

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

REPORTS AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED
31 OCTOBER 2007

CAI
(CHILDHEALTH ADVOCACY INTERNATIONAL)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED
31 OCTOBER 2007

Company Number: 3597304

Charity Number: 1071486

Contents	Page
Directors' Report	1-15
Independent Auditor's Report	16-17
Statement of Financial Activities	18
Balance Sheet	19
Notes to the Financial Statements	20-27

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS REPORT FOR THE YEAR ENDED 31 OCTOBER 2007**

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 2007.

REFERENCE AND ADMINISTRATIVE INFORMATION

Company Number - 3597304

Charity Number - 1071486

Directors

Dr J Bridson (Chairman)
Dr D P Southall
A Sherriff
Dr M S Tanner (resigned 04.12.06)
Dr J Meran
S D James
Dr R Moy
N Ager
A Maxfield (appointed 12.05.07)
Dr B Hayden (appointed 10.02.07)

Secretary and Programme Director

M Szczesny

Registered Office and Operational Address

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Bankers

Co-operative Bank
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Derby
DE1 2AL

Auditors

Barber Harrison & Platt
57-59 Saltergate
Chesterfield
S40 1UL

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 P Southall and S D James retire by rotation and being eligible, offer themselves for re-election. A Maxfield and Dr B Hayden retire due to being appointed in the year and offers 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 4 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 can be categorised into the following groups of programmes:

- Training healthcare workers, e.g. doctors, nurses, midwives and traditional birth attendants. We also encourage medical education programmes to provide in-country instructors thereby achieving a more sustainable outcome
- We work with local healthcare workers to find the best ways of improving healthcare
- We develop and distribute free of charge, up to date and evidence based medical teaching materials
- We advocate for governments to renovate hospital wards and provide medical equipment
- We advocate for better healthcare

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****ACHIEVEMENTS AND PERFORMANCE****EDUCATIONAL MATERIALS**

CAI has produced a number of medical teaching materials; books, CD-ROMs and DVD's, to be used by healthcare providers worldwide.

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 completed the 'Obstetric & Neonatal Emergencies' CD-ROM/DVD and a 'Pocket Book of Obstetric and Neonatal Emergencies'.

The ESS-EMCH teaching materials (see below) have been continually developed to ensure we meet the needs of improving healthcare in emergencies for babies, children and pregnant women.

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 journal Paediatric Nursing journal.

Future: we will continue to publish academic articles which are listed on our website, and are planning to write more teaching materials, including a 'Pocket Book of Obstetric, Neonatal & Paediatric Emergencies including Major Trauma'.

ESSENTIAL SURGICAL SKILLS-EMERGENCY AND MATERNAL & CHILD HEALTH TRAINING (ESS-EMCH) (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-EMCH programme, which provides training for overseas doctors, nurses and other health-workers in emergency maternal and child health care, with the support of the World Health Organisation (WHO). 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-EMCH Pilot project in Pakistan and partially in The Gambia. ESS-EMCH 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 pilot 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.

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.

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

During the year, time was spent trying to gain support from the Albanian Government for the introduction of the ESS-EMCH programme. There is already a group of doctors (paediatricians, surgeons and obstetricians) interested in setting up such a programme. Work has started on translating the ESS-EMCH Pocket Book of Obstetric and Neonatal Emergencies into Albanian.

Future: in November 2007 we presented the ESS-EMCH programme at the Annual International Paediatric meeting in Tirana and in January 2008, we met with the Deputy Minister of Health in Albania to discuss the possibility of introducing the programme into the country.

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 had been delivered to the Albanian Government and studies had taken 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.

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

A paper has been published in a peer reviewed journal, The Journal of Clinical Endocrinology & Metabolism, with data derived from our iodine studies in the mountains of southern Albania.

Letter 17/05/2007

To programme manger, Maksim Bozo, CAI Albania

Dear Maksim

You will recall that last year I collected iodised salt samples from a number of shops across the south east of Albania and in Tirana. None of these when analysed contained even a trace of iodine.

I repeated the same exercise in April 2007 but this time over a wider area in the south including some of the villages. I collected 9 1kgm bags of iodised salt. All contained iodine except a bag of ELKA salt purchased in Librazhd. It is also still possible in Katjel to purchase ordinary white non iodised Vlore salt and marine salt in Pogradec.

Please can you let the relevant person in the ministry have this information.

Things are much better than last year.

Dr John Bridson

Future: we are planning a third Iodine Deficiency disease study, to confirm our findings in the prior study.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)

DIRECTORS' REPORT – continued

ACHIEVEMENTS AND PERFORMANCE

BOSNIA AND HERZEGOVINA

The most troubled of the former Yugoslavia's republics, driven by ethnic divisions and by the memories of an appalling recent war, which saw 200,000 people killed and over a million driven from their home, Bosnia has had to modernise its medical services.

Advanced Paediatric Life Support (APLS)

In previous years, training courses in APLS have been provided to casualty and paediatric staff from several Bosnian hospitals. Selected candidates have been taught on a General Instructor Course (GIC) and these Bosnian candidate-instructors had been supervised teaching on subsequent APLS provider courses.

Further APLS courses were held in November 2006 and January 2007 at the University Hospital Building in Sarajevo, which are now taught by CAI trained Bosnian instructors with support from our CAI Honorary Country Director, Dr Kim Cheetham, who was impressed by the high standards. In each course, 15 Bosnian paediatricians were successfully taught the recognition and management of seriously ill or injured children. 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.

In April 2007, Dr Amra Cengic, a University Paediatrician in Sarajevo came to England and completed a GIC course and subsequently taught an APLS course in Manchester before returning to Sarajevo. This has added to the strength of the teaching faculty in the Paediatric Hospital in Sarajevo.

Future: we are planning to hold the next courses, both the APLS and GIC, throughout 2007/2008.

Paediatric Department in Banja Luka Hospital

CAI continued to upgrade 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 has 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 150 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.

Dr Ruth Clay, a fourth year paediatric registrar, visited the hospital in November 2006 for CAI. During this time, she observed out of hours emergency neonatal and paediatric intensive care and as a result of her report, we were able to suggest that more sophisticated equipment could be effectively used in the hospital.

Future: in 2008 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****Maternal and Neonatal health**

Future: setting up a Maternal and Neonatal healthcare project. Dr Kim Cheetham, a paediatrician and Honorary Country Director for Bosnia, will be retiring in 2008. He will be replaced by obstetrician & gynaecologist, Dr Brigid Hayden. She who will look to improve management during childbirth by setting up two courses in Bosnia; Emergency Maternal & Neonatal Health course (EMNH) and, Management of Obstetric Emergencies & Trauma course (MOET). She will visit Sarajevo, Mostar and Banja Luka, in spring 2008 with a view to planning the courses, and identifying resources required.

CAMEROON**Mother and Baby Unit**

We had identified that there was no accommodation for mothers, in the neonatal nursery at Bamenda Hospital, whose babies were ill, and they had had to sleep in another building or on the floor. The neonatal nursery, where sick newborn babies are admitted was rebuilt and enlarged, using money raised mainly from an individual donor, Lynn Grocott. A room for 10 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 and there is now more room for babies as the nursery is bigger. There is an isolation room for babies who are infectious, a sister's office and a milk kitchen where milk for the breast milk bank can be pasteurised.

Future: there is still work to be done to complete this project in the future. Mothers need a toilet and shower block, and local staff have requested a covered seating area near the nursery where mothers and their visitors can keep dry while they have their meals. We hope to be able to raise the funds to complete this in 2008.

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

The project continues to function successfully. In Cameroon over 90% of pregnant mothers undergo voluntary testing and counselling for HIV. The aim of this program is to reduce the number of babies who become infected with HIV from their mothers during pregnancy or labour. Trained CAI nurses visit the delivery room, each talk and counsel HIV+ mothers about infant feeding, and ensure that they and their babies receive appropriate antiviral medication. The nurses monitor the babies until the age of 15 months, when they can be tested for HIV.

During the year, 111 HIV exposed infants were registered in the programme. All but 2 babies received antiretroviral medication in the first week of life. 60 babies were tested at the age of 15-18 months, 50 were HIV -. Local improvements in availability of antiretroviral drugs should reduce the transmission further.

A support group for HIV + mothers is running well, and has organised its own management committee.

Future: in the next year, we aim to train a new nurse. It is important that all babies of HIV+ mothers are brought back to hospital to be checked. Some parents find it difficult to bring their babies for these appointments, and we would like to work on this problem, perhaps with home visits. We would also like to provide more medical supervision for orphans.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****ACHIEVEMENTS AND PERFORMANCE****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. During this year, 15 children were treated, with 4 deaths and one relapse.

Future: We have plans to improve the treatment in 2008, by appointing a new CAI nurse, and train an additional children's ward nurse, and an ultrasonographer. We also plan to buy a vehicle to help with the follow up checks of children on chemotherapy.

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

Since the start of this programme over 2,000 health workers from around Pakistan have undergone life support training as part of the ESS-EMCH programme, which was developed in collaboration with WHO Pakistan, ALSG (Advanced Life Support Group) and the Government of Pakistan. During the year, CAI conducted nineteen 1-day BLS (Basic Life Support) courses, one 3-day ESS-EMNH courses, one APLS course, and two 5-day ESS-EMCH 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 logbook the emergency care provided and the outcome. So far more than 1,700 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.

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

Earthquake Aid

When the earthquake struck Pakistan on 8th October 2005, causing mass destruction, CAI had been one of the first few organisations to reach the affected areas 2 days later with relief goods and medical services. A medical camp was set up in Jalalabad, near Muzaffarabad city. At the height of the catastrophe, 350 patients a day were treated by the medical team which consisted of a team of doctors, paramedics, health worker, prosthetist, medical assistant and medical students, who worked around the clock to provide emergency health care services to the injured. CAI also set up education services, provision of artificial limbs and income generation activities. We distributed 4 million Pakistan Rupees worth of goods and services to the communities of Kashmir.

In 2007 CAI donated emergency medical equipment to 6 of the hospitals in the earthquake affected areas.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****ACHIEVEMENTS AND PERFORMANCE****THE GAMBIA****Essential Surgical Skills with emphasis on Emergency Maternal Child Health (ESS-EMCH) Programme**

After the initial assessment visit in 2006, the ESS-EMCH programme has been progressing in The Gambia. The teaching programme was modified in collaboration with Gambian clinical colleagues to reflect the health care issues and circumstances pertaining locally. At the request of our partners, the Department of Health and Social welfare of the Gambian Government and WHO in The Gambia, a district called Brikama with a rapidly expanding population was identified as the pilot site for the project. This district holds approximately one sixth of the population of The Gambia.

Training

In 2007, 117 places on training courses on maternal, neonatal and child emergencies for midwives, nurses and doctors have been successfully completed. 38 individuals have been identified as internationally credited potential instructors of whom 21 have been trained as instructors so far. 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. About one third of these were analysed in August 2007 (reflecting the first half of the training year). From this third of log books, 244 patients requiring life-saving interventions were identified. 94% of them survived.

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 highlight of this refurbishment has been the installation of a complete modern operating theatre in Brikama hospital so that emergency patients in urgent need of life-saving surgery can be operated on immediately in first class facilities.

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 76 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.

Future: an independent assessment will be carried out in 2008 to look at the impact of the first year's programme. CAI, ALSG, the Government of The Gambia and WHO in The Gambia are all committed to extending the project to the next needy area. Funding is a significant concern and we are seeking support internationally as well as in the UK and in The Gambia.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****ACHIEVEMENTS AND PERFORMANCE****UGANDA****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, counseling, psycho-social support and help with food and schooling, a Children's Group and a Carers Group which meet regularly every month, 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 250 index children and families at home and in 'outpost' clinics. The teams have expanded the area in which they provides regular sensitisation sessions (health education and voluntary testing and counseling for HIV). CAI continues to work in partnership with other agencies and organisations in the district, offering voluntary testing and counseling 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.

Future: we plan to establish an independent branch of CAI in Uganda, to enable them to access funds locally.

The MotherCare 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 Mothercare 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: CAI aims to keep this project going until we manage to make arrangements for the hospital to take it over.

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: CAI aims to keep this project going until we manage to make arrangements for the hospital to take it over.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****ACHIEVEMENTS AND PERFORMANCE****The Rapid Resuscitation project for Neonates**

CAI set up this neonatal resuscitation project in which midwives were taught how to resuscitate newborn babies with difficulties at birth. The team provides 24 hour cover on the labour ward, solely for the care of neonates with breathing problems at birth, making a significant reduction in the number of infants who died or who require neonatal intensive care. This is now being rolled throughout Uganda under the leadership of the neonatal paediatrician who, while working with CAI, led the original project. She is now the Senior Neonatologist for Uganda, and the project is self-sustainable. We have all been very proud of this project.

ZAMBIA**Malnutrition Clinics**

The Malnutrition Clinics Programme is a community-based outreach programme for the prevention of severe malnutrition in under 5 year old children in Lusaka, Zambia. This is a joint initiative between CAI, the University Teaching Hospital (UTH) Lusaka and the School of Medicine, University of Zambia. The programme is run, by specialist paediatric nurses from the Malnutrition Ward at UTH. The medical coordinator at UTH is Dr Beatrice Amadi, consultant paediatrician. The programme has now been running successfully for over five years. Weekly clinics are run in four of the most deprived districts 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 CAI/UTH Outreach Programme attain their target safe weight and can be discharged from the programme after 6 – 8 weeks.

During the year, the main emphasis has been the training of local healthcare workers, employed by the Lusaka District Health Management Board (LDHMB) – in order for the department to be in a position to take over a similar service to cover the whole of Lusaka, thus CAI would have achieved sustainability. The training consisted of 3-day workshops for 4 healthcare workers from each of the 25 health clinics in Lusaka.

Future: We are now in the final phase of the programme. The plan is to hand over the responsibility for the service to the LDHMB at the end of June 2008. CAI will start up a new project – a medical education programme.

The Child Friendly Health Care Initiative (CFHI)

The CFHI is a pioneering and practical wide ranging framework designed to support health workers and hospitals to improve their practice, function more effectively and reduce the frequent and 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 but is particularly applicable to poorer countries. 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.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****ACHIEVEMENTS AND PERFORMANCE**

A manual and toolkit resulting from the initial development phase has been published on the CAI website, and the dedicated site of the CFHI. It has also now been promoted and made freely accessible globally by the website of the journal Paediatric Nursing, supported by published articles. Hard copy publication of this has not been possible due to limited funding but the project continues to receive requests for this (and in different languages – most recently Spanish) from health professionals around the world.

Although the manual and toolkit are designed to support any health worker improve the care given, we continue to receive requests from countries across the world, eager to be included and participate in future more structured waves of CFHI projects – demonstrating that the relevance and need for this type of programming support remains recognized and valuable.

Future: we aim to pursue funding proposals for future waves of practical CFHI activity at new sites. We also plan to enable greater access to CFHI materials with an approach to the organization Teach Aids at Low Cost (TALC) who freely distribute health care materials to health workers worldwide via their widely recognized CD-ROM scheme.

PLANS FOR FUTURE PERIODS

Plans for individual countries and projects are listed above. Our aim is to implement the ESS-EMCH 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 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 2007/8 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.

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.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**DIRECTORS' REPORT – continued****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 10 May 2008 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 (Child Advocacy International) on pages 18 to 27 for the year ended 31 October 2007. These financial statements have been prepared in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2005), 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 2007 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
19 May 2008.

57-59 Saltergate
Chesterfield
Derbyshire
S40 1UL

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**STATEMENT OF FINANCIAL ACTIVITIES****FOR THE YEAR ENDED 31 OCTOBER 2007**

	Note	2007			2006 £
		Unrestricted	Restricted	Total	
		<u>Fund</u>	<u>Fund</u>		
		£	£	£	£
INCOMING RESOURCES					
Incoming resources from generated funds					
- Voluntary income	(2)	63,780	292,031	355,811	464,458
- Activities for generating funds	(3)	9,014	2,198	11,212	15,948
- Investment income	(4)	2,528	806	3,334	7,205
Total incoming resources		75,322	295,035	370,357 *	487,611
RESOURCES EXPENDED					
Costs of generating funds					
- Fundraising trading cost of goods sold and other costs	(5)	28,918	8,399	37,317	52,012
Costs of charitable activities	(6)	81,275	370,126	451,401	360,581
Governance costs	(7)	13,755	3,530	17,285	14,433
Other outgoing resources	(8)	-	-	-	1,009
Total resources expended		123,948	382,055	506,003 *	428,035
Net (outgoing)/incoming resources made before transfers		(48,626)	(87,020)	(135,646)	59,576
Gross transfers between funds		43,183	(43,183)	-	-
Net (outgoing)/incoming resources		(5,443)	(130,203)	(135,646) *	59,576
Fund balances brought forward at 1 November 2006		26,331	222,348	248,679	189,103
Fund balances carried forward at 31 October 2007		20,888	92,145	113,033	248,679

* Notes

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.

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**BALANCE SHEET****AS AT 31 OCTOBER 2007**

	<u>Note</u>	<u>2007</u>		<u>2006</u>
		£	£	£
Fixed assets				
Tangible assets	(11)		23,134	14,107
Current assets				
Debtors	(12)	13,484		35,598
Cash at bank and in hand		79,575		202,393
		<u>93,059</u>		<u>237,991</u>
Creditors: Amounts falling due within one year	(13)	(3,160)		(3,419)
Net current assets			89,899	234,572
			<u>113,033</u>	<u>248,679</u>
Represented by:				
Funds – Unrestricted Reserves			20,888	26,331
- Restricted Reserves	(18)		92,145	222,348
			<u>113,033</u>	<u>248,679</u>

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 2005).

The financial statements on pages 18 to 27 were approved by the Board of Directors on 10 May 2008 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 2007****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 2005).

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 of 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 2007/08 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 2007****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 £15,803 (2006: £27,951) was donated to the charity, together with office running costs of approximately £ nil (2006: £6,296), Educational material valued at approximately £30,283 (2006: £2,619) a motor cycle valued at approximately £1,000 (2006 £ nil) and travel costs of approximately £8,161 (2006: £2,013).

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 SoFA 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

	<u>2007</u>			<u>2006</u>
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	
	<u>Fund</u>	<u>Fund</u>	<u>Fund</u>	
	£	£	£	£
Public donations	11,230	13,917	25,147	51,500
Appeals	710	-	710	35,224
Government & Global Agencies	2,874	75,935	78,809	125,765
Adult group donations	5,721	51,295	57,016	116,544
Gifts in kind	19,200	36,047	55,247	38,879
Trusts	4,180	114,837	119,017	77,434
Legacies and bequests	660	-	660	955
Membership	13,359	-	13,359	13,047
Recycling	5,846	-	5,846	5,110
	<u>63,780</u>	<u>292,031</u>	<u>355,811</u>	<u>464,458</u>

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**NOTES TO THE FINANCIAL STATEMENTS - continued****FOR THE YEAR ENDED 31 OCTOBER 2007**

	2007			2006
	Unrestricted Fund £	Restricted Fund £	Total £	£
3. Activities for generating funds				
Royalties and product sales	4,425	-	4,425	5,416
Collectors Scheme Income	-	-	-	4,263
Talks and Open Days	615	486	1,101	3,044
Sundry Events	3,974	1,712	5,686	3,225
	9,014	2,198	11,212	15,948
	9,014	2,198	11,212	15,948
4. Investment income				
Bank interest	2,528	806	3,334	7,205
	2,528	806	3,334	7,205
5. Fundraising trading cost of goods sold and other costs				
Fundraising costs	5,149	159	5,308	15,664
Direct project support	950	-	950	-
UK office salaries	17,283	-	17,283	21,945
Rent, rates and insurance	2,314	8	2,322	2,458
Light and Heat	125	-	125	133
Telephone	898	36	934	837
Repairs and renewals	-	-	-	6,296
Sundry expenses	536	29	565	677
Printing postage, stationary	444	138	582	671
Motor and Travel	597	7,881	8,478	3,223
Depreciation – Equipment	622	148	770	108
	28,918	8,399	37,317	52,012
	28,918	8,399	37,317	52,012

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**NOTES TO THE FINANCIAL STATEMENTS - continued****FOR THE YEAR ENDED 31 OCTOBER 2007**

	2007			2006
	Unrestricted Fund	Restricted Fund	Total	
6. Costs of charitable activities				
Medical training, equipment and supplies	19,451	242,533	261,984	181,057
Project operational costs	-	22,842	22,842	18,711
Project travel costs & motor	1,990	26,269	28,259	34,130
Overseas medical and project staff	-	73,705	73,705	69,475
Depreciation – motor vehicles	-	3,046	3,046	4,006
UK office salaries	42,780	-	42,780	36,351
Rent, rates and insurance	7,713	27	7,740	5,104
Light and Heat	417	-	417	448
Telephone	2,993	120	3,113	2,823
Book keeping and payroll service	250	-	250	240
Sundry expenses	1,787	95	1,882	2,283
Printing postage, stationary	1,481	461	1,942	2,265
Bank charges and interest	340	534	874	3,323
Depreciation – Equipment	2,073	494	2,567	365
	81,275	370,126	451,401	360,581
7. Governance costs				
Salaries	8,385	-	8,385	9,020
Rent, rates and insurance	992	3	995	675
Light and Heat	54	-	54	59
Telephone	385	16	401	373
Audit and accountancy	3,105	-	3,105	2,562
Book keeping and payroll service	250	-	250	239
Sundry expenses	230	12	242	302
Professional fees	(358)	-	(358)	358
Printing postage, stationary	190	59	249	300
Motor and Travel	256	3,377	3,633	497
Depreciation – Equipment	266	63	329	48
	13,755	3,530	17,285	14,433
8. Other outgoing resources				
Loss on disposal of fixed assets	-	-	-	1,009

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**NOTES TO THE FINANCIAL STATEMENTS - continued****FOR THE YEAR ENDED 31 OCTOBER 2007**

	<u>2007</u> <u>No.</u>	<u>2006</u> <u>No.</u>
9. The average number of employees:	4	5
	£	£
Gross salaries	61,521	60,930
Employers NIC	5,421	4,644
Employers pension contributions	1,506	1,742
	<u>68,448</u>	<u>67,316</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 £442 was paid during the year to a trustee for expenses relating to trustees duties. (2006: £887)

There are no employees with emoluments above £60,000 p.a.

10. Surplus for the year

The surplus for the year is shown after charging:-

	<u>2007</u> <u>£</u>	<u>2006</u> <u>£</u>
Auditors remuneration - audit fees	3,105	2,562
- other services	142	479
Depreciation	6,712	4,528
(Loss)/Profit on disposal - fixed assets	-	(1,009)
	<u> </u>	<u> </u>

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**NOTES TO THE FINANCIAL STATEMENTS - continued****FOR THE YEAR ENDED 31 OCTOBER 2007****11. Tangible fixed assets**

	Motor Vehicles	Equipment	Total
	£	£	£
Cost			
At 1 November 2006	39,264	16,474	55,738
Additions	1,000	14,739	15,739
	<hr/>	<hr/>	<hr/>
At 31 October 2007	40,264	31,213	71,477
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Depreciation			
At 1 November 2006	27,249	14,382	41,631
Charge for the year	3,046	3,666	6,712
	<hr/>	<hr/>	<hr/>
As at 31 October 2007	30,295	18,048	48,343
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Net Book Value			
As at 31 October 2007	9,969	13,165	23,134
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
As at 31 October 2006	12,015	2,092	14,107
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

All motor vehicles relate to restricted funds.

	2007			2006
	Unrestricted	Restricted	Total	
	Fund	Fund		
	£	£	£	£
12. Debtors				
Prepayments	1,500	-	1,500	900
Other debtors	2,713	9,271	11,984	34,698
	<hr/>	<hr/>	<hr/>	<hr/>
	4,213	9,271	13,484	35,598
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

	2007			2006
	Unrestricted	Restricted	Total	
	Fund	Fund		
	£	£	£	£
13. Creditors: Amounts falling due within one year				
Accruals and deferred income	3,160	-	3,160	3,419
	<hr/>	<hr/>	<hr/>	<hr/>
	3,160	-	3,160	3,419
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**NOTES TO THE FINANCIAL STATEMENTS - continued****FOR THE YEAR ENDED 31 OCTOBER 2007****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 £1,506 (2006: £1,742). 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.

	2007			2006
	Unrestricted Fund £	Restricted Fund £	Total £	
16. Analysis of net assets between funds				
Fixed assets	2,820	20,314	23,134	14,107
Current assets	21,228	71,831	93,059	237,991
Current liabilities	(3,160)	-	(3,160)	(3,419)
	20,888	92,145	113,033	248,679

17. Capital commitments

Capital expenditure contracted for but not provided in the accounts amounted to £Nil (2006: £Nil).

CAI (CHILDHEALTH ADVOCACY INTERNATIONAL)**NOTES TO THE FINANCIAL STATEMENTS - continued****FOR THE YEAR ENDED 31 OCTOBER 2007****18. Restricted funds**

	Opening Funds	Movement in Resources			Total
	£	Incoming £	Outgoing £	Transfers £	£
Albania	4,157	2,600	2,267	(552)	3,938
Bosnia	3,181	35,563	35,467	(2,689)	588
Cameroon	25,520	7,153	21,245	(4,350)	7,078
ESS-EMCH*	30,023	117,533	3,442	(139,440)	4,674
Pakistan	62,149	2,614	129,728	78,696	13,731
Sri Lanka	3,933	274	994	(63)	3,150
Uganda	13,661	104,343	86,791	(13,678)	17,535
Zambia	34,929	15,366	21,010	(5,522)	23,763
Project Reserve	40,926	1,018	-	(30,934)	11,010
CAI Product Development	1,348	-	156	-	1,192
Child Friendly Healthcare Initiative	609	57	-	-	666
The Gambia	1,912	8,514	80,955	75,349	4,820
	<u>222,348</u>	<u>295,035</u>	<u>382,055</u>	<u>(43,183)</u>	<u>92,145</u>

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