



HAU IHPCA



ANNUAL REPORT

JULY 2018 - JUNE 2019

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HAU VISION
Palliative care for all in need in Africa

MISSION STATEMENT
To bring peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries

HAU Board Members

Directors

Ms Joan M Kelly	Chairperson up to June 2019
Mr. Jim Bennett	Member up to June 2019
Dr. Anne Merriman	Founder Member
Mrs. Mariam Louise Walusimbi	Member up to June 2019
Dr. Seggane Musisi	Member up to June 2019
Dr. Jack Jagwe	Member up to June 2019
Mrs. Lesley Phipps	Member up to June 2019
Mrs. Grace Babihuga Nuwagaba	Member up to June 2019
Mr. Fulgence Mungereza	Member up to June 2019
Mr. Tom Duku	Member up to June 2019 Chairperson w.e.f 1 July 2019
Mr. Henry Rugamba	Member
Mr. Ken Mugisha	Member

HAU CORE PROGRAM AREAS

Patient care

Palliative Care Education

Monitoring, Evaluation and Learning

Morphine Production

International Programs

Research, Knowledge Management and Development

ETHOS and VALUES

HAU is driven by its ethos and accompanying values.

Patient and family first

Hospitality

Teamwork and Care

Professionalism

Right to Choose

Integrity

Voluntarism

■ Message from the Chief Executive Director: Dr. Eddie Mwebesa

Dear Friends and Supporters of Palliative Care,

Greetings from Hospice Africa Uganda, and I warmly welcome you to this year's Annual Report. This report is special because we celebrate HAU's Silver Jubilee! It is 25 years since Dr Anne Merriman envisioned and then established HAU as a model through which affordable Palliative Care could reach all in need in Africa.

Over the course of this FY, HAU continued providing services to patients and training professionals from across Africa through the department of International Programmes and the IHPCA. We offered impeccable Palliative care to 4,241 patients across our 3 sites, and cumulatively nearly 34,000 patients have been cared for. Most of our patients have cancer, an illness that has far-reaching implications for families. HAU is at the forefront of mitigating the effects of these illnesses particularly towards the end of life.

Education is the main vehicle through which HAU will achieve its vision. This year our Institute of Hospice and Palliative Care in Africa (IHPCA) launched 2 additional post-graduate diploma courses- in Palliative oncology and on Pharmacotherapeutics.



On May 1st 2019, Dr. Eddie Mwebesa received a medal for his outstanding contribution to palliative care in Uganda



We encourage applicants for the next academic year. In January 2019 we graduated a further 19 students coming from 6 African countries, to bring to 494 the total number of graduates since 2004.

The Department of International Programmes also conducted both a Francophone and an Anglophone Initiators course with participation by professionals who are the "movers and shakers" in their own African countries.

We appeal to all of you to offer your care, through financial and other resources for the continuation of this compassionate care in Uganda and Africa.

I sincerely thank all the various stakeholders who contributed towards our vision in this financial year.

Happy Silver Jubilee Hospice Africa Uganda!

**Dr. Eddie Mwebesa,
Chief Executive Director (2016 - 2019)
Hospice Africa Uganda**

■ Message from the Board Chair: Joan Kelly

It has been an honour and a privilege being a volunteer, working as Administrator/PA and then as Chair of the Board of Hospice Africa Uganda. You have all taught me to be grateful for everyday and “you light up my life - give me hope to carry on” through the bad and good days.

Hospice Africa Uganda you are a very special and dedicated organisation with a very special team. Keep the patients in your hearts at all time. Don't walk past them when running for a meeting – say hello and talk to them.

I wish all the new Board Members, Team members and Volunteers every success and plead with each of you to love and take care of our wonderful patients.

Mwebale Nnyo!!



***Joan Kelly
Board Chair (2013 - 2019)
Hospice Africa Uganda***



■ Message from the Patron



Dear Friends of Hospice Africa Uganda

I congratulate the board of directors, management, team members in Kampala, Mbarara, and Hoima and all volunteer caregivers for their continued support and care for women, men and children suffering from cancer in Uganda, and for successfully completing the 2018/2019 Financial Year. While it is important to prevent diseases where possible, today the world is in a much stronger position to cure many ailments, including chronic and non-communicable illnesses such as cancer.

Albeit, Uganda still has a significant portion of its population that is unable to access the curative and palliative services of healthcare providers, particularly individuals suffering from cancer. We still see many patients in agony and pain suffering from cancer related life limiting illnesses. There is an increasing need for the active promotion of palliative care across Uganda and Africa, so that no one suffers pain or dies without any treatment and care.

Hospice Africa Uganda which was set up 25 years ago continues to make a

tremendous contribution as a leader in palliative care, and serves as a model in the provision of affordable and culturally-appropriate services. The Institute of Hospice and Palliative Care in Africa also continues to provide specialized training courses in palliative care in affiliation with Makerere University and accredited by the National Council for Higher Education.

I commend everyone who supported the endeavours of Hospice Africa Uganda and I celebrate all the achievements that resulted in the organisation serving over 30,000 patients since 1993. As Hospice Africa Uganda works towards achieving other milestones in the next 25 years the need for dedicated and compassionate care will remain its hall mark going forward.

HRH Sylvia Nagginda
Nnabagereka of Buganda Kingdom and
Patron of Hospice Africa Uganda

■ Executive Summary

The Hospice Africa Uganda (HAU) annual report 2018/19 highlights progress, challenges, lessons learnt and proposes recommendations for improvement. The report focuses on the progress in the Financial Year 2018/19.

In the year 2018/19, a total of 4,241 patients were seen across all the three sites (Hospice Kampala, Mobile Hospice Mbarara and Little Hospice Hoima), a decrease of 11% compared to 2017/18 when we saw 4,774 patients. This brings the cumulative number of patients ever seen since 1993 to 33,849. We had 1,467 new patients enrolled on the HAU program which was a 22% reduction in new patients compared to last financial year 2017/18 where we had 1,890 new patients.

These patients were seen at home, hospital, outreach, roadside clinics and some were reviewed on telephone. HAU held monthly daycare sessions with patients at all the three sites. Community Volunteer Workers were also very active referring patients to Hospice Africa Uganda.

The International Programmes team conducted two Initiator's courses, one for Anglophone and one for Francophone. They gave support and presentations in 4 African countries. They had a successful fundraising visit in France.

The Institute of Hospice and Palliative care in Africa (IHPCA) had 77 students enrolled on academic programmes (63 BSc, 3 DPC, 3 DCPC and 8 Postgraduate Diplomas) and 19 students graduated in January 2019. The graduates were from Botswana, Kenya, Malawi, Rwanda, Zimbabwe and Uganda. Two new Postgraduate Diploma Programmes were accredited by the NCHE in February 2019. These included; Postgraduate Diploma in Palliative Care Oncology and Postgraduate Diploma Pharmacotherapeutics in palliative care

Hospice Africa Uganda went through a restructuring process in the course of 2018/19 that led to a reduction in staff numbers. It has been difficult however the organization is expected to operate more efficiently and effectively after the exercise. The restructuring exercise occurred towards the end of the financial year and was led by two consultants, Anne Lezak and Michael Corless. These two have continued to be a source of encouragement and guidance as HAU pushes forward

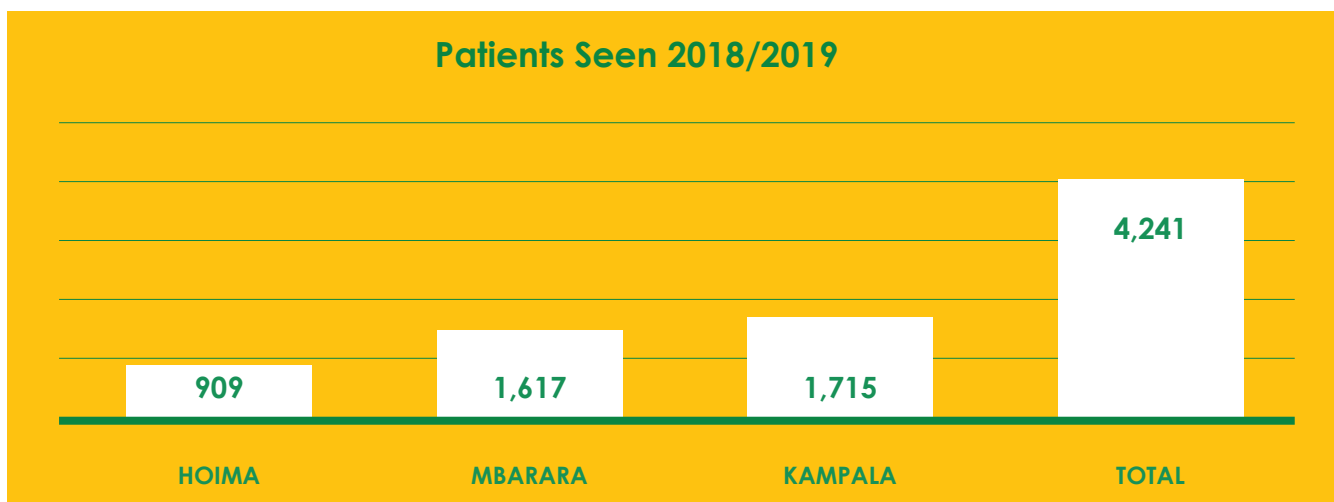
We are eternally grateful to all our donors and partners, past and present for their commitment towards the advancement of palliative care in Africa and the vision of Hospice Africa Uganda. The teams, board and management of Hospice Africa Uganda are committed to ensuring that no one continues to suffer or die in pain. We will make palliative care services and education available to all in need in Uganda and Africa. We pray that you will continue to stand with us in this endeavour.

1.0 Patient Care

1.1 Patients' care outputs

At HAU, we had a total of 4,241 patients seen across all the three sites, Out of 4,241, 1,617(38%) were seen at Mobile Hospice Mbarara, 1,715(40%) were seen at HAU Kampala and 909 (22%) were seen at Little Hospice Hoima. The cumulative number of patients seen at HAU in all the three sites comes to 33,849 patients since inception.

Figure 1: Patients seen at the three HAU sites



Referrals

A total of 2,739 referrals were made across the three sites but only 1,467 (54%) were admitted on HAU program and 1,272 (46%) were not admitted but served on consultation basis.

New Admissions at HAU

Of the 1,467 new patients enrolled on the HAU program, HKLA enrolled 496 (34%), MHM 731 (50%) and LHH 240(16%). Table 1 below shows the sex distribution and average age of the new patients.

Table 1: New patients seen at all HAU sites

HAU site	Male	Female	Total
Hoima	90	150	240
Makindye	189	307	496
Mbarara	342	389	731
Grand Total	621 (42%)	846(58%)	1,467
Average age	52 years	52 years	

Average age of both male and female patients is 52 years

Figure 2: Cancer/HIV profile of the new patients at HAU

New admissions (n=1,467)

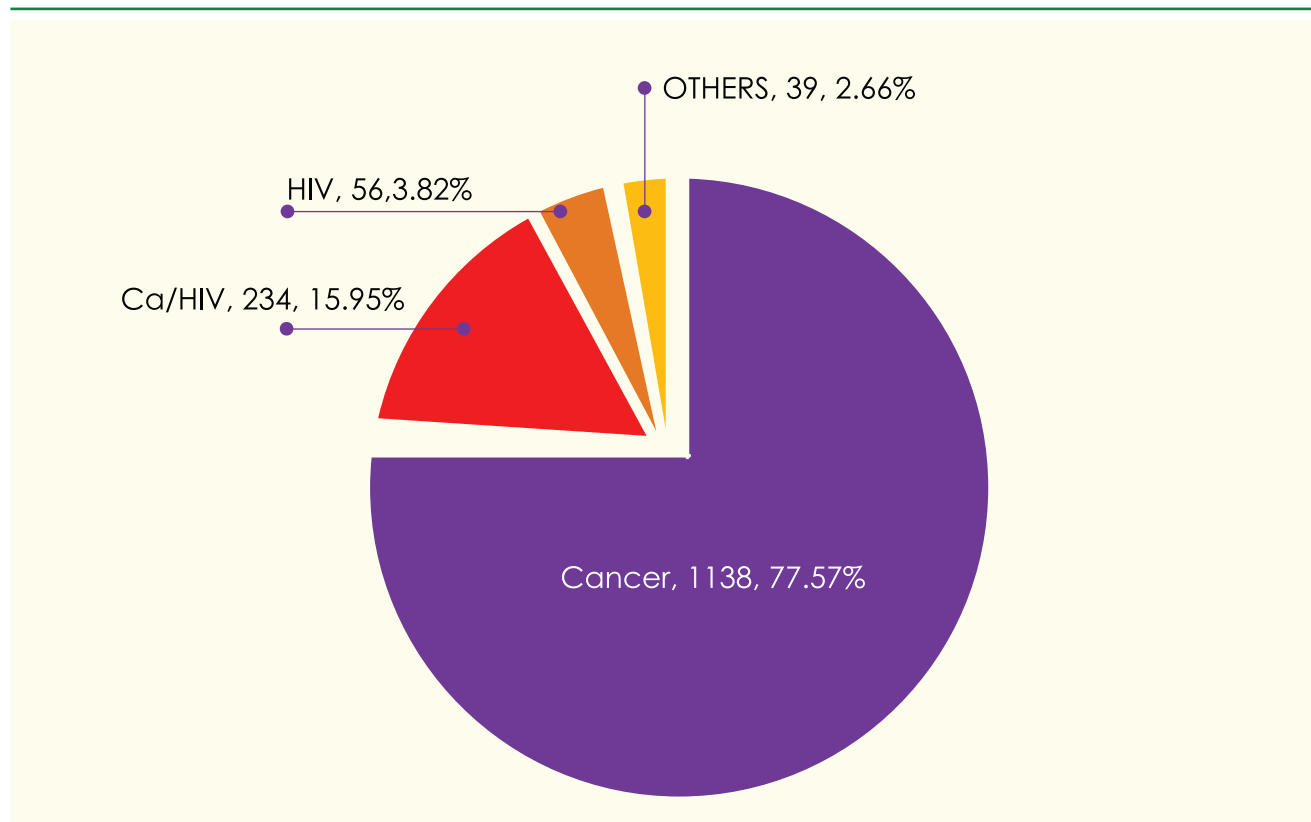
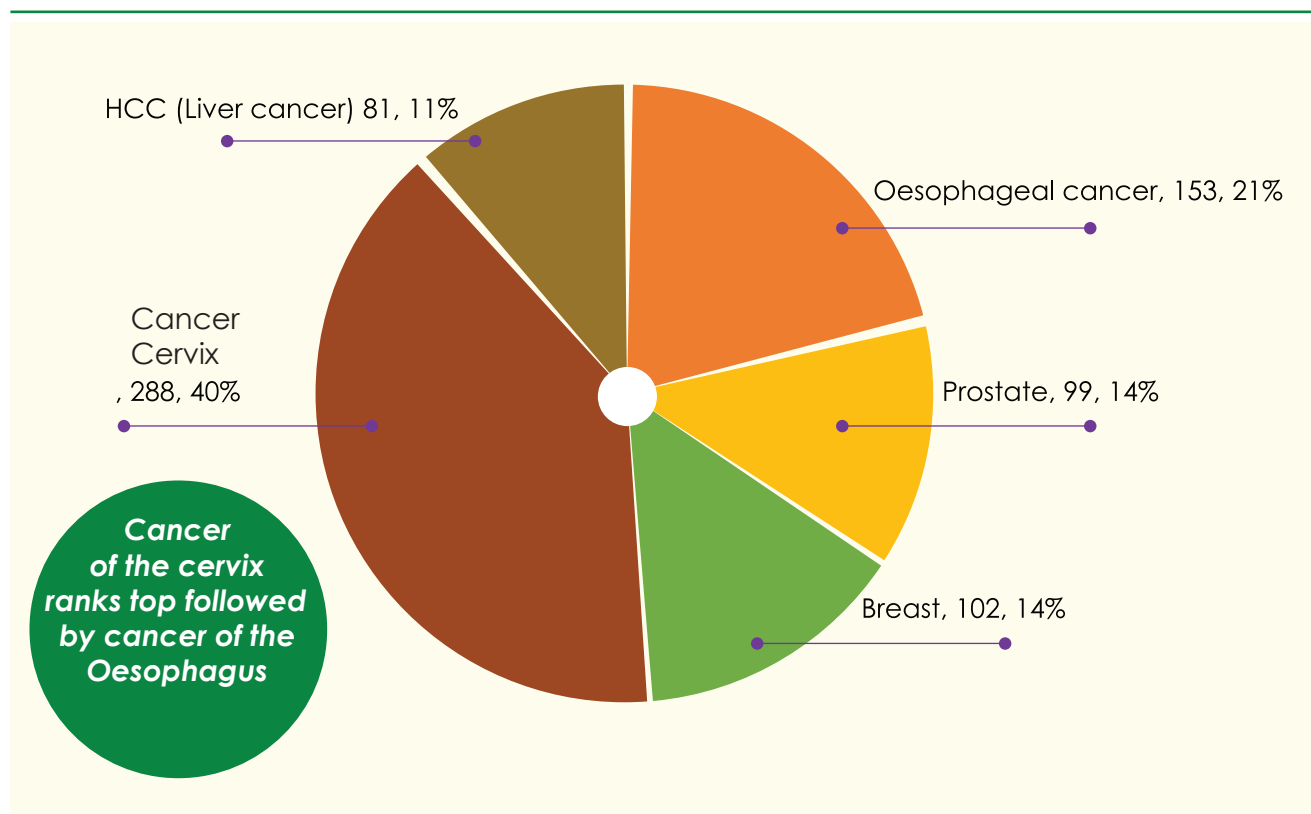


Figure 3: The top five cancers in new patients at HAU

Top Five cancers among new patients July 2018 to June 2019



Modes of contact of patients seen on program

HAU provides patient care through the following modes.

Table 2: Mode of contact

Mode of contact	Number of patients	Number of contacts
OPD	3,090	9,769
Outreach	128	856
Road side clinics	17	205
Home Visit	206	1,711
Hospital Visit	400	1,820
Health Facility-Other	71	312
Telephone contacts	348	1,877



Figure 4: A home visit by a nurse in Hoima

Outreaches

These were conducted at all the three sites.

Hospice Kampala (HKLA) conducted outreaches to Namirembe church hospital Mukono which is about 35km away from Kampala. Mobile Hospice Mbarara (MHM) conducted outreaches to Ishaka Adventist Hospital and Isingiro district, targeting the refugee community as well. Little Hospice Hoima (LHH) conducted three outreaches to Kigoroby Health centre III which is about 24 kilometres away from Hoima Town, Kyangwali refugee settlement outreach which is 82 km away from Hoima town and Masindi which is 60 km away.

Activities carried out at outreaches include clinical reviews, replenishment of medications, health education, appropriate referrals- to other health facilities for- Investigations, chemotherapy and other treatment like ARVS, Blood transfusion.

A total of 128 patients were seen at the outreaches and these contributed to 856 contacts.

Road side clinics

This is an initiative commenced in Mbarara in order to reach patients outside the catchment area but living on the road to the outreach. Patients are seen under a tree or at a nearby health facility or school or shop, as the owners may allow.

Hospital visits

All the three HAU sites conduct hospital visits to extend palliative care services to patients in the hospitals. This is done once a week. HKLA visits Mulago National Referral Hospital and they see patients admitted at the Uganda Cancer Institute (UCI). MHM visits patients at the Mbarara regional referral hospital seeing patients at the oncology outpatients and oncology ward. LHH visits the Hoima regional referral hospital.

1.2 The Daycare

The aim of the daycare is to improve the patients and carers quality of life through psychosocial, physical and spiritual support. Patients for daycare are carefully selected using the criteria in the guidelines and they spend at least six months on the service. Originally weekly, but now reduced to monthly due to financial constraints, they come to the HAU sites where they spend a day and are taken care of by the nurses and some volunteers. Their carers benefit by having a day to themselves to take care of some of their own needs. The patients at daycare meet and share experiences that encourage others to cope with whatever challenges are associated with their conditions.

During the year 2018/19, on average 30 people attended daycare at each site every month.

Table 3: Daycare attendance at each site

	Males			Females			Children			Carers			Total		
Site	LHH	MHM	HKLA	LHH	MHM	HKLA	LHH	MHM	HKLA	LHH	MHM	HKLA	LHH	MHM	HKLA
Jul-18	9	5	4	11	4	13	6	5	8	13	5	2	39	19	27
Aug-18	5	6	4	13	6	12	7	8	8	9	8	1	34	28	25
Sep-18	7	6	4	17	8	11	11	9	10	9	9	1	44	32	26
Oct-18	5	4	3	12	7	10	8	11	8	12	2	2	37	24	23
Nov-18	5	4	3	18	5	7	15	9	3	15	3	3	53	21	16
Dec-18	6	10	0	10	9	0	30	17	0	24	5	0	70	41	0
Jan-19	6	3	5	11	5	15	27	7	7	15	3	1	59	18	28
Feb-19	4	10	9	8	8	14	7	15	4	7	10	2	26	43	29
Mar-19	4	3	9	8	6	9	5	7	2	7	4	1	24	20	21
Apr-19	3	11	0	6	8	3	7	16	5	5	11	9	21	46	17
May-19	2	7	8	7	5	3	6	10	5	6	7	3	21	29	19
Jun-19	1	9	0	5	5	6	4	12	6	5	9	0	15	35	12
Total	57	78	49	126	76	103	133	126	69	127	76	25	443	356	243

Figure 5: Daycare patients at Little Hospice Hoima weaving mats. This activity is refreshing especially when done communally



Daycare involves;

- Reviewing and replenishment of patient medications.
- Patients interact and share experiences
- Weaving mats and baskets
- Spiritual care
- Health talks by the team
- Provision of meals
- Transportation (to and from) of those that are unable to bring themselves by any other means available but really need daycare

1.3 Bereavement care and memorial service

We registered 799 deaths.

LHH registered 177 deaths and 77% (136) were supported with Bereavement services (62 home bereavements, 72 phone bereavements, 2 site bereavements and one done at outreach). MHM registered 246 deaths. Of these, 40% (93) families received bereavement services. HKLA registered 376 deaths. 92% (346) families received bereavement services however only six of these were done on a physical visit at home. The rest were done by phone.

Across the three sites, the memorial service was held during the reporting period as scheduled in November 2018. The attendance was very good as we received 109 patients and carers at HKLA, 65 patients and carers at MHM and 132 patients and carers at LHH. The religious leaders and choir members also attended as planned.

Figure 6: Memorial service at Little Hospice Hoima



1.4 Christmass Party



This event was held in December at all the three HAU sites. This party is attended by both patients and carers. It was well attended as we had 251 attendees at HKLA, 130 attendees at MHM and 205 attendees at LHH. People attended the party and they all ate and drank. They enjoyed each other's company. They danced and listened to Christmas carols and it was one way of affirming to the patients that there is life in spite of being sick; that there is a caring God and they are still valued as human beings and loved. The party ended with giving out patients Christmas package (a kg of rice or sugar of flour) to both adults and children.

1.5 Psychosocial support

1.50 Give a Chance project

The Give a Chance (GAC) project started in 2009 with the aim of empowering orphans and/or vulnerable children (OVC) selected from families whose parents died of cancer and HIV/AIDS and were on HAU care program or children who are cancer survivors to attain education.

The main objective of this project is to reduce children's vulnerability through provision of education support in primary, secondary and vocational levels to provide socio-economic security to the households which they come from.

We had a total of 66 children (36 boys and 30 girls) supported by Give a chance of which 23 were supported by GAC Denmark, 36 by GAC UK, 4 by GAC USA and 3 by GAC France. These children are supported with tuition in their primary, secondary and vocational training.

In the year 2018/19, five students completed vocational training, one completed senior four and six completed primary level seven.

1.51: Patient support fund

Across all the three sites, patients with basic needs and those requiring investigations were identified and supported. The support included actual items procured to meet basic needs (mattresses, beddings, food, rent payment among others) and also included availing patients with funds to access services (investigations, medical procedures and drugs). The beneficiaries of the patient support fund included the very poor and most vulnerable patients.

1.6 Road to Care program

The Road to care (RTC) program funds a project titled Supporting the Management of Women with Early Cervical Cancer in Western Uganda whose goal is to improve the quality of life of vulnerable women with early cervical cancer from western Uganda through facilitating their access to curative services. In the period July 2018 to June 2019, 359 women were supported for screening, investigations, radiotherapy and Chemotherapy. Of these, 332 (92%) women were newly enrolled on the program, and 27(8%) continued care from the previous year.

Table 4: Beneficiaries of the Road To Care (RTC) project

ACTIVITY DESCRIPTION	Jul - Sep 2018	Oct - Dec 2018	Jan - Mar 2019	Apr - Jun 2019
Total women supported in the quarter	84	116	140	116
New patients screened in the quarter and had a biopsy done	62	89	88	93
Patients identified with cancer cervix	37	61	54	60
Patients identified with early stage cancer cervix	24	25	24	31
New patients referred for Radiotherapy	25	16	16	18
Total patients for radiotherapy at UCI in the quarter	33	33	33	36
Patients that accessed radiotherapy	33	33	33	36
Patients that accessed chemotherapy and pre-chemo meds on the program				2

The success of the RTC program is highly dependent on smooth operations at the Uganda Cancer Institute. The Operations director of RTC Mr. Ndinawe Kateera JB, the RTC coordinator who is also a team member at HAU and RTC focal doctor at the radiotherapy unit in Uganda Cancer Institute held meeting during the year to establish ways to better services for the patients on the project. The main challenge was that patients were waiting for long periods before



accessing radiotherapy which worsens their outcomes. The three devised means to improve things and indeed we have seen some good results.

1.7 Strengthening palliative care in the community:

the Community Volunteer Worker project

HAU has a total of 84 CVWs across the three sites.

At MHM, there were 30 active CVWs (14 female and 16 male) in the reporting period. The CVWs referred a total of 64 patients to MHM for various services and 14 were enrolled on the HAU program.

At LHH, we had 35 active CVWs (19 male and 16 female) in the reporting period. The CVWs referred 72 patients to LHH and 39 enrolled on the HAU program while 33 were seen as consultations. At HKLA, there were 19 active CVWs (10 male, 9 female). HKLA received eight referrals from CVWs.

The CVWs also reviewed several other non-cancer patients and non-palliative care patients. The CVWs meet patients in their homes or at their work places like the garden, shops, bars etc and they provide them with basic health education. They target people with chronic conditions and try to establish if they are receiving care and if they are adherent. When they identify a palliative care patient with cancer, they refer to an HAU site. They also carry out wound dressing at home for those who are not able or are not trained on the way to look after wounds especially patients with cancer.

TABLE 5: SUBCOUNTIES COVERED BY CVWS

MOBILE HOSPICE MBARARA	MBARARA DISTRICT	Nyakayojo SC Kashare SC (Bubare parish) Bukiro SC Mbarara Municipality (Biharwe TC) Mwizi SC
	ISINGIRO DISTRICT	Ngarama SC Kikagata SC (Kajaho parish particularly looking at Nakivale refugee settlement)
LITTLE HOSPICE HOIMA	HOIMA DISTRICT	Hoima municipality Buraru SC Bugambe SC
	KIKUUBE DISTRICT (recently carved off Hoima district)	Kabwoya SC Kikuube SC Buhimba SC
	KYANGWALI refugee settlement	
		Rubaga division (Kabowa, Busega) Kawempe division Makindye division
HOSPICE KAMPALA	KAMPALA DISTRICT	Nakawa division (Luzira)
	WAKISO DISTRICT	Kira Municipality (Namugongo)
	MUKONO DISTRICT	Goma and Central division

1.8 Continuous medical education and patient care partnerships

Journal club and case conferences have continued to be held across the three sites weekly to enable the team stay up to date with Evidence based practices. The team also attended quarterly updates at Palliative Care Association of Uganda.

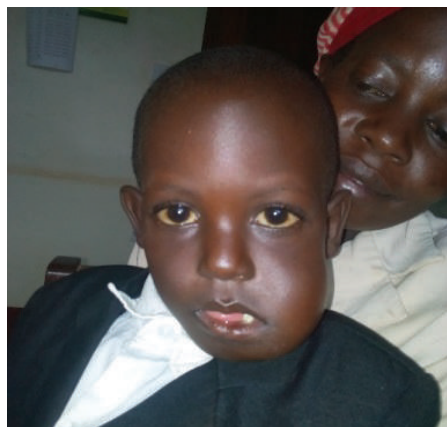
■ 1.9 Success Stories



**HOME AND HOSPITAL VISITS
YIELD COURAGE TO LIVE**

Enrolled in 2015 at an age of 7 years with a brain tumour at Mobile Hospice Mbarara.

Sandra Lost her sight, was paraplegic, incontinent of both urine and stool, had pressure sores. She had Brain surgery, very long hospital stay during which she lost her dad to Diabetes Mellitus. The MHM team visited her and her mum in hospital twice a week, treating her physical pain and other distresses. They visited her at home atleast every month and helped her and the family to ably cope with the situation. Several months later, Sandra is now walking. She can see. She has regained bowel and bladder control.



Tumor suspected in June 2018. His mother could not afford to travel or live in Kampala. A community volunteer brought him to Little Hospice Hoima two months later. At HAU we try to maintain a patient support (comfort) fund that we use to deal with cases like those of AJ. His mother accessed some funds through this mechanism and AJ went to Uganda Cancer Institute. AJ completed chemotherapy, his jaw is no longer swollen, he is in school and weaving his dream just like any other child.

THE POOR AND VULNERABLE DO NOT HAVE MANY OPTIONS, THEY NEED YOU AND HAU. THE COMMUNITY HAS A ROLE TO PLAY



NL lived in a very small residence, where she could not lie down straight nor stand up straight in Kampala. She was in so much pain from her nerves. A partner in HIV care referred her to HAU for pain control. We visited her at home several times. Her biggest distress was her living situation which we decided to address. Well wishers supported HAU Kampala team to relocate her to a better place in the hope that her quality of life would be improved. Miraculously, NL has improved. She started to walk this year and we were all mesmerised. She is supported to adhere to her medications.

THE GOAL OF PALLIATIVE CARE IS TO IMPROVE THE QUALITY OF LIFE FOR PATIENTS WITH CHRONIC ILLNESS

WHERE OUR PATIENTS COME FROM

Red dots = Hoima
Blue dots = Mbarara
Green dots = Kampala



■ 2.0 Morphine Production

Background

Through the support of the American Cancer Society's Treat the Pain program, infrastructural modifications and installation of manufacturing equipment done in 2015 have modernized the premises and process of morphine production in line with good manufacturing practices. This is ensuring that HAU reconstitutes morphine of high quality and safety standards for all patients in Uganda who require this opioid medication for the management of moderate to severe pain from cancer, HIV and other illnesses. The upgrades at the Morphine Production Unit (MPU) have resulted in an 8-fold increase in the production capacity of HAU thus allowing us to be able to meet the growing demand for the product.

2.1 Oral liquid Morphine Distribution Data

Hospice Africa Uganda supplies Oral Liquid morphine to NMS and JMS gets from NMS on a three year framework contract issued by NMS.

Below is data on the dispatch quantities and their value for the last financial year period.

Table 6: Dispatch quantities and their value for the last financial year period

MONTH	NO. OF BOTTLES (ALL TYPES)	2019 VALUE (UGX)	2018 VALUE (UGX)
July	6,768	48,606,912	48,326,544
August	1,776	14,545,440	43,435,440
September	6,312	44,421,696	50,401,080
October			24,492,024
November	4,488	68,850,216	39,562,776
December	3,168	22,276,944	
February	8,784	77,251,224	43,732,008
January			19,436,544
March	2,592	18,911,232	33,488,856
April	7,080	48,490,920	26,709,264
May	7,392	56,321,568	41,884,560
June	7,248	59,164,560	36,363,600
TOTAL	55,608	458,840,712	407,832,696

■ 3.0 International Programs

Our Purpose is carrying forward the vision of Hospice Africa in African countries with training in service, training and advocacy.

Country	Dates	Main Activity	Out come
IP Team Uganda	2018-19	Team of four: Dr Anne Merriman, Director, Berna Basemera, Anglophone Nurse and PA to Director, Sylvia Dive and Dianah Basarika, Francoophone Nurse trainers Both Sylvia and Dianah commenced Public health degrees while Dianah was also learning French. Dr Anne was missing up to December 2018 due to ill health.	Francophone countries are the busiest now. Most Anglophone countries are running with palliative care to some level since we commenced visits in 2000. Only 3 countries had PC in 1993 and 35 have it in 2019. Dr. Anne is Back since and in good health and action
Uganda	July – August 2018	An evaluation was conducted on alumni both Anglophone & Francophone on impact of initiators course they have attended in the past.	The results showed how the course has helped health care professionals integrate PC best practices in their own countries.
France	24 to 26 September 2018	Sylvia participated in a workshop organised by the Groupe Franco-Africaine en Oncopédiatrie (GFAOP) a French African Group of Pediatric Oncology	HAU continues with awareness creation through training and advocacy in Africa. More health care professionals have embraced PC
Uganda	August – Sept 2018	Abstract on impact of initiators course accepted for poster presentation at the 16th World Congress of the European Association for Palliative Care in Berlin, Germany	Ongoing advocacy will be done at the congress & show casing the work of IP/HAU in Africa
Tanzania	5th – 13th Jan 2019	Support supervision visit conducted in Rubya hospital, Tanzania, offered mentorship and clinical training to the growing palliative team	Sensitized ward attendants and community health nurses fruitful meetings held with hospital management. Streamlined PC activities PC protocols and guidelines for service delivery drafted
France	Feb – March 2019	Sylvia spent a month conducting different fundraising activities in several regions of France, from schools to health facilities.	Meetings held with potential donors, shared the work of HAU and need for continued support in Africa A paper was presented on challenges of PC in French speaking countries an example of HAU

Uganda	March – April 2019	Anglophone course was attended by 13 participants from Guinea Conakry, Sudan, Ghana and Uganda	Learnt from experienced HAU team pain assessment and management, holistic care, importance of team work. Action plans drafted on further integration process when back home. Group formed alumni for follow through
Berlin Germany EAPC Conference	May 2019	Berna presented a poster on "Evaluating the experiences of health workers on initiators' course and their impact to Palliative care services in Africa" during the 16th EAPC congress Other papers where presented by Guy Schofield on his research in Uganda for PhD and Dr Becki Merriman on her student research while on student placement at HAU	Able to make new contacts, met HAU friends and shared PC experiences HAU and work in Uganda was given mention by the keynote speaker in relation to our action for morphine availability. Altogether more exposure in Europe for our work
France	June 2019	Conference in Paris France. Sylvia participated in discussions regarding palliative care development in Francophone Africa	This was a good forum for exchanging ideas and sharing experiences from African Francophone countries.
UK	June 2019	Director attended AGM for HAUk	Report on vision and work of IP well received. Optimism from Chair of HAUk, David Phipps and members regarding our work here in spite of funding shortages.
Uganda	June-July 2019	Francophone course with 18 participants from 11 countries	Participants gained both knowledge and skills in PC. Found clinical placements as the highest learning opportunity.



Figure 10: Left: Becki Merriman, Berna Basemera, Bukky an Alumni from -Nigeria and Dr Liz Namakwaya of MPCU in Berlin May 2019. Right: Alumni professionals of HAU Francophone programmes, meet again with Sylvia, at conference in DRC 2019

We have moved from 3 countries in 1993 to 35 countries in 2019 following the Hospice Africa vision.



■ 4.0 The Institute Of Hospice And Palliative Care In Africa (IHPCA)

Palliative Care Education started alongside clinical care in 1993. The institute was recognized by National Council for Higher Education as a Tertiary Institution for Higher Learning in 2009. The IHPCA has been affiliated to Makerere University since 2003. The IHPCA was granted the Private Other Degree Awarding Institution status in 2014. Its Research Ethics Committee is accredited by Uganda National Council for Science and Technology (UNCST).

During the year 2018/19, the Institute facilitated the fulfilment of HAU's vision of palliative care reaching all in need in Africa, by continuing to deliver high quality palliative care education to students and palliative care practitioners from Uganda and other African Countries.

3.1 Academic programs during 2018/19

Academic programmes offered included;

- Bachelor of Science -3 years by distance learning (Awarded by Makerere University)
- Diploma in Palliative Care -one year by distance learning (Awarded by Makerere University)
- Diploma in Clinical Palliative Care - one year – residential (Awarded by the Institute)
- Postgraduate Diploma in Clinical Palliative Care
- Postgraduate Diploma in Paediatric Palliative Care
- Postgraduate Diploma in Psychosocial and Spiritual Palliative Care

3.2 New Academic Programmes

Two new Postgraduate Diploma Programmes were accredited by the NCHE in February 2019. These included;

- Postgraduate Diploma in Palliative Care Oncology
- Postgraduate Diploma Pharmacotherapeutics in palliative care

A Master of Science palliative care will be launched in 2020 while A Master of Science programme in Medical Social Work is under development.

3.3 Students

- 77 students were enrolled in academic programmes (63 BSc, 3 DPC, 3 DCPC and 8 Postgraduate Diplomas)
- 15 students graduated with Bachelor of Science Degree and 4 Graduated with Diploma in Palliative Care in January 2019 from Makerere University.

The graduates were from Botswana, Kenya, Malawi, Rwanda, Zimbabwe and Uganda.

Total number of graduates since 2004 is 494 made up of: BSc 107, DPC 202, DCPC 185

The IHPCA hosted five Senior Fellows (Paediatric Oncologists) from the Uganda Cancer Institute who completed 2 weeks' clinical placement at HAU Kampala site.

3.4 Short Courses

During 2018/19, the Institute conducted three short courses in Palliative care.

- A two weeks' short course in palliative care with the Missionaries of the poor. The course included one-week clinical placement at HAU.
- A short course for senior nurses from Kampala International Hospital
- A five week's course in palliative care for tutors of Mulago School of Nursing.

This training enabled Mulago School of Nursing to launch a Diploma in Palliative Care Nursing.

3.5 Scholarships secured for 2018/19 academic year

Hospice Africa UK donated US\$ 35 950 to support self-sponsored students who were struggling to pay fees. The donation was distributed by the scholarships committee to all self-sponsored students who had made significant payments to their fees from their own resources.

The International Association of Hospices and Palliative Care (IAHPC) supported 3 DCPC students through PCAU. We had other significant grants that supported students with scholarships.

3.6 Academic Staffing at IHPCA

The number of academic staff remained unchanged at 9 including the Principal and Academic Registrar. They are supported by one Resource Centre manager and one Administrative Assistant.

3.7 Hospice Africa Uganda Research Ethics Committee (HAUREC) meetings

The Committee continued to receive and review research protocols from National and International researchers on behalf of the National Council for Science and Technology. They also conducted site monitoring visits to facilities where the research projects were being conducted.



HAU Publications And Presentations

Hospice Author	Title of paper, presentation or poster	Place of publication, presentation and date
Patience Mbozi, Namukwaya E, Chaila J Acuda SW	The experience of palliative care specialists in implementing palliative care into their work settings in Lusaka, Zambia.	PCAU Journal vol 1 13 – 18
Kiwanuka R. Acuda SW	Twenty-five-year of palliative care education in Uganda: achievements, challenges and opportunities.	PCAU Journal. 2018 pp 20 -22.
Acuda SW, Tumwebaze M, Luyombya E, Adong Olef D, Nakiganda H	Distance education in palliative care in Africa: an experience with online examinations in Sub Saharan Africa.	International journal of Science, Art and Commerce vol 3 November 2018 21 - 25
Downing J, Kivumbi G, Acuda SW, Adong Olef D et al	An evaluation of Palliative Care Nurse Prescribers: a mixed methods study in Uganda	Palliative and Supportive Care. March 2019 (Supplements) A6
Tumwebaze Margaret	Palliative Care: A Manual for Trainers and Trainees.	Maepo Enterprises Ltd-Library, First edition. ISBN: 978-9970-9110-0-4 2019
Kiwanuka R, Rabwoni M,	Presentation: 25 Years of Hospice Africa in Uganda	Hoare's Bank, London, 25th Sep 2018
Kiwanuka R, Rabwoni M	History of God's work for 25 years in Hospice Africa Uganda	Christ the King RC Church, Liverpool on the occasion of the anniversary of HAU.
Sylvia Dive	Oral Presentation: PC model in Sub-Saharan Africa: HAU model	Marseille, France
Sylvia Dive	10 Advocacy Presentations in different parts of France	Schools, MSF, Medecin du monde, Bordeaux, Montpellier, Christian radio, Orient Hospital. Federation of Jamlav, Lorient Hospital,
Sylvia Dive	Bringing PC in Francophone countries: Challenges Uganda as a model	2nd International Conference on cancer and PC, Foundation Lucy Bongo (Daughter of President) Congo Brazzaville March 7th – 9th 2019
Bernadette Basemera	Impact of initiators course on increasing access to palliative for African countries	EAPC Conference, Berlin: May 2019
Sylvia Dive	Sharing personal experiences from African Francophone countries.	Joint conference Cancer and PC, with Fift, Paris, France June 2019
LingWHI, Merriman A et al	Poster: Exploring perceptions and attitudes towards end of life in Sarawak	13th Malaysian Hospice Council Congress, Alor Setar, Kedai, Malaysia, 27-29 July 18
LingWHI, Merriman A et al	Poster: Sarawak Healthcare Professionals' Perception Of Palliative Care at End Of Life	ESMO 2018 Munich, 19-23 Oct 2018
Merriman A.	Presentation: 25 Years of Hospice Africa	HAUK AGM Liverpool, 23 June 19
Merriman A: Following videos sent when unable to be present due to illness	1. 25 Years Hospice in Uganda	London: Hoare's Bank 25 Sep2018
	2. HAU Memorial service to bereaved	HAU 1Nov 18
	3. Clinical Director & Team	Uganda, Nov 19
	4. Christmas party for patients, Uganda	Uganda: KLA, MHM, LHH Dec 2018
	5. HCA 30th Anniversary Gala Dinner,	HCA Singapore 15 Mar 18
	6. Hospice Africa and Francophones countries, translated into French and pictures added by HAF	Joint conference Cancer and PC, with Fift, Paris, France : June 2019

The SOURCE Programme



The ACS SOURCE (Strengthening Organizations for a United Response to the Cancer Epidemic) pilot programme was launched in Uganda and Kenya in 2016. In Uganda the Programme was led by the Mabadiliko Change Makers (MCM). The Board, staff, and volunteers of participating organizations learnt practical skills and best practices in organizational development and were supported and mentored throughout the process. Each cycle is set to run for 3 years, and organisations are grouped into cohorts. Cohort 1 had 17 participating organisations. The journey of each organisation depended on the results of their own assessments and the progress made along the way. Some peer-to-peer learning and networking opportunities enabled participating organisations to develop collaborative relationships that will go beyond the life of the project.

“We are delighted to declare here that HAU has met the requirements for graduation as indicated in the Program Design and Process section of this report, and thus demonstrates solid organizational foundations. HAU has a good size of employees and volunteers who have always excelled in their work giving HAU a reputation for excellent palliative care provisions and teaching.”

Mabadiliko Change Makers – Extract from the Program Design and Process section of the final report.

HOSPICE AFRICA UGANDA GRADUATES FROM THE AMERICAN CANCER SOCIETY SOURCE PROGRAMME

Hospice Africa Uganda together with 16 other cancer-focused organisations graduated from the American Cancer Society SOURCE programme on 18th June 2019, having completed a 3 year competency based organisational development training. This was a milestone for HAU and cause for celebration. Through the SOURCE programme HAU's policies and structures have been strengthened



Figure 11: HAU team at the SOURCE program graduation in June 2019



The Board Chair Tom Duku and HR Manager Prossy Nakyanja display the certificate.

HAU was represented by the then Chief Executive Director, Dr Eddie Mwebesa, Acting Board Chair Mr. Tom Duku and the Human Resource and Administration Manager Prossy Nakyanja. The graduating organisations (Cohort 1) undertook an incredible journey with several members of staff from each organisation going through relevant modules over a period of 3 years to reach this milestone.

■ 5.0 Challenges and Recommendations

1

During the FY 2018/19, HAU experienced cashflow challenges that led to a thorough analysis of the systems and processes. This analysis led to a restructuring process aimed at increasing HAU efficiency and effectiveness. The team number reduced and the catchment radius for the three sites was reduced by 40% which implies that the home visits reduced significantly. At the Kampala site, we used to hold daycare every week and it was a refreshing time for patients, a great relief for caretakers, and a learning opportunity for students and volunteers. Unfortunately, daycare is now held monthly. Student enrollment has also reduced in the face of these challenges mainly because of the lack of scholarships.

Recommendations:

1. HAU needs to reinforce fundraising efforts. This includes grant application as well as other research mobilisation mechanisms.
2. HAU - IHPA need to aggressively market the palliative care courses both academic and short courses which will bring in more students and regular income to run HAU / IHPA programs.
3. To increase uptake for palliative care professional training, HAU/IHPA should ensure licensure of Palliative Care professionals in Uganda.
4. The effort to find scholarships for students need to be intensified.

2

We have stopped funding CVW work in Hoima and Mbarara which has led to a reduction in their morale and not all the registered ones are active. Some of the registered CVWs in Kampala site have requested to be retired while others are unwell. The CVW work is concentrated in a few communities at each site. We used to hold monthly supervision of CVW work and quarterly updates however this is now only done in Kampala. In Mbarara and Hoima, it stopped during the FY 2018/19. The overall performance of the CVWs is likely to drop significantly.

Recommendation:

1. The HAU team requires financial support to engage the CVWs in a close out process that is well thought through and executed such that their expectations of HAU are very clear and we gain their commitment towards continued palliative care work in the community on minimal financial support. A proper close out makes the sustainability of the impact of the project more likely than sudden closure.
2. Expansion of CVW work to other subcounties and parishes within the catchment of HAU. Funds for such a project may also be used to re-engage the existing CVWs.
3. Engage CVWs in outreach work which is a way to improve their morale.

Funding Appeal

OPERATIONAL COSTS	Costs in UGX	€ 1 Euro = 4,300	£ 1 GBP = 4,850	\$ 1 USD = 3,650
Patient care cost per week	111,466	26	23	31
Patient care cost per month	445,863	104	92	122
Patient care cost per year	5,350,360	1,244	1,103	1,466
Patient care Nurse cost per month	2,105,864	490	434	577
Patient care Nurse cost per Year	25,270,370	5,877	5,210	6,923
Fuel per month for home visits and daycare.	863,862	201	178	237
Maintenance cost for a car per quarter (average)	267,581	62	55	73
Cost for maintaining and training of Community Volunteers for 6 Months	4,276,250	994	882	1,172
Bachelors in Palliative care annual tuition	5,550,000	1,291	1,144	1,521
Bachelors in Palliative care (3-year course cost)	16,650,000	3,872	3,433	4,562
Short course costs per person for 7 days:	420,000	98	87	115

Team Members

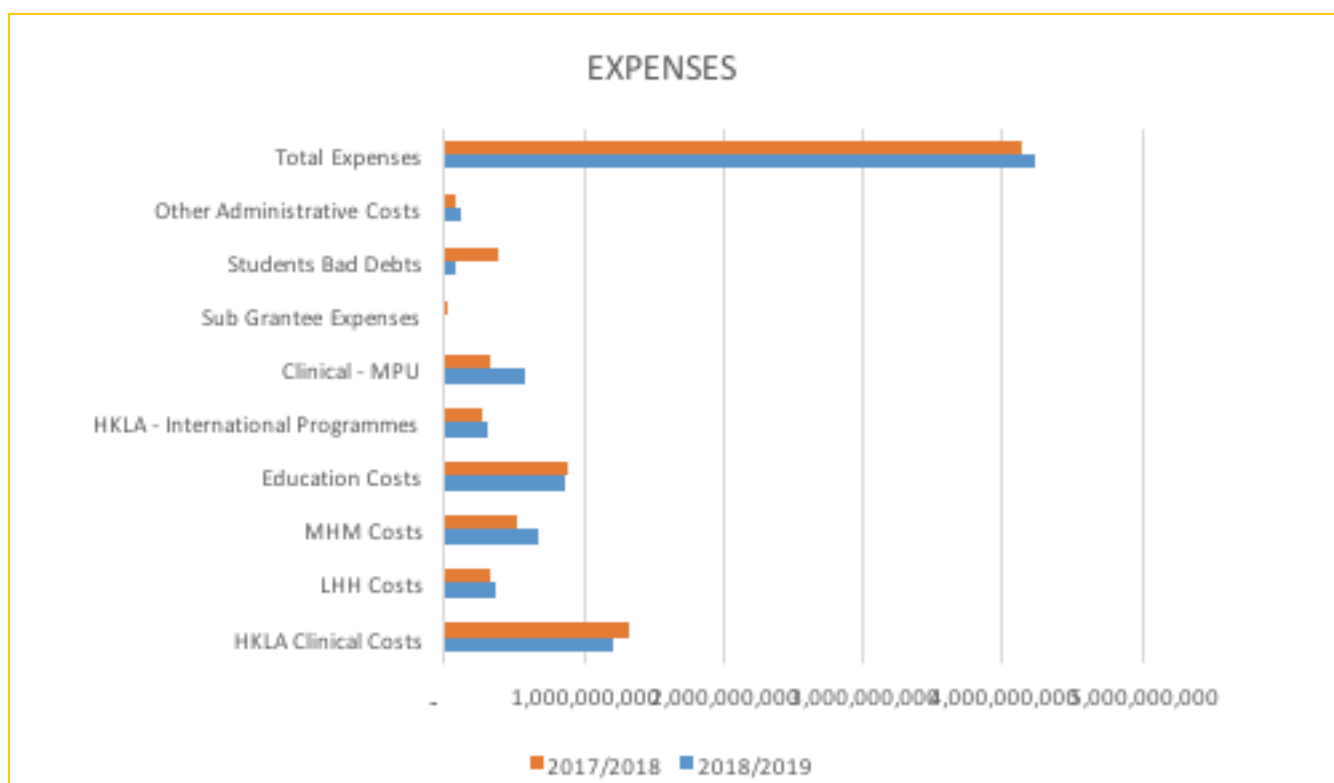
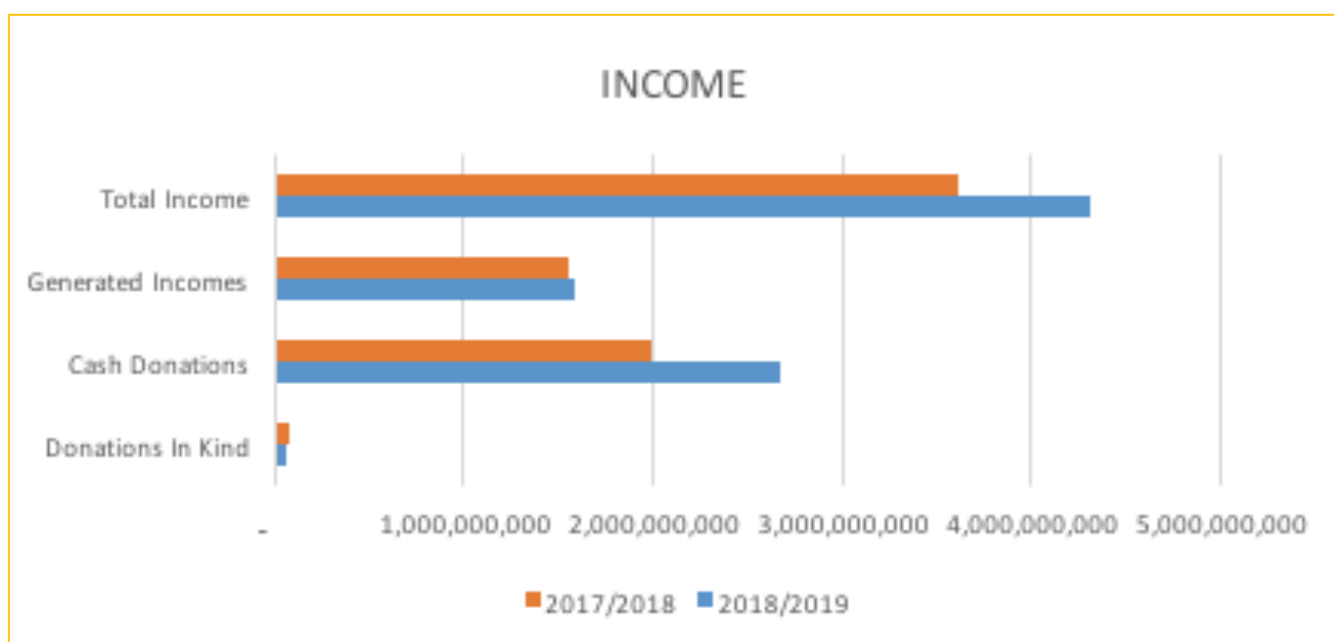
NAME	DESIGNATION	NAME	DESIGNATION
1 Dr. Eddie Mwebesa	CED	11 Prof. Wilson Acuda	Principal - IHPCA
2 Dr. Ludoviko Zirimenya	Clinical Director till June 2018	12 Rosette Namuddu Bujingo	Academic Registrar
3 Caroline Violet Alony	Finance Manager	13 Emmanuel Luyombya	Resource Centre Manager
4 Prossy Nakyanja	Human Resource & Administration Manager	14 Octivia Naziwa	Health Services Coordinator
5 Susan Aloba Toolit	Programme Manager	15 Hanifa Nakanwangi	PC Nurse
6 Berna Basemera	Anglophone Nurse trainer/ Administrator	16 Jane Nakibuuka	PC Nurse
7 Sylvia Dive	Francophone PC Nurse	17 Sarah Kitalikyawe	PC Nurse
9 Diana Basirika	Francophone PC Nurse	18 Rashida Nalule	PC Nurse
10 Dr Dorothy Olet Adong	Lecturer/Academic Programmes Coordinator	19 Elizabeth Namugambe	Social Worker/Data Clerk
		20 James Kivumbi	Security Guard

Team Members

21	Dr Margaret Tumwebaze	Quality Assurance Registrar	57	Miriel Kabigaire	PC Nurse
22	Nasur Buyinza	Lecturer	58	Sharlottie Nahabwe	Administrative Assistant
23	Rachael Dipio	Lecturer	59	Nehemiah Igullu	Nurse/Dispenser
24	Berna Manderu	Associate Lecturer	60	Henry Mukiibi	Social Worker
25	Harriet Nakiganda	Lecturer	61	Edgar Atuhaire	Data Assistant
26	Janepher Nyakake	Lecturer	62	George Barugahare	Security Guard
27	Chistine Lisa Iumba	Clinical Officer	63	John Kobweme	Security Guard
28	Josephine Nabitaka	PC Nurse	64	Vicent Mubangizi	Security Guard
29	Resty Nakanwangi	PC Nurse	65	Lawrence Tumwesigye	General Assistant
30	Rosemary Namwanga	PC Nurse	66	Glorious Nabumwine	Caterer
31	Dr Michael Kizza	Medical Officer	67	Michael Asimwe	Driver
32	Roselight Katusabe	Health Services Coordinator Kampala	68	Patrick Kahigiriza	Driver
33	Aciro Dorcus	Social Worker	69	Sarah Bwambale	Accountant
34	Susan Nakibirango	Administrative Assistant	70	Grace Nawanjje	Accounts Assistant
35	Dr. Christopher Ntege	Pharmacist	71	Douglas Muhairwe	Accounts Assistant
36	Monica Nanono	Quality Assurance Officer	72	Asha Nashim	HR & Admin Assistant
37	Sarah Nakyanzi	Dispenser	73	Joan Namata	PA to CED
38	Anna Maria Mirembe	Pharmacy Technician	74	Nelson Gumoyesiga	Systems Admin/ IT
39	Deus Mugume	Production Assistant	75	Wilfred Otto	Admin& Procurement Assistant
40	Abbey Musoke	Production Assistant	76	Rosemary Abaru	Admin Assistant
41	Akowa Charles	QA Assistant	77	Okello Lwanga	Communications& Advocacy Officer
43	Edward Isingoma	Housekeeper	78	Betty Babirye	Prog, Comms& Grants dept administrator
13	Armstrong Mugisa	Security Guard	79	Hanif Kasozi	M&E officer
44	Saudah Kabajungu	Caterer	80	Nixon Omuna	Head guard
45	Amos Sunday	General Assistant	81	Godfrey Aliowuka	Guard
46	Ajuna Christopher	Driver	82	Joseph Maanyi	Guard/Maitenance Asst
47	Julius Kyamanywa	Driver	83	Cate Nababi	General Assistant
48	Jackson Mucunguzi	Site Manager - MHM	84	Yahaya Lule	General Assistant
49	Martha Rabwoni	Health Services Coordinator - MHM	85	Vicky Amazo	General Assistant
50	Antonia Kamate	PC Nurse	86	Maureen Namale	Gen Assistant& Fazal Housekeeper
51	Beatrice Asimwe	PC Nurse	87	Siragi Kazibwe	Head driver- HKLA
52	Betty Bifabusa	PC Nurse	88	Shafiq Bamundaga	Driver
53	Elizabeth Mbabazi	Clinical Officer	89	Robert Kyomuhendo	Driver
54	Francisca Nagujja	PC Nurse	90	Dr.Agasha Doreen Birungi	Clinical Director from Nov 2018
55	Betty Agaba	PC Nurse			
56	Harriet Nalubega	PC Nurse			

FINANCE

The financial year 2018/2019 was characterized by difficult financial situations that led to drastic restructuring at the end of it. We are grateful to all donors that stood with HAU to see us complete the year with a surplus. We recognize the outstanding contribution of Hospice Africa UK which made 46% of the cash donations. The details are set out in the audited financial statements. HAU successfully continued to deliver on the key areas as reported per department above. The graphs below show the pictorial performance. Income realized is 4.3bn compared to 3.9bn an increase of 12% over the previous year. Internally generated income represents 37% of the Income for the year, a rise of 5% from 1.5bn to 1.6bn.



Hospice Africa Uganda
Annual Report and Financial Statements
For the year ended 30 June 2019

3. REPORT OF THE DIRECTORS

The Directors submit their report and the audited financial statements for the year ended 30 June 2019, which discloses the state of affairs of the organization.

PRINCIPAL ACTIVITIES

The principal activities for the entity are to provide appropriate Palliative Care service to patients with HIV/AIDS and/or cancer and their families within defined operational areas.

RESULTS FOR THE YEAR

The results for the year ended 30 June 2019 are shown on Page 37 of this report

MEMBERSHIP OF THE BOARD

The Directors who held office during the year are as set out on page 3 of this report.

AUDITORS

BDO East Africa, Certified Public Accountants of Uganda, who were appointed during the year, and being eligible have expressed their willingness to continue in office.

APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved by the Board on 26/11/19


CHAIRPERSON

26/11/ 2019



Hospice Africa Uganda
Annual Report and Financial Statements
For the year ended 30 June 2019

4. STATEMENT OF DIRECTOR'S RESPONSIBILITY

The directors are responsible for the preparation and fair presentation of the annual report and financial statements of Hospice Africa Uganda, comprising of the statement of financial position as at 30 June 2019 and the statements of income and expenditure, changes in reserves and cash flows for the year ended, and the notes to the financial statements which include a summary of significant accounting policies and other explanatory notes in accordance with Hospice Africa Uganda accounting Policies, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

The directors are ultimately responsible for the internal controls. The directors delegate responsibility for internal control to management. Standards and systems of internal control are designed and implemented by management to provide reasonable assurance as to the integrity and reliability of the financial statements and to adequately safeguard, verify and maintain accountability of the entity's assets. Appropriate accounting policies supported by reasonable and prudent judgments and estimates, are applied on a consistent and going concern basis. These systems and controls include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties.

The directors accept responsibility for the annual report and financial statements that have been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates, in conformity with Hospice Africa Uganda accounting policies. The directors are of the opinion that the financial statements give a true and fair view of the state of the financial affairs of the Organisation. The directors further accept responsibility for the maintenance of accounting records that may be relied upon in the preparation of the annual report and financial statements, as well as adequate systems of internal financial control.

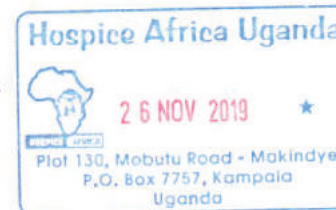
The auditor is responsible for reporting on whether the annual financial statements of Hospice Africa Uganda are fairly presented in accordance with Hospice Africa Uganda accounting policies.

Approval of the financial statements

The annual financial statements of Hospice Africa Uganda were approved by the board of directors on 26 November 2019 and signed on its behalf by:



DIRECTOR





DIRECTOR



Tel: +256 414 220 371
+256 700 200 770 / 788 158 444
Email: uganda@bdo-ea.com
info@bdo-ea.com
www.bdo-ea.com
ICPAU No. AF0019

BDO East Africa
Certified Public Accountants of Uganda
6th Floor, Block C, Nakawa Business Park
Plot 3-5, New Port Bell Road
P.O. Box 9113
Kampala, Uganda.

5. INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPICE AFRICA UGANDA

Opinion

We have audited the financial statements of Hospice Africa Uganda ("the Organisation"), which comprise: the statement of financial position as at 30 June 2019; and the statement of income and expenditure, statement of changes in reserves, and statement of cash flows for the year then ended; and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Organisation as at 30 June 2019 and of its financial performance and its cash flows for the year then ended in accordance with the Organisation accounting policies.

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 Ethics Standards Board of Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information included in the annual report but 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 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.



5. INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPICE AFRICA UGANDA (CONTINUED)

Responsibilities of Management and Directors for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the Organizations' accounting policies, and for such internal control as management determines 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, 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 management either intends to liquidate the Organisation or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the Organisation's financial reporting process.

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, but not for the purpose of expressing an opinion on the effectiveness of the Organisation's internal control.



5. INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPICE AFRICA UGANDA (CONTINUED)

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management
- 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 directors 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.

The engagement partner on the audit resulting in this Independent Auditor's report is CPA Kenneth Makanga – P0324.

Kenneth Makanga
Partner

BDO East Africa

BDO East Africa
Certified Public Accountants of Uganda
P.O Box 9113
Kampala, Uganda

Date: 27 November 2019

Hospice Africa Uganda Annual Report and Financial Statements For the year ended 30 June 2019

6. STATEMENT OF INCOME AND EXPENDITURE

	Notes	BUDGET 2019 UShs	ACTUAL 2019 UShs	ACTUAL 2018 UShs
INCOME				
Cash Donations	10.1	2,093,347,631	2,667,542,116	1,988,514,723
Generated Incomes	10.2	1,767,069,141	1,626,522,334	1,550,503,983
Donations In Kind	10.3	-	68,717,000	76,351,014
Total Income		3,860,416,772	4,362,781,450	3,615,369,720
EXPENSES				
Clinical Costs	10.4	2,061,571,115	2,270,196,025	2,161,428,737
Education Costs	10.5	874,306,209	878,047,064	886,880,606
International Programmes	10.6	277,520,411	303,237,586	277,517,316
Morphine production costs	10.7	647,019,037	580,363,427	327,341,314
Sub grantee expenses		-	-	17,269,340
Bad and doubtful debts	10.8	-	83,758,512	390,213,296
Other Administrative Costs	10.9	-	125,433,890	80,993,226
Total Expenses		3,860,416,772	4,241,036,504	4,141,643,835
Surplus/(deficit)		-	121,744,946	(526,274,115)
Taxation	10.10	-	-	-
Total surplus/(deficit) to general fund		-	121,744,946	(526,274,115)

The notes set out on pages 41 to 55 form an integral part of these financial statements

Hospice Africa Uganda
Annual Report and Financial Statements
For the year ended 30 June 2019

7. STATEMENT OF FINANCIAL POSITION

	Notes	2019 Ushs	2018 Ushs Restated
Non- Current Assets			
Property, Plant and Equipment	10.11	4,089,303,260	4,249,382,410
Leasehold land	10.12	222,453,418	250,923,468
		<u>4,311,756,678</u>	<u>4,500,305,878</u>
Current Assets			
Inventory	10.13	105,013,472	32,880,637
Debtors & Prepayments	10.14	517,927,793	468,526,462
Cash & Cash Equivalents	10.15	401,130,218	758,487,388
		<u>1,024,071,483</u>	<u>1,259,894,487</u>
Total Assets		<u>5,335,795,342</u>	<u>5,760,200,365</u>
Funds & Liabilities			
Capital Fund		4,311,756,678	4,500,305,878
General Fund		505,644,319	383,934,194
Restricted Fund		240,008,673	544,729,354
Total Funds		<u>5,057,409,670</u>	<u>5,428,969,426</u>
Current Liabilities			
Trade and Other Payables	10.16	188,467,031	248,304,489
Deferred Income	10.17	89,918,642	82,926,450
		<u>278,285,673</u>	<u>331,230,939</u>
Total Funds and Liabilities		<u>5,335,795,342</u>	<u>5,760,200,365</u>

The financial statements on pages 37 - 55 were approved by the Board of Directors on 26/11/19 and were signed on its behalf by:



Director



Director



The notes set out on pages 41 to 55 form an integral part of these financial statements.

Hospice Africa Uganda
Annual Report and Financial Statements
For the year ended 30 June 2019

8. STATEMENT OF CHANGES IN RESERVES

	Capital Fund Ushs	General Fund Ushs	Restricted Fund Ushs	Total Ushs
Year ended 30 June 2018				
At start of the year	5,146,143,304	621,352,927	1,182,305,835	6,949,802,066
Leasehold land amortisation	(425,974,903)	-	-	(425,974,903)
At start of the year (restated)	4,720,168,401	621,352,927	1,182,305,835	6,523,827,163
Deficit for the year	-	(526,274,115)	-	(526,274,115)
Additions/receipts during the year	413,813,425	-	1,945,961,405	2,359,774,830
Disposals/expenditures during the year	(205,191,740)	-	(2,108,503,084)	(2,313,694,824)
Depreciation for the year	(400,014,158)	-	-	(400,014,158)
Amortisation for the year	(28,470,050)	-	-	(28,470,050)
Transfer from restricted balance	-	-	(500,000,000)	(500,000,000)
Year-end adjustments	-	288,855,382	24,965,198	313,820,580
At end of year	4,500,305,878	383,934,194	544,729,354	5,428,969,426
Year ended 30 June 2019				
At start of the year	4,500,305,878	383,934,194	544,729,354	5,428,969,426
Surplus for the year	-	121,710,126	-	121,710,126
Additions/receipts during the year	97,727,856	-	2,641,218,675	2,738,946,531
Expenditures during the year	-	-	(2,709,636,219)	(2,709,636,219)
Depreciation for the year	(257,807,006)	-	-	(257,807,006)
Amortisation for the year	(28,470,050)	-	-	(28,470,050)
Year-end adjustments	-	-	(236,303,138)	(236,303,138)
At end of year	4,311,756,678	505,644,320	240,008,672	5,057,409,670

The notes set out on pages 41 to 55 form an integral part of these financial statements.

9. STATEMENT OF CASHFLOWS

	Notes	2019 Ushs	2018 Ushs
Cash Flows from Operating activities			
Surplus/(Deficit) for the year		121,710,126	(526,274,115)
Adjustments in the fund balance		(304,720,682)	(348,721,099)
		(183,010,556)	(874,995,214)
Changes in Working Capital			
Inventories		(72,132,835)	12,718,835
Trade and other receivables		(49,401,332)	518,142,060
Trade and other payables		(59,804,639)	(88,973,274)
Deferred Income		6,992,192	23,843,200
Net Cash Used in Operating Activities		(174,346,614)	465,730,821
Decrease in Cash and cash equivalent		(357,357,170)	(409,264,393)
Movement in cash and cash equivalent			
At Start of year		758,487,388	1,167,751,781
Decrease		(357,357,170)	(409,264,393)
At end of year	10.15	401,130,218	758,487,388

The notes set out on pages 41 to 55 form an integral part of these financial statements.

■ Appreciation

We would like to especially thank Hospice Africa UK, Hospice Africa France, Hospice Africa USA, Hospice Africa Ireland, GAC UK, GAC USA, GAC France, GAC Denmark, Friends in Germany, CAFOD, American Cancer Society, Open Society Initiative for Eastern Africa and the Open Society Foundation, Trocaire, ELPAR, IASP, Devenish, Helen Morgan, Road to Care, Porticus, Phil Molony, Alf Skolik, Dr. B. Duncan, Irish Society of Uganda, US Embassy (Julia Taft Project) and Helena Skalsky and Friends of Dr. Anne and the many Ugandans who have supported with both financial and in-kind donations.

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