

2024/2025

ANNUALREPORT

90th Birthday of Dr Anne

On 13th May 2025, we celebrated Dr. Anne Merriman's 90th birthday at her home in Munyonyo, Kampala. Five days later, we were heart broken by her passing on May 18th. 2025.

With her dear friend and HAU patron HRH Nnaabagereka Sylvia Nagginda Luswata the Queen of Buganda Kingdom by her side, along with members of her UK family Chris, Maria and Hannah Merriman, Dr Anne gave what became her last inspiring public speech.

These words were both moving and profound, and will serve as a constant guide to us in all that we do.



66 Our love comes from God, and our compassion comes from his example of the Good Samaritan. Compassion is such an important thing for us not only in our work, but also with each other. It is important even in our families, its important anywhere.



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Employees of the Year



Vision

Palliative care reaching all in need in Africa.

Mission

Bring peace to the suffering through providing and facilitating affordable, appropriate and accessible palliative care in Uganda and other African Countries.

Ethos

- · Patient, family and learner centred approach
- · Caring for each other
- Partnership and collaboration

Values and Guiding Principles

HAU is driven by its ethos and accompanying values. The core values of Hospice Africa Uganda are as follows:

- 1. Hospitality and Compassion
- 2. Choice
- 3. Professionalism with Integrity
- 4. Volunteerism
- 5. Innovation and Resilience



A message from OUR PATRON

The passing of my dear friend, Dr Anne Merriman, and founder of Hospice Africa Uganda, in May 2025 has left a profound void in our hearts, in Uganda, and across the wider palliative care community in Africa.

Dr Anne was far more than the founder of Hospice Africa Uganda. She was a humanitarian and visionary, a woman of compassion whose life mission was to ensure that every critically ill person and those with a life-limiting condition could live free from pain with dignity and comfort.

I had the privilege of witnessing firsthand the transformative work Dr Anne led, often in the face of great challenges, but always with unshakable faith and boundless love.

While her passing is deeply mourned, we find comfort in the extraordinary legacy she leaves behind. Her pioneering model of affordable, holistic palliative care continues to shape the future of health care in Uganda and across Africa. A testament to this is that in the year leading up to June 2025, Hospice Africa Uganda saw 2,233 patients in need across its three sites in Kampala, Mbarara, and Hoima.

Dr Anne's introduction of oral morphine revolutionised pain relief for the most vulnerable, and her training of thousands of healthcare professionals through the Institute of Hospice and Palliative Care in Africa (IHPCA) has spawned the growth of palliative care across the continent.

The most fitting tribute we can offer Dr Anne is to carry forward her mission with the same dedication, compassion, and courage that she embodied. As Patron of Hospice Africa Uganda, I reaffirm my commitment to this cause. Let us all uphold the torch that Dr Anne lit, so that no one in our communities faces death in pain or in solitude. Her spirit lives on in every patient comforted, every nurse trained, and every family supported.

I extend my heartfelt gratitude to the entire HAU team, the Board of Directors, and the Senior Management for their tireless work and compassionate service during what has been a particularly difficult year. Your perseverance honours Dr Anne's legacy.

A special word of thanks goes to our generous donors and volunteers. Your steadfast support makes this work possible.

HRH Syliva Nagginda Nnaabagereka of Buganda and Patron, Hospice Africa Uganda As we celebrate Dr Anne's life, we pray that her soul rests in eternal peace. We also ask the Almighty God that we may find the strength and unity to carry her legacy forward - with love.



A message from the **BOARD CHAIR**

wider health framework.

Looking ahead, we aim to broaden our services to rural and underserved areas, strengthen partnerships that support innovation and sustainability and advocate for the integration of palliative care into the

Dear friends, partners, donors and cherished well-wishers.

This has been a year of resilience, growth and renewed commitment to the vision of quality palliative care for all. As we reflect on 2024–2025, we give thanks to God who has enabled us to grow stronger and to build on the foundation of service on which Hospice Africa Uganda was established.

We pause to reflect on and honour the life and legacy of our founder, Dr. Anne Merriman, who passed away on 18th May 2025. Her pioneering work introduced palliative care to Uganda and inspired similar initiatives across Africa and beyond. We celebrate her extraordinary love, dedication and sacrifice for the nation and our people and remain committed to advancing her vision with unwavering devotion.

Throughout the year, our services have continued to touch lives. We delivered holistic palliative care that goes beyond pain relief to include spiritual, psychosocial and emotional support. We trained healthcare professionals, empowered communities and engaged policymakers so that palliative care continues to be recognised as an essential part of Uganda's health system.

I am pleased to report that for the fourth consecutive year, Hospice Africa Uganda achieved improved revenues to support increasing services and future programmes. This outcome reflects not only prudent financial management but also the trust and confidence of our partners and supporters. Even as we

continue to navigate a challenging funding environment, this progress strengthens our foundation for sustainability and reassures us that our vision remains within reach.

A significant highlight this year was the transition of staff from one - year contracts introduced in 2019 to three - year contracts. This progressive step reflects our commitment to reward loyalty, enhance job security and ensure organisational stability. Our staff remain at the heart of what we do and this change affirms the value we place on their dedication and service.

We also celebrate the successful renovation of Mobile Hospice Mbarara in western Uganda, a long - awaited achievement that now provides a dignified, welcoming space where patients can receive care in comfort and where caregivers and staff can serve with pride. Little Hospice Hoima continues to register steady growth in performance, further expanding our reach and impact.

Looking ahead, we aim to broaden our services to rural and underserved areas, strengthen partnerships that support innovation and sustainability and advocate for the integration of palliative care into the wider health framework. This mission remains urgent and profoundly human. Every patient we serve reminds us that dignity and compassion must define the care we provide.

With sincere appreciation, Joy Mirembe Board Chairperson, Hospice Africa Uganda

A message from the **Executive Director**

Greetings from Hospice Africa Uganda. As we reflect on this year, we acknowledge a period marked by great impact, profound loss and enduring hope. The year concluded with the passing of our beloved founder and visionary, Dr. Anne Merriman, just five days after her 90th birthday. Her departure was a deeply emotional moment for our teams, patients, friends, supporters, and the wider palliative care community in Uganda and across the world.

Dr. Anne was not only the founder of Hospice Africa Uganda and a tireless advocate for palliative and compassionate care for the critically ill, but she was also our inspiration and heartbeat. We are all so proud of her life's work which touched tens of thousands of lives. And while we mourn her loss, we are strengthened by her legacy and will strive to ensure that her mission lives on.

Dr Anne was a determined woman, and one date she wanted to reach this year, despite her failing health, was her 90th birthday on May 13th. We all celebrated joyfully with her at a Mass in her home in Munyonyo. A short week later we were celebrating her life at her funeral in the grounds of our headquarters in Makindye. It was fitting that some of her ashes are scattered and buried in our grounds. We know her spirit will always live on.

In this financial year, our clinical teams continued to deliver holistic, patient-centred care across our three sites in Kampala, Mbarara, and Hoima. We reached a total of 2,233 patients, an increase from the 2,136 patients cared for in the last financial year. Of these, 1,136 were newly enrolled patients, demonstrating the continued and growing need for our services. Since our inception in 1993, we have now served 40,204 patients with dignity and compassion across our three sites in Kampala, Mbarara and Hoima.

For every life lost, we offered bereavement support to families, honoured cultural practices, and ensured that no one grieved alone. Dr. Anne believed deeply in the importance of compassionate presence at the end of life, and that belief remains central to everything we do.

Despite the challenges, our team remained

focused and united in purpose. We expanded our outreach clinics in hard-to-reach communities and provided vital psychosocial and financial support to families. We increased enrolments in our Institute of Hospice and Palliative Care in Africa (IHPCA) and continued our role as a leader in palliative care training and advocacy both within Uganda and across Africa.

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As we look ahead, our greatest tribute to Dr. Anne is to keep her vision alive and to ensure that our patients continue to live pain-free, in dignity and comfort.





Executive Summary

This was a year of both significant achievement and deep loss for Hospice Africa Uganda (HAU). In May 2025, we said goodbye to our beloved inspirational founder, Dr. Anne Merriman, the visionary who brought palliative care to Africa, and who dedicated her life to ensuring that no one should suffer pain unnecessarily. But her legacy continues to guide and inspire the HAU teams every day.

Despite this great loss, our mission has remained steadfast. In 2024/2025, we proudly reached a major milestone of caring for over 40,000 patients and their families since our founding in 1993.

Our Focus Areas

Clinical

Education.

Delivered compassionate, holistic care to 2,233 patients, of whom 1,136 were newly enrolled across our three sites in Kampala, Mbarara and Hoima.

Morphine Production Unit

More than 80,000 bottles of Oral Morphine Solution were dispatched through Morphine Production Unit, an increase of **10,000** compared to the previous year.

HAU's clinics also continued to serve as vital training grounds for healthcare workers across Africa, giving hands on training to students enrolled in palliative care courses with the Institute of Hospice and Palliative Care in Africa (IHPCA), affiliated with Makerere University and

lin the academic year 2024/25, 33 students graduated from the IHPCA with Masters and Bachelors degrees

accredited by the National Council for Higher

The International Programmes team also delivered the Anglophone and Francophone Palliative Care Initiators courses, attracting 42 and 38 participants respectively.

Additional advocacy, training, and fundraising support was provided to five African countries.

IHPCA

In the academic year 2024/25, 111 students were enrolled in our long courses, 33(17MSc & 16BSc) students graduated, while 33 were enrolled in our short courses. Through the Hospice Africa Uganda Reasearch and Ethics Committee (HAUREC), we reviewed over 40 research protocols.

International Programmes

42 health care professionals from 9 countries took part in our Anglophone Palliative Care Initiators' Course, while 32 health care professionals from 6 countries completed the Francophone

HAU successfully continued to manufacture oral liquid morphine, a cornerstone of palliative care, ensuring uninterrupted supply through our public-private partnership with the Government of Uganda and the National Medical Stores. This collaboration continues to make affordable, effective pain relief accessible to patients across the country.



Through all these milestones, challenges, and transitions, HAU remains guided by the compassion, dedication and vision of Dr. Anne Merriman, committed to delivering palliative care for all in need across Africa.

Clinical Services

At the heart of Hospice Africa Uganda's mission is the delivery of compassionate, holistic clinical care to patients facing life-limiting illnesses. Our clinical teams work tirelessly across our three sites in Kampala, Mbarara, and Hoima to uphold the dignity and comfort of every patient, regardless of their background or circumstances.

Despite continued challenges, including resource limitations and the profound loss of our founder and visionary, Dr. Anne Merriman, our teams remained committed to honouring her legacy. This year, our clinical operations continued to reach some of Uganda's most vulnerable populations, in both urban centres and remote communities.

In May 2025 we were also delighted to welcome Dr Dorothy Olet as our new Clinical Director. A medical doctor with 17 years' experience in palliative care, she was Academic Programme Coordinator and lecturer with the Institute of Hospice and Palliative Care in Africa, the education arm of HAU, for 14 years, and Clinical Registrar in clinical for 3 years.

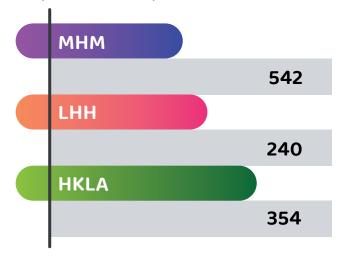
Our Commitment to Care

Guided by our patient-centred approach, Hospice Africa Uganda continued to strengthen and expand access to affordable and effective palliative care.

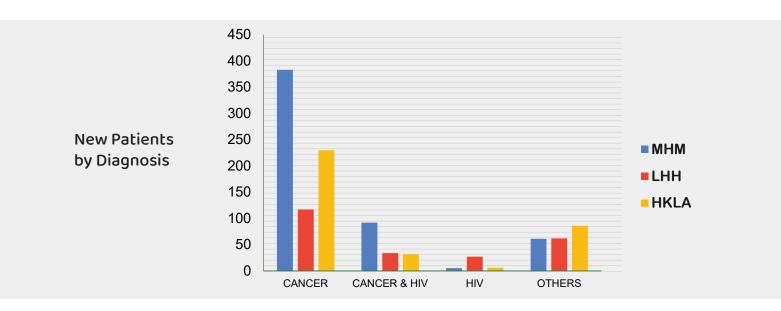


In the financial year 2024/2025, HAU provided care to a total of 2,233 patients across our three sites, an increase from 2,136 patients the previous year. Since our founding in 1993, HAU has served more than 40,204 patients, making a lasting impact on countless lives.

The number of newly enrolled patients also increased from 1,116 last year to 1,136 this year.

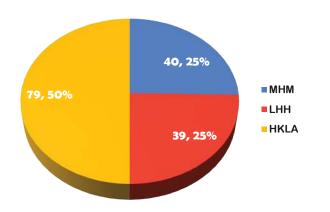


This year's work reflects not only our enduring commitment to care, but also our growing influence in shaping the palliative care landscape across Uganda and beyond. As our patient numbers grow and our partnerships deepen, we strive to ensure that no one suffers needlessly and that every patient receives care marked by compassion and dignity at the end of life.



Number of Children by Site 2024/2025

Number of Eldery Patients by Site 2024/2025



197, 29% **■MHM** 345, 51% **LHH** HKLA 130, 20%

Six-year-old Ariana has been on our programme since 2023. There was great joy when she completed her treatment and was declared cancer free.



I am so grateful to hospice for walking this journey with me. I am so happy that Ariana is now well, enjoying her childhood and playing with her friends like any other

Ariana's mother

child.



Our Models of Care

HAU's care models are rooted in compassion, respect, and cultural sensitivity. We adopt a holistic approach that integrates physical, emotional, spiritual, and psychosocial support. Whether through home visits, outpatient services, hospital or community outreach, we ensure that patients receive the right care, at the right time, in the right setting.

Outpatient Department

Out Patient Department is a primary method of service delivery at HAU where patients and care givers on our programme come for medical reviews and medicine refills. OPD also receives walk-in patients for consultation and enrolment on the programme. We had over 6,080 contacts in this year.

Home Visits

Home Visits remain the cornerstone of our clinical service. This year we reached 1,833 patients across our three sites through home visits. This approach respects patients' preferences to receive treatment in a familiar, loving environment. It also supports families in playing an active role in their loved one's care.

Community Outreach and Roadside Clinics

Our community outreach clinics bridge critical gaps in care for underserved populations, including urban informal settlements and refugee communities. These clinics offer clinical assessments, medication, health education, psychosocial assessments and support and referrals for specialist care. Collaboration with community volunteers is central to their success.

In the past year, outreach teams across our three sites reached a total of 2,196 patients, a significant increase on the 1,651 we reached through outreach last year. We added a new outreach clinic in Kasokoso in Kampala.

Hospital Visits

All HAU sites conduct regular hospital visits to support patients, particularly those with cancer and other life-limiting illnesses. These visits are weekly or in response to requests from hospital teams.

This year, a total of 1,357 patients were seen through hospital visits, an increase on last year's figure of 1,215.

Daycare

Daycare provides patients and caregivers with a day of support, interaction and rest. Patients receive holistic care, including psychosocial and spiritual support, from nurses, social workers and volunteers, while caregivers benefit from a well-deserved break.

On average, 15–20 patients attend each session per site, every month.



Our Programmes

Road to Care (RTC) Programme

RTC aims to improve quality of life for women diagnosed with early cervical cancer by supporting access to investigations, chemotherapy and radiotherapy. The programme also provides cervical cancer screening and follow-up investigations to promote early detection and improved outcomes.

In 2024/25, the programme supported 385 women – 118 of whom were newly enrolled.

Give a Chance (GAC) Project

The Give a Chance project offers educational support to children affected by cancer or HIV/AIDS either as survivors, siblings of patients or as children of former HAU patients. In this financial year, GAC supported 9 children with tuition and school-related expenses at primary, secondary, and vocational levels.

Our Support Services

Psychosocial Support

Beyond managing physical symptoms, HAU provides essential psychosocial support to patients and families, many of whom face severe economic challenges. Serious illness often leads to loss of income and increased household strain. Our teams help families cope with emotional distress and access vital resources.

Patient Support Fund

This fund provides direct support to the most vulnerable patients including those lacking family support or financial means. It covers basic essentials such as food, mattresses, beddings, medical procedures, investigations, rent, transport and medications. While demand continues to exceed resources, the fund remains a vital safety net for our most at-risk patients.

Bereavement Support

In 2024/2025, HAU recorded 670 patient deaths across its three sites. Our teams continue to support bereaved families through culturally sensitive and compassionate care.

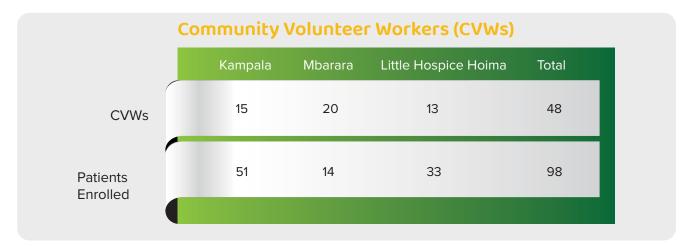
Each site hosts monthly bereavement meetings to reflect on care provided and identify opportunities for improved support. Additionally, annual memorial services are held at all sites. These moving events provided a platform for families to honour their loved ones, share testimonies, and light candles in remembrance.



Community Volunteer Workers (CVWs)

The Community Volunteer Worker's (CVWs) network was established by Hospice Africa Uganda (HAU) in 2002 to strengthen the reach of palliative care services at grassroots level. Recognising that access to palliative care remains a challenge for many in Uganda, the CVW model identifies, trains, and supports people to provide basic palliative care in their own communities.

The CVWs embody the spirit of hospice, raising awareness about palliative care, providing holistic support to patients and families, and bridging the gap between communities and health professionals. By working within their own communities, volunteers are trusted and respected voices. They dispel myths about palliative care, mobilise communities to seek care early, and ensure that patients receive affordable, compassionate support close to home.



CVWs Community Impact

In the year 2024/2025 a total of 98 patients were referred to Hospice Africa Uganda through CVW's across the three site.

Despite challenges, the CVWs maintained visibility and a presence within communities, reaching out to patients and referring more to our programmes. They also support patients unable to come to our clinics or outreaches with medicine refills.

Awareness and advocacy:

Volunteers engaged local leaders, churches, and community groups to raise awareness of the role of palliative care, particularly emphasising pain relief, holistic support, and dignity in care.

Bridging access gaps:

CVWs referred patients with poor access to medical care to HAU and other health facilities.

Compassionate service:

CVWs supported patients in their final days, offering comfort and dignity to families coping with grief.





Vincent (on the right) has served as a Community Volunteer Worker (CVW) in Mbarara for the past three years. His journey of service began with a deeply personal experience. When his mother was diagnosed with cancer, she was enrolled on the HAU palliative care programme.

"My mother lived for five years after her cancer diagnosis, and because she was on the hospice programme her quality of life was good and she was not in pain. After she died, I wanted to give back, and so I trained as a CVW," Vincent recalls.

Vincent is a pillar of support within his community. Today, he has accompanied John, an 86-year-old man with mouth cancer who is experiencing severe pain, to Mobile Hospice Mbarara.

"I spoke about hospice services after a burial in my community recently, and as a result I was told about John, who was really struggling and in urgent need of support," Vincent explains. "Johns family had not heard about the work of hospice until then."

Demonstrating the dedication that defines community volunteers, Vincent travelled more than 60 kilometres from his village to the hospice, bringing John and his son on a boda boda motorbike. The journey took two hours, underscoring the extraordinary lengths CVWs go to ensure that patients in need can access compassionate care.



Looking ahead:

There are a number of actions for the next year that will strengthen our CVW network

- Provide official identification cards to volunteers for credibility and safety in the community.
- Increase use of local media (radio, TV, and newspapers in local languages) to demystify palliative care and raise awareness.
- Recruit and train new volunteers to replace those who have relocated, fallen ill, or stepped away, ensuring continuity of service.
- Expand access to regular debriefing, counselling, and peer support for volunteers to prevent burnout.



Our Kampala Clinic is the founding location, established by the late Dr. Anne Merriman in 1993. Initially based in a room in a rented house in Nsambya, Hospice Kampala moved to its current site in Makindye in 1994. Today, it is a hub for patient care, education, advocacy, and oral liquid morphine production.

Clinical services include home visits, outpatient's department, outreach clinics in underserved areas, day care services and hospital visits.

Kampala has a population of over 4 million people according to UBOS and HAU Kampala serves suburbs and districts on the edge of the city as well as underserved informal urban settlements. However, due to increasing demand our clinical

teams regularly extend beyond the catchment.

The Kampala site has links with several hospitals in Kampala especially Mulago Hospital and the Uganda Cancer institute. Many referrals also come from community volunteer workers, care takers, religious and traditional communities.

This year there was an increase in new patients enrolled from 330 last year to 354, and a significant increase in patients reached through both hospital visits (up 36.1%) and outreach clinics (up 36.7%) The outreach increases are reflected in the launch of a new outreach in Kasokoso "slum", serving one of Kampala's most under served informal urban communities.

Number of times patients were seen (2023/2024 vs 2024/2025)

Mode of Contact
Outpatient
Hospital Visits
Home Visits
Outreach Clinics

FY 2023/24	FY 2024/25
1,670	1,608
499	679
772	692
472	645

% Change
-3.7%
+36.1%
-10.4%
+36.7%



Patient Support fund

A total of 386 patients benefitted from the patient support fund in Kampala in the last year. Some patients received support up to 5 times in the year.

Community Volunteer Workers

Community Volunteer Workers (CVWs) play a vital role in our work and are trained and supported to provide basic palliative care at grass roots community level.

In the last six months of this year 22 new patients were identified and referred to HAU in Kampala by the CVWs. This resulted in 117 follow up home visits.

Partnerships and Community Initiatives

In the past year, the Kampala clinic:

- Expanded training collaborations with institutions including the Uganda Christian University School of Medicine, Makerere University, Kyambogo University and the Mulago School of Nursing and Midwifery.
- Strengthened community volunteer engagement with regular training updates.
- Continued holistic support services, including:
 - Our Road to Care Programme
 - Day Care and psychosocial support
 - Bereavement support for families

Advocacy

Hospice Kampala maintained an active role in local advocacy and public health education, focusing particularly on non-communicable diseases affecting women and marginalised groups.

Key initiatives included:

 Advocacy through local churches such as Lweza Anglican, Busega

- Catholic, and Katanga St Jude Thaddeus Catholic Church
- Community health education in Kasokoso slum, targeting young mothers with information on cervical and breast cancer, HIV, and other chronic conditions
- Participation in the Rotary Cancer Run and Uganda Cancer Society educational materials review
- Involvement in collaborative research studies with Makerere University, APCA, and King's College London
- Cancer awareness campaigns reaching over 1,000 people in partnership with 15+ health facilities
- Engagement with specialized care institutions such as the Uganda Heart Institute

Memorial Service and Christmas Party

A Memorial service was held to support the beareved families. This helps their psychosocial and spiritual wellbeing following the loss of their beloved ones.

A christmas party was held to help patients have their festive celebrations

Looking ahead

In the coming year, the Kampala team plans to focus on the following priorities:

- Continued staff development and training
- Strengthening storytelling for fundraising, advocacy and showcasing the impact of our work.
- Expansion of outreach services, including a new programme along Masaka Road
- Enhanced local fundraising
- Development of formal partnerships, including MOUs with health centres such as Kireka SDA Clinic in Kasokoso
- Stronger engagement with the community to promote local ownership and sustainability of palliative care

Juliet's story

Finding dignity and hope with the help of hospice



Juliet pictured with her children at their home. Photo: Miriam Donohoe

Juliet is a mother of seven living near Namuwongo slum in central Kampala.

The soft spoken and gentle woman has advanced breast cancer, a diagnosis that has turned her family's life upside down. Whatever small income they had from her husband's business went towards her treatment, leaving little for food or rent.

The business eventually closed as her husband had to devote his time caring for his ill wife and their young children ranging in age from 2 to 15 years.

As a result, the family was forced to leave their rental home and they now live in a single, bare room, just 14 by 14 feet, in the middle of a field near one of Kampala's biggest urban settlements. The room contains only a double and a single bed, which the entire family share.

There is no toilet, no storage, and no kitchen. Clothes are piled in a corner, and meals are cooked over an open fire outside.

As the family slipped into poverty school fees became impossible, and the children's only shoes are worn-out plastic sandals. Juliet is determined to see her children continue their education and is trying to raise money for school supplies and clothes.

When Hospice Africa Uganda stepped in, hope returned. The hospice team visit Juliet every two weeks, providing medical care, including oral liquid morphine for pain control.

But the support goes beyond healthcare. The team has helped Juliet's husband restart his business by providing him with the tools from the HAU Patient Fund he needed to begin earning an income again. They also provide money for food and other necessities, ensuring the family has the basics to survive.

"The support from Hospice Africa Uganda has been life-changing. It has made so much difference to me and my family." said Juliet. "Without this support I don't know how we would have coped."

She added: "They are giving me the strength to face the road ahead."

Juliet's story is just one example of how compassionate care and practical support can restore dignity, bring stability, and give hope to families facing the double burden of illness and poverty.



Mobile Hospice Mbarara (MHM) was established in 1998 and originally served a 25km radius around Mbarara City. But it has significantly expanded its reach, and today cares for patients across the wider southwestern region of Uganda and occasionally from neighbouring countries, including Rwanda, Tanzania, and the Democratic Republic of Congo.

MHM closely collaborates with Uganda Cancer Institute's regional cancer centre at Mbarara for patient consultations, referrals and provision of Palliative Care.

Strategically located near Mbarara University of Science and Technology that offers medical and nursing degrees, MHM provides students with valuable hands-on palliative care training, where they can take part in all our modes of care with the clinical team.

A milestone for MHM this year was the near completion of a major renovation of its clinic and

office facilities. The original building, in use since MHM's founding, had become inadequate for the demands of the team and the growing it serves. communities This transformative upgrade was made possible through the extraordinary generosity of the late Ken Stone from the UK, who donated £50,000, alongside additional contributions from local international supporters. While substantial progress has been made, some sections remain under development, and fundraising efforts will continue into 2025-2026.

The MHM team proudly moved into the newly renovated space in June 2025. The upgraded facility provides improved working conditions for staff and a more welcoming, dignified environment for patients and their families. More than just bricks and mortar, the new premises stand as a renewed symbol of our unwavering commitment to delivering quality palliative care in southwestern Uganda.



Number of times patients were seen (2023/2024 vs 2024/2025)

Mode of Contact
Outpatient
Hospital Visits
Home Visits
Outreach Clinics / Roadside Clinics

FY 2023/24	
3,242	
326	
474	
485	

2024/25
3,260
403
563
571

% Change
+0.5%
+23.6%
+18.7%

Patient Care

During the year, 542 new patients were enrolled into the palliative care programme. There was a notable increase in both home visits (+18.7%) and outreach clinics (+17.7%), with two per month in Bushenyi and Isingiro Districts, reflecting a deepening reach into the community and growing demand for decentralised care. This growth was supported by improved teamwork and better community engagement.

The increase in the numbers seen on home visits and at outreach clinics are due to several factors including: the opening of a new outreach supporting a vulnerable community in Biharwe; increased referrals from Ishaka Adventist Hospital and Nshungyenzi Health Clinic and a strengthening of the Community Volunteer Workers programme.

Patient Support Fund

The Patient Support Fund remained essential in supporting the most vulnerable. A total of 123 patients in MHM benefited from various forms of support including food, transport, and investigations.

Advocacy and Community Engagement

This year, MHM actively engaged in advocacy and awareness initiatives including:

- Linking with Ishaka Adventist Hospital for a new outreach
- Representing HAU in the Annual Cancer Run hosted by Mbarara Regional Referral Hospital

- in partnership with Massachusetts General Hospital.
- Partnered with the Palliative Care Association of Uganda (PCAU) on the Road to Hope Programme, which equips selected children of patients with vocational skills such as hairdressing, plumbing, and welding.
- Contributing to a PCAU podcast on palliative care and participating in PCAU's quarterly branch meeting held at Mbarara Hospital.
- Hosting a fundraising luncheon attended by the district politician, Ecobank representatives, PCAU, and other local supporters.
- Conducting sensitisation and follow-up visits to support Community Volunteer Workers (CVWs) in their efforts to improve referral pathways and care continuity

Government Support

We are grateful to the Government of Uganda for continued support through the Ministry of Health. Primary Health Care (PHC) Grant, now in its second year.



Robert's story

Choosing dignity at home



In the remote hills of Kashekure in Rwampara District near Mbarara lives Robert, a 68-year-old father of ten living with cancer.

His humble, remote home is difficult to reach. It takes the Mobile Hospice Mbarara team a steep half-kilometre trek on foot to get there after they parked the hospice vehicle on a road below.

Yet they make the journey every two weeks because Robert depends on their care, and no step is too far for patients.

Robert has oesophageal cancer. After undergoing chemotherapy, he made the brave decision not to continue with further treatment. Now, he is fed through a tube by his devoted wife. Despite his illness, Robert is deeply rooted in the home where he grew up, the same house his parents once lived in.

Robert is surrounded with love in his home with children and grandchildren also sharing in his care. "Thanks to hospice, my pain is managed, and I receive regular visits from the team who provide oral liquid morphine for pain control, emotional support, and comfort for my family. My greatest wish is to regain enough strength to walk outside and tend to his plantation once more."

Robert's story is a testament to the impact of hospice on the lives of patients, and the length's hospice goes, both physically and emotionally, to ensure that patients in even the most remote corners can live their final months with dignity, peace, and hope.

"This is my home. I don't want to leave. I am happy to live the rest of my life here. The support of hospice has made a huge difference. Without them, I don't know where we would be."



Little Hospice Hoima (LHH), the third clinic established by Hospice Africa Uganda (HAU), was founded in June 1998 as a model hospice for rural settings. Strategically located to serve the Bunyoro sub-region, LHH provides compassionate, holistic palliative care across ten districts: Hoima, Kiboga, Kibaale, Masindi, Kagadi, Kyankwanzi, Kikuube, Kakumiro, Kiryandongo, and Buliisa.

The majority of care is community-based, delivered through home visits, outreaches and roadside clinics. This approach ensures that patients, especially those facing transport and financial challenges, can receive care in their homes or their local areas. The model is supported by a dedicated team of Community Volunteer Workers (CVWs), who identify and refer patients, provide basic nursing care (such as wound management), offer health education, and support follow up care.

LHH collaborates with public and private health facilities, faith-based institutions, and civil society organisations to strengthen referral systems and promote integrated, patient-centred care.

Patient Care

In the financial year 2024/25, LHH enrolled 240 new patients. We registered a significant increase in outreach-based care.

Outreach and roadside clinics had 980 patient contacts last year, a 41% increase from the previous year. LHH conducted four monthly outreach clinics in Kikuube, Masindi, Kakumiro, and at Kyangwali Refugee Settlement. Kikuube

District, particularly through the Kyangwali site, which recorded the highest number of patients seen monthly (35–40). The need for palliative care for the refugee community remains huge. Home visits increased by nearly 25%, with 576 patient contacts.

These shifts underscore the growing importance of community-based services, particularly for patients who face barriers in accessing health facilities.

We maintained strong collaboration with Hoima Regional Referral Hospital, conducting twice-weekly visits to see inpatients. We also expanded and deepened our partnerships to include private-for-profit facilities such as EDPA Hospital, Kihunde Hospital, and Devine Medical Centre, along with other public and private health units, for joint patient care.



	Mode of Contact	FY 2023/24	FY 2024/25	% Change
	Outpatient	1,294	1,212	-6.3%
Number of	Hospital Visits	390	275	-29.5%
patients seen (2023/2024 vs	Home Visits	465	576	+24.9%
2024/2025)	Outreach Clinics / Roadside Clinics	694	980	

Partnerships and Community **Initiatives**

LHH was selected by the Palliative Care Association of Uganda (PCAU) to pilot a spiritual assessment tool. A one-day workshop engaged our clinical team, CVWs, chaplains from Muslim, Protestant, and Catholic faiths, and a palliative care focal person from Hoima Hospital.

On June 19, 2025, LHH, in partnership with PCAU, launched a school-based palliative care club at Mandela SS Hoima, part of a national initiative to build Compassionate Communities. The club aims to instil values of empathy, responsibility, and community care among young people.



66 Your quotes on compassion are like a beacon of light, reminding us that kindness can transform lives... Compassion is the bridge that unites us all.

> Anikuru Allan Asharvin, Chairperson, Palliative Care Club



PCAU Director Mark Mwesiga, speaking at the launch, encouraged students:

"See. Feel. Touch. Recognise. Empathise. Take Action. Palliative care is a practical act of compassion toward those who are suffering."

Patient Support Fund

The Patient Support Fund remained essential in supporting the most vulnerable. A total of 1,069 patient contacts benefited from various forms of support including food, transport, investigations, and bereavement services.

Events

- An Ecumenical Memorial Service was held to remember our patients who died during the year with over 75 family carer givers in attendance.
- Christmas Party: Celebrated with 91 patients and carers. Guests included the HAU Executive Director, Hoima City Deputy Lord Mayor, Hon. Sylvia Nalumaga Balyesima, Mr. Asiimwe Herbert, Director Golden Castle Hotel, among others.

Community Volunteer Workers (CVWs)

LHH currently works with 13 CVWs, six of whom serve outreach areas. Due to financial constraints, no new CVWs were recruited this vear.

Advocacy and Community Engagement

LHH deepened its community engagement through:

- Health talks at churches and on local radio.
- Community sensitisation by CVWs, who conducted 67 health talks.

- Continuous medical education (CME) sessions at Kigorobya Health Centre IV and Mparangasi Health Centre III.
- Partnering with the Rotary Club of Hoima-Kitara for the Uganda Rotary Cancer Runand community outreach which included a health camp and almsgiving.

Community Innovations

- Scale school-based Compassionate Communities initiative to at least one primary school in partnership with PCAU.
- Increase CME sessions to boost awareness and referrals.
- Expand home visits and outreach clinics coverage.



Plans for 2025/26

Key Goals & Priorities:

- Expand GAC and CVW programmes (subject to funding).
- Strengthen performance monitoring, focusing on pain and symptom control, bereavement, and GAC.
- Increase visibility through storytelling, media engagement, and updated publicity materials (banners, brochures).
- Enhance partnerships: develop MoUs and fundraising concept notes; follow up on PHC grant.

This year's work reflects not only our enduring commitment to care, but also our growing influence in shaping the palliative care landscape across Uganda and beyond. As our patient numbers grow and our partnerships deepen, we strive to ensure that no one suffers needlessly and that everypatient receives care marked by compassion and dignity at the end of life.





Joseph's Story

Restoring dignity through palliative care

66

My life would be so different if I didn't have the support of hospice.
I am forever grateful

Joseph, 62, lives with HIV and a complication of tuberculosis of the spine, a condition that has left him completely paraplegic (paralysed from the back downwards).

When he first came to Little Hospice Hoima for support, he was bedbound, with constant pain in his back, abdomen, and chest, and severe pressure sores. There was little hope of recovery.

For nearly two years, Joseph could not even turn himself in bed. He recalls:

"I was completely bedridden. I had declared myself dead, and people thought I was soon going to die."

Everything changed when Joseph was introduced to Little Hospice Hoima, and palliative care. With regular support from the hospice team, which includes pain relief using oral liquid morphine, symptom management, and emotional encouragement, he began to recover some independence.

"After six months on palliative care at Little Hospice Hoima, I started turning myself in bed. After a year, I could sit up. Now, all the pain is gone with hospice medicines, except for occasional spasms in my legs. Today I can get myself from bed into my wheelchair. What is left is standing up and walking."

With his mobility improved, Joseph now attends monthly day care at the hospice, where he has learned mat weaving. He sells each mat for UGX 25,000–30,000, giving him a source of income and renewed dignity.

"My life would be so different if I didn't have the support of hospice. I am forever grateful."

Joseph's journey is a powerful example of how palliative care does more than relieve pain—it restores hope, independence, and purpose.



Hospice Africa Uganda is at the forefront of the manufacture of Oral Morphine Solution for pain relief. HAU has reconstituted Morphine powder into Oral Morphine Solution for over 30 years. This was initially done at a sink using a bucket, a very simple and yet effective method.

Today, HAU is licensed by the National Drug Authority to operate a local manufacturing facility, and production takes place in a fully equipped unit on site at HAU Kampala. The manufacturing license assures that HAU reconstitutes morphine according to the current Good Manufacturing Practices (cGMP). HAU produces Oral Morphine Solution for the whole of Uganda through a Public Private Partnership arrangement with the government.

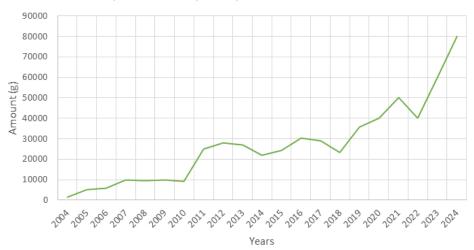
Oral Morphine Solution is the pain killer recommended by the World Health Organization for the treatment of moderate to severe pain associated with cancer and other life threatening illnesses. Oral Morphine Solution is one of the essential medicines for palliative care in Uganda.

Powder Consumption

The data available from 2004 to date shows quantities of Morphine Powder that have been used annually in Uganda for the reconstitution or manufacture of Oral Morphine Solution. Starting

from 1.3kg in 2004, that figure is 80Kg for the calendar year 2024, reflecting the positive advocacy and interventions towards increasing access to palliative care in Uganda.





Morphine Strengths

We produce Oral Morphine Solution in two strengths:

- 5mg/5ml (green label) available in 250ml and 500ml bottles
- 50mg/5ml (red label) available in 250ml bottles



Oral Morphine Solution distribution in Uganda

HAU supplies Oral Morphine Solution to the Government of Uganda through the National Medical Stores (NMS) under a Public Private Partnership under the Public Private Partnership Act 2015. NMS supplies to public health facilities accredited to provide palliative care in Uganda, and private facilities through Joint Medical Stores (JMS).

We are thankful to NMS and all the morphine partners for the continued team work ensuring access to Oral Morphine Solution is not hindered.

We are delighted that we managed to complete a "call off order" for the 250ml green and 500ml green pack sizes before end of the FY25/26 (February, 2025). This resulted in a special call off order for the last quarter of the year. We pledge to continue with these efforts to ensure that all patients in pain continue to access oral morphine solution easily.

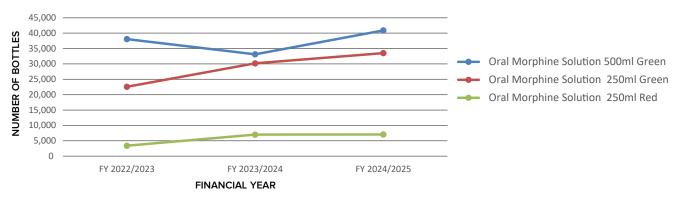


Oral Morphine Solution supply chain meeting held at the National Medical Store

Oral MorphineSolution Bottles Delivered in the Last Three Years

Description	Strength/Pack size FY 2022/2023	FY 2023/2024	FY 2024/2025	
Oral Morphine Solution	500ml Green 38,064	33,120	40,896	
Oral Morphine Solution	250ml Green 22,560	30,192	33,504	
Oral Morphine Solution	250ml Red 3,408	7,008	7,080	

DELIVERIES IN THE LAST THREE YEARS



Acquiring Stability Chambers

Stability chambers are equipment used to study the way a medicinal or pharmaceutical product behaves under different controlled environmental conditions i.e. temperature and humidity.

We are proud that these chambers were purchased from income generated by the Morphine Production Unit, and partly with funding from Wood Leigh from the UK. This is a very big milestone for MPU as this will help increase the shelf life of our product.

Training

MPU has over the years worked with the International Programs department, Institute (IHPCA), clinical departments and partner organizations to train members from different institutions and countries on how to produce Oral Morphine Solution using both the kitchen sink method and manufacturing with help of machinery. We always emphasize the principles of current Good Manufacturing Practice.

Because current Good Manufacturing Practice is a continuous aspect of Quality Assurance, we have several trainings conducted at the MPU department facilitated by both external and internal trainers.

Morphine partners' meeting

Morphine Partners' is a committee of key stake holders in the production, regulation and supply of Oral Morphine Solution and chaired by Dr Martha Ajulong, Acting Commissioner Health Services - Pharmaceutical Services at the Ministry of Health. This committee sits to resolve challenges with access to Oral Morphine Solution in the country. The meetings are held quarterly and the members include; HAU, NMS, UCI, JMS, NDA, MOH, PCAU and all referral hospitals.





Our Executive Director Prossy Nakyanja and the MPU team receiving stability chambers at HAU



The 2025 Francophone students at an MPU training



The last meeting of the Morphine Partners' quarterly meeting that was attended by our late founder, Dr Anne Merriman, at HAU



The group that attended a Morphine Partners' meeting held at the Uganda Cancer Institute



THE INSTITUTE OF HOSPICE AND PALLIATIVE CARE IN AFRICA (IHPCA)

Training health care professionals from all over Africa is key to achieving the HAU vision that palliative care is available to all in need on the continent. The Institute of Hospice and Palliative Care in Africa (IHPCA) is the training and education arm of Hospice Africa Uganda (HAU) with a mission to promote excellence in palliative care education, research, and practice for health professionals and carers at all levels.

The IHPCA offers a number of short and long courses including masters and bachelor's Degrees in palliative care and diplomas. The number of students taking long courses in the 2024/2025 academic year was 111, with students from six African countries including Uganda.

We recorded a significant number of palliative care graduates this year. A total of 33 healthcare professionals from across the continent including Uganda, Kenya, Malawi, Tanzania, Eswatini (Swaziland), Cameroon, and Zambia, proudly

received their degrees awarded by Makerere University. Of these, 17 earned Master's degrees and 16 received Bachelor's degrees.

IHPCA has been affiliated with Makerere University since 2003, and in 2009 it was formally recognised by the Ugandan National Council for Higher Education (NCHE) as a tertiary institution. In 2014, IHPCA was granted the Other Degree Awarding Institution status by the NCHE and has had an accredited Research Ethics Committee (REC) since 2014.

The Institute focuses on building a cadre of skilled PC advocates within governments, universities, and training centres to drive the integration of appropriate palliative care services into health systems across Africa. It's work supports service delivery at every level of the national healthcare system, equipping professionals to meet the complex needs of patients with life-limiting illnesses.



IHPCA Mission

Centre of excellence in providing palliative care training in Uganda and other African countries.

Courses Offered at IHPCA

1	Master of Science in Palliative Care (MSc PC)	2 Year blended distance learning offered with Makerere University
2	Postgraduate Diploma (Paediatric, Clinical, Psychosocial & Spiritual Palliative Care)	One year course for health professionals with a BSc in Palliative Care
3	BSc in Palliative Care	3 year blended distance learning offered with Makerere University
4	Diploma in Clinical Palliative Care (DCPC)	One year full time, in person
5	Diploma in Palliative Care (DPC)	One year distance learning offered with Makerere University
	Upcoming Programmes	
7	Masters of Science in Geriatrics	Modular. Duration will depend on modules covered
8	Master in Science in Medical Social Work	2 years
8	Master in Science in Medical Education	2 years

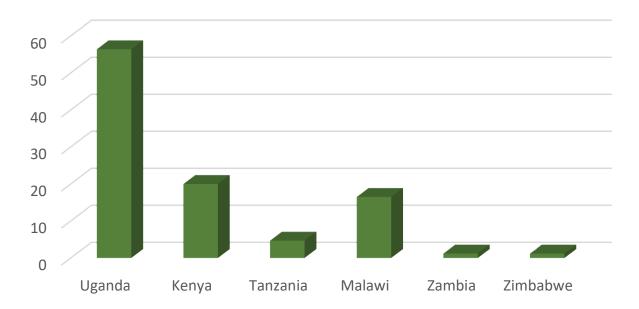
These courses involve distance learning with four weeks of practical experience. For courses offered in affiliation with Makerere University, IHPCA does the teaching and Makerere awards the degrees/diplomas

IHPCA Short Courses

The content of the short courses can be modified, depending on the needs of the health professionals applying

Allied professionals Course	5 days
Community Volunteer Workers Course	5 days
Health Professionals Course	6 days
Rapid Prescribers Course	6 days
Spiritual Advisors Course	5 days
Online Health Professionals Course	3 months
Home Care Giving	3 months
Traditional Practitioners Course	25 days
Tailor-made PC Courses offered on request	On request

Students Enrollment for the Academic Year 2024/2025 by Country



Note:

Students from other African countries still face the challenge of not having the "A" Level requirement needed by Makerere University to qualify for the BSc programme. In many African countries the education system stops at O Level, followed by University. IHPCA is in discussion with NCHE over the matter.

The Hospice Africa Uganda Research Ethics Committee (HAUREC)

The Hospice Africa Uganda Research Ethics Committee (HAUREC) is a distinguished Research Ethics Committee in Uganda, accredited by the Uganda National Council for Science and Technology (UNCST) since 2015. This recognition underscores HAUREC's commitment to upholding the highest standards of ethics in research, ensuring that studies conducted under its supervision prioritize the well-being and rights of human participants.

With reaccreditation every three years, HAUREC consistently demonstrates its dedication to maintaining rigorous ethical oversight. The committee's expertise and diligence in reviewing research protocols have earned it a reputation as a trusted guardian of ethical research practices in Uganda.

Through HAUREC, we reviewed over 40 research protocols, applying a meticulous and participant-centered approach to ensure that proposed studies meet the highest ethical standards. By safeguarding the rights and welfare of human research participants, HAUREC plays a vital role in promoting trustworthy and responsible research in Uganda.

Farewell Dr Anne

On 18th May 2025, Hospice Africa Uganda (HAU) bid farewell to its beloved founder and the pioneer of palliative care in Africa, Dr. Anne Merriman, who passed away peacefully at her home in Munyonyo, Kampala, just five days after celebrating her 90th birthday.

While the HAU family, patients, and the wider palliative care community grieve this immense loss, there is a shared determination that the extraordinary work started by Dr Anne bringing comfort, dignity and peace, to the critically ill continues for generations to come.

A Life of Service

Born in Liverpool to Irish parents, Dr Anne followed her childhood dream to care for the sick in Africa. At 18, she joined the Medical Missionaries of Mary in County Louth, Ireland, and later studied medicine at University College Dublin.

Over the course of a remarkable international career, she worked in Nigeria, in geriatric care in the UK, and in hospice care in Singapore before arriving in Uganda in 1993. Here, she founded Hospice Africa Uganda, introducing a holistic model of palliative care that has since inspired and been replicated across the continent.

Revolutionising Pain Relief

One of Dr Anne's greatest contributions was the introduction of affordable oral liquid morphine to Uganda, a development that transformed pain control for cancer patients and those with life-limiting illnesses.

Through her tireless advocacy, Uganda became the first country in the world to allow specially trained nurses and clinical officers to prescribe oral morphine. This groundbreaking policy brought effective pain relief to thousands of patients living in poverty in remote communities, far from hospitals or doctors

A Vision for All of Africa

Dr Anne's vision went far beyond Uganda. Her dream was for palliative care to reach





















every person in need across Africa, regardless of background, faith, or income. To make that vision a reality, she established the Institute of Hospice and Palliative Care in Africa, training healthcare workers from across the continent.

She also established International Programmes in HAU to support governments and health systems around Africa to integrate palliative care into national health services.

When Dr Anne arrived in Uganda, only three African countries offered palliative care. Today, this number is 37, a powerful testament to her vision, courage, and leadership.

A Lasting Legacy

Dr Anne believed deeply that no one should live or die in pain. She challenged injustice, changed policies, and inspired thousands to serve with compassion. Her passing marks the end of an era, but her legacy lives on in every patient who receives relief and comfort, and in the hearts of those she trained and mentored. Her spirit continues to guide our mission each day, reminding us of her life's message: "Palliative care is a human right."

A Nation's Honour

In recognition of her extraordinary contribution to health and humanity, His Excellency President Yoweri Kaguta Museveni posthumously awarded Dr Anne Merriman the National Independence Diamond Jubilee Medal in June 2025 and the Executive Director of Hospice Africa Uganda, Prossy Nakyanja received it on her behalf.

It is a fitting tribute to a life of service, compassion, and unshakable faith in the dignity of every human being.

May she rest in peace, and may her vision continue to light the path toward a more compassionate and caring world.

Partnerships

During this academic year the IHPCA initiated and maintained a diverse range of partnerships which will play an important part in spreading palliative care across Africa and beyond. These partnerships include:

Uganda National Council for Science and Technology (UNCST):

Through the HAU Research and Ethics Committee (HAUREC), trainings were organised that brought together other research institutions to tackle complex research challenges in Uganda and globally.

2. Kings College London (KCL):

- A member of IHPCA led the publication of a Randomised Controlled Trial (RCT) study on the effectiveness of palliative care in patients on MDR TB treatment. The findings were published in The Lancet.
- We are also involved in a new study on the effectiveness of palliative care in patients with heart failure, launched in June 2025 by the Commissioner of Palliative Care at the Uganda Heart Institute.
- KCL, through APCA, secured full funding for the two year Masters Degree course for eight students.

3. Build Community Give Care (BCGC):

BCGC is a non-profit organisation created by three Americans - Emily Beckman, Stacey Miller-Smith, and Victoria Salzman - to address global health disparities. They are supporting three student scholarships at the **IHPCA** (one graduate and two promised to undergraduate), and have continue their support in the following academic year. They carried out a study to assess the effectiveness of palliative care training for health professionals at HAU.

4. University College Dublin (UCD):

HAU has had a long-standing partnership with University College Dublin where four medical students come out every year to do a research project. The IHPCA now takes the lead in this programme, giving introductory sessions in research methodology as well as coordinating and supervising the students' research.

5. African Palliative Care Association (APCA)

The IHPCA has had a long-standing partnership with the African Palliative Care Association, especially for staff capacity building in research and palliative care, securing funding for students from Sub-Saharan Africa

6. Irish Hospice Foundation (IHF):

The Irish Hospice Foundation (IHF) and IHPCA entered into a partnership in April 2022 to address the critical need for skilled palliative providers in Africa by offering care scholarships African healthcare to professionals. To date, over sixty health professionals from sub-Saharan Africa have been funded to undertake training in palliative care at various levels at IHPCA.

7. Partnership with Makerere University:

The Institute has been affiliated to Makerere University since 2003 and offers Diploma, Bachelor and Masters courses in Palliative Care, with Makerere awarding the qualifications.

8. The Palliative Care Association of Uganda (PCAU):

PCAU has a strong long-standing partnership with the IHPCA, especially in advocating for training and employment policies for health professionals in Uganda. PCAU has been at the forefront of supporting staff capacity building in research and palliative care service delivery. In this period, PCAU secured scholarships for 5 students and funded research for some graduate students.

9. Uganda Christian University (UCU)

In 2023, IHPCA established a partnership with UCU to teach allocated medical courses. In the last year the partnership has strengthened and students also join the clinical teams for home visits and outreach clinics.



Over the last 25 years the HAU International Programmes (IP) department has been instrumental in initiating palliative care services across Africa. Established in 2000 to advance the organisation's founding vision of "Palliative Care for all in need in Africa", IP works closely with governments and ministries of health across the continent advocating for palliative care and providing technical assistance to in-country palliative care teams.

IP is proud it has reached 37 of Africa's 54 countries with the message and practice of palliative care. This compared to only 3 African countries that had palliative care when HAU was established in 1993.

This year marks a significant and emotional milestone in the history of International Programmes. In a final chapter of an extraordinary life, HAU's beloved founder, Dr. Anne Merriman, had the enormous honour of delivering a lecture at Harvard Medical School at the end of April 2025 titled "A Wonderful Life - From Medicine to Palliative Care on Three Continents." Dr Anne joyfully celebrated her 90th birthday shortly after on 13th May, but sadly she passed away just five days later. Her legacy lives on in every health worker trained, every patient comforted, and every country inspired by her vision.

May her soul rest in eternal peace. Amen

Initiators in Palliative Care (IP) Courses

The flagship Initiators in Palliative Care (IPC) courses are key to IP's vision to expand palliative care in Africa. One for Anglophone and one for Francophone participants, they train and empower healthcare professionals to initiate and lead palliative care services in their home regions. The courses provide a mix of online learning and hands-on clinical training in Uganda, as well as supporting on developing plans for establishing palliative care services.

Since the courses moved online following the COVID-19 pandemic, 337 health professionals have completed training, 188 Anglophone and 149 Francophone. Of this 47 Anglophone and 56 Francophone students travelled to Uganda for clinical placements.

Course Structure

The IP courses are blended and delivered in two sections, online and placement.

 Online Learning: Three months via Moodle virtual platform covering the theoretical foundations of palliative care

2. Placement in Uganda:

- · Clinical experience with patients across the three HAU sites, Kampala, Mbarara or Hoima
- Visits to partners
- · Training of Trainers Module: To build teaching and mentorship capacity

Number of trained professionals of the Palliative Care Initiators' Course since 2020

	ANGLOPHONE COURSE		FRANCOPHONE COURSE	
Year	Online	Placement	Online	Placement
2020	COVID19 pandemic led to disruption of courses			
2021	34	11	29	11
2022	32	9	45	15
2023	42	11	43	19
2024	38	10	32	11
2025	42	6	38) .
Total	188	47	149	56

Anglophone Initiators' Course 2024/2025

Online: March 17th – June 13th 2025 Participants: 42 health professionals

Placement: July 7th to 25th 2025 (Uganda)

Countries represented: Ghana, Sierra Leone,

and Nigeria, Rwanda, DRC, Tanzania, Kenya,

Malawi and USA

Facilitators: Dianah Basirika (HAU), Sylvie Dive (HAU), Dr. Eddie Mwebesa (HAU), Bernadette Basemera (Kiruddu Hospital), Rosemary Canfua (ACS), Antonia Mandera(HAU), Kamate(MHM), Berna Zalwango Joyce (PCAU), Germanus Natuhwera (LHH), Dr. Nakaweesi Jane (IDI), Dr. Ddungu Henry (UCI) and Rose Kiwanuka (LCHP/HAU).

Supported by: Irish Hospice Foundation, Hospice Africa UK, Ghana Palliative Care Association.



Closing ceremony of the online section of the Anglophone course which ended 13 June 2025

Francophone Initiators' Course 2024/2025

Online: Sept 2nd - Nov 29th 2024

Participants: 32 health professionals

Placement: Jan 29th – Feb 7th 2025 (Uganda) Countries represented: Benin, DRC,

Burkinafaso, Mali, Niger, Togo

Facilitators: Dr Esther Dina Bell (Cameroon), Prof Augustine Bambara (Burkina Faso), Dr Aminata Cisse (Senegal) — all IPC alumni

Despite a declared Ebola outbreak in Uganda and conflict in Goma (DRC), the placement was successfully conducted under strict health protocols.

Supported by: Hospice Africa France, MSF, ROCHE



Closing ceremony of the Francophone course – 7 Feb 2025, attended by HAU Board Chair Joy Mirembe

Advocay

In 2024/25, the IP team conducted a number of country visits and participated in key global conferences including:

Benin October 2024

- · Identified as a potential Francophone PC model country
- Trainings conducted for:
- ∘ 35 professionals Zinvie Hospital
- 24 professionals Papané Hospital
- 27 professionals Parakou Regional Hospital
- HAU awarded for its role in Benin's PC development
- · Strategic meetings with the Ministry of Health

Togo May 2025

Advocated for:

- · A national PC policy
- · Community-based palliative care
- · Public awareness campaigns
- Access to oral morphine
- · Health worker training investments

Mali and Guinea Conakry 2025

Advocated for:

- · Launch of Palliative Care Association of Mali
- Launch of Ivory Coast Association for the promotion of Palliative Care.

Experiencial Visit to Uganda

Gulilat Korbu Balcha, Gulilat Korbu Balcha and Beyene Abenezer Tilahun from Hospice Ethiopia visited to benchmark HAU's approach to Palliative Care as a model facility.

I am deeply grateful for the enriching experience I had with Hospice Africa Uganda last week. My time with your team was truly impactful, and I appreciate the opportunity to learn from various departments.

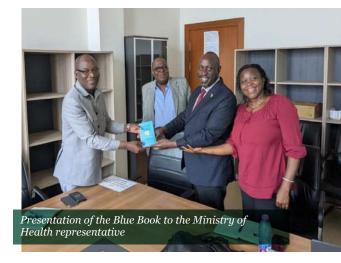
Our alumni - leading the future

Graduates of IP programmes are now:

- · Advocates, policymakers, trainers, and researchers
- Heads of national PC associations
- Change-makers for medicine access and service delivery

For example, in Benin, alumni led the October 2024 national PC conference and one graduate heads the Palliative Care Programme at the Ministry of Health









Virtual Engagements

Dianah Basirika & the late founder Dr. Anne Merriman virtually participated in the Hospice Ethiopia (HE) World Hospice and Palliative Care Day event on 24th October 2024. Dr. Anne shared HAU's involvement in the commencement of HE and commended the milestones HE has achieved in the last 21 years. The theme for the day was "Ten Years Since the Resolution: How Are We Doing?." HAU continues to train and mentor the staff of HE one of whom has enrolled for the Masters in Palliative Care at IHPCA this year.

Other Virtual Engagements;

 Ghana Palliative Care Association (GPCA) resulting to the sponsorship of 26 participants on the 2025 Initiators Course hence increasing HAU's visibility in Ghana.



Looking Ahead 2025/2026

There are several planned country visits including to:

- · Democratic Republic of Congo
- Benin
- Ghana
- · Sierra Leone
- Mali
- Nigeria

And invitations have been received from Malawi and Tanzania.



Zoom screen of the virtual closing ceremony of the Francophone course held online on 29 Nov 2024

Continuing Dr Anne's Vision

Following the passing of Dr. Anne Merriman, the IP Department rededicates its mission to fulfilling her vision of "Palliative Care for all in need in Africa." Her legacy lives on in our training, advocacy, and the lives touched across the continent.

Foreword to the Financial Statements

On behalf of the Board of Directors and Senior Management Team (SMT), we are pleased to present the financial statements of Hospice Africa Uganda Ltd (HAU) for the financial year June 2024/25.

Board Governance

The Board and SMT (Senior Management Team) remain dedicated to adhering to sound governance practices and financial oversight. Pages 8 and 10 of the Financial Statements set out the responsibilities of management in terms of their preparation in conformity with policies and international accounting standards.

Our headline comments are as follows:

Revenue Growth

During the year, Hospice Africa Uganda maintained financial stability while expanding its services to reach more patients and communities in need. Total revenue increased to UGX 5 billion from UGX 3.8 billion in 2023/24, reflecting the continued generosity and support of our donors and partners.

Expenditure Growth

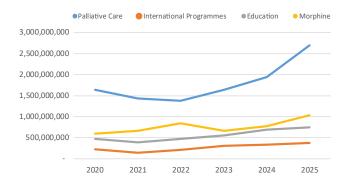
Palliative care, International Programmes, Education and Oral Morphine Production are well documented throughout this Annual Report, resulting in total expenditure of UGX 4.9 billion from UGX 3.8 billion in 2023/24.

Despite persistent challenges in the health sector and a constrained funding environment, HAU improved its financial position.

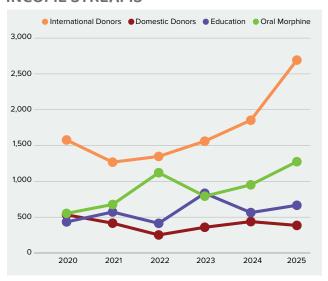
Our Strategic Delivery 2020-2025

As our Strategy 2020-2025 has come to a close, it is worth reflecting on the progress that has enabled us to grow since our downsizing in 2019, which the charts indicate below:

Expenditure over 6 years.



INCOME STREAMS



Outlook for 2025-26 and Strategic focus to 2030

HAU's budget for 2025-26 is to achieve a result similar to 2024-25. Our objective however is to exceed expectations with view to establishing a Reserve Fund and to grow in keeping with the Vision of our Strategy to 2030. Accordingly, HAU remains committed to strengthening its financial management, expanding access to palliative care and ensuring that quality services continue to be delivered with compassion and integrity.

Outgoing Treasurer

Our outgoing Treasurer, Michael Corless, having served in the role for the last 6 years is handing over to Paddy Mugambe PhD, who will be supported by our dedicated Finance Team.

Appreciation

We are grateful to our donors, partners, staff, and volunteers whose unwavering support makes our mission possible.

Signed on behalf of Hospice Africa Uganda Ltd

CPA Caroline Violet Alony FCCA (FINANCE MANAGER)

Michael Corless FCA (TREASURER)

REPORT OF THE DIRECTORS

The Directors present their report together with the audited financial statements for the year ended 30 June 2025, which disclose the state of affairs of the Organisation.

PRINCIPAL ACTIVITIES

Hospice Africa Uganda Ltd (HAU) is dedicated to alleviating suffering in Africa by providing affordable and accessible palliative care, primarily in Uganda. Our core activities include:

Palliative Care Services: We offer comprehensive support for patients with cancer and HIV/AIDS, along with their families, at three key locations: Kampala, Mbarara, and Hoima.

Morphine Production Unit: In collaboration with the Ugandan government's Ministry of Health and other partners, we manufacture oral liquid morphine to ensure that patients have access to essential pain relief.

Training Programs: Through the Institute of Hospice and Palliative Care in Africa, together with our International Programmes Department, HAU trains health professionals in palliative care services through a wide range of courses, from Diploma to Degree and Master's levels, with the aim of extending our reach to other African countries.

Through these initiatives, we strive to bring peace and dignity to those facing serious health challenges throughout the continent.

RESULTS

The results for the year ended June 2025 are set out on page 3 of this report.

MEMBERSHIP OF THE BOARD

The Directors who held office during the year are set out on page 6 of this report.

INDEPENDENT AUDITORS

TMK & CO. Certified Public Accountants were appointed on 03rd November 2022 in accordance with the Non-Governmental Organisation's Act, 2016.

APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved on 1st..day of..... October2025

By the order of the Board

Chair Secretary/Treasurer

TMK & CO.

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STATEMENT OF MANAGEMENT RESPONSIBILITIES

Management is required to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the organisation as at the end of the financial year and of the results of its operations for the year then ended. In preparing those financial statements management is required to:
 □ Select suitable accounting policies and then apply them consistently; □ Make judgments and estimates that are reasonable and prudent; □ State whether applicable accounting standards have been followed; □ Prepare financial statements on the going concern basis unless it is inappropriate to presume that the organisation will continue in operation.
The organisation's management is responsible for keeping proper accounting records, which disclose
with reasonable accuracy at any time the financial position of the organisation and enable them to ensure that the financial statements comply with HAU Ltd's financial policies and international accounting standards.
It is also responsible for safeguarding the assets of the organisation and hence taking reasonable steps
for the prevention and detection of fraud and other irregularities.
The organisation's management accepted responsibility for the annual financial statements set out on pages 13 to 16 which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments, and estimates, in conformity with HAU Ltd's financial policies and international accounting standards.
The organisation's management is of the opinion that the accounts give a true and fair view of the state of financial affairs of HAU Ltd and of its operating results. The organisation's management further accepts responsibility for the maintenance of accounting records, which may be relied upon in the preparation of accounts, as well as adequate systems of internal control.
Nothing has come to the attention of the organisation's management to indicate that HAU Ltd will not remain in operation for at least twelve months from the date of this statement.
Approved by the organisation's management on1st day ofOctober 2025
Signed on its behalf by:
Executive Director Finance Manager



REPORT OF INDEPENDENT AUDITORS TO THE MANAGEMENT OF HOSPICE AFRICA UGANDA LTD

Opinion

We have audited the financial statements of Hospice Africa Uganda Ltd, set out on pages 13 to 16. These statements comprise of the statement of income and expenditure, the statement of financial position, statement of changes in accumulated reserves as at 30 June 2025, statement of cash flows for the year then ended and a summary of significant accounting policies and other explanatory notes.

In our opinion, the financial statements present fairly, in all material respects, the financial position of HAU Ltd as at 30 June 2025, and its financial performance and cash flows for the year then ended in accordance with HAU Ltd accounting policies and procedures set out on pages 17 to 19.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organisation in accordance with the International Federation of Accountants' Code of Ethics for Professional Accountants (IFAC Code) and other independence requirements applicable to performing audits of HAU Ltd. We have fulfilled our other ethical responsibilities in accordance with the IFAC Code, and in accordance with other ethical requirements applicable to performing the audit of HAU. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Key Audit Matter

Key audit matters are those matters that, in the auditor's professional judgment, were of most significance in the audit of the financial statements of the period 01 July 2024 to 30 June 2025. These matters were addressed in the context of the audit of the financial statements as a whole, and in forming the auditor's opinion thereon, and the auditor does not provide a separate opinion on these matters.

ML Ref no.	Key Audit Matter	How the matter was resolved during the Audit
1.5	Commingling of Exempted and taxable Income. Hospice Africa Uganda has been operating as a nongovernmental organization under registration number MIA/NB/2003/10/1865 dated 25th January 2019. However, Hospice Africa Uganda expanded to a Palliative Care Institute and Morphine Production, which are taxable revenue contrary to the registered NGO status.	This has been brought up in the management letter as a finding.

Other Information

Management is responsible for the other information. The other information comprises information contained in the report of management. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Management for the Financial Statements The management is responsible

for the preparation and fair presentation of the financial statements

in accordance with HAU Ltd accounting policies and procedures, and for such internal control as the management determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the management is responsible for assessing the Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intend to liquidate the Organisation or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to enable us assess the adequacy and effectiveness of the Organisation internal control system.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by HAU.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organisation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the Financial Statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Restriction on distribution and use of this report

This is a special purpose and confidential report for use by HAU Ltd and HAU Ltd.'s Funders. The financial statements have been prepared to provide information to HAU Ltd and HAU Ltd.'s Funders on the use of donor funds disbursed by HAU Ltd.'s Funders and other donors to HAU Ltd. As a result, the special purpose financial statements may not be suitable for another purpose.

The engagement partner on the audit resulting in this independent auditor's report is CPA Mariam Namuyige P0244.

TMK AND CO

TMK & CO. Certified Public Accountants 6th Floor, Workers House, Plot 1 Pilkington Road, Kampala, Uganda.

Ref: TMK/HAU/.2.1../25

Date: / / 2025

Partner

Mariam Namuyige - Audit

Making Performance

STATEMENT OF INCOME AND EXPENDITURE

	Notes	BUDGET Ushs.	2024/2025	2023/2024
		Osiis.	Ushs.	Ushs.
Income				
Donations in kind	1.1	114,812,920	160,189,838	128,713,040
Cash donations	1.2	2,138,588,197	2,725,714,182	1,960,744,391
Generated incomes	1.3	1,932,008,204	2,115,382,725	1,674,232,848
Total income		4,185,409,321	5,001,286,745	3,763,690,279
Expenses				
HKLA clinical costs	1.4	881,851,188	1,002,047,354	778,142,653
LHH costs	1.4	580,319,660	631,816,740	426,066,385
MHM costs	1.4	688,216,027	1,060,457,485	734,268,161
Education costs	1.5	662,697,279	740,315,831	688,289,846
HKLA - International programmes	1.6	340,611,625	383,194,574	341,379,672
MPU costs	1.7	928,480,833	1,030,870,430	774,424,936
Other administrative costs	1.8	103,232,708	61,497,682	43,127,847
Total Expenses	-	4,185,409,321	4,910,200,096	3,785,699,500
Surplus/(Deficit)			91,086,649	(22,009,221)

Report of independent auditors is set out on pages 9 to 12.

The significant accounting policies and notes to the financial statements on pages 17 to 40 form an integral part of these financial statements.

STATE MENT OF FINAN	CIAL PO SITIO	ON	
		2025	2024
	Notes	Ushs.	Ushs.
Non-Current Assets	2		
Property and equipment	(a)	3,869,369,841	3,314,157,382
Leasehold land	(b)	169,365,200	139,855,859
		4,038,735,041	3,454,013,241
Current Assets	3		
Inventory	(a)	62,960,920	196,102,645
Debtors and prepayment	(b)	178,578,640	194,152,514
Cash & cash equivalents	(c)	923,362,140	1,074,706,542
Prepayment (Right of use)	2(b, a)	125,063,392	122,320,045
		1,289,965,092	1,587,281,746
Total Assets	_	5,328,700,133	5,041,294,987
Funds & Liabilities			
Capital Fund		3,994,433,232	3,454,013,240
General Fund		723,901,372	641,682,233
Restricted fund (schd.2)		334,599,194	685,391,893
Total Funds		5,052,933,798	4,781,087,366
Current Liabilities	4		
Trade and other payables	(a)	216,683,085	180,013,173
Deferred Income(schd.3)	(b)	59,083,250	80,194,448
(-)	` '	275,766,335	260,207,621
Total Funds and Liabilities		5,328,700,133	5,041,294,987
	_		

The financial statements set out on pages 13 to 16 were approved by Board of Directors on. 1st. day of....October.....2025.

Signed on its behalf by:

Board Chair Secretary/Treasurer

The significant accounting policies and notes to the financial statements on pages 17 to 40 form an integral part of these financial statements.

Report of independent auditors is set out on pages 9 to 12

FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2025 HOSPICE AFRICA UGANDA LTD

STATEMENT OF CHANGES IN ACCUMULATED RESERVES

	Note	Capital Fund	General Fund	Restricted Fund	Total
		Ushs.	Ushs.	Ushs.	Ushs.
Year ended 30 June 2025 At start of the year Suredue for the war		3,454,013,240	641,682,234 91,086,648	685,391,893	4,781,087,367
Receipts during the year		- 707,801,365		2,452,844,752	2,452,844,752
equipment		ı	ı	1	707,801,365
Expenses during the year Depreciation for the year		(149,588,906) (14,792,467)	- (8,867,509)	(2,803,637,451)	(2,803,637,451) (149,588,906)
Prior year adjustments** At end of the year		3,994,433,232	723,901,372	334,599,194	(8,867,509) (8,867,509) 5,052,933,798
	ı				

Note: Prior Year Adjustments:

General Fund Adjustments: The year-end adjustment is the reinstatement of students' fees of Ugx 1,100,000 which had been over spent through the donors' fund balance, students' fees over payment of Ugx 3,538,830 refunded, Ugx 3,896,620 fuel cost for activities refunded and Ugx 332,059 payment bounced.

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STATEMENT OF CASH FLOWS

Cash Flows from / (used in) Operating	Notes	2024/2025 Ushs	2023/2024 Ushs.
activities		Usns	
Surplus/(Deficit) for the year		91,086,648	(22,009,221)
Adjustments in gen fund		(8,867,509)	(78,062,121)
,		82,219,139	(100,071,342)
Changes in Working Capital		, ,	(, , ,
Inventories	3(a)	133,141,725	(128,627,362)
Trade and other receivables	3(b)	15,573,874	
Trade and other payables	4(a)	36,669,911	431,214,857
Deferred Income	4(b)	(21,111,197)	(33,521,511)
Increase in prepayment (RoU)	()	(2,743,347)	(7,461,094)
Net Cash from Operating Activities		161,530,966	(86,240,045)
1 0		, ,	175,364,845
Cash Used in Investing activities			
Additions – Property Plant and Equipment	2(a)	(704,801,365)	(142,389,060)
Additions to lease premium	_()	(44,301,808)	(12) 2 2 3 3 2 2 7
Net Cash Used in Investing Activities		(749,103,173)	(142,389,060)
G			(142,369,000)
Cashflow from financing activities			
Capital fund additions		704 901 265	1.42.200.070
Restricted fund movement		704,801,365	142,389,060
Net Cash generated from financing Activities		350,792,699	452,138,032
Net Cash generated from maneing Activities		354,792,699	594,527,092_
(Degrees) /Ingrees in Cash and each		(151 244 402)	E27 /21 E2E
(Decrease)/Increase in Cash and cash equivalent		(151,344,402)	527,431,535
Movement in cash and cash equivalent			
<u>.</u>		1 074 706 542	547 275 007
At Start of year (Decrease) / Increase		1,074,706,542 (151,344,402)	547,275,007 527,431,535
At end of year	2(a)	923,362,140	1,074,706,542
In clid of year	3(c)	723,302,140	1,0/4,/00,342

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Volunteers are an essential part of the HAU family. They bring fresh perspectives, new skills, and, most importantly, a willingness to serve. Whether supporting medical care, engaging in patient activities, strengthening administration, or raising awareness, volunteers help HAU achieve more with limited resources.

This year was a landmark for volunteering at Hospice Africa Uganda (HAU), marked by the establishment of a structured Volunteer Department, spearheaded by long-standing Irish volunteer Miriam Donohoe and the Human Resources team.

This new initiative has brought greater organisation, support, and visibility to the vital role of volunteers within HAU, ensuring that their contributions are maximized, and their experience is both meaningful and impactful.

Throughout the year, a diverse group of volunteers from Uganda and abroad generously offered their skills, compassion, and time to support HAU's mission of providing palliative care to patients and families in need.

Among them was Dr. Helena Spriggs, a UK-based doctor currently training to be a palliative care specialist. Dr. Spriggs spent Four months with us,

and her expertise and eagerness to contribute in an African palliative care setting were invaluable to our medical team.

Karen Ladden from Ireland, provided pediatric homecare expertise; Racheal Stephens, a registered nurse from consultancy company Mazars, Ireland; Amanda Gordon, a nurse from Tallaght University Hospital; and Angela Dunne, a former Board Member of HAI and a cousin of the late Dr Anne.

We also had some great volunteers from Uganda across our three sites. We appreciate their time and contribution to the mission of HAU, Paliative to all in need in Africa.

Looking ahead, HAU is committed to expanding volunteering opportunities for both local and international applicants.

Whether you're a healthcare professional, a communications specialist, an administrator, a teacher, or someone with a caring heart, there is a place for you here.

The success of the past year demonstrates that with the right structure and support, volunteers can make a lasting difference in the lives of our patients and the future of palliative care in Africa.

The leadership team

The Board Members



Joy Mirembe **Board Chairperson**



Dr. Alfred Kiiza Vice-Chairperson



Michael Corless Treasurer



Fazal Mbaraka



Dr. Paddy Mugambe



Dr. Edwin Mugume



Rosemary Kiwanuka



Jackie Katana



Dr. Eve Namisango





Kobusinge Catherine Richard Adubango Olama

The Senior Management Team



Prossy Nakyanja **Executive Director**



Caroline Violet Alony Finance Manager



Dr. Dorothy Adong Olet Clinical Director



Grace Namaalwa Matovu Human Resource and Administration Manager



Dr. Ekiria Kikule Principal, IHPCA



Nelson Gumoyesige IT Lead



Dr Eddie Mwebesa **International Programmes** Director



Dr Karima Amin Kamru Kenyonyoozi Pharmacist



Germanus Natuhwera Site Programmes Manager, Little Hospice Hoima



Antonia Kamate Site Programme Manager, Mobile Hospice Mbarara

Our International Boards

Four international boards, all registered charities in their countries, once again provided invaluable support to the work of HAU this year. A huge thanks to Hospice Africa UK; Hospice Africa Ireland; Hospice Africa France and Hospice Africa USA for their ongoing financial support and guidance.

HOSPICE AFRICA UK

The Hospice Africa UK board has had another busy 12 months. This was a period tinged with sadness with the passing of the beloved Hospice Africa Uganda founder, Dr Anne Merriman, on May 18th, just days after celebrating her 90th birthday. We are grateful that our Board chair (and one of her nearest living relatives), Chris Merriman, his daughter Hannah (also a board member) and his wife Maria Merriman were in Uganda for Dr Anne's birthday, and her funeral.

Fundraising

Our main fundraising event was once again The Christmas Big Give campaign in December which was very successful raising £25,695. Meanwhile our two charity shops in the Liverpool area, run and managed entirely by teams of volunteers, provide over 50% of our income through individual gift-aided donations. They are also an important social hub in the local communities in which they operate.

Volunteers

In early 2025 Dr Helena Spriggs, a Palliative Care Registrar based in the northeast of England, volunteered with Hospice Africa Uganda. She provided temporary leadership for the clinical team during her stay, as well as providing hands on care for Dr Anne as her health slowly declined. She also provided an incisive review with a set of recommendations for the incoming HAU Clinical, Director Dr Dorothy Odet. Drs Ollie and Kate Skyes also travelled to HAU where they spent three weeks volunteering in March.



Left to right: Dr Eddie Mbwesa, International Programmes Director, HAU; Dr Ollie Skyes, UK Volunteer; Prossy Nakyanja, Executive Director, HAU; Dr Kate Skyes, UK Volunteer, Dr Helena Spriggs, UK volunteer and Dr Anne Merriman pictured in March 2025

Mbarara

HAU UK was part of a team providing oversight and guidance to the Mobile Hospice Mbarara building renovation project, which was funded by a deceased UK donor. We also provided leadership to the Finance Support Group, working with members of the HAU Finance Committee to manage the achievement of the annual budget and the appropriate flow of funding.

Farewell and welcome!

Early in the year we bid "farewell" to Dr Catherine Merriman, who stepped down from our board before heading to New Zealand with her new husband Alex. We have since recruited Dr Kate Sykes and Palliative Care nurse Emma Matthews onto our board, both of whom bring extensive experience of volunteering with HAU in the last couple of years, and they've already become active members.

Congratulations

We recently received the wonderful news that Dr Mary Bunn, our board Hon Secretary, is to be awarded in OBE for her services to Palliative Care. As this year closed out, we were busy preparing for a memorial service for Dr Anne, and the spreading of her ashes at the family grave in Liverpool, on Saturday 11th October, which is appropriately also World Hospice and Palliative Care Day.



Pictured at the 90th birthday celebrations for Dr Anne Merriman at her home in Kampala on May 13th were: L to R: HRH Queen Sylvia Nagginda of Buganda; Maria, Chris and Hannah Merriman, and Dr Anne.

HOSPICE AFRICA IRELAND

HAI meets monthly and held several fundraising initiatives this year supported by many who gave their time and expertise. It also held a special memorial service in May to honour the life of Dr Anne Merriman. The gathering brought together many of her friends, family, colleagues, and long-time supporters of HAU to celebrate her extraordinary contribution to palliative care in Africa. A special thanks to the team in Our Lady's Hospice, Harold's Cross and Dr Stephen Higgins for hosting this event

AGM and Gathering

The HAI AGM was held once again at University College Dublin, coinciding with what has now become an annual favourite, a fundraising walk through the college grounds followed by lunch and presentations from colleagues in Ireland and Uganda. We are very grateful to UCD for their ongoing support.

Fundraising

In January 2025, a group of 30 Irish volunteer drivers, led by Tom Doyle, John O'Kelly and Ken McGreevy completed a 2,000 km road trip from Dar es Salaam in Tanzania, to Kampala in Uganda, delivering 15 donated ambulances and fire engines on behalf of the Japanese government to the Ugandan government.

The driver used this epic trip to raise funds and awareness of HAU and to remember their late friend Ambrose Blaine, an Irish pilot and adventurer who had a strong connection to Uganda and HAU. Despite facing difficult road conditions, often travelling at just 15km/h, the successfully delivered the vehicles to Kampala and raised an incredible over €128,000 for HAU in the process. The convoy were warmly welcomed by the HAU team, including Dr Anne, on a visit to the Kampala clinic, marking the end of a powerful and impactful journey.



Some of the group of Irish truck drivers who brought 15 ambulances and vehicles to Uganda, using the trip to raise funds for HAU



A happy group who supported the annual fundraising walk at UCD

On June 1st, 39 volunteers took part in the VHI Women's Mini Marathon in support of Hospice Africa Uganda, raising a fantastic €13,000. We were honoured to be joined by Mary Nakaliika from Uganda.



The group who took part in the VHI Women's Mini Marathon in aid of hospice

In early January long time Irish HAU volunteer, Miriam Donohoe, hosted a fundraising lunch in Rasam Restaurant in Glastule coinciding with Nollaig na mBan, or Little Christmas. Raising €8,000 it was attended by many female media figures, with one of Ireland's best known broadcasters Miriam O Callaghan special guest. The day following the event Miriam Donohoe travelled to Uganda to spend a year volunteering with HAU.



Longtime HAU volunteer, Miriam Donohoe, broadcaster Miriam O'Callaghan, and HAI board member Niall O'Sullivan pictured at the Nollaig na mBan fundraising lunch in January 2025

Irish Hospice Foundation partnership

Since 2023 the Irish Hospice Foundation has sponsored the Masters and Diploma courses at the HAU Institute of Hospice and Palliative Care in Africa, with 67 students completing their programmes. This will have a long-lasting impact on palliative care provision in Uganda and Africa. A huge thanks to the IHF Board and their chair Jean Callanan for their ongoing support

HOSPICE AFRICA FRANCE

This has largely been a year of consolidation for Hospice Africa France with the AGM advancing the aim to have a fully functioning board with all roles filled, allowing HAF to be more effective in the coming months and years.

Charity Shop

Our Charity Shop in the small town of Jugon-Les-Lacs continues to be our primary source of fundraising. Angela Daly is the manager who oversees a team of over thirty volunteers. We manage to keep the shop open all week long, only closing on Sunday afternoons. "Le Charity Shop" continues to be a well-integrated element in town life, particularly at a point when recycling and upcycling have become an important part of life.

Sponsored walk

Our annual sponsored walk took place from 26 May to 30 May 2025 with longtime supporters Andy, Jim, George and Les, accompanied by Angela and a logistical support group, covering 400km through the week. They thoroughly enjoyed themselves and raised €6,000 to support plans from HAU's International Programme department for work in Benin.



HAF supporters Andy, Jim, George and Les who took part in the annual sponsored walk.

Dr Anne

We were deeply saddened by the passing of Dr Anne Merriman. She had visited our charity shop in Jugon-Les-Lacs and was personally known and appreciated by many of our members. We continue to hold the team in HAU in our thoughts as they move forward and continue to seek to share Anne's vision for palliative care across the African continent.

HOSPICE AFRICA USA

Hospice Africa USA was delighted that three long-standing supporters and volunteers visited HAU this year. This included Anne Lezak who spent two months supporting the team in Mbarara, providing invaluable help in developing the new HAU strategy. She was also part of the project team overseeing the renovation of the Mbarara clinic. The renovation work is almost complete and will hugely benefit patients and staff.

Meanwhile Dr. Judy Hills, who has been a HAU volunteer for over 15 years and a founder of HAUSA, also travelled to Uganda where she spent time in Kampala with HAU founder Dr. Anne Merriman and the Kampala team. For several years she has supported the Community Volunteer Workers in Hoima, supporting with equipment and supplies needed in order to help patients. Judy's two grandsons, Ollie and Finn, were also in Uganda at the same time volunteering for a charity which has close connections with HAU, the Hands for Hope School in Kampala.





HAUSA Annie Lezak

HAUSA Dr Judy Hills

Fundraising

HAUSA is enormously grateful for the continued support of Hinds Hospice to the mission of HAU. Their generous support is funding clinical services and other important work at HAU is making the difference to the lives of hundreds of people with life-limiting illness living in extreme poverty.

Hinds Hospice clinical social worker, Kathleen Cromwell, hosted a breakfast for staff at Hinds Hospice to help them understand the work of HAU. She is part of the Ubuntu Team from Hinds Hospice that spent three weeks visiting the HAU clinics.

Dr Anne

Like the rest of the HAU family we were deeply saddened at the death in May of the HAU founder, Dr. Anne Merriman, who inspired us all. We wish the beauty of her work will live on through the team and volunteers who live her mission every day.

Research, Publications and Conference Presentations

Author	Title of paper, presentation or poster	Place of publication, presentation and date
Nasur Buyinza, Caroline Ryan, Dorothy Olet, Okello Lwanga, Wilson Acuda	Understanding the Need, Challenges and Opportunities for Integrating Palliative Care Services into Humanitarian Health Interventions Among Health Care Workers Serving Refugee Communities in Uganda	Scivision Nursing & Primary Care Journal; https://www.scivisionpub.com/pdfs/un derstanding-the-need-challenges-and -opportunities-for-integrating-palliativ e-care-services-into-humanitarian-hea Ith-intervention-3952.pdf Published: June 26, 2025
Róisín Sheehy, Nasur Buyinza and Janepher Nyakake	Profiles, Needs and Survival of Women Diagnosed with Cervical Cancer on the Road to Care Programme of Hospice Africa Uganda	Scivision Nursing & Primary Care Journal; https://www.scivisionpub.com/abstra ct-display.php?id=3931 Published: June 27, 2025
Nasur Buyinza, Kennedy Nkhoma, Eve Namisango, Matthew Maddocks, Julia Downing, A Toby Prevost, Emeka Chukwusa, Richard Harding	Nurse-led palliative care for multidrug-resistant tuberculosis: a parallel, single-blind, pragmatic, randomized controlled trial in Uganda	The Lancet Global Health; https://doi.org/10.1016/s2214-109x(25) 00173-1 Published: May 8, 2025
Germanus Natuhwera, Namisango Eve, Peter Ellis	Knowledge, Self-Efficacy, and Correlates in Palliative and End-of-Life Care: Quantitative Insights from Final-Year Nursing and Medical Students in a Mixed-Methods Study	Palliative Care and Social Practice; https://doi.org/10.1177/263235242513 16901 Published: February 6, 2025
Germanus Natuhwera, Peter Ellis	The Impact of Chronic Pelvic Pain and Bowel Morbidity on Quality of Life in Cervical Cancer Patients Treated with Radio (Chemo) Therapy. A Systematic Literature Review	Journal of Pain Research; https://doi.org/10.2147/JPR.S501378 Published: February 6, 2025,
Duncan Barbara, Germanus Natuhwera, Doris Nassunna, Roselight Katusabe, Hanif Kasozi, Wilson Acuda	Serious Adverse Drug Reactions to Long-Term Oral Liquid Morphine in Patients with Chronic Pain: A Cross-Sectional Survey in Palliative Care	Journal of Pain Research; https://doi.org/10.2147/JPR.S515028 Published: May 8, 2025.

Isabella Soares, Germanus Natuhwera	Reasons for Referral, Main Distress and Goals of Care: An Analysis Comparing HIV and Cancer Patients at Hospice Africa Uganda.	Scientific Reports; https://www.nature.com/art- cles/s41598-025-91738-x Published: March 27, 2025.
Germanus Natuhwera, Peter Ellis, Eve Namisango	Exploring nursing and medical students' experiences of handling challenging conversations. A qualitative Focus Group Study.	Advances in Medical Education and Practice; https://doi.org/10.2147/AMEP.S518988 Published: May 8, 2025.
Germanus Natuhwera	Appointment to Editorial Board	Clinical Medicine Insights: Case Reports Journal, https://journals.sagepub.com/editoria I-board/icr

Conference Presentations

Natuhwera Germanus, Peter Ellis, Namisango Eve	Undergraduate nursing and medical students' knowledge and perceptions of and orientation towards palliative care: a multi-institution mixed methods study	Poster presentation Union for International Cancer Control (UICC) World Cancer Congress. Geneva, September 17-19, 2024
Natuhwera Germanus, Ndinawe JohnBosco, Roselight Katusabe, Joda Kuk	From huge barriers to a decade of huge successes: road-to-care program accelerating access to radiotherapy for rural women with cervical cancer in Uganda	Poster presentation Union for International Cancer Control (UICC) World Cancer Congress, Geneva, September 17-19, 2024
Acuda Stanley Wilson	Annual Report to a meeting of chairpersons of Research Committees in Uganda (FRECU)	Uganda National Council for Science and Technology 29 November 2024

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Title of study	PI- Principal Investigator(s) Name	PI's -Institution of affiliation
Improving the Measurement of Productivity Dispersion and Misallocation in Developing Countries". The study was amended and granted an Extension after the expiry of the initial approval	Mr Esau Tugume	Dyadic Research Impact
Researching ELA in School Settings for Scale: A cluster randomized control trial The study was amended and granted an Extension after the expiry of the initial approval	Dr Jacent Asiimwe	BRAC Uganda
The development and evaluation of a mobile phone-based intervention to facilitate continuity of care, symptom monitoring, and self-management in palliative care patients in Uganda	Dr Eve Namisango	African Palliative care Association
Leaders' Personality, Leadership Styles, and Employee Retention in Selected Universities in Central Uganda	Mr. Kayabula Alex	Kampala International University
Evaluating the Effectiveness of a Video-Based Educational Tool for Improving Knowledge and Understanding About Breast Cancer	Dr Emmanuel Luyirika	African Palliative care Association
Understanding the Experiences and Challenges of Healthcare Workers in Accessing Palliative Care Training and Offering Palliative Care Services in Resource-limited Settings: The Case of Hospice Africa Uganda	Dr Nasur Buyinza	Hospice Africa Uganda- IHPCA
Knowledge, attitude, and practices of health workers on patients' pain assessment at St. Joseph's Hospital Kitovu, Uganda	Sr Nakanyike Restetuta	Institute of Hospice and Palliative care in Africa
Factors contributing to delayed treatment of cancer patients after diagnosis at the Radiotherapy Clinic; the case of Parirenyatwa Group of Hospitals, Zimbabwe.	Ms. Jubilant Mutsaviro	Institute of Hospice and Palliative care in Africa
Challenges experienced by clinicians in identifying cancer patients for the initiation of early treatment in Taita Taveta County, Kenya	Ms. Muriel Kinyanga	Institute of Hospice and Palliative care in Africa Institute of Hospice
Experiences of caregivers caring for persons with terminal illnesses in Harare, Zimbabwe. Factors affecting uptake of cervical cancer screening among	Ms. Faith Majome	and Palliative care in Africa Institute of Hospice
HIV positive women receiving care at an antiretroviral therapy clinic at Kaberamaido General Hospital Evaluation of Diabetic Retinopathy Detection Strategies in	Mr John Mawogole Dr Patience	and Palliative Care in Africa Africa University
Urban Kampala, Uganda	Kinyegyere	

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Exploring Participant Journeys for AIM's First Cohort: A		D 1' D1-
qualitative Study	Ma Dalaant Maiina	Dyadic Research
Evaluing the nevel associal evasion association and an evas	Mr Robert Mpiira	Impact
Exploring the psychosocial experiences of bereaved spouses	Ms Miriel	Institute of Hospice and Palliative care
after the loss of their partners at Mobile Hospice Mbarara		
	Kabigarire	in Africa
Knowledge, perceptions, and roles of health workers in the		Institute of Hospice
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the Uganda Cancer Institute.	Ms Jovina	in Africa
	Natuusiima	D 1' D 1
Community Development Intervention Strategies and Poverty		Dyadic Research
Alleviation in Wakiso District)	Impact
	Mr Robert Mpiira	T OTT
Advance care planning among patients with advanced cancer		Institute of Hospice
at Joy Hospice: prevalence, barriers, and enablers, knowledge,		and Palliative care
and perception		in Africa
	Mr Dennis Wonasolo	
Palliative care needs and factors influencing the utilization of		Institute of Hospice
palliative care for patients with advanced chronic kidney		and Palliative care
disease at Kiruddu Hospital		in Africa
	Mr Hassan Serusiba	
	Ms. Theodora	Institute of Hospice
Psychosocial Problems and Impacts on Quality of Life of	Ndunguru –	and Palliative care
Cancer Patients Attending at Ocean Road Cancer Institute,		in Africa
Dar es salaam, Tanzania		
Knowledge, Attitude and Perception of Health Workers		Institute of Hospice
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Medipal International Hospital, Kampala		in Africa
	Ms. Shivan Ashaba	
Experience, needs, and coping strategies of caregivers of		Institute of Hospice
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hospital		in Africa
	Ms Tereza Maina	
Assessing knowledge and attitude of nurses towards palliative		Institute of Hospice
care in Mambwe District, eastern Zambia.		and Palliative Care
	Ms Tupa Bupe	in Africa
Knowledge and attitudes towards cancer pain management,		Institute of Hospice
among nurses at Cancer Diseases Hospital, Lusaka, Zambia.		and Palliative Care
	Mr Mike Mwale	in Africa
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	Sr Slindiwe Shamu	in Africa
Prevalence and factors associated with psychosocial needs in		Institute of Hospice
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	Dr Dorothy Odiek	

Validation of the quality of dying and death-revised global version scale in Uganda		African Palliative care Association
	Dr Eve Namisango	
Experiences of palliative care providers in providing palliative		Institute of Hospice
care to refugees	Mr. Chufniro	and Palliative Care
	Katsabola	in Africa
		Institute of Hospice
Factors Influencing Accessibility of Palliative Care Services		and Palliative Care
to Prisoners: The Case of Zomba Maximum Prison	Ms Tabitha Gadama	in Africa
Examining factors influencing utilization of breast cancer		Institute of Hospice
screening among women of reproductive age (15- 45) years at		and Palliative Care
Hoima Regional Referral Hospital	Mr Stephen	in Africa
	Abitegeka	
Prevalence and factors associated with chronic post-surgical	8	Kyabirwa Surgical
pain among patients that received ambulatory inguinal hernia		Center
surgery at Kyabirwa Surgical Center		Conter
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Sexuality and intimacy: lived experiences of post-mastectomy	Di Aithai Emora	Institute of Hospice
patients and their spouses undergoing palliative care at		and Palliative Care
	Ma Emmanual	
Kenyatta National Hospital	Mr. Emmanuel	in Africa
	Onduso	T. CIT.
Experiences and preferences for receiving news among cancer		Institute of Hospice
patients at Blantyre Adventist Hospital		and Palliative Care
	Ms. Linly Nyambi	in Africa
Psychological disorders, factors associated with psychological		Institute of Hospice
disorders, coping strategies, and quality of life among		and Palliative Care
palliative care practitioners at Hospice Africa, Uganda		in Africa
	Ms Harriet Nalubega	
Exploring adolescents\' understanding of cancer diagnosis and		Institute of Hospice
their lived experiences of the illness at Mobile Hospice		and Palliative Care
Mbarara.	Ms. Beatrice	in Africa
	Asiimwe	
Patient and Provider Perspectives on Advance Care Planning:		Institute of Hospice
A Prospective Study at the C-Care International Hospital,		and Palliative Care
Kampala		in Africa
•	Ms. Aleesha Kasim	
Utilization of palliative care services among the terminally ill		Institute of Hospice
patients in Kayunga Regional Referral Hospital, Uganda	Mr. Wilberforce	and Palliative Care
panione in 12m, angu 10gician 110011m 1200pinas, 0 gantan	Mugasho	in Africa
Factors Influencing Utilization of Palliative Care Services		Institute of Hospice
among Cancer Patients at Mbale Regional Referral Hospital		and Palliative Care
(Uganda)		in Africa
(Osunda)	Ms.Esther Taaka	m minea
Community attitudes towards hospice and palliative care	IVIO.LOUICI Taaka	Hospice Africa
	Ma Francisco	_
services in South Western Uganda	Ms Franscisca	Uganda
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Patient Pathways and Causes of Delayed Treatment of Cancer		Institute of Hospice
Patients in Rural Kabale, Uganda at Kabale Christian Care: A		and Palliative Care
Mixed-Methodology Study)	in Africa
	Ms Lianna Tanis	

Prevalence and factors associated with Tomophobia among		Kyabirya Surgical
pre-operative patients at Kyabirya Surgical Center, Budondo		Center,
sub-county, Jinja city	Ms. Winfred	
	Nannozi	
Human papillomavirus vaccine dose completion and its		Uganda Matrys
associated factors among adolescent girls in Jinja City, East		University
Central Uganda	Ms Penninah	
	Asiiimwe -	
The Use and Repair of Capital by Small Enterprises and		
Economic Growth: Evidence from Uganda		Dyadic Research
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Assessing Palliative Care Utilization and Quality of Life		Institute of Hospice
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Kenya		in Africa
	Mr. Joel Cherogony	
Adolescents' adherence to anti-retroviral therapy among		Institute of Hospice
adolescents living with HIV in Arusha, Tanzania.		and Palliative Care
	Mr Simon Migroo	in Africa
Prevalence of late reporting to receive palliative care for		University College
patients with cancer at Hospice Africa Uganda, Kampala	Mr Alex Burke	Dublin
Sociodemographic and Clinical Profiles of Refugees		
Receiving Palliative Care at Hospice Africa Uganda: A		
Retrospective Cross-sectional Study		University College
	Ms. Sarah Mackel	Dublin
Health Care Providers' Experiences with End-of-Life		University College
Conversations at Hospice Africa Uganda.	Ms. Hollie Walsh	Dublin
Assessing Survival Rates of Cancer Patients Receiving		University College
Hospice Care at Hospice Africa Uganda (HAU)	Jessica McCormack	Dublin

Employees of the Year 2024/25

At Hospice Africa Uganda (HAU), we believe that our greatest strength lies in the compassion, dedication, and integrity of our team.

Every year, we take time to recognize and celebrate team members who go above and beyond their call of duty, those who embody our core values of Hospitality and Compassion, Integrity, Innovation and Resilience.

The Employee of the Year Awards are a moment of reflection and appreciation for the men and women who bring our mission to life across our three sites; Hospice Kampala, Mobile Hospice Mbarara, and Little Hospice Hoima.

These individuals have consistently demonstrated excellence in their work, inspired their colleagues, and made a lasting difference in the lives of our patients and their families.

In this year, we proudly recognize three outstanding staff members whose selfless service, passion, and professionalism have set them apart:



Aciro Dorcus – Social Worker, Clinical Department Kampala She joined HAU in 2017 as a volunteer and has grown into one of the most dedicated members of the clinical team.

She provides vital psychosocial support to patients and families, leads the Give A Chance (GAC) education program for children of patients or deceased patients, and mentors social work students across universities. Her tireless work from counseling and family mediation to income-generating projects reflects her deep compassion and commitment to transforming lives. Dorcus is a true embodiment of empathy and purpose.



Octivia Nazziwa – Palliative Care Nurse MHM

Joined Mobile Hospice Mbarara in 2020, at the height of the COVID-19 pandemic. She has shown unwavering commitment, compassion, and professionalism.

Her calm presence, empathy, and teamwork have made her a pillar of strength within the MHM team. Known for her excellent time management, exceptional patient care, and willingness to go the extra mile, Octivia consistently embodies the true spirit of palliative care and is a shining example of excellence in nursing and holistic care.



Mugisa Armstrong – Security Officer & Grounds Supervisor LHH Joined HAU in 2005 as a volunteer security guard and became a full-time employee in 2006.

With humility and consistency, he has safeguarded the LHH premises while maintaining a serene and welcoming environment. He serves with integrity, discipline, and passion for his work.

"I am not a wheelbarrow type of employee who needs to be pushed to work. I love my job and do it willingly."

Armstrong is a man of integrity, excellence, and quiet strength.

Our Partners





















































Visit our website



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