patient bedside in Mbale during placement – Joy Hospice Mbale*

## 6.2.2 Scholarships awarded to nurses and social workers

Further to the short courses availed to palliative care providers, APCA continued the educational scholarship programme in partnership with Global Partners in Care (GPIC). The programme awards scholarships to palliative care nurses and social workers and facilitates exchange visits for experiential learning and mentorship for health workers in palliative care. During the year under review, APCA awarded 11 scholarships (3 male and 8 female) scholars from the following countries, Kenya, Malawi, South Africa, Cameroun and

Uganda. Of these 2 are pursuing bachelor's degrees, 3 are pursuing a Diploma in Higher Education in Palliative Care; 2 are pursuing a Post Graduate Diploma in Palliative care and 4 a Master of Science in palliative care. Through this scheme, APCA and GPIC have awarded a total of fifty-four (65) scholarships. Scholarships are awarded after a call for applications, and an arduous review of the applications received. Below are a few reflections from scholarship beneficiaries.

### 6.2.3 Stories of scholars

#### Scholar 1

Anna Ayugi is a tutor and trainer at Soroti Comprehensive Nursing Training School where she teaches nurses palliative care. She was awarded a scholarship from APCA/GPIC to pursue a MSc in Palliative Care at the Institute of Hospice and Palliative Care in Africa, and is optimistic that this course will enhance her skills and knowledge as a trainer, and that she will be more effective as a mentor of health care professionals and nursing students to improve the overall quality of care provided to patients. She further hopes to develop her advocacy skills to be able to lobby for patients who require palliative care and also ensure that they have access to the care they need and

create an environment where their wishes are also respected.

Anna Ayugi will also undertake research in palliative care to improve patient and outcomes. This includes researching new treatment, developing new care models and evaluating the effectiveness of existing care practices.

Using the knowledge obtained in this programme, she will also be better equipped to support families of palliative care patients and educate them on key areas of palliative care like grief counselling, care giver support and end of life planning.



## Scholar 2

Donnex Pensulo is a first-year student at Kamuzu University of Health Sciences, Malawi, who received a scholarship to pursue a Bachelor of Science in Palliative Care. Donnex reports that he is benefiting from the training as he now has a deeper appreciation of the concepts of disease progression and holistic management of palliative care patients. During school holidays, he will further practice the newly acquired skills at the hospital where he works and also share the knowledge with workmates and peers from multi-disciplinary health profession during continuing professional development sessions.

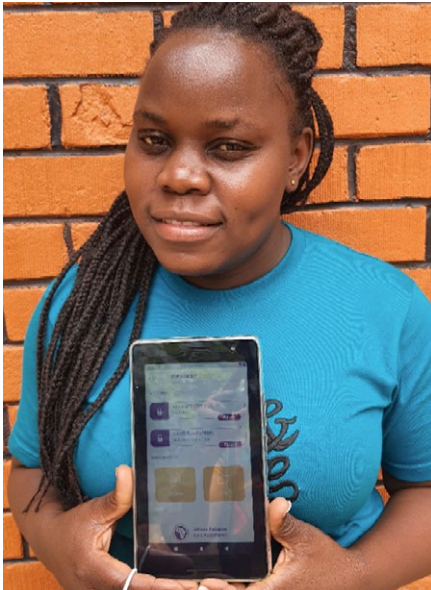
## Our alumni

We celebrate one of our APCA/GPIC scholarship beneficiary, Franciscach Tsikai, a palliative care nurse, who is now a lecture at Women's University in Zimbabwe, and continues to participate in international advocacy, education and awareness creation.



*Franciscach Tsikai (APCA/GPIC scholarship recipient 2002) addressing policy makers, researchers, and clinicians in Zimbabwe on person-centred care. The workshop was held in Harare in 2022.*

## 6.3 Impact Area 3: Health Information



*Dr Grace*

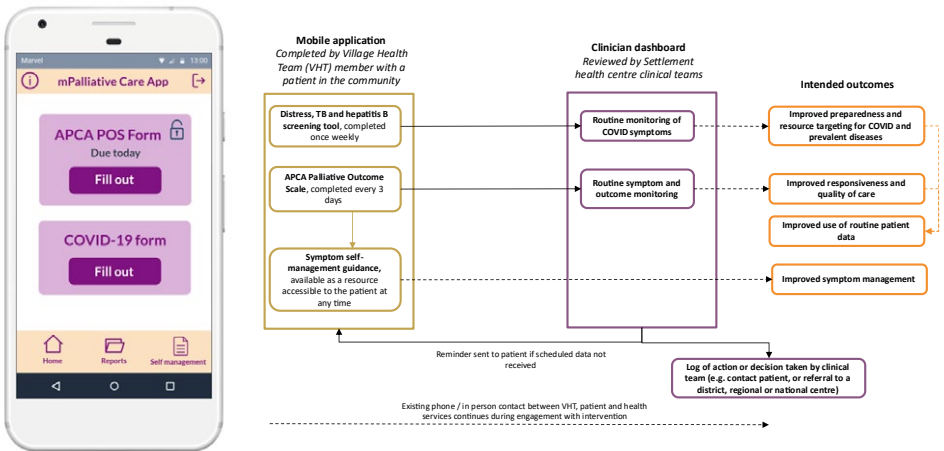
Robust health information systems are critical for evidence-based decision making and planning in palliative and comprehensive chronic care. To contribute to the health information management, APCA developed an online dashboard to capture and report on standardised palliative care indicators for organisation and regional performance monitoring. Leveraging on technology reduces the reporting time and helps organisations to keep all performance data visible and within quick access for timely use and dissemination.



## M-health in palliative care – innovation and creativity

In partnership with Leeds University under the leadership of Associate professor Matthew Allsop, we continue to explore ways of using technology to expand access to palliative care, gather patient level data and use it for inform care planning and decision making and to promote critical service layering. Learning from our long-time experience in this field, we are now keen to expand access to our mhealth

software which is open access. The apps can be used to gather patient level data, data on TB, Covid-19 and hepatitis B symptoms (the last two are useful in contexts where the two conditions are highly prevalent). The care providers then receive data on symptom prevalence and severity via dashboard. The app is powered with a traffic lighting function to trigger action.



If you would like to partner with us in scaling up this novel work please contact us on [info@africanpalliativecare.org](mailto:info@africanpalliativecare.org)

## 6.4 Impact Area 4: Access To Essential Controlled Medicines and Technologies

As a follow up of the training and study tour done in the previous year, APCA continued to support the project implement the project on increasing access to and availability of essential controlled medicines in francophone African countries using DRC as a beacon site. We worked to strengthen capacity through

mentorship of 17 multi-disciplinary health professionals with the aim of strengthening the health system. A total, 6 online sessions were held with an average attendance of 17 participants representing 10 hospitals/facilities. Maximum time spent by individual participants per session was 100 minutes (maximum time).

The mentorship sessions sought to help participants to unpack the National Clinical Guidelines for the Use of Controlled Medicines in Clinical Practice in the DRC, and were facilitated by different subject specialists, and focused on the following topics:

- **Session 1:** Introduction & overview of the Clinical Guidelines for the Use of Controlled Medicines in Clinical Practice in the DRC
- **Session 2:** Controlled medicines in mental, neurological and substance use disorders
- **Session 3:** Controlled medicines in palliative and end-of-life care

- **Session 4:** Controlled medicines in anaesthesia
- **Session 5:** Effective & efficient supply chain for controlled medicines in DRC
- **Session 6:** Action planning with Ministry of Health

At the time of reporting, the DRC team was exploring ways to initiate their own morphine reconstitution in-country in order to improve affordability and access, and were also looking to develop the supply chain to ensure safety and control.

## 6.5 Impact Area 5: Palliative Care Financing

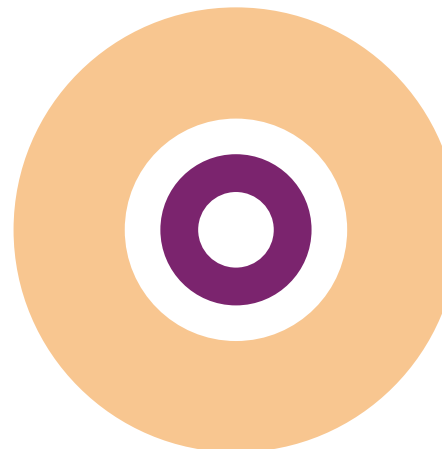
### 6.5.1 Costing the palliative care package in Universal Health Care Coverage

Following the development of the Essential Package for Palliative Care in UHC developed in 2021, APCA carried out a costing exercise with the help of an external Health Economics Consultant quantify the likely cost of including the palliative care package in UHC. This costing exercise was done using Kenya as the benchmark, and was implemented in partnership with the Kenya National

Association for Palliative Care (KEHPCA). The value of the costing exercise is that it can be adapted based on each country's context. So far, the costing model from Kenya was shared with South Africa and Uganda for the adaptation. This model must be aligned to country specific contexts of the health expenditure budget for effective adaptation.

### 6.5.2 Webinar on the costed palliative care package

In February 2023, APCA co-hosted a webinar with the Kenya National Association for Palliative Care (KEHPCA) to disseminate the findings of the palliative care package costing in UHC, and to make a case for investing in palliative care for the Universal Health Coverage. The webinar presented key findings, highlighted key messages and made some recommendations.



### Key findings:

- Palliative care costs are estimated at KSh 19,560 per capita in Year 1 and KShs 53,282 per capita in Year 5
- Total costs are estimated at KShs (Bn) 12.5 in year 1 and KShs (Bn) 141.1 in year 5
- Palliative care total benefits are estimated at KShs (Bn) 26.8 Year 1 and KShs (Bn) 377.6 Year 5
- Return on investment (Benefit/Cost) in palliative care is estimated to be 2.146 in year 1 and 2.667 in year 5:
  - o For every USD 10 spent on palliative care the benefits are USD 27
- Unfunded palliative care from existing resources is estimated at KShs 9,780 per capita

### Key messages:

- Palliative care is economically and socially highly beneficial
- Palliative care costs are high and require deliberate investment.
- The current health expenditure in Kenya requires phasing in PC costs at an affordable rate.
- Target government funds for the poor initially
- Repurpose some of existing resources for palliative care
- Integrate palliative care into EHC and UHC

### Key recommendations:

- Make or revise policy on palliative care, with specific provisions on financing strategy, incorporation into the EHP and UHC, and guidance to private sector
- Make a 5-year strategic plan to promote and incorporate palliative care as part of EHP and UHC;
- Develop a monitoring and evaluation plan for the assessment of:
  - o use of palliative care services,
  - o availability of critical drugs and equipment,
  - o palliative care human resources numbers and capacities, and
  - o the benefits of palliative care
- Develop a 5-year palliative care advocacy plan with clear targets and Monitoring and Evaluation indicators.



## 6.6 Impact Area 6: Research, Innovation and Development

WHO's 'Strategy on Person Centred Care (PCC) calls for health services that are "responsive to preferences, are coordinated around needs and are safe, effective, timely, efficient and of an acceptable quality". PCC is essential for health systems to achieve new Universal Health Coverage goals: "health

promotion, disease prevention diagnosis, treatment, disease management, rehabilitation and palliative care. In the subsequent section (6.6.1), we share some of our research strategies geared towards unveiling what PCC means in patients in resource limited settings.

### 6.6.1 Person-Centred Care; a two-Country Study

APCA undertook a novel study to unveil the catalysts for person-centred care in this serious illness a project under the leadership of professor Richard Harding, a professor of palliative care and rehabilitation at the Cicely Saunders Institute King's College London. We worked patients living with cancer, chronic lung disease and heart failure together with policy makers and clinical teams at tertiary care centres in Uganda and Zimbabwe to generate evidence on what PCC means to patients and family caregivers. We integrated the evidence from the study with findings

from multi-stakeholder discussion to develop a logic model and the catalysts for person centred care which are;

- Being treated with dignity
- Being listened to
- Being Valued as a patient or family caregiver
- Providing care that respects the patient and family values and cultures
- Non-preferential treatment when it comes to service access



Some of delegates who participated in the developed of logic model for person centred care for people living with cancer, heart failure and chronic lung disease image A is from Uganda and image B from Zimbabwe .

## 6.6.2 The Game changer intervention for cervical cancer screening

Cervical cancer is the most common cancer leading to death among women in Uganda (accounts for 25% of all cancer-related deaths). Treatment for cervical cancer can be hard to access and expensive; therefore, CC prevention is the only realistic goal for most Ugandan women. Free visual inspection with acetic acid (VIA) screening for CC is accessible in Uganda, and free thermal therapy for pre-cancerous lesions is typically available during screening. Only 5-20% of Ugandan women have ever screened for cervical cancer. Some of the barriers to screening for cervical cancer include;

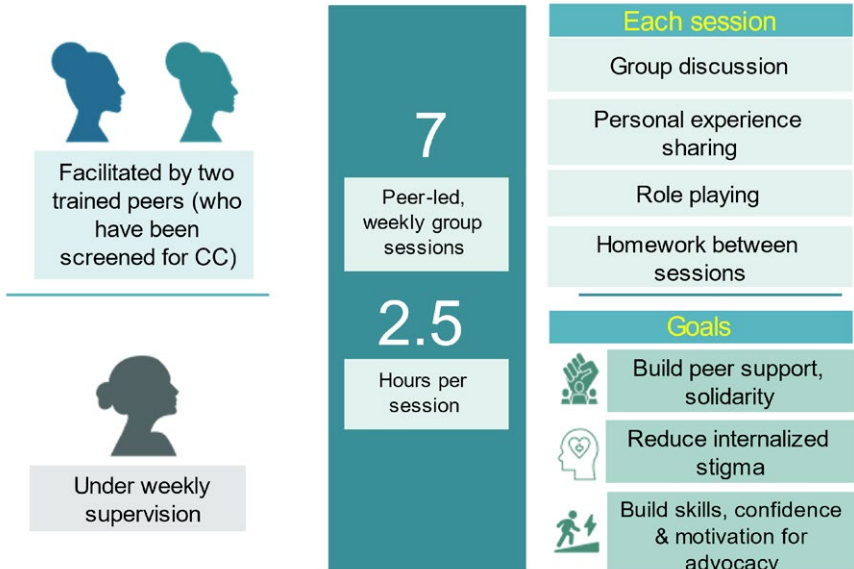
- Poor knowledge and misconceptions
- Embarrassment with procedure

- Fear and stigma associated with positive result
- Concern about male partner reaction

APCA in partnership with the Rand Corporation, the Makerere University School of Public Health, and Rays of Hope Hospice developed a novel intervention which is centred around training women who have previously screened for cervical cancer as advocates to encourage other women in communities to come and screen for cervical cancer-“The Game Changer Intervention for Cervical Cancer”

Below is the description of the game changer intervention to address some of the barriers above.

## GC-CCP intervention



18<sup>th</sup> September 2023

## Impact demonstrated

- The intervention greatly increased uptake of CC screening among previously unscreened women.
- Peers can effectively facilitate the group sessions with training and ongoing supervision.
- Women found the training relevant and useful, and motivated them (and their social network members) to help others through advocacy.
- The intervention increased demand for CC screening, but supply (access to screening) is limited.

## 6.7 Impact Area 7: Communications

WHO's 'Strategy on Person Centred Care (PCC) calls for health services that are "responsive to preferences, are coordinated around needs and are safe, effective, timely, efficient and of an acceptable quality". PCC is essential for health systems to achieve new Universal Health Coverage goals: "health

promotion, disease prevention diagnosis, treatment, disease management, rehabilitation and palliative care. In the subsequent section (6.6.1), we share some of our research strategies geared towards unveiling what PCC means in patients in resource limited settings.

### 6.7.1 Information and Communications Technologies

The purpose of APCA's Information, Communication and Technology (ICT) department is to contribute towards the achievement of APCA's overall organisational objectives through engaging effectively with all key stakeholders and demonstrating the success of APCA's work. All work is guided by the Communications Strategy which provides a framework for the team's focus areas, audiences and activities. The ICT unit is manned by a Communications Consultant and an Information and Communication Technology (ICT) consultant.

We focus on ensuring that palliative care as a discipline and APCA as an organisation remain impactfully visible on the various global and regional platforms, including the mainstream social media channels.

To ensure continuous improvement of the ICT, APCA undertook an external review of its Communications Strategy, mainly to assess progress towards implementation of set goals, and to give the strategy a "marketing" lens for APCA to remain visible and competitive in the view of its internal, external, and potential stakeholders. Key recommendations included the inclusion of a total revamp of APCA's website as it was more than 10years old and deemed outdated. This is a work-in-progress at the time of reporting.

APCA has also endeavored to share both regional and global stories of palliative care research, programmes, and other important information with our audience through the APCA newsletter and the editorial role on ehospice Africa.

Some of the highlights from communications work include;

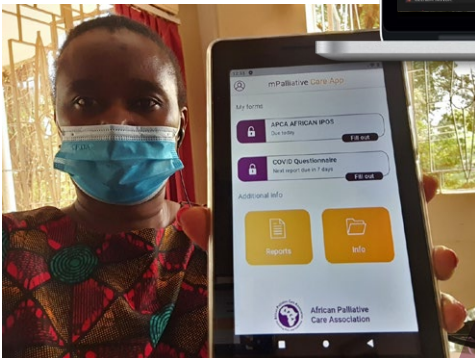
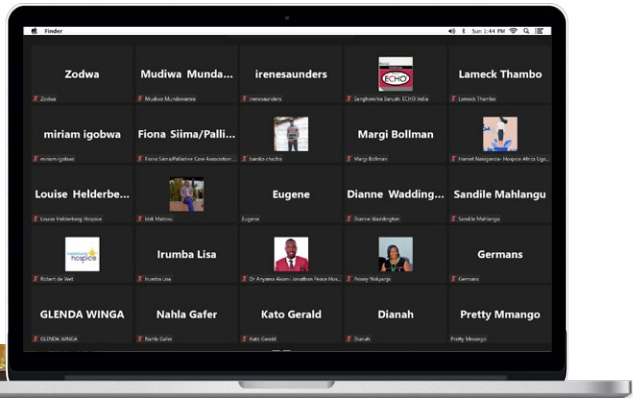
- Online Commemorations and Campaigns of World Days:  
We carried out several online campaigns and commemorations including but not limited to the World Hospice and Palliative Care Day, World AIDS Day, International Universal Health Coverage Day, World Cancer Day, International Childhood Cancer Day and others to ensure that palliative care issues remain on the forefront of health and social priorities. We also supported national associations that needed related materials and content. These online campaigns allowed APCA to interact and engage with peer global players in palliative care, as well as with our members and partners.

- Webinars and knowledge sharing: We hosted 5 webinars based on areas of need expressed by different stakeholders, which were facilitated by experts in the fields.
  - o CALM (Managing Cancer and Living Meaningfully) Therapy workshop for forty (40) Cancer Care Providers- from twenty ( 20) African countries. The intervention aims to improve End of Life experiences for cancer patients with advanced disease
  - o Mental health in HIV - tackling HIV related mania and implications for care and practice.
  - o Best practices for costing palliative care in Sub-Saharan Africa: A case for Universal Health Coverage. We also shared the associated tools for partners to cost their programmes with minor adaptations.



- o Students' Palliative Care Reinforcement Program (SPARE) stakeholder engagement webinar; this was in support of the formation of a student movement for medical and allied health science students who are lobbying for palliative care to become a standard component of all academic curricula in health. We continue to Support SPARE as they work to build members from African academic institutions.
- o We marked World AIDS Day 2022 with a webinar on Mental Health and HIV & AIDS to underscore the importance of mainstreaming mental health issues, and a webinar on International UHC Day that focused on the economics of palliative care, also promoting the usage of the palliative care in UHC costing tools that we developed for Kenya by other countries.

- In addition, we supported and co-hosted webinars on strengthening family life to in turn ensure family care conducted by an associate of the Uganda Counselling Association, Ms Pendo Galukande, also covering topics like Grief and Bereavement Counselling in Children, and mental health issues in families and marriages. These drew large attendances and engagement.
- At the time of reporting the department was working with the Programmes Team to develop 2 structured online courses, i.e. (a) Sustainability Training for Hospice & Palliative Care NPOs and (b) Grief and Bereavement Training.
- APCA has continued to apply lessons learnt from the Covid-19 era on meaningful remote stakeholder engagement in to build capacity through online interventions such as these.





The ICT department has ensured efficient connectivity to enable all staff to work with flexibility whether in office or from home, including the necessary access to materials on the server when needed.

The department also continued with its role of challenging the influx of fake news and misinformation using our online presence including publication of research papers, patient stories, and health care worker experiences in palliative care from across the

continent and beyond. Our ehospice (Africa edition) site had a steady stream of readership throughout the year and received content from all subregions of Africa including significant change stories, research papers, and advocacy messaging. APCA had an average of 4,500 followers on Twitter and 17,500 on Facebook during the reporting period. We have also started building on our presence on Instagram, especially in anticipation of the photo project being run by the programmes department.

## 6.8 Impact Area 8: Leadership and Governance

APCA's overall governance body is the General Assembly that is comprised of its members, both individual and institutional, who meet once every 3 years, at the sidelines of the APCA Triennial International African Palliative Care Conference. The General Assembly appoints the APCA Board of Directors and approves the external auditors every 3 years.

During the General Assembly meeting in August 2022 held at the sidelines of the 7th International Africa Palliative Care Conference

at Mestil Hotel in Kampala, Uganda, 6 out of the 9 members board members stepped down after ably serving and completing two terms of three (3) years each. We sincerely appreciate and applaud Mr. Andre Wagner (South Africa), Dr Martha Gyansa-Lutterodt (Ghana), Ms. Jacqueline Busingye (Uganda), Prof. Maged El Ansary (Egypt), Ms. Mary Callaway (USA) and Prof. Jose Pereira (Canada/Portugal) for their invaluable contribution to APCA in the last 6 years.



At the same meeting, the General Assembly, reconfirmed 3 members of the board for a second term and also nominated 7 new members to join the Board. We congratulate

and warmly welcome Ms. Thobekile Finger (South Africa), Chair of the Board; Prof. Ikeoluwapo Ajayi (Nigeria), Deputy Chair of the Board; Mr. Frederick Kibbedi (Uganda),

Honorary Treasure of the Board; Dr Bernard Dornoo (Ghana), Honorary Secretary of the Board; Prof. Liz Gwyther (South Africa), Ms. Irene Among-Lutz (Germany/Uganda), Dr Rene Krause (South Africa); Mr. Diederick Lohman (USA); Ms. Lidia Monjane (Mozambique); and Dr Zippy Ali (Kenya), and look forward to working with you all.

The Board of Directors continue to meet once every quarter and in the year under review, held 3 virtual meetings and one face -to-face meeting, which also served as an orientation and organizational development session for the new board and secretariat.



*Board members in Kampala in Feb. Not in Picture, Prof Liz Gwyther, Dr. Renee Krause, Irene Among, Diederik de Savornin Lohman*

## 7. APCA MEMBERSHIP

Following the Board’s recommendation to introduce paid membership as a way of contributing to our sustainability, we continue to charge a small annual fee for membership. During the 2022/23 period, we reevaluated our membership drive strategies and explored innovative ways to attract new members and interest old members to renew. The ICT team also reviewed and streamlined the online membership registration, payment, and onboarding process to ease the user experience on the APCA website. We also gave a 1-year membership to all conference

delegates. By March 2023, we had a paid membership of one active institution and 300 active individual members globally. We also developed a concise list of membership benefits to motivate potential members and retain current ones. We are committed to creating a vibrant and engaged membership community.

Membership information can be found <https://www.africanpalliativecare.org/about/apca-membership>

## 8. THE AFRICAN PALLIATIVE CARE RESEARCH NETWORK



Hosted under the African Palliative Care Association, the APCRN aims to build sustainable capacity for research for health in Africa. As part of this initiative we host interns, engage in regional research and also run educational series on research methods. We thank the University of Notre Dame through Lacey Ahern, for their partnership on the workstream of hosting interns at APCA.

Our interns learn about models of palliative care, engage in the conduct of research in resource limited settings, participate in advocacy events, writing of policy briefs and in community engagement activities. Oh yes, they also take off some holiday to tour the pearl of Africa.



Besides hosting intern, the APCRN runs tri-annual research workshops and bi-monthly webinars. The latter is used as a platform for capacity building and for sharing research findings from student led research. Current membership for APCRN is 256. If you would like to join the network, please email [info@africanpalliativecare.org](mailto:info@africanpalliativecare.org)

“

*I had an amazing experience working with Ms. Lacey Ahern from GPIC and Dr. Eve Namisango from APCA and other team members. Everyone in this project team was motivated and determined toward the project goals. The synergy was sublime, and I was able to foster professional relationships during my internship. Although I had been a thorough professional working in teams for past 16 years, yet this was quite a unique learning opportunity. The project itself was altogether new for me. The software EPPI Reviewer required some orientation prior the actual work and that was amply provided. Regular weekly meetings helped to meet the deadlines. The diversity within the group was remarkable and I learned to move things forward as a team at a mutually comfortable pace. Through continuous support from Ms. Ahern and Dr. Namisango, we were able to create a prototype EGM based on 41 studies. Undertaking my summer project with GPIC and APCA was an enlightening experience for me.*



**Khalid Saleem**

Oxford University - UK

”

## 9. APCA STAFF

The year under review was a very busy year as it was the conference year as well. APCA successfully held the 7th International African Palliative Care Conference and 4th African Ministers of Health session on Palliative Care. Special congratulations to the APCA team, led by Dr Emmanuel Luyirika, ED, and supported by Dr Eve Namisango, Programmes, Research and Development Manager; Ms. Mable Namuddu, Finance Manager; Ms. Patricia Batanda, Administration /HR Manager/ P.A to the ED; Ms. Wedzerai Chiyoka, Communications Consultant; Mr.

Francis Kayondo, ICT Consultant; Ms. Imelda Wanja, Resource Mobilization Consultant; Mr. David Byaruhanga, Programmes Officer, Small Grants; Mr. Eugene Rusanganwa, Programmes Officer; Mr. Salim Ngira, Finance & Admin Assistant; Ms. Dianah Hosanna, Communications & Research Assistant; Mr. Vito Alithum, Office Assistant/ Security; Mr. Pascal Maru, Office Assistant/Security; and Mr. Siraje Lule, Office Assistant/Security; who consistently, diligently and excellently delivered the APCA mandate all through the year.





## 9.1 Staff development

With all the lessons learned during the Covid-19 pandemic, at APCA we continue to partially work from home, and have set aside specific days in the week when all staff are at the office together. This has worked very well, and staff continue to meet all their expectations.

We endeavor to create a culture of nurturing employee experience and learning both for professional and personal growth. The team at APCA has undertaken trainings both at a personal and (group)organizational level to upskill and learn in order to keep abreast with global trends and also to be able to meeting the organizational expectations. We held some in-house and also out-sourced training and development sessions for staff.



*Staff and board members during training session held in Kampala in Feb 2023*

To crown off the busy year, staff took time off to refresh and recuperate, post conference for 3 days at a small establishment on the shores of Victoria. Staff also shared a Christmas meal together at the end of the year.



# 10. ECONOMIC SUSTAINABILITY

Sustainability is the 4th APCA strategic objective. The Resource Mobilization Consultant, working very closely with the senior management team undertook several initiatives to scale up APCA's financial sustainability. These initiatives include;

**1 Grant Research and writing proposals:**  
This is an on-going initiative through which we have seen some successes but also some disappointments.

**2 The CSR Private Sector Investment Initiative:**  
Through this APCA has set up a private sector advisory committee, of individuals with expertise and networks in the private sector to identify, solicitate, foster and steward major financial prospects and donors so as to build a pipeline of on-going financial support and participate, where reasonably practical, in outreach strategies with prospective corporate donors.



# II. FINANCIAL OVERVIEW

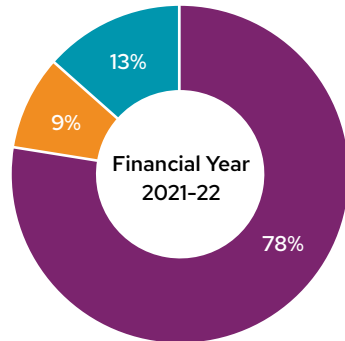
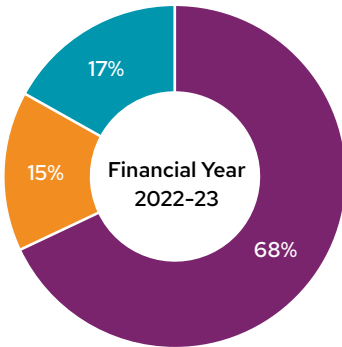
This overview shows the performance and position of the financial year 2022-23 and comparatives for the financial year 2021-22.

## II.1 Financial Performance

### 11.1.1 Income

The total income increased by 22% from US\$ 647,805 in 2021-22 to US\$ 787,577 in 2022-23. The increase is mainly attributed to the International African Palliative Care conference that was held in August 2022. 68% of the income was raised from

foundations and trusts, 15% from other donors and 17% from general sources. The income from trusts and foundations was 10% lower than in 2021-22 whereas that from other donors and general sources was 6% and 4% respectively higher as summarised in the charts below.



■ Trusts and Foundations   ■ General Funds   ■ Other Donors

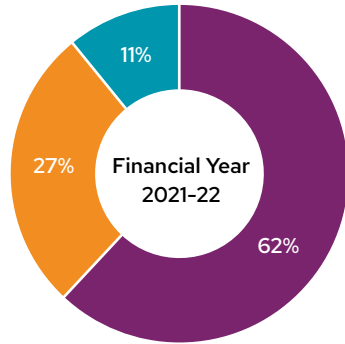
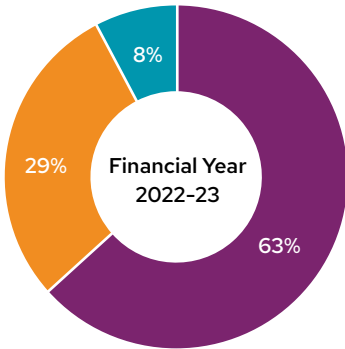


## 11.1.2 Expenditure

Total expenditure increased by 14% from US\$ 752,535 in 2021-2022 to US\$ 858,043 in 2022-2023. 29% of the expenses relate to personnel, 8% to administration and capital expenses and 63% to program expenses. This increase in expenditure is largely attributed to the resumption of normal operations following the lifting of the COVID-19 restrictions at the beginning of 2022.

The deficit was offset using balances from previous years.

The charts below summarise how the income received in 2022-23 was spent with the 2021-2022 comparatives.



■ Programme expenses   ■ Personnel expenses   ■ Administration & Capital expenses





## 11.2 Financial Position

### Balance Sheet Extracts for the Financial Years 2022-23 and Prior Year Comparatives (Amounts in US\$)

Assets	2023	2022
<b>Non-Current Assets</b>		
Property and equipment	88,859	101,079
Leasehold Land	62,351	63,835
<b>Total non-current assets</b>	<b>151,210</b>	<b>164,914</b>
<b>Current Assets</b>		
Receivables	64,394	112,504
Cash and bank balances	370,789	393,308
<b>Total current assets</b>	<b>435,183</b>	<b>505,812</b>
<b>Total Assets</b>	<b>586,393</b>	<b>670,726</b>

Funds and Liabilities	2023	2022
<b>Funds</b>		
Capital fund	151,210	164,914
General fund	188,069	176,283
Restricted fund	228,554	310,806
<b>Total Fund</b>	<b>567,833</b>	<b>652,003</b>
<b>Non-Current Liabilities</b>		
Terminal Benefits	2,055	10,728
<b>Current Liabilities</b>		
Payables	13,105	7,995
Terminal Benefits	3,400	-
<b>Total liabilities</b>	<b>18,560</b>	<b>18,723</b>
<b>Total Funds and Liabilities</b>	<b>586,393</b>	<b>670,726</b>

Total assets decreased by 13% from US\$ 670,726 to US\$ 586,393 majorly attributed to the reduction in the receivables balance. The reduction in the receivables balance was due to the increase in program implementation which reduced the unspent balances held by the grantees and the transfer of the part of the retirement funds to a registered retirement benefits scheme.

The funds balance includes the capital fund, the restricted fund, and the general fund. The capital fund balance represents the book value of the non-current assets. The restricted and general fund balances represent the balances for the restricted and non-restricted funds respectively as at 31st March 2023. In comparison to 2021-2022, the restricted fund balance decreased by 27% whereas the general fund balance increased by 8%.



## 12. DONOR APPRECIATION

As we continue to gather the stories and accomplishments of yet another remarkable year, we extend our deepest appreciation to all the donors that have believed in our mission thus far. Your dedication and generosity have been the driving force behind all our success. Your unwavering support through the years has enabled us to continuously touch the lives of people living with life threatening illnesses on the continent.

### We appreciate the following donors:

- American Cancer Society
- Global Partners in Care
- Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC)
- Irish Hospice Foundation
- King's College London
- Makerere School of Public Health in collaboration with Rand Corporation and National Institutes of Health
- Open Society Foundations - New York (OSF)
- Open Society - Africa
- The True Colours Trust
- United Nations Office on Drugs and Crime, with support from the Government of the Kingdom of Belgium
- University of Leeds
- Veta Bailey Charitable Trust
- Worldwide Hospice and Palliative Care Alliance, with support from The Joffe Charitable Trust



### Make a Donation

Your continued partnership will be instrumental in shaping our future endeavors and ensuring that our collective efforts create a better life for all people living with life threatening illnesses in Africa.


All donations made to APCA are greatly appreciated and will be used in a transparent, accountable, and most efficient way.

If you would like to support APCA financially, please let us know by emailing [patricia.batanda@africanpalliativecare.org](mailto:patricia.batanda@africanpalliativecare.org) and we will contact you with further details.

Alternatively, please visit our website [www.africanpalliativecare.org](http://www.africanpalliativecare.org) and click 'donate'.

Thank you for your support.





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