Compass-Ghana (Compassionate Palliative Services)

(A Charitable Incorporated Organisation)

Financial Statements Period

01st April 2025 to 31st March 2026

Charity number: 1199633

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Reference and Administrative Details

The charity was registered with the Charity Commission as a Charitable Incorporated Organisation (CIO) on 12 July 2022.

Charity Number: **1199633**

Trustees: The following trustees served during the year:

	Appointed	Reappointed	Resigned
Dr Ernest K Ahiaku MB, FRCS, FGCPS, DL (Vice Chair)	13 Oct 2021		
Dr Cecilia Akrise Anim CBE, FRSA, FRCN (Chair)	13 Oct 2021		
Dr Godfred Fordjour Boahen	22 May 2024		21 August 2025
Mr Peter M J Baxendell	13 Oct 2021	22 May 2024	19 May 2026
Ms Ruth Elizabeth Flood	22 May 2024		
Mr William Schiller	13 Oct 2021	22 May 2024	
Dr Geoffrey Mark Sharp	22 May 2024		

Key Management

Chief Executive Officer: Dr Yakubu Salifu

Chief Operating Officer & Secretary: John Pryce Allanson Davies MBA

Chief Nursing Officer: Katie Mary Eccles

Principal Place of Business:

Eastern House
15-16 Silver Street
Bradford on Avon Wiltshire
BA15 lJZ

Registered Office:

293 Bowerham Road
Lancaster
LAl 4AS

Accountant:

Willow Accountancy Ltd
Tortworth Lodge
Tortworth
Wotton under Edge
S Glos
GL12 8HG

Bankers:

Lloyds Bank Plc
Lewisham, Branch,
PO Box 1000,
BX 1 1LT

Joint Report of the Chair of Trustees and Chief Executive Officer

For the Year Ended 31 March 2026

The year ended 31 March 2026 marks an important stage in the development of COMPASS-Ghana.

Over the past five years, the organisation has worked to establish and refine a community-based model of palliative and end-of-life care within rural Ghana. During the financial year under review, we continue to strengthen, in partnership with Asamang SDA Hospital, our whole system approach. A A model of care that combines clinical service delivery, workforce development, community engagement, research and partnership building. Critically, we continue to collect evidence about the needs of people living with life-limiting illness and the role palliative care can play in responding to those needs. Evidence that will test and substantiate our work and provide the model for future hubs of which our intent is to initiate a second hub out of Tamal with the FY of 26/27.

Ghana faces a growing burden of life-limiting illness arising from cancer, stroke, cardiovascular disease, renal disease, liver disease, HIV-related illness and congenital conditions. Many patients continue to be identified late in their disease, often when symptoms have become severe, treatment options limited and families are carrying substantial caregiving, financial and emotional responsibilities, anxiety and fear are common companions.

The purpose of COMPASS Ghana is for the public benefit of Ghana and the wider region to operate and fund the advancement of health through the relief of symptoms, anguish and distress among people with life-limiting conditions at the end of their life. COMPASS Ghana's core roles include, but are not limited to, the provision of holistic care, treatment, financial support, education, research, training, advocacy, and practical advice.

The scope of the charity will include the patient (Child to Adult), their families, dependants, caregivers, and communities and will work alongside and support conventional agencies and any further action that the trustees, from time to time, see fit and incidental or conducive to any of those objectives.

We will deliver this Charitable Purpose through:

- The creation of COMPASS – Ghana, a Charitable Integrated Organisation (CIO) "Foundation" in the UK and in direct partnership with other legal entities as required.
- The relief of symptoms, anguish and distress among people suffering from any life-limiting illnesses as part of an integrated health programme.
- The advancement and advocacy of End-of-Life Care (Children to Adults) across the region. The remit will embrace more than cancer and may include, but not limited to, end-of-life diagnosis through cardiovascular, diabetes mellitus, chronic pulmonary diseases, motor neurone disease and other communicable and non-communicable diseases.
- The development of an education and research capability embracing medical and clinical care, nursing, psychology, pharmacology, homoeopathy, and other traditional models of care underpinned by world-class partnerships.
- The empowerment of diverse and remote communities – through education, skills training and the sharing of knowledge amongst patients, families, and caregivers in order for them to be as self-reliant in their interventions and care as is reasonably possible and practicable.
- The advancement of clinical knowledge through a whole system approach as part of a wider Universal Health Care programme into resource-poor communities.

- The development, investment and deployment of technology to facilitate and enable access to end-of-life care.
- A strong sustainable financial model that is transparent and accountable, demonstrating strong fiduciary responsibilities.

Our objective is not only to improve care for individual patients and families, but also to contribute to stronger and more responsive health systems.

Delivering Care for Patients and Families

During the year, our palliative care programme, based at Asamang SDFA Hospital served patients with life-limiting illness across seven districts of the Ashanti Region.

Clinical data provides an increasingly clear picture of the population being cared for and supported. Patients range from infancy to 95 years of age, with a mean age of approximately 44 years. More than one fifth of patients are children and adolescents, whilst adults aged between 40 and 79 years represent the largest patient group.

Whilst cancer accounts for approximately one third of patients, the majority are living with non-cancer diagnoses. These included advanced cardiovascular and neurological disease, chronic liver disease, HIV/AIDS-related illness, renal disease, and congenital conditions.

The data also demonstrates the stage at which many patients are referred. More than one third of referrals originated from the Emergency Unit, whilst many others are referred from inpatient wards. The median duration of care is five days, indicating that many patients are diagnosed late and enter the palliative care pathway only during the final days or weeks of life.

This is reflected in patient outcomes. More than one third of patients die during the reporting period, with most deaths occurring in hospital rather than at home.

The service extends beyond Asamang, greatly aided by funding through our recent campaign "*Bringing Compassionate Palliative Care to Ashanti and the Wider Regions*" supporting patients from seven districts within the Ashanti Region. Most patients originated from Sekyere South and Sekyere

East, although referrals are also received from neighbouring districts, reflecting growing recognition of the service as a regional resource. Within the next financial year 2026/27 this programme will allow us to open a new operational hub out of Tamale.

The clinical data highlights two important realities.

- First, there is substantial unmet need amongst people living with life-limiting diagnosis.
- Secondly, earlier identification and referral may represent one of the most significant opportunities to improve patient, family and community outcomes.

Strengthening Clinical Capacity

Alongside direct patient care, we continue to invest in strengthening local clinical capability.

Training, mentoring and multidisciplinary learning remained central components of our approach. Clinical Review Group meetings continue to provide opportunities for case review, reflective practice and service improvement. Healthcare professionals from different disciplines participate within a

forum designed to strengthen knowledge, confidence and practical skills in palliative and end-of-life care.

The Asamang Palliative Care Team with our strategic, operational and financial support continues to mature as a locally led service, demonstrating increasing confidence in identifying palliative care needs, managing symptoms and supporting families affected by life-limiting illness. As the team's experience and confidence have grown, it has also begun to support education and mentoring for healthcare professionals from neighbouring health facilities, extending specialist knowledge beyond the hospital itself. This is the first full year (2025 to 2026) that they have developed and produced a working model fit for purpose, there is still much to learn and develop, before we can accurately state that the model is appropriate and effective. This emerging role as a local centre for clinical learning represents an important step towards building sustainable palliative care capacity across the wider health system.

Our objective remains long-term sustainability. By investing in local healthcare professionals, we aim to ensure that expertise remains embedded within the Ghana Health Service and continues to benefit patients and families beyond the lifespan of individual projects or funding cycles.

Communities as Partners in Care

Palliative care does not begin and end within healthcare facilities.

Most care is provided by families and communities long before healthcare professionals become involved and often continues after formal clinical contact has ended.

During the year, community engagement activities continued to strengthen awareness of palliative care, improve understanding of life-limiting illness and encouraging earlier access to support. The Community Care Giver initiative also progressed during the year and represents an important step towards strengthening community capacity to support patients and families.

Whilst still in the early stages of development, the programme reflects our belief that effective palliative care requires stronger connections between hospitals, families and communities.

Learning Through Research and Evidence

One of the most significant developments during the year has been the continued strengthening of our evidence base.

The collection and analysis of clinical data is helping us to better understand patterns of disease, referral pathways, service utilisation and outcomes amongst people living with life-limiting illness. This information is informing local service development whilst contributing to wider discussions regarding palliative care provision within resource-constrained settings.

Research partnerships continued to develop during the year and organisational learning was shared through national and international professional networks. COMPASS-Ghana presented our programme findings at the European Association for Palliative Care Congress for the second consecutive year, contributing evidence and experience from rural Ghana to wider professional discussions.

Increasingly, COMPASS-Ghana is becoming not only a provider of care but also a source of evidence, learning and practical innovation.

Governance and Financial Stewardship

The Trustees remain committed to ensuring that the charity is governed responsibly and operates in accordance with its charitable objectives, legal obligations and the principles of good governance. Throughout the year, the Board maintained oversight of strategy, finance, risk management and organisational performance. Governance arrangements continue to be strengthened through quarterly reviews of management accounts, maintenance of organisational risk and action registers, annual policy reviews, and regular scrutiny of operational and financial performance. All delivery partners are expected to operate to equivalent standards of governance, accountability and reporting.

Total income for the year amounted to £21,044, generated through grants, donations and Gift Aid. Expenditure was carefully managed and focused on programme delivery, organisational development and governance requirements. The charity recorded a modest deficit of £417 during the year and closed the financial year with cash balances of £5,522. The deficit reflects continued investment in governance, organisational infrastructure and programme development required to support sustainable growth, rather than any deterioration in the charity's underlying financial position.

The Trustees recognise that, at the charity's current scale, the proportion of expenditure devoted to governance, administration and organisational infrastructure remains higher than is desirable over the longer term. Our objective is that at least 70 pence of every GB pound raised should ultimately be directed towards front-line patient care and service delivery. Achieving this requires continued growth in income and programme activity, allowing fixed governance and operating costs to be spread across a larger funding base.

A significant proportion of the charity's management and leadership capacity continues to be provided on a pro bono basis. Whilst this arrangement has enabled resources to be prioritised towards programme development during the charity's formative years, it is neither assumed nor intended to represent the organisation's long-term operating model.

The charity's accounting and financial management functions remain professionally outsourced, providing financial control, reporting and governance support with capacity to support an organisation substantially larger than our current scale. This approach ensures that appropriate financial systems, controls and reporting arrangements are established in advance of future growth rather than developed retrospectively.

The Trustees continue to monitor the charity's long-term liabilities as part of their regular financial oversight. The overall position remained substantially unchanged during the reporting period and existing trustee loan arrangements continue to be reviewed routinely as part of the charity's financial planning and governance processes.

The Trustees recognise that the charity continues to operate within a challenging funding environment and that sustained fundraising remains essential to achieving its strategic objectives. Financial forecasts, cash flow, funding opportunities, expenditure commitments and organisational risks are reviewed regularly throughout the year to ensure that the charity remains financially resilient and able to respond appropriately to changing circumstances.

The Trustees' assessment of the charity as a going concern is based upon several factors. These include:

- Awareness of the fragility of our income model and the urgency of developing sustainable funding streams over £50K

- Recognition of the charity's established and diversified income streams,
- The presence of an active, albeit unconfirmed funding pipeline,
- Prudent financial management,
- The ability to align expenditure with available resources,
- The continuing provision of significant pro bono management capacity, and
- The ongoing support of the initial founders of the charity through existing long-term loan arrangements, which remain unchanged. There is no formal agreement regarding a repayment timeline or interest payable. However, the founders expect these funds to be reimbursed once the charity becomes financially resilient and has a stable income stream. Having considered these factors, together with the charity's cash flow forecasts, financial controls and risk management arrangements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. They therefore consider it appropriate to prepare the financial statements on a going concern basis.

Looking Ahead

The past year has strengthened our understanding of both the scale of need and the opportunities that exist to improve care for people living with life-limiting illness.

Our ambition extends beyond the delivery of palliative care services. We seek to demonstrate that earlier identification of palliative care needs, combined with community-based support, strengthened clinical capacity and effective referral pathways, can improve outcomes for patients and families whilst reducing avoidable suffering and the wider social and economic consequences of life-limiting illness.

The evidence emerging from our work suggests that palliative care should not be viewed solely as a compassionate response to advanced end of life diagnosis. It should also be recognised as an essential component of a responsive and equitable health system. Earlier access to palliative care has the potential to improve symptom management, support family decision-making, strengthen continuity of care, reduce avoidable hospital admissions and enable limited healthcare resources to be used more effectively.

The challenge ahead is therefore not simply one of organisational growth. It is to generate robust evidence about what works, for whom, under what circumstances and at what cost. Through continued service delivery, evaluation and research, we aim to contribute to a stronger evidence base for palliative care in Ghana and other resource-constrained settings.

In the coming years, our priorities will be to strengthen referral pathways, expand community-based support, build clinical leadership, improve data systems and evaluation capacity, and deepen partnerships across the Ghana Health Service, academia, civil society and international collaborators.

Our long-term objective is to develop, evaluate and refine a practical model of community-based palliative care that can be adapted and adopted more widely. Success will not be measured solely by the number of patients reached, but by whether the evidence generated contributes to lasting improvements in policy, service design and access to care for people living with life-limiting illness.

Five years ago, COMPASS-Ghana began with the belief that people living with life-limiting illness in Ghana deserved better access to care, symptom management and support.

Today, that belief is increasingly supported by evidence.

The task ahead is to translate that evidence into sustainable change that improves outcomes for patients and families, strengthens communities and contributes to the development of a more responsive and equitable health system.

Five important lessons have emerged.

- **First**: The need for palliative care is greater and more diverse than commonly recognised. It spans all age groups, a wide range of diagnoses and affects families and communities as much as individual patients.
- **Second**: Earlier identification remains the greatest opportunity to improve outcomes. Strengthening referral pathways and increasing awareness across the health system will enable patients and families to benefit from support sooner.
- **Third:** Sustainable progress depends on people. Community participation, workforce development and trusted partnerships are all essential to building services that are locally owned, resilient and effective.
- **Fourth**: Evidence must guide development. Embedding research, evaluation and data within routine practice has strengthened decision-making and provided a foundation for future improvement and national learning.
- **Fifth:** Palliative care creates value beyond healthcare. Our experience has shown that supporting patients and families also strengthens household resilience, community wellbeing and the wider social and economic fabric of society.

Taken together, these lessons show that COMPASS-Ghana has moved beyond proof of concept. The programme now has the experience, partnerships and evidence needed to support its next phase of development.

The immediate priority is not simply to expand services, but to apply what we have learned.

Over the coming years we will

- Build and develop resilience and capability at SDA Asamang Hospital as we develop the model of care
- Strengthen referral pathways
- Develop workforce capability
- Deepen and expand community partnerships
- Enhance data systems
- Establish our second implementation hub in Tamale.

Alongside these priorities, we will continue exploring practical innovations that improve access, continuity of care and the quality of support available to patients and families.

Everything we do will continue to be shaped by the experiences of the people we serve. Every partnership, every innovation and every investment must ultimately improve the lives of patients and families while reducing avoidable suffering and strengthening the communities around them.

We will continue to develop and evaluate practical models that enable health systems to provide earlier, better, community-based palliative care.

Dr Cecilia Akrise Anim CBE, FRSA, FRCN
Chair of Trustees



Dr Yakubu Salifu SFHEA, RN
Chief Executive Officer



22 September 2026

Statement of Trustees Responsibility in Relation to the Financial Statement - Structure, Governance and Management

Our Governing Document:

The charity was registered with The Charity Commission as a Charitable Incorporated Organisation (CIO) on 12 July 2022.

The Trustees

The Board of Trustees is regularly reviewing the appointment of trustees, given the specialist positioning of the charity and its focus on supporting the delivery of end-of-life care into Ghana. The UK Board is quorate with five active members and continues looking to recruit further trustees with an intent to establish an active Board of Seven by the end of the Financial Year 2026/27.

The professional skill mix of the Board is as important as is the gravitas, experience and cultural awareness of its members. Currently the Board is as follows:

Chair: Dr Cecilia Akrise Anim CBE FRSA FRCN - former President RCN. Appointed: 13 October 2021 with a term of 4 years

Vice Chair: Dr Ernest Komla Ahiaku MB, FRCS, FGCPS, DL - Retired former Clinical Lead for Urological Cancer in North Wales. Appointed: 13 October 2021 with a term of 4 years

Trustee: Mr William Schiller - Chartered Accountant: Appointed: 13 October 2021 with a term of 3 years. Reappointed: 22 May 2024 with a term of 3 years. Trustee with Financial Oversight.

Trustee: Dr Geoffrey Mark Sharp – Retired Senior partner and NHS Commissioner: Appointed: 22 May 2024 term of 3 years. Trustee on the Clinical Review Group.

Trustee: Ruth Elizabeth Flood – People and Cultural Advisor Hospice UK: Appointed: 22 May 2024 term of 3 years

Recruitment

Board members and the Executive team work actively together to identify potential candidates, either from their networks or because of direct applications. Individuals are then discussed amongst

the Board/Executive team to consider fit and contribution. Applications are also balanced against the rest of the Board, regarding equal diversity, skills mix, professional experience and availability.

Identified candidates will be invited to informally meet the Chair and another trustee. If the candidate proves to be appropriate and registers interest in pursuing their interest to become a

Trustee. Then the candidate will be provided comprehensive information on the charity, its future intent and operations. In this process transparency is key.

If the candidate chooses to formally apply, then the candidate will be invited to a formal interview by a joint Board of the Trustees and Leadership Team, who will have an equal say in the formal appointment.

During the reporting period one candidate was interviewed by the ET and was due to attend the July Board Meeting, sadly or fortunately, the candidate was promoted within her workplace and unable to fulfil the commitment.

The Leadership Team

There have been no changes to the leadership team over the reporting period. All members currently work pro bono. The Chief Executive and the Chief Nursing Officer work .25 and the Chief Operating Officer full time.

- The Chief Executive Officer: Dr Yakubu Salifu - Relationships and Research
- The Chief Operating Officer: Mr John Davies - Management and Operations
- The Chief Nursing Officer: Ms Katie Eccles - Clinical and Education

The team regularly seeks advice from trustees and professional colleagues and seek out pro bono support to enable additional capability across governance, financial reporting, social media and Information Technology. The Charity has access to one volunteer Ms Christine Ranoult, Consultant Specialist Palliative Nurse (retired), who provides inhouse and in country guidance and training to the Palliative Care Team and is a member of the Clinical Review Group.

It remains the intent as the financial landscape changes to invest in small management teams both in the UK and Ghana. This continues to represent a significant challenge to the development of the charity in the UK and Ghana. The UK Board is fully aware of this issue, the debate between investing funds in central overhead or in patient care. The current focus, given the early stage of COMPASS-Ghana activity is to invest in patient care, through our partners.

The leadership is confident given the impact report of FY 2025 to 2026 that it will raise the funds in FY 2026 to 2027 to enable this expansion to provide resilience and capability.

UK Future FTE Structure FY 26/27

- Joint COO
- Joint Chief Nursing Officer
- Finance Controller
- Fund Raising Manager

The Ghana NGO Board is an independent legal entity in Ghana, sharing the same purposes and objectives as the UK charity. The CEO of COMPASS-Ghana (Charitable Incorporated Organisation (CiO)) UK is a member of the Board in Ghana and the leadership team in the UK provided the aligned management. This connection ensures continuity, minimal central overhead costs and an alignment

between the two charities. It also enables the Ghana NGO to qualify for Ghana National Grants, International Funding for NGO's base in Ghana and critically ownership of our mission and purpose.

During the financial year, the UK charity recruited and funded, in part, the services of an agent based in Accra. Mr Philip Adusei represents the interests of the NGO across all regulatory, governance and financial matters. He was successfully audited by the Foreign Ministry of the Government of Ghana, demonstrating compliance across all fiduciary and regulatory obligations. The NGO was successfully re registered for the FY 2026/2027.

The UK Board is aware of the challenges the NGO faces, in terms of replicating the model of governance and accountability. The CEO and COO met with the Chair of the NGO Board 07 August 2025; to discuss the future structure and management of the NGO, actions have been agreed re future meetings, reporting and liaison with the UK Charity.

This would be a focus of attention in the latter part of FY26/27 as income arrives into the Standard Charters Account (Ghana) and resilience build with Asamang SDA Hospital. In this FY 2025/2026 the Board has been compliant in all submissions and regulations. They are copied into all UK Board Minutes and in FY 2026 to 27 two Board meetings will be jointly arranged.

Our future intent remains:

Ghana NGO Future FTE Structure

- Country Manager
- Finance Controller
- Data Analyst
- Social media and Public Relations (advocacy)
- Driver and IT
- Governance

The Board met formally on five occasions over the reporting period:

- 01 April 2025
- 25 June 2025 - AGM
- 30 July 2025
- 29 October 2025
- 28 January 2026

Directors (Trustees) from our Ghana NGO were invited and were effectively represented by the CEO and COO at all meetings.

Full minutes were maintained along with core documents such as the Quarterly Financials, Risk Register, Action Log and Core Polices and shared with both boards.

All core polices have been reviewed on the 1 April 2025 and are published on the charity website. All partners working with COMPASS-Ghana are expected not only to understand, but to comply with both the content and spirit of these policies as they relate to their national legislation and the shared objectives and purpose of both charities. There are clear guidelines in place to review all donations in line with the UK Charities Commission guidelines, including our own policy, to prevent money laundering and inappropriate transactions.

All transactions via the UK account (Lloyds) are subject to scrutiny and there are clear limits of devolved financial autonomy.

Fundraising Activities

Over the reporting period, the charity has faced a challenging financial position. The number one priority of the leadership team over the forthcoming reporting period is the establishment of credible income streams. The charity has no short-term liabilities.

We continue to develop an income portfolio that includes:

Trust and Grants – Seeking grants that support the development of health and education in Ghana and West Africa.

Corporate – Engaging with businesses that have a vested interest in Ghana and are committed to economic, social, and development goals for themselves, their shareholders, and the communities in which they operate. We are active members of the FCDO Diaspora network and aim to build similar links with entities based in the UK, Europe, and the USA. During the Financial year we launched a Corporate SDG 3 campaign, securing our first Corporate Sponsor Saladin Security of Accra and UK. We are actively pursuing this channel as we promote the economic good health, wellbeing of communities with access to effective End of Life Care.

Philanthropy – Targeting high-net-worth and philanthropic individuals with a focus on palliative and end-of-life care, preferably providing unrestricted donations for maximum flexibility.

Events – Organising general fundraising events such as physical challenges (e.g., marathons), presentations, and direct public appeals via social media channels.

Direct Giving – Enabling individuals to donate monthly through the COMPASS-Ghana website and JustGiving portals.

COMPASS-Ghana Lottery: in partnership with The Giving Machine, we launched the COMPASS-Ghana Lottery, whilst uptake is slow, there is now income being delivered through the campaign.

Tax and Revenue Incentives – Leveraging UK Gift Aid and Ghanaian tax exemption policies to enhance the value of donations. These opportunities are well promoted.

Advocacy and Call to Action – Promoting awareness and garnering support through social media, community groups, faith-based initiatives, and direct donor outreach.

Research Grants – Applying for research grants to expand and evidence COMPASS-Ghana's training, education, and conceptual models of care.

Commercial – Exploring commercial opportunities, including business consultancy, appropriate sponsorships, lotteries, trades, and commissions driven through advocacy.

Effectiveness of Giving

The ratio of income raised versus expenditure on charitable activities provides an interesting perspective, despite a significant reduction of income we continue to channel money into patient care rather than central overhead. During the FY year we raised £21,044 and invested into direct patient care via our partner Asamang SDA Hospital some £11,000, delivering with their support patient care. 52% of monies raised supported patient care, 9% on raising funds and advocacy and 40% on Central costs, governance and audit. The aim remains to increase our patient support to 75% of funds raised. Our central costs reduced by 14%.

Our Impact at a Glance

- 167+ Patients and Family Beneficiaries Supported
- 20 Community Home Visits Delivered
- 66 Patients Receiving Structured Inpatient Support
- 55 Bereaved Relatives and Caregivers Supported
- 7 Districts Reached Across the Ashanti Region

Policy on Reserves

COMPASS-Ghana is still in its early stages. Most funding received to date is unrestricted and supports operational and patient centric costs. Restricted funding is managed appropriately, reviewed quarterly at Board meetings, and reported annually.

Reserves are monitored quarterly. Trustees aim to maintain a reserve sufficient to cover four months of operating costs assessed for prudence at £1,000pm. In this reporting period, average monthly expenditure was approximately £730 against last year's £850. A reduced rate for the office has been secured for FY2026 to 2027.

Risk Review and Action Log

The charity maintains an up-to-date Risk Policy and Action Log, reviewed quarterly by the Board. A Risk Register is actively maintained by the COO.

Risks are scored based on an agreed scale of likelihood and impact.

Commentary and action plans are logged accordingly.

All Board members and leadership team members can submit potential risks for review.

Confirmed risks are discussed, scored, and documented with corrective or mitigating actions.

This structured approach ensures that risk management is embedded in the operational and strategic oversight of COMPASS-Ghana.

Financial Review

Our financial challenges reflect those faced by many young charities, especially amid global economic volatility. Despite this, we have:

- Maintained fiscal discipline and maximised impact with limited funds.
- Built a pipeline of grant applications.
- Delivered all projects and reports on schedule.
- Delivered a lottery income stream
- Campaigns across Corporate Finance, Christmas and Ashanti Reach
- We continue to pursue sustainable funding through diverse streams and international partnerships. We have established a robust donation infrastructure enabling:

Direct payment into Lloyds Bank (UK) and Standard Chartered (Ghana).

- Individual Gift Aid submissions.
- Direct donations and Gift Aid through JustGiving, our primary collection partner.
- Campaign integration via COMPASS-Ghana's JustGiving page.
- Mobile money donations (Ghana) through MTN and Vodafone Cash.

In our first four years of operation, we are proud to have laid a solid foundation for delivering on our charitable ambitions, achieving more than one might expect given our constrained finances.

We have been pragmatic and prudent in managing our costs in line with available funding, always seeking to maximise operational delivery. We continue to develop a pipeline of potential grants and alternative sources of funding, recognising the highly competitive environment and the often-lengthy lead times associated with such opportunities.

While we have not yet achieved the sustainable funding we seek, our commitment to building resilient financial foundations remains strong. We are focused on finding and nurturing new sources of finance and are striving for a breakthrough that will allow us to scale our impact further.

Creditors

As recorded in the accounts, the sum of £23,353 is listed under creditors falling due after more than one year. This amount largely represents funds advanced by the charity's founders to support start-up activities from 2020 to the present. There is no formal agreement regarding a repayment timeline or interest payable. However, the founders expect these funds to be reimbursed once the charity becomes financially resilient and has a stable income stream.

In all funding applications, a contribution is requested to help cover ongoing central overhead costs necessary for delivering the charity's objectives. These costs are reviewed quarterly by the Board of Trustees.

Name	2025 £	2024 £	2023 £	2022 £	Explanation
Mr John Davies	18,641	18,641	17,088	15,774	Increase includes unclaimed expenses. Balance from initial startup until the year end of FY 2022
Ms Katie Eccles	1,043	1,043	1,043	733	
Dr Yakubu Salifu	3,180	3,180	3,006	3,016	
Mr Ernest A Ahiaku	340	340	340	340	
Mr William Schiller	18	18	18	18	

Going Concern, Reserves and financial resilience

At 31 March 2026, the charity's reserves position remained constrained, reflecting its early stage of development and continued investment in establishing its programme and organisational infrastructure. Since the year end, the charity's financial position has strengthened materially

At 22 September 2026, COMPASS-Ghana held cash balances of £11,132.70. In addition, on 21 September 2026 the charity received written confirmation of a further £25,000 unrestricted donation, which had not yet been received at the date of this report. The donor has also expressed an intention to make a similar donation in the following year; as this is not yet a commitment, it has not been included in the charity's financial forecasts.

The Trustees have reviewed the charity's reserves policy and adopted a target of maintaining unrestricted free reserves equivalent to four months of core operating expenditure, currently £4,000. Reserves, cash flow, committed expenditure and prospective income will be reviewed quarterly.

Having considered current resources, the confirmed unrestricted donation, expenditure commitments, prospective income and the charity's ability to align expenditure with available funds, the Trustees have a reasonable expectation that COMPASS-Ghana has adequate resources to continue in operational existence for the foreseeable future. The financial statements have therefore been prepared on a going-concern basis.

Statement of Trustees' Responsibilities

The charity trustees are responsible for preparing a trustee's annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards {United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial Statements and accompanying notes.
- Prepare the financial statements on the going concern basis unless it is Inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities {Accounts and Reports) Regulations, and the provisions of the Trust deed. The Trustees are also responsible for safeguarding the assets of the charity and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the charity's trustees



Dr Cecilia Akrise Anim CBE FRSA FRCN

Joint Chair of Trustees

22 September 2026

COMPASS-GHANA (Compassionate Palliative Services)
Statement of Financial Activities

for the year ended 31 March 2026

	Notes	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £	Total funds 2025 £
Income and endowments from:					
Donations and legacies	2	16,044	-	16,044	8,857
Other	3	5,000	-	5,000	12,787
Total		21,044	-	21,044	21,644
Expenditure on:					
Raising funds	4	1,872	-	1,872	1,044
Charitable activities	5	4,628	6,200	10,828	11,880
Other	6	8,061	700	8,761	10,239
Total		14,561	6,900	21,461	23,163
Net gains on investments		-	-	-	-
Net expenditure	7	6,483	(6,900)	(417)	(1,519)
Transfers between funds		-	-	-	-
Net expenditure before other gains/(losses)		6,483	(6,900)	(417)	(1,519)
Other gains and losses					
Net movement in funds		6,483	(6,900)	(417)	(1,519)
Reconciliation of funds:					
Total funds brought forward		(22,374)	6,900	(15,474)	(13,955)
Total funds carried forward		(15,891)	-	(15,891)	(15,474)

COMPASS-GHANA (Compassionate Palliative Services)
Balance Sheet

at 31 March 2026

Charity No. 1199633		2026	2025
		£	£
Fixed assets			
Tangible assets	10	1,529	2,410
		1,529	2,410
Current assets			
Debtors	11	685	708
Cash at bank and in hand		5,522	4,630
		6,207	5,338
Creditors: Amount falling due within one year	12	(274)	-
Net current assets		5,933	5,338
Total assets less current liabilities		7,462	7,748
Creditors: Amounts falling due after more than one year	13	(23,353)	(23,222)
Net liabilities excluding pension asset or liability		(15,891)	(15,474)
Total net liabilities		(15,891)	(15,474)
The funds of the charity			
Restricted funds	14		
Restricted income funds		-	6,900
		-	6,900
Unrestricted funds	14		
General funds		(30,830)	(26,827)
Designated funds		14,939	4,453
		(15,891)	(22,374)
Reserves	14		
Total funds		(15,891)	(15,474)

Approved by the trustees on the Twenty Second of September 2026

And signed on their behalf by:

W. Schiller
Trustee
22 September 2026

1 Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic if Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011.

Change in basis of accounting or to previous accounts

There has been no change to the accounting policies (valuation rules and method of accounting) since last year and no changes have been made to accounts for previous years.

Income

Recognition of income	Income is included in the Statement of Financial Activities (SoFA) when the charity becomes entitled to, and virtually certain to receive, the income and the amount of the income can be measured with sufficient reliability.
Income with related expenditure	Where income has related expenditure the income and related expenditure is reported gross in the SoFA.
Donations and legacies	Voluntary income received by way of grants, donations and gifts is included in the the SoFA when receivable and only when the Charity has unconditional entitlement to the income.
Tax reclaims on donations and gifts	Income from tax reclaims is included in the SoFA at the same time as the gift/donation to which it relates.
Donated services and facilities	These are only included in income (with an equivalent amount in expenditure) where the benefit to the Charity is reasonably quantifiable, measurable and material.
Volunteer help	The value of any volunteer help received is not included in the accounts.
Investment income	This is included in the accounts when receivable.
Gains/(losses) on revaluation of fixed assets	This includes any gain or loss resulting from revaluing investments to market value at the end of the year.
Gains/(losses) on investment assets	This includes any gain or loss on the sale of investments.

Expenditure

Recognition of expenditure	Expenditure is recognised on an accruals basis. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates.
Expenditure on raising funds	These comprise the costs associated with attracting voluntary income, fundraising trading costs and investment management costs.
Expenditure on charitable activities	These comprise the costs incurred by the Charity in the delivery of its activities and services in the furtherance of its objects, including the making of grants and governance costs.
Grants payable	All grant expenditure is accounted for on an actual paid basis plus an accrual for grants that have been approved by the trustees at the end of the year but not yet paid.
Governance costs	These include those costs associated with meeting the constitutional and statutory requirements of the Charity, including any audit/independent examination fees, costs linked to the strategic management of the Charity, together with a share of other administration costs.
Other expenditure	These are support costs not allocated to a particular activity.

Taxation

The charity is exempt from tax on its charitable activities.

Tangible fixed assets and depreciation

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life:

Office Equipment	20% Straight line

Trade and other debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and on hand, demand deposits with banks and other short-term highly liquid investments with original maturities of three months or less and bank overdrafts. In the statement of financial position, bank overdrafts are shown within borrowings or current liabilities. In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the company's cash management.

Trade and other creditors

Short term creditors are measured at the transaction price. Other creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Foreign currencies

Monetary assets and liabilities denominated in currencies other than the functional currency of the charity are translated at the rates of exchange prevailing at the end of the reporting period.
Transactions in currencies other than the functional currency of the charity are recorded at the rate of exchange on the date that the transaction occurred.
All exchange differences are are taken into account in arriving at net income/expenditure.

2 Income from donations and legacies

	Unrestricted	Total 2026	Total 2025
	£	£	£
Donations	12,937	12,937	8,516
Gift Aid	3,107	3,107	341
	16,044	16,044	8,857

Donations received

	Total 2026	Total 2025
	£	£
Campaigns	11,622	4,813
Donations	1,315	2,453
Trusts & Funds	-	1,250
	12,937	8,516

3 Other income

	Unrestricted	Total 2026	Total 2025
	£	£	£
Misc Income	-	-	787
Grant Income	5,000	5,000	12,000
	5,000	5,000	12,787

4 Expenditure on raising funds

	Unrestricted	Total 2026	Total 2025
	£	£	£
Costs of generating voluntary income			
Promotion	1,290	1,290	811
Fundraising trading costs			
Fund Raising Costs	582	582	251
Investment management costs			
Interest income	-	-	(18)
	1,872	1,872	1,044

5 Expenditure on charitable activities

	Unrestricted	Restricted	Total 2026	Total 2025
	£	£	£	£
Expenditure on charitable activities				
Conference presentation	1,240	-	1,240	-
Charity Partner Support	1,050	6,200	7,250	7,038
Ghana Operations - UK support	352	-	352	787
Project Ashanti - set up and delivery	-	-	-	1,422
Governance costs				
Board meeting & expenses	1,266	-	1,266	673
Accounting & Administration	720	-	720	1,960
	4,628	6,200	10,828	11,880

6 Other expenditure

	Unrestricted	Total 2026	Total 2025
	£	£	£
Advertising & Promotion	878	878	1,008
Premises costs	2,650	2,650	4,800
Amortisation, depreciation, impairment, profit/loss on disposal of fixed assets	881	881	924
General administrative costs	2,217	2,917	2,416
Legal and professional costs	1,435	1,435	1,091
	8,061	8,761	10,239

7 Net expenditure before transfers

	2026	2025
This is stated after charging:	£	£
Depreciation of owned fixed assets	881	924

8 Trustee remuneration and expenses

The nature of the reimbursed expenses	No trustees were paid expenses during this accounting period (2025, Nil)

9 Staff costs

The charity had no payrolled staff in the reporting period (2025, NIL). It was entirely supported by volunteers.

10 Tangible fixed assets

	Office Equipment	Total
	£	£
Cost or revaluation		
At 1 April 2025	4,403	4,403
At 31 March 2026	4,403	4,403
Depreciation and impairment		
At 1 April 2025	1,993	1,993
Depreciation charge for the year	881	881
At 31 March 2026	2,874	2,874
Net book values		
At 31 March 2026	1,529	1,529
At 31 March 2025	2,410	2,410

11 Debtors

	2026	2025
	£	£
Other debtors	313	460
Prepayments and accrued income	372	248
	685	708

12 Creditors:
amounts falling due within one year

	2026	2025
	£	£
Trade creditors	64	-
Accruals	210	-
	274	-

13 Creditors:
amounts falling due after more than one year

	2026	2025
	£	£
Other creditors	23,353	23,222
	23,353	23,222

Liabilities repayable in more than five years after the balance sheet date

Other creditors represents amounts the charity owed to its members for start up activities: Mr John Davies £18,772; Ms Katie Eccles £1,043; Dr Yakubu Salifu £3,180; Dr Ernest Ahaiku £340 & Mr W Schiller £18 (2024: Mr John Davies £18,641, Ms Katie Eccles £1,043, Dr Yakubu Salifu £3,180, Dr Ernest Ahaiku £340 & Mr W Schiller £18).

14 Movement in funds

	At 1 April 2025	Incoming resources (including other gains/losses)	Resources expended	At 31 March 2026
	£	£	£	£
Restricted funds:				
Restricted income funds:				
Grant Income	6,900	-	(6,900)	-
Total	6,900	-	(6,900)	-
Unrestricted funds:				
General funds	(26,827)	6,044	(10,047)	(30,830)
Designated funds:				
Donations	4,453	10,000	(4,514)	9,939
Unrestricted Grant income	-	5,000	-	5,000
Total	4,453	15,000	(4,514)	14,939
Total funds	(15,474)	21,044	(21,461)	(15,891)

Purposes and restrictions in relation to the funds:

Restricted funds:

Grant Income	To fund three palliative care hubs in Ghana

Designated funds:

Donations	To support general charitable purposes, strategic initiatives in UK and Ghana allowing Compass-Ghana to respond to emerging needs, sustain core services and invest in organisational development
Unrestricted Grant income	To support the holistic work of the Palliative Care team Asamang SDA

15 Analysis of net assets between funds

	Unrestricted funds	Restricted funds	Total
	£	£	£
Fixed assets	1,529	-	1,529
Net current assets	431	5,502	5,933
Creditors due in more than one year and provisions	(23,353)	-	(23,353)
	(21,393)	5,502	(15,891)

COMPASS-Ghana

Our Impact & Progress FY 2025-2026







167+ Patients and Family Beneficiaries Supported

20 Community Home Visits Delivered

66 Patients Receiving Structured Inpatient Support

55 Bereaved Relatives and Caregivers Supported

7 Districts Reached Across the Ashanti Region

COMPASS-Ghana Linktree compass-gh.org/

Executive Summary

This report marks an important stage in the development of COMPASS-Ghana. Over the past fourteen months we have strengthened access to palliative care across the Ashanti Region while building the partnerships, evidence and organisational capacity needed for long-term impact.

Our experience confirms that high-quality, community-based palliative care can be delivered in resource-constrained settings. It has also reinforced a simple lesson: sustainable care depends on skilled professionals, engaged communities, reliable evidence and strong partnerships working together.

As our experience has grown, so too has our understanding of what is needed to strengthen palliative care in Ghana. COMPASS-Ghana is evolving from delivering care to developing an evidence-informed model that can strengthen health systems and improve access to palliative care across the country.

Our priorities for the next phase are clear:

- **Earlier access to care.** Strengthen referral pathways so patients receive support sooner, improving quality of life and reducing avoidable suffering.
- **Communities at the heart of care.** Continue investing in healthcare professionals, Community Care Givers and local partnerships to build resilient, locally owned services.
- **Evidence that drives improvement.** Expand research, evaluation and data systems to improve care, demonstrate value and inform national policy.
- **Growing our national presence.** Consolidate our work in Ashanti while establishing a second implementation hub in Tamale, building on emerging clinical partnerships and workforce development to test our model in Northern Ghana and support future national scale-up.
- **Creating shared value through partnership.** Expand support from international donors while building strategic partnerships with corporate Ghana and the UK. By strengthening the health and resilience of families, communities and the workforce, palliative care creates value well beyond healthcare.

Five Strategic Insights:

- Palliative care need is broader than previously recognised.
- Earlier identification offers the greatest opportunity for improvement.
- Community ownership is essential.
- Evidence strengthens both care and policy.
- Partnership creates wider social and economic value.

This report marks more than a year of progress. It reflects COMPASS-Ghana's evolution into a resilient, evidence-led organisation committed to improving lives today while developing a practical, scalable Ghanaian model of palliative care for the future.

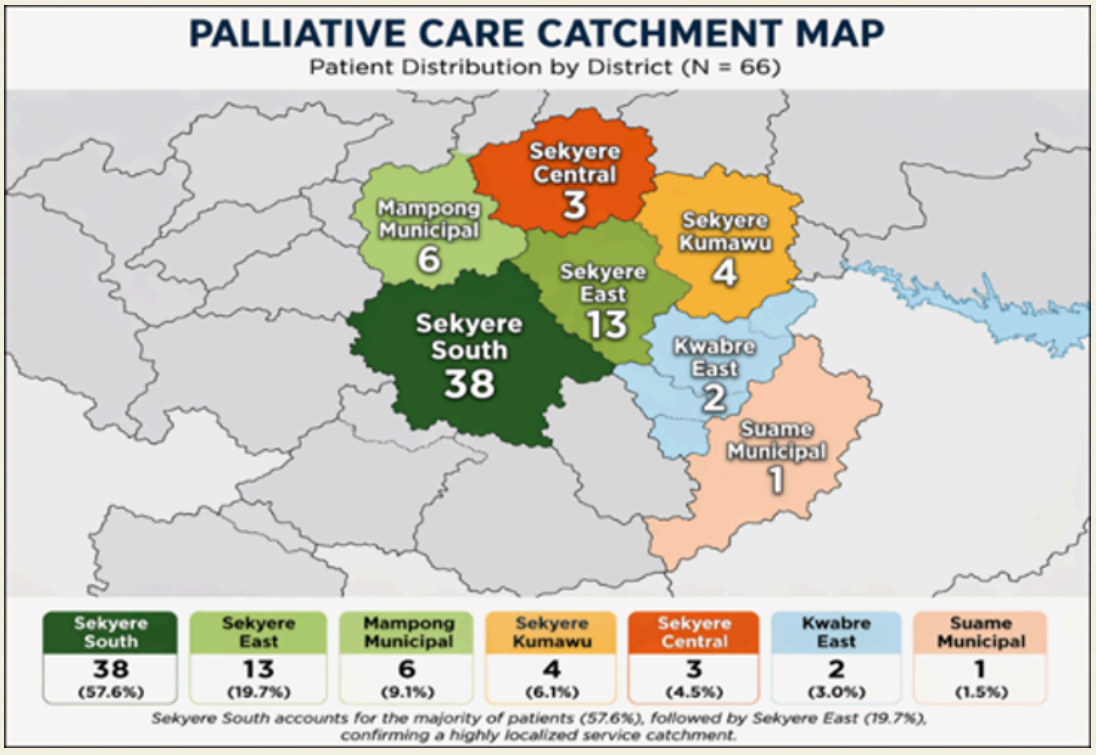
CHAPTER ONE

People Before Programmes

Palliative care need in rural Ghana is broader, younger and more geographically dispersed than commonly recognised. Understanding that need is the foundation for building services that improve lives.

COMPASS-Ghana was established to improve access to palliative and end-of-life care for people living with life-limiting illness while strengthening support for their families, caregivers and communities.

During the reporting period, the programme supported patients across seven districts of the Ashanti Region. Patients ranged from infancy to ninety-five years of age and presented with conditions including cancer, cardiovascular disease, neurological disorders, HIV-related illness, renal disease and congenital disorders.



The programme serves communities across Sekyere South, Sekyere Central, Sekyere

Kumawu, Mampong Municipal and Ejura-Sekyedumase Municipal, covering a combined population of more than 500,000 people. If national mortality patterns are reflected across this population, around 5,100 people will die each year, of whom an estimated 4,000-5,000 could benefit from some form of palliative care.

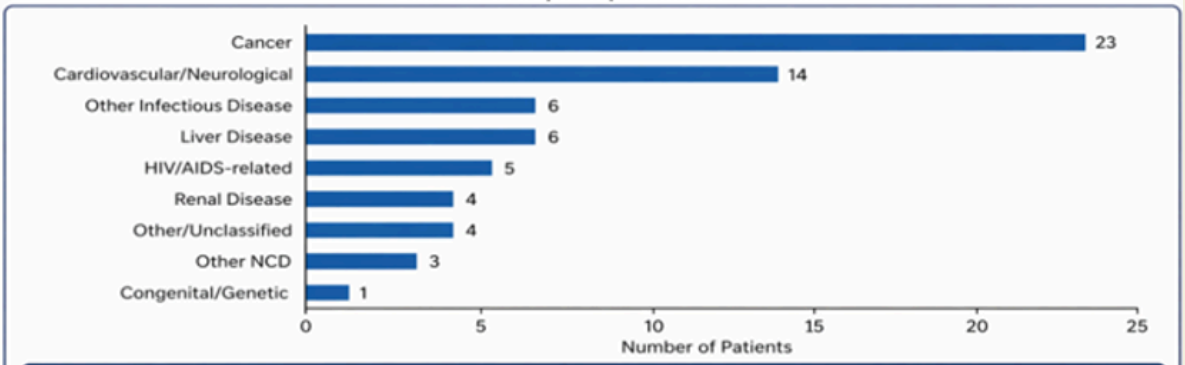
These figures illustrate the scale of unmet need. While only a proportion of people require specialist palliative care, many more benefit from symptom management, advance care planning, family support and end-of-life care.

Patients were drawn from a wide geographical area, demonstrating that palliative care needs extend well beyond individual hospitals or communities. This highlights both the importance of locally accessible services and the continuing challenges of transport, referral and continuity of care.

Programme data also shows that palliative care extends far beyond cancer. Most patients were living with non-cancer conditions, reflecting Ghana's growing burden of chronic and non-communicable disease. As populations grow, life expectancy increases and chronic illness becomes more common, demand for community-based palliative care is likely to rise.

Figure 4. Disease Profile of Patients (Updated)

Disease Groups Represented – N = 66



Disease Group	Patients			Share (%)
Cancer	23	Renal Disease	4	34.8%
Cardiovascular/Neurological	14	Other/Unclassified	4	21.2%
Other Infectious Disease	6	Other NCD	3	9.1%
Liver Disease	6	Congenital/Genetic	1	9.1%
HIV/AIDS-related	5			7.6%
Total	**66**			**100%**

Key Update Insight: Increase in cancer (Leukaemia added) and neurological cases (Brain tumour, ICSOL). Confirms expanding clinical complexity.

The age profile is equally significant. More than one fifth of patients were children and adolescents, confirming that palliative care is not confined to older people but spans the entire life course.

Figure 3. Age–Sex Profile of Patients (Updated)

Age Distribution (Revised) – N = 66

Age group	Patients	Share (%)
0–17	14	21.2%
18–39	12	18.2%
40–59	18	27.3%
60–79	16	24.2%
80+	5	7.6%
Total	**66**	**100%**

Key Update Insight: Slight increase in paediatric population (0–17) due to new case. More balanced spread across age groups, reinforcing lifespan coverage.

The programme has also reinforced the importance of family-centred care. Serious illness affects households as well as individuals, with families sharing responsibility for treatment decisions, transport, caregiving and bereavement. These responsibilities frequently fall to women and girls, often reducing opportunities for employment, education and income generation. The impact of serious illness therefore extends beyond health, affecting household resilience, workforce participation and wider social wellbeing.

Understanding these wider consequences is essential. Effective palliative care must support not only patients, but also the families and communities who care for them.

Impact at a Glance

167+ Patients and Family Beneficiaries Supported

20 Community Home Visits Delivered

66 Patients Receiving Structured Inpatient Support

55 Bereaved Relatives and Caregivers Supported

7 Districts Reached Across the Ashanti Region

Evidence and Learning

- Patients ranged from infancy to 95 years of age.
- More than one fifth were children and adolescents.
- Patients were supported across seven districts.
- The majority were living with non-cancer diagnoses.
- Home visits extended care beyond hospital settings.

What We Learned

Palliative care needs in the Ashanti Region are broader, more diverse and more geographically dispersed than commonly recognised. Although relatively few people require specialist palliative care at any one time, the overall need for palliative care support is substantial and extends across all age groups, diagnoses and communities.

Future services must combine specialist expertise with stronger palliative care knowledge across the wider health system, enabling earlier recognition of need and more consistent support for patients and families.

Key Finding

Palliative care needs extend across all age groups and far beyond cancer. Sustainable improvement will depend on balancing specialist services with wider investment in palliative care knowledge, confidence and practice across the health system, enabling earlier referral and better support throughout the patient journey.

CHAPTER TWO

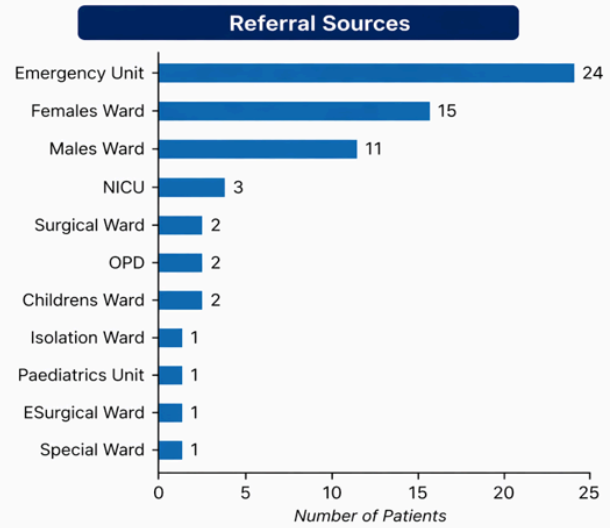
Understanding The Reality of Dying

Earlier referral is the single greatest opportunity to improve the experience of patients and families living with life-limiting illness.

Referral pathway analysis shows that many patients access specialist palliative care only during the advanced stages of illness. More than one third of referrals originated from Emergency Units, with many others coming from inpatient wards. The median duration of care was just five days.

Figure 6. Referral Sources (Updated)

Sources of Patients Referred to the Palliative Care Unit – N = 66



Referral Source	Patients	Share (%)
Emergency Unit	24	36.4%
Females Ward	15	22.7%
Males Ward	11	16.7%
NICU	3	4.5%
Surgical Ward	2	3.0%
OPD	2	3.0%
Childrens Ward	2	3.0%
Isolation Ward	1	1.5%
Paediatrics Unit	1	1.5%
ESurgical Ward	1	1.5%
Special Ward	1	1.5%
Total	**66**	**100%**

Key Update Insight: Emergency Unit remains the leading referral source (36.4%), followed by Females Ward (22.7%) and Males Ward (16.7%).

These findings illustrate how patients currently move through the healthcare system. In many cases, palliative care is introduced only after repeated contact with health services, limiting opportunities for earlier symptom management, advance care planning and support for families.

The evidence suggests that the principal challenge is recognising the need for palliative care sooner. Many patients enter the health system long before a palliative referral, indicating that an earlier identification by healthcare professionals could significantly improve patient experience, continuity of care and family support.

This pattern reflects challenges reported across sub-Saharan Africa and highlights the importance of understanding cultural and traditional choices, strengthening referral pathways, increasing professional awareness, acquiring robust data and embedding palliative care earlier within routine clinical practice.

Impact at a Glance

Emergency referrals identified as a major route into care

Referral pathway analysis completed

Median duration of care: 5 days

Significant referrals from inpatient wards

Service data informing future planning

Evidence and Learning

- Understanding and engaging with Cultural and Traditional beliefs is key
- More than one third of referrals originated from Emergency Units.
- Many referrals were received from inpatient wards.
- Median duration of care was five days.
- Many patients entered care during advanced stages of illness.
- Referral pathway analysis identified opportunities for earlier intervention.

What We Learned

Referral timing is one of the strongest determinants of programme impact. Earlier identification would enable patients and families to benefit from symptom management, advance care planning and practical support over a longer period, improving both quality of care and quality of life.

Key Finding

Earlier referral represents the greatest opportunity to improve patient and family outcomes. Strengthening referral pathways and increasing professional awareness should therefore be a priority for future service development.

CHAPTER THREE

Building Confidence, Building Capacity

Sustainable palliative care depends on healthcare professionals with the knowledge, confidence and support to provide compassionate care.

Building sustainable palliative care services requires more than specialist expertise. It depends on developing healthcare professionals who can recognise need, communicate effectively and provide high-quality care within their everyday clinical practice.

COMPASS-Ghana invested in workforce development through mentoring, multidisciplinary learning, case review and structured professional development. More than 80 healthcare professionals received direct or indirect training, while Clinical Review Groups became established as a regular forum for reflective practice, case discussion and collaborative problem solving.



The programme has moved beyond one-off training towards continuous professional development. Sustainable workforce development is built through ongoing learning, mentorship and practical experience rather than isolated educational events.

Clinical confidence remains a challenge where specialist palliative care services are still emerging. Structured learning has strengthened confidence while improving communication, collaboration and shared decision-making across professional groups.

Impact at a Glance

80+ Healthcare Professionals Trained

Monthly Clinical Review Groups Established

Multidisciplinary Learning Strengthened

International Professional Support Maintained

Train-the-Trainer Approach Implemented

Evidence and Learning

- More than 80 healthcare professionals received direct or indirect training.
- Clinical Review Groups became established as routine practice.
- District workforce development activities were delivered.

- International partnerships supported professional development.
- An emerging specialist palliative care workforce is developing within the Ashanti Region.

What We Learned

Developing a confident workforce requires more than formal training. Mentorship, peer learning, leadership development and opportunities for reflective practice are equally important.

The greatest challenge is not willingness to participate but creating the time and capacity to apply new knowledge. Healthcare professionals work within demanding clinical environments, and sustained workforce development requires protected time for learning, mentoring, leadership and service delivery.

Key Finding

Investment in local clinical capability strengthens sustainability and reduces reliance on external expertise. Long-term progress will depend on recognising workforce development as an essential part of service delivery, supported by the time, resources and organisational commitment needed to translate learning into routine practice.

CHAPTER FOUR

Communities as Partners in Care

Most palliative care takes place in homes and communities. Building trusted relationships beyond the hospital is therefore essential to improving access, continuity and quality of care.



Families and communities provide most of the care for people living with life-limiting illness. Healthcare services alone cannot meet the practical, emotional and social challenges associated with serious illness, making community engagement a defining feature of the COMPASS-Ghana model.

The programme continues to strengthen relationships with local stakeholders, faith communities and community groups while delivering awareness activities that encouraged earlier understanding of, and engagement with, palliative care services.





A major development during the reporting period was the establishment of the **Community Care Giver Programme**. This initiative is testing how trained community volunteers can support patients and families within a distinctly Ghanaian model of palliative care. Although traditions of mutual support remain strong, organised community volunteering for healthcare is less established and must compete with significant economic and livelihood pressures.



International experience suggests these challenges can be overcome. Kerala's internationally recognised **Neighbourhood Network in Palliative Care** has demonstrated how trained volunteers can strengthen community resilience, extending care beyond clinical settings and improve support for vulnerable households. COMPASS-Ghana is exploring how similar principles can be adapted to Ghana's social and cultural context.

Community engagement is about more than delivering services. Conversations about serious illness, dying and bereavement are shaped by cultural beliefs, religious faith and traditional practices. Sustainable progress depends on working with communities, respecting local values and building trust rather than imposing solutions.

The programme also recognises the importance of partnerships beyond the health sector. Employers, local businesses and other community institutions have an important role in improving awareness, extending access to care and strengthening community resilience.



The first Community Care Giver cohort has established an important foundation for future development. Working alongside healthcare professionals, families, faith organisations and local leaders, community volunteers have the potential to become an integral part of a resilient, community-owned model of care.

Impact at a Glance

- **6** Community Care Givers Recruited
- Community Awareness Activities Delivered
- Local Stakeholders Engaged
- Support Extended Beyond Hospital Settings
- Community-Based Support Model Strengthened

Evidence and Learning

- 20 Outreach Home Visits delivered.
- The first Community Care Giver cohort was established.
- Six Community Care Givers were recruited.

- Community awareness activities were delivered.
- Community engagement increased.
- Partnerships with local stakeholders were strengthened.

What We Learned

Community engagement is built on relationships. Sustainable programmes respect local culture, work through trusted networks and enable communities to become active partners in shaping care rather than passive recipients of services.

Key Finding

Building community resilience requires more than healthcare services alone. It depends on trusted relationships, cultural understanding and collaboration between communities, healthcare providers, faith organisations, local government and the private sector. The Community Care Giver Programme provides the foundation for developing a distinctly Ghanaian, community-led model of palliative care.

CHAPTER FIVE

From Experience to Evidence

Evidence transforms experience into better care. By strengthening how data is collected, shared and used, COMPASS-Ghana is helping build a stronger foundation for palliative care in Ghana.

A persistent challenge for palliative care in low-resource settings is the limited availability of local evidence to guide service development. Without reliable data, programmes often rely on assumptions about patient needs, referral pathways and resource requirements.

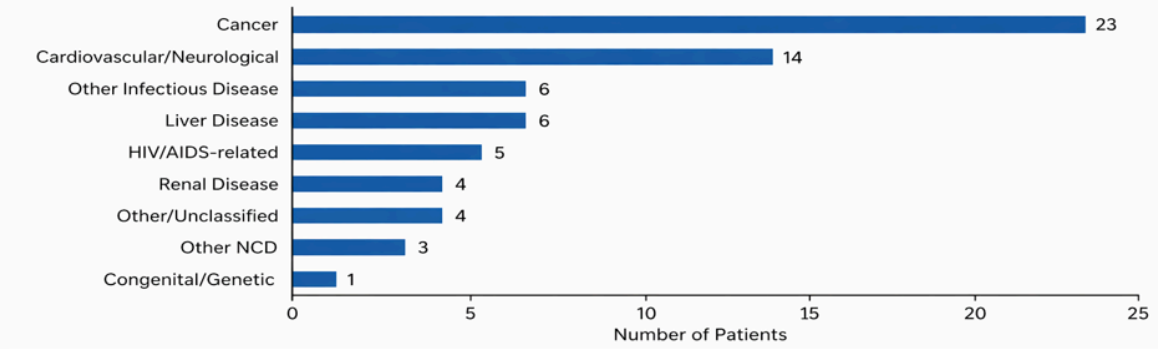
COMPASS-Ghana is addressing this challenge through the systematic collection and analysis of programme data. Patient demographics, referral pathways and service utilisation are now informing clinical practice, testing assumptions and supporting strategic decision-making. The programme has moved beyond describing activity to understanding need.

The value of this work extends beyond COMPASS-Ghana. Evidence on palliative care delivery in Ghana remains limited, and the insights generated through routine service

delivery contribute to a wider understanding of how community-based palliative care can be organised, evaluated and strengthened within resource-constrained settings.

Figure 4. Disease Profile of Patients (Updated)

Disease Groups Represented – N = 66



Disease Group	Patients			Share (%)
Cancer	23	Renal Disease	4	34.8%
Cardiovascular/Neurological	14	Other/Unclassified	4	21.2%
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Liver Disease	6	Congenital/Genetic	1	9.1%
HIV/AIDS-related	5			7.6%
Total	**66**			**100%**

Key Update Insight: Increase in cancer (Leukaemia added) and neurological cases (Brain tumour, ICSOL). Confirms expanding clinical complexity.

Impact at a Glance

- Published Research Collaboration
- Patient Demographic Analysis
- Referral Pathway Analysis
- Theory of Change Developed
- Data Systems Strengthened

Evidence and Learning

- Collaborative research was published.
- Demographic analysis was completed.
- Referral pathway analysis was completed.
- Monitoring systems were strengthened.

- Evaluation frameworks were further developed.

What We Learned

Evidence generation can be embedded within routine service delivery, improving both programme quality and strategic decision-making. However, meaningful evaluation depends not only on collecting data, but on ensuring that information follows the patient journey and captures outcomes that matter to patients and families, including symptom control, continuity of care, caregiver experience and quality of life.

The Ghana Health Service's **Light Health Information Management System (LHIMS)** provides an important platform for managing health information, but information exchange between facilities and services can still be fragmented. Strengthening referral pathways, clinical handover and outcome reporting will improve continuity of care while generating more meaningful evidence.

As the programme develops, COMPASS-Ghana will continue working with the Ghana Health Service to strengthen the collection, analysis and reporting of palliative care data through LHIMS and complementary reporting systems. Our aim is not simply to improve programme evaluation, but to contribute to stronger evidence for planning, service improvement and future policy development.

Key Finding

Reliable data has become a strategic asset for planning, evaluation and future scale-up. The greatest value lies in connecting information across the patient journey, improving clinical decision-making and generating evidence that strengthens both COMPASS-Ghana and the wider Ghana Health Service.

CHAPTER SIX

A Small Programme on an International Stage

Local experience has global value. By sharing evidence from rural Ghana, COMPASS-Ghana is contributing to international understanding of how palliative care can be delivered in resource-constrained settings.

COMPASS-Ghana exists to improve the lives of patients and families in Ghana. As the

programme has developed, however, the evidence and experience generated has become increasingly relevant to wider professional discussion.

During the reporting period, programme learning and knowledge was presented and exchanged at the **European Association for Palliative Care (EAPC) Congress** for a second consecutive year. This reflects more than international recognition. It demonstrates lessons from rural Ghana are contributing to global discussions on access to care, workforce development, community engagement and service design.

International collaboration has expanded opportunities for research, professional learning and knowledge exchange. Importantly, this relationship is reciprocal. COMPASS-Ghana continues to benefit from international expertise while ensuring that the realities of delivering palliative care in low-resource settings help shape international thinking and future practice.

As these partnerships develop, they also create opportunities to explore new approaches to service delivery.

Digital technologies, clinical decision-support, improved communication systems and other practical innovations have the potential to strengthen continuity of care, extend support to remote communities and improve the sustainability of future services.

Impact at a Glance


Two Consecutive EAPC Congress Presentations


International Dissemination of Programme Learning


Professional Networks Expanded


Ghanaian Experience Shared Internationally

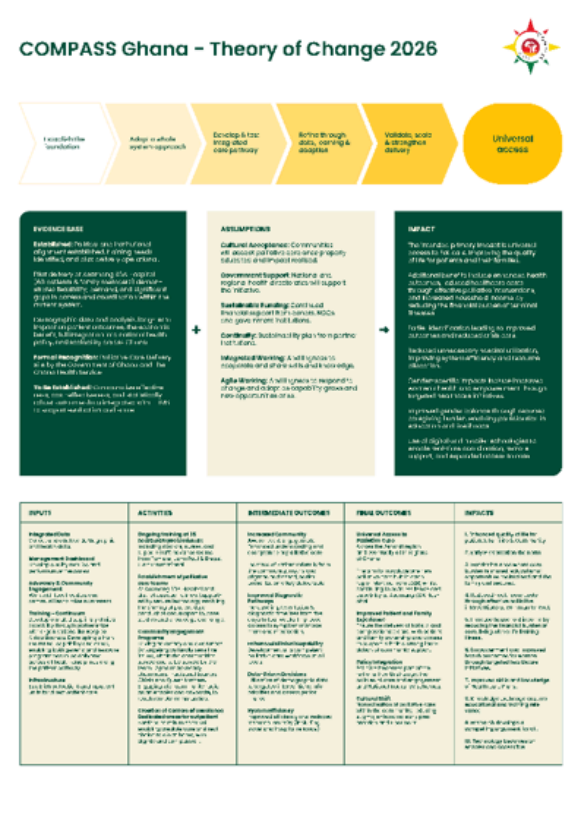

International Collaboration Strengthened

Evidence and Learning

- Programme findings were presented internationally.
- Professional networks expanded.
- International collaboration increased.
- Learning from Ghana contributed to wider discussions.
- Visibility of the programme increased.

What We Learned

Evidence generated through routine service delivery can make a meaningful contribution to international practice when supported by robust data, critical reflection and strong partnerships. Knowledge exchange is not a one-way process; experience from rural Ghana is helping shape wider understanding of palliative care while informing the continued development of COMPASS-Ghana.







Key Finding

Experience generated within rural Ghana is contributing to international knowledge and practice. By combining local delivery with research, collaboration and innovation, COMPASS-Ghana is demonstrating how community-based palliative care can be strengthened in resource-constrained settings and adapted for wider application.

CHAPTER SEVEN

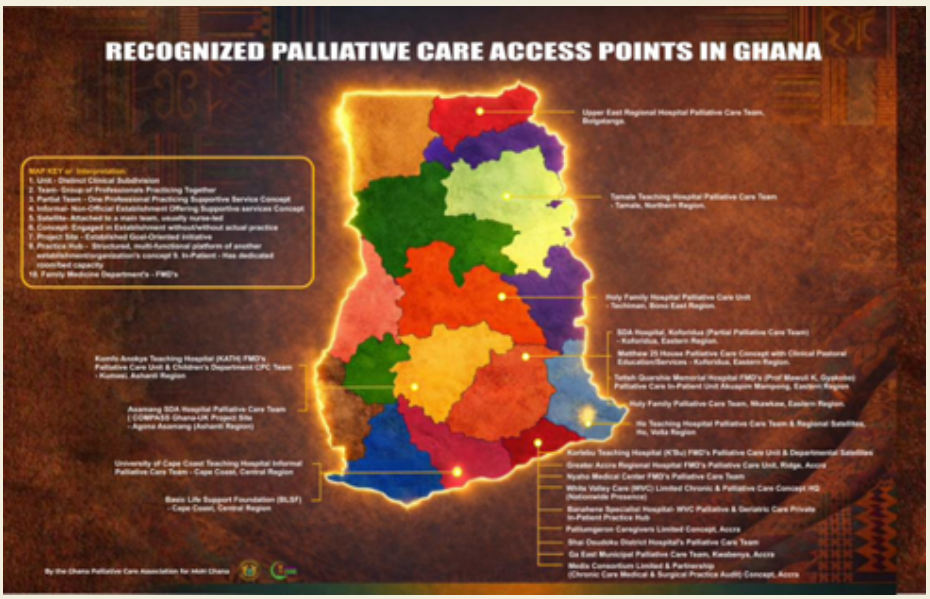
Recognition Matters

Sustainable organisations earn trust through good governance, consistent delivery and strong relationships. That trust creates opportunities to influence practice, strengthen partnerships and improve care.

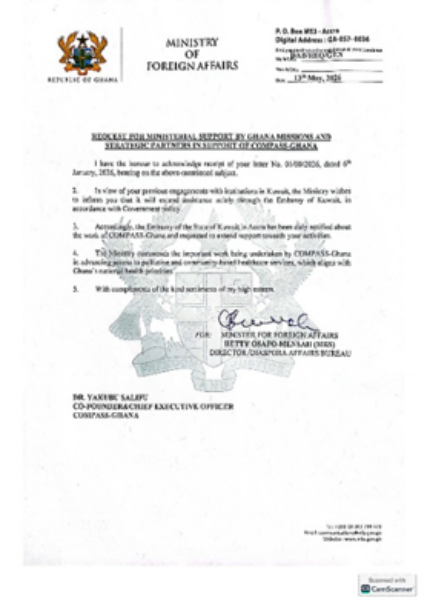
High-quality healthcare depends on more than effective clinical services. It requires strong governance, clear accountability and the confidence of patients, communities and partners.

COMPASS-Ghana continues to strengthen its governance, compliance and organisational structures and processes throughout the reporting period. External reviews were completed, reporting arrangements enhanced and organisational capability continues to mature.

Recognition has grown alongside these developments. The programme now works across seven districts and engages with healthcare professionals, district leaders, Queen Mothers, Chiefs, traditional authorities, faith communities, local government and the Ghana Health Service. These relationships have been built through consistent delivery, transparency and mutual respect.



Organisational credibility begins within the communities we serve. Community acceptance cannot be assumed; it is earned through listening, cultural understanding and reliable service. The same principles underpin relationships with institutional and national partners.



MINISTRY
OF
FOREIGN AFFAIRS

REPUBLIC OF GHANA

REQUEST FOR MINISTERIAL SUPPORT BY GHANA MISSIONS AND STRATEGIC PARTNERS IN SUPPORT OF COMPASS-GHANA

I have the honour to acknowledge receipt of your letter No. 01/08/2026, dated 6th January, 2026, bearing on the above-mentioned subject.

2. In view of your previous engagements with institutions in Kuwait, the Ministry wishes to inform you that it will expand assistance activity through the Embassy of Kuwait, in accordance with Government policy.

3. Accordingly, the Embassy of the State of Kuwait, in Accra has been duly notified about the work of COMPASS-Ghana and requested to extend support towards your activities.

4. The Ministry commends the important work being undertaken by COMPASS-Ghana in advancing access to palliative and community-based healthcare services, which aligns with Ghana's maternal health priorities.

5. With compliments of the kind sentiments of my high esteem.

Yours faithfully,

FOR: MINISTER FOR FOREIGN AFFAIRS
BETTY OSAPO-MENSAH (MRS)
DIRECTOR, DIASPORA AFFAIRS BUREAU

DR. YAKUBU SALIFU
CO-FOUNDER&CHIEF EXECUTIVE OFFICER
COMPASS-GHANA

Growing engagement with the Ghana Health Service and emerging initiatives such as **Mahama Care** is creating new opportunities for collaboration, shared learning and service development. As COMPASS-Ghana continues to generate evidence and strengthen partnerships, it is increasingly well placed to contribute to national discussions on palliative care, community health and health system development.

Impact at a Glance

- Governance Systems Strengthened
- External Review Processes Completed
- Compliance Arrangements Improved
- Ghana Health Service Engagement Strengthened
- National Recognition Increased

Evidence and Learning

- Governance arrangements continue to mature.
- External review processes were completed.
- Organisational accountability improved.
- Stakeholder engagement increased.
- National visibility continued to strengthen.

What We Learned

Strong governance provides the foundation for sustainable impact, but credibility is earned through consistent delivery and trusted relationships. As confidence in the programme has grown, so too have opportunities to collaborate with communities, healthcare providers and national partners.

Key Finding

Recognition is more than reputation. It creates opportunities for partnership, investment and long-term sustainability. By combining strong governance with trusted relationships and practical delivery, COMPASS-Ghana is establishing itself as a credible partner in the future development of palliative care in Ghana.

CHAPTER EIGHT

Partnership as a Force for Change

Our experience has shown that improving palliative care depends as much on strong partnerships as clinical expertise. Earlier identification, coordinated care and stronger communities are achieved when organisations work together rather than in isolation.

Partnership has been a defining feature of COMPASS-Ghana from the outset. No single organisation possesses all the expertise, resources or relationships needed to support patients and families living with life-limiting illness.

Working alongside hospitals, the Ghana Health Service, healthcare professionals and academic partners has strengthened clinical care, professional development, research and service evaluation. Equally important has been the growing involvement of community leaders, faith organisations and Community Care Givers, whose trusted relationships help improve awareness, reduce stigma and encourage earlier engagement with services.

Our experience has also highlighted the important contribution of primary care, private clinics and other frontline healthcare providers. These organisations are often the first point of contact for patients and families and are well placed to recognise need, encourage earlier referral and support a more coordinated patient journey.

Perhaps our greatest learning has been that health partnerships extend beyond the healthcare sector itself. Many businesses already invest in the health and wellbeing of their employees and the communities in which they operate. Local employers, corporate organisations and occupational health services have an important influence on health behaviours, access to care and community wellbeing. Engaging these organisations effectively creates opportunities to improve awareness, strengthen referral pathways and support healthier, more resilient communities.

This experience is reshaping how COMPASS-Ghana views partnership. Palliative care should not be seen solely as a specialist health service, but as part of a wider social and economic system in which healthier families contribute to stronger communities, a more resilient workforce and sustainable local development.

As the programme develops, we will continue strengthening partnerships across healthcare, communities, academia, business and government while expanding our evaluation of the wider social and economic impact of palliative care. Alongside clinical outcomes, future work will explore caregiver burden, household resilience, workforce participation, educational disruption and community wellbeing, providing a stronger evidence base for future investment and policy.

SALADIN GHANA Security & Risk Management

We are delighted to partner with Saladin Security & Risk Management, our first corporate partner and of whom recognises the importance of community health.

Find out more: CCTV Remote Monitoring

Impact at a Glance

- Healthcare Partnerships Strengthened
- Academic Collaborations Expanded
- Corporate Support Maintained
- UK–Ghana Partnerships Sustained
- Multi-Sector Engagement Increased

Evidence and Learning

- Healthcare partnerships strengthen service delivery.

- Academic partnerships support research and evaluation.
- Corporate partners contribute practical support and visibility.
- International networks strengthen knowledge exchange.
- Collaborative working increases organisational capacity.

What We Learned

Our experience has shown that the strongest partnerships connect healthcare providers, communities, businesses and government around a shared purpose. Working together improves earlier identification, strengthens continuity of care and creates benefits that extend beyond healthcare to families, communities and local economies.

Key Finding

The greatest opportunity lies in building an integrated network of partners who influence the patient journey long before specialist palliative care begins. By connecting healthcare providers, community organisations, employers and public services, palliative care can improve health outcomes while strengthening family resilience, workforce wellbeing and the wider social and economic development of communities.

CHAPTER NINE

Looking Beyond Today - Building for National Impact

Our experience has strengthened our confidence in what works. The next phase is to apply that learning more widely while continuing to build evidence, partnerships and local capability.

The experience of the past fourteen months has provided a clearer understanding of both current needs and future opportunities. Earlier identification, stronger referral pathways, community engagement and workforce development have consistently emerged as the foundations of effective palliative care.

The programme has also shown that sustainable growth depends on more than expanding services. It requires stronger evidence, trusted partnerships and continuous learning so that future development is informed by experience rather than assumption.

An important priority for the next phase is the establishment of COMPASS-Ghana's second implementation hub in **Tamale**, extending the programme into Northern Ghana. This will provide an opportunity to test our community-based model within a different geographical, cultural and health system context while strengthening the evidence needed for future national scale-up.

The foundations for this work has already been established. During the reporting period, two healthcare professionals from Tamale completed COMPASS-Ghana's Train-the-Trainer programme, creating the first practical links between Asamang and Tamale. These early relationships are supporting shared learning, professional development and the exchange of experience, providing a strong platform for future collaboration.

Looking ahead, we will continue exploring how improved data systems, digital technologies and stronger integration between community and clinical services can enhance access, continuity of care and programme effectiveness. Innovation will be guided by practical need and evidence, ensuring that new approaches strengthen rather than replace compassionate, person-centred care.

Impact at a Glance


Service Data Expanded


Digital Opportunities Identified


Future Planning Informed by Evidence


Stronger Referral Pathways Prioritised


Model Positioned for Future Development

Evidence and Learning

- Data systems continue to mature.
- Future planning is increasingly evidence-based.
- Community engagement remains a strategic priority.
- Workforce development remains central to programme growth.
- Opportunities for innovation are being explored.

What We Learned

The programme has shown that sustainable development is achieved by combining practical service delivery with evidence generation, workforce development and strong partnerships. Future growth will be guided by what has been learned in Ashanti while testing and refining the model in new settings.

Key Finding

National impact will depend on applying proven learning in new contexts while continuing to strengthen evidence, local leadership and partnerships. The development of a second implementation hub in Tamale marks the next step in building a scalable Ghanaian model of community-based palliative care.

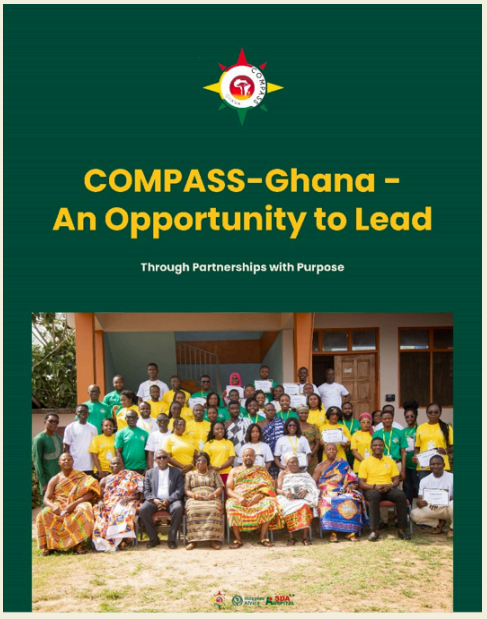
CHAPTER TEN

Fourteen Months of Proof

Fourteen months of service delivery have strengthened more than our programme. They have strengthened our understanding of what is needed to build sustainable, community-based palliative care in Ghana.

Over the past fourteen months, COMPASS-Ghana has generated evidence across clinical care, workforce development, community engagement, research and organisational development. More importantly, the programme has deepened our understanding of the realities faced by patients, families and healthcare professionals delivering palliative care in rural and resource-constrained settings.

Five important lessons have emerged.



First, the need for palliative care is greater and more diverse than commonly recognised. It spans all age groups, a wide range of diagnoses and affects families and communities as much as individual patients.

Second, earlier identification remains the greatest opportunity to improve outcomes. Strengthening referral pathways and increasing awareness across the health system will enable patients and families to benefit from support sooner.

Third, sustainable progress depends on people. Community participation, workforce development and trusted partnerships are all essential to building services that are locally owned, resilient and effective.

Fourth, evidence must guide development. Embedding research, evaluation and data within routine practice has strengthened decision-making and provided a foundation for future improvement and national learning.

Finally, palliative care creates value beyond healthcare. Our experience has shown that supporting patients and families also strengthens household resilience, community wellbeing and the wider social and economic fabric of society.

Taken together, these lessons show that COMPASS-Ghana has moved beyond proof of concept. The programme now has the experience, partnerships and evidence needed to support its next phase of development.

The immediate priority is not simply to expand services, but to apply what we have learned. Over the coming years we will strengthen referral pathways, develop workforce capability, deepen community partnerships, enhance data systems and establish our second implementation hub in Tamale. Alongside these priorities, we will continue exploring practical innovations that improve access, continuity of care and the quality of support available to patients and families.

Everything we do will continue to be shaped by the experiences of the people we serve. Every partnership, every innovation and every investment must ultimately improve the lives of patients and families while reducing avoidable suffering and strengthening the communities around them.

Impact at a Glance


167+ Patients and Family Beneficiaries Supported


80+ Healthcare Professionals Trained


6 Community Care Givers Recruited


Published Research Collaboration


Two Consecutive International Presentations


Governance and Organisational Systems Strengthened

Evidence and Learning

- Direct patient and family support expanded.
- Workforce development increased.
- Community engagement strengthened.
- Research and evaluation capacity matured.
- National and international recognition grew.
- A clearer understanding of future palliative care need emerged.
- New opportunities for innovation and national scale were identified.

What We Learned

The programme has evolved from establishing services to generating evidence which informs practice, strengthens partnerships and supports future development. The next challenge is to apply that learning at greater scale while remaining responsive to the needs of patients, families and communities.

Key Finding

After five years of organisational development and fourteen months of intensive programme delivery, COMPASS-Ghana has demonstrated that high-quality, community-based palliative care can be delivered in resource-constrained settings. The opportunity now is to build on that evidence, extending its impact through stronger partnerships, continued innovation and a practical, scalable Ghanaian model of palliative care.

Conclusion

The work ahead will require commitment, partnership and continued learning. It will demand the confidence to test new ideas, measure what matters and adapt in the light of experience.

COMPASS-Ghana enters this next phase with a clear sense of purpose. Over the past fourteen months we have strengthened more than a programme; we have strengthened the evidence, partnerships and local capability needed to build sustainable, community-based palliative care in Ghana.

Our commitment remains unchanged: to improve the lives of patients and families today while contributing to a stronger, more compassionate and more resilient health system for tomorrow.

Will You Walk With Us?

Everything you've read started with people who believed that compassionate, expert palliative care should be available to everyone living with a life-limiting illness.

If you share that belief, we'd love you to be part of the next chapter.

Donate Online

MTN Mobile Money: +233 (0) 5305 39931

Vodafone Cash: +233 (0) 2015 78282

Join the Founding 100: john.davies@compass-gh.org

Learn more about becoming part of the Founding 100:

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