



HAU | IHPCA
**Hospice Africa
Uganda**



**ANNUAL
REPORT 2019/20**

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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

■ Message From The Chief Executive Director: Dr. Agasha D. Birungi



Greetings from Hospice Africa Uganda (HAU). We are pleased to inform you that we have ended yet another year of compassionate service to all that we could reach with palliative care. We are indeed honored to have served you despite the challenging environment.

Over the course of this year 2019/20, we offered palliative care to 2,702 patients across our 3 sites, and cumulatively 34,993 patients have been cared for since 1993. Most of our patients have cancer, an illness that has far-reaching implications for families. HAU is at the forefront of supporting these patients and their carers, relieving their symptoms and working towards improving their quality of life. Our team at the Morphine Production Unit (MPU) worked passionately and tirelessly to ensure availability of oral liquid morphine solution, a drug used for relief of moderate – severe pain in life-threatening illnesses and meeting the standards set by the National Drug Authority.

At HAU, we are certain that education is a major means to spread this model of compassionate care guided by the hospice ethos to other countries in Africa. This year our Institute of Hospice and Palliative Care in Africa (IHPCA) graduated 62 nurses, doctors, clinical officers in various academic programmes in palliative care. The IHPCA now has a Masters in Palliative care offered in affiliation with Makerere University. We encourage

all eligible persons interested in palliative care studies to visit our website at <https://www.hospice-africa.org/education/> and see our range of both short and long courses available at the IHPCA.

The Department of International Programmes continued to reach the various countries in Africa where palliative care has been launched. The team engaged the alumni of the initiators' courses both English speaking and French speaking, offering mentorship and other forms of technical support in the endeavour to promote and sustain palliative care services in their countries. <https://www.hospice-africa.org/international-programs/>

HAU was not spared by the effects of the COVID-19 pandemic. The last quarter of the year saw HAU teams at all the three sites shocked with a country-wide lockdown. This aggravated the difficult financial position that HAU was already in and one that we were hoping to come out of through planned fundraising events. We trudged through this situation, serving patients in the best possible way we could. With deep gratitude, we extend our thanks to the Government of Uganda COVID-19 task force, corporate organisations, Private sector, the church, the HAU board members, the founding bodies of HAU, all HAU members, friends and well-wishers for the donations that came to help HAU meet the Standard Operating Procedures set by WHO and Government of Uganda to enable the service continue at a small scale rather than shutting down.

Our vision calls on us to deliver palliative care for all who need it and so we move into the next year with hope and faith that we will be able. To everyone reading this report, you are dear to us and we wish you nothing less than excellent health, prosperity and peace.

Dr. Agasha D. Birungi
Chief Executive Director, Hospice Africa Uganda

■ Message from the Board Chair: MR. TOM DUKU



Special salutation from I and the Board of Directors, Hospice Africa Uganda (HAU). I take this opportunity to thank all of you in your individual and corporate capacities for the support you continually offer towards our esteemed patients and their families. The year 2019/2020 was characterized by humongous challenges ranging from governance through to financial sustainability. You have all put your best foot forward to keep HAU afloat. We are not out of the mucky waters yet but I can confidently say that with your kind of synergy we shall make it.

In the first half of this business year 2019/2020, HAU membership was revamped and a new Board was appointed by the AGM. This reasonably addressed the core governance challenge at HAU. The “new” Board immediately engaged the sustainability question by drafting the strategic plan (SP) 2020 – 2025 and conducted an Organizational Capacity Assessment (OCA) to tease out gaps within HAU. A multi-pronged Fundraising strategy was adopted which yielded

commendable results which were able to see HAU through to the end of the first phase financial year. Special thanks go to The Foundation which has worked hand in hand with the HAU Board to relentlessly support HAU through various fundraising efforts. The second half of this business year took on an unprecedented twist when the COVID-19 pandemic hit the world. Uganda and HAU activities especially were not spared by the lock downs associated with the COVID-19 pandemic standard operating procedures. COVID 19 presented uncharted waters which further escalated the already ailing financial position of HAU. Our patient service was severely affected. On this note I would like to express my deepest appreciation first of all to the HAU team members especially the “frontline clinical team”, supported by members of the Board of Directors, The Foundation, Dr. Anne Merriman (Founder) and all our well-wishers who went out of their way and weathered storms to ensure that HAU remained financially sustained through the shock waves of the COVID – 19 period.

We may not be out of the muddy waters but by the fact that we were able to glide into yet another financial year 2020/2021, I can boldly say that we can get HAU to shore. I look forward to a more stable and fruitful 2020/2021 even as we strive through this “new normal” caused by the COVID -19 pandemic.

Once again as the African Proverb says “if you want to go far. Go together”,

Mr. Tom Duku
Chairperson – HAU Board
Hospice Africa Uganda

■ Executive Summary

The Hospice Africa Uganda (HAU) annual report 2019/20 highlights progress, challenges, and lessons learnt.

The HAU vision is *“Palliative care for all in need in Africa”*. The HAU mission is, *“To bring peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries”*. The vision and mission in line with the hospice ethos have guided Hospice Africa Uganda to achieve its objectives for 2019/20.

In the year 2019/20, a total of 2,702 patients were seen across all the three sites (Hospice Kampala, Mobile Hospice Mbarara and Little Hospice Hoima). This brings the cumulative number of patients ever seen since 1993 to 34,993. We had 1,144 new patients enrolled on the HAU program which was a 22% reduction in new patients compared to last financial year 2018/19. Among all the patients, we had 188 children, majority of whom had cancer.

The patients were seen at home, hospital, outreach, roadside clinics, daycare and several were reviewed on telephone during the lockdown to mitigate COVID-19 spread. Community Volunteer Workers were also very active referring patients to HAU sites.

The International Programmes team met participants from all over Africa, some on placement in Uganda, others met overseas and others virtually on Zoom. The planned Anglophone and Francophone courses could not happen in the latter half of the year due to the restrictions occasioned by the COVID-19 pandemic. They are slated for 2021.

The Institute of Hospice and Palliative care in Africa (IHPCA) had 69 students enrolled on academic programmes (56 BSc, 2 DPC, 2 DCPC and 9 Postgraduate Diplomas) and 2 students being supported with their PhD. 26 students graduated with Bachelor of Science Degree, 29 students graduated with Diploma in Clinical Palliative Care and 7 students graduated with the Postgraduate Diploma in Palliative Care, our very first lot of graduates of the postgraduate diploma which was launched in 2017.

Once again, the Morphine Production Unit underwent a rigorous inspection by National Drug Authority to ensure that the unit met the current Good Manufacturing Practice standards. We have a suitability of premises license and a license to operate under the supervision of a licensed pharmacist from the National Drug Authority.

The main challenges that Hospice Africa Uganda faced were; the COVID-19 pandemic and inadequate funding. Addressing the challenges is a combined effort from all our supporters. HAU has a new Strategic plan 2020 - 2025 which present potential solutions as opportunities

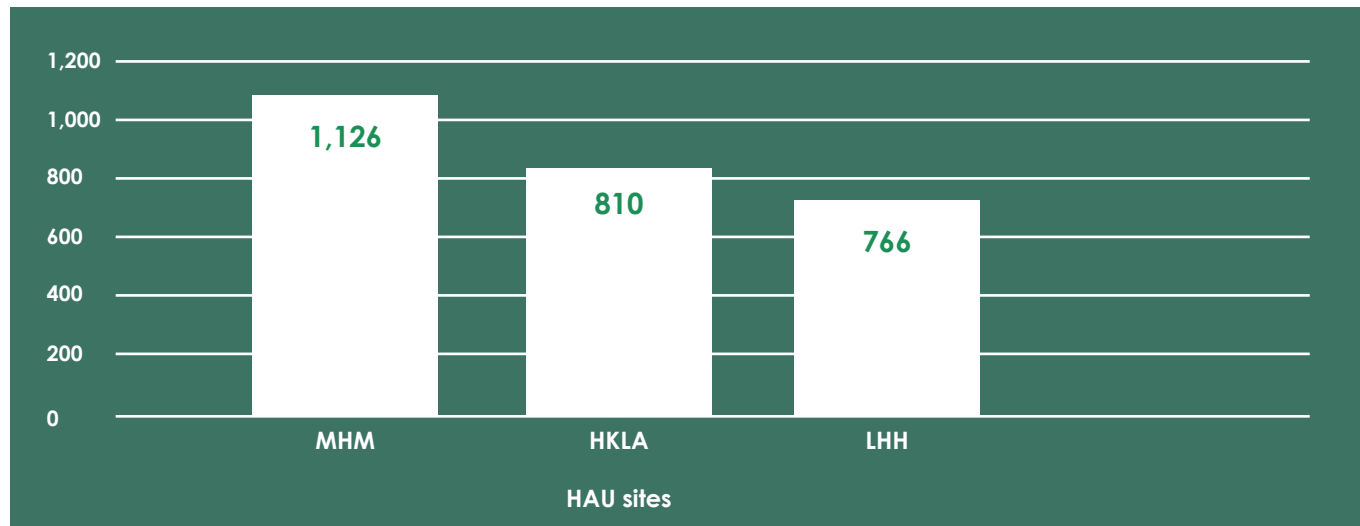
We are eternally grateful to all our donors and partners, past and present for their commitment towards the advancement of palliative care in Africa and the vision of Hospice Africa. The teams, board and management of Hospice Africa Uganda are committed to ensuring that no one continues to suffer or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

1.0 Patient Care

1.1 Patients' care outputs

This year we had a total of 2,702 patients seen across all the three sites, 1,126 (42%) were seen at Mobile Hospice Mbarara (MHM), 810 (30%) were seen at the Kampala site (HKLA) and 766 (28%) were seen at Little Hospice Hoima (LHH). The cumulative number of patients seen at HAU in all the three sites reached 34,993 patients since inception.

Figure 1: Patients seen at the three HAU sites 2018/2019



Referrals

A total of 1,992 referrals were received across the sites, out of which only 1,144 (57%) were admitted on HAU program and the 848 were served on consultation basis.

All through the year, but especially during the COVID19 pandemic HAU continued to receive requests to go and visit patients who were very far beyond our catchment boundary. This demonstrates that there are many patients who remain unreachable for whom Palliative care was inaccessible.

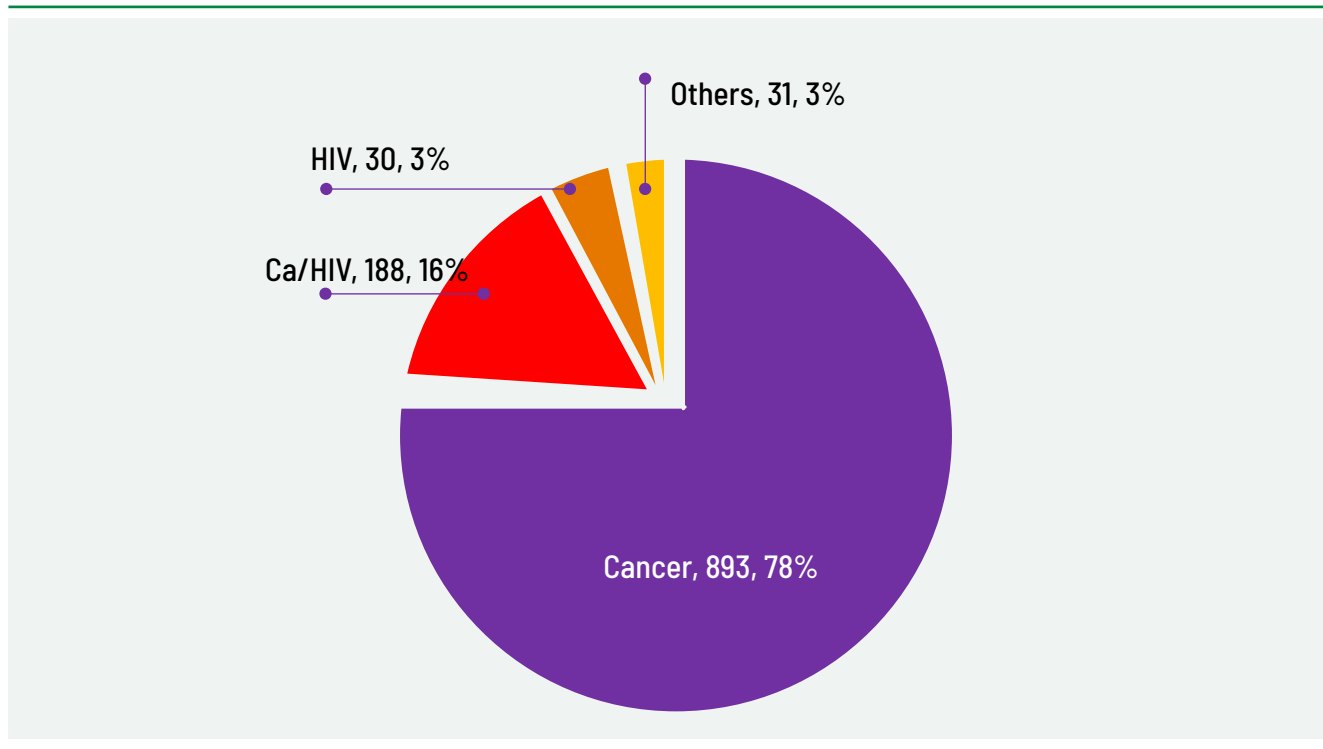
New Admissions at HAU

There were 1,144 new enrollments at the three sites, compared to 1,467 reported in 2018/19, a 22% reduction. Of the new enrollments, HKLA had 384 (34%), MHM had 572 (50%) while LHH had 188(16%). The average age of both new male and female patients is 52 years.

Table 1: Enrollment at all HAU sites

HAU site	Male	Female	Total
Little Hospice Hoima (LHH)	78	110	188
Hospice Kampala (HKLA)	147	237	384
Mobile Hospice Mbarara (MHM)	280	292	572
Total	505 (44%)	639(56%)	1,144
Average age	52 years	52 years	

Figure 2: Cancer / HIV profile of the new enrollments
New admissions (n=1144)



The top five cancers in new patients at HAU

Among the new patients, 78% were cancer patients, 16% had both cancer and HIV and 3% of the patients had various diagnoses which required Palliative Care- as shown in Figure 2 below

The top five cancers among the new patients were Cancer of the cervix, Breast cancer, Prostate cancer, cancer of the stomach and Oesophageal cancer. This has been the case over the last two consecutive years at HAU.

Table 2: Modes of Contacts of Patients seen on program

Mode of contact	No of patients 2018/19	No of patients 2019/20	No. of contacts 2018/19	No. of contacts 2019/20
OPD	3,090	2822	9,769	7957
Outreach	128	151	856	577
Road Side Clinics	17	20	205	62
Home Visit	206	328	1,711	890
Hospital Visit	400	453	1,820	990
Health Facility-Other	71	69	312	212
Telephone contacts	348	1495	1,877	2362

HAU registered an increase in the patients and contacts reached by telephone because it was the main means of reaching patients during the last quarter of the year when Uganda experienced a countrywide lockdown in an effort to curb the Covid-19 pandemic.

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 two outreaches to 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 and referral for other services.

Road Side Clinics

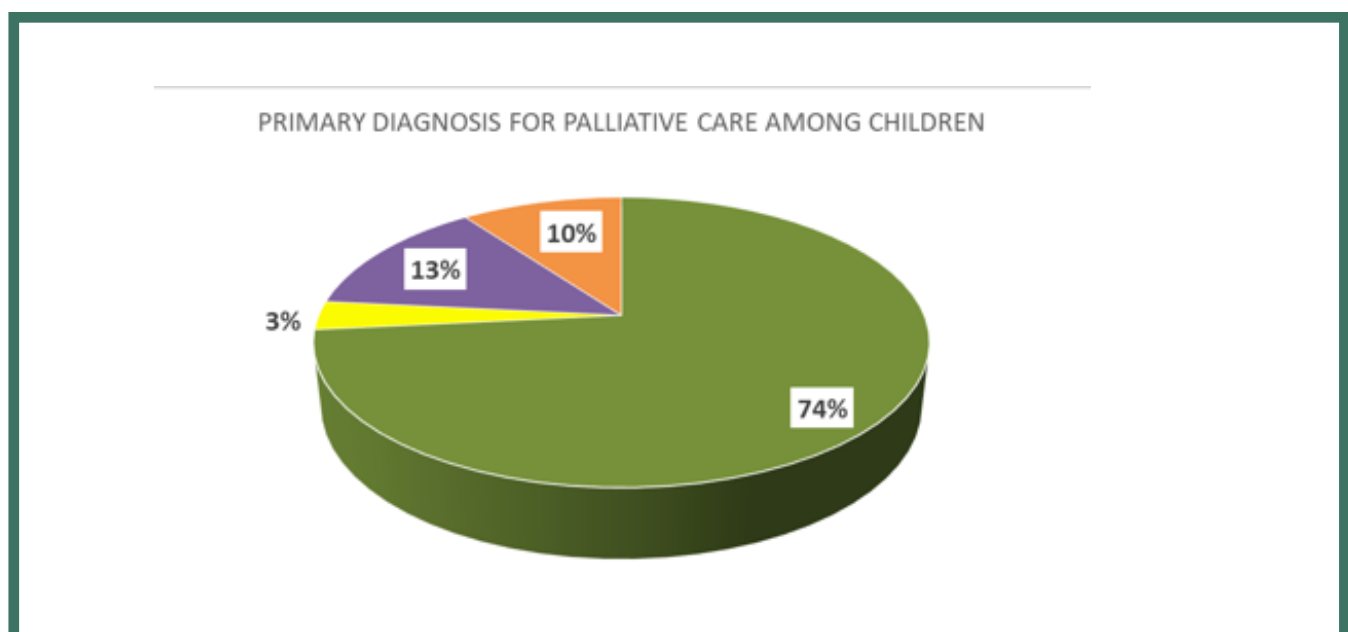
This is unique to MHM in order to reach patients outside the catchment area but living on the road to the outreach. Patients are seen under a tree or at a nearby health facility or school or shop agreed on by the MHM team and the patients.

Hospital Visits

All the three HAU sites conduct hospital visits to extend palliative care services to patients in the hospitals, especially the cancer patients. This is done once a week. HKLA visits Mulago National Referral Hospital and they see adults and children 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 where there is a palliative care unit set up but the staffing is very low.

1.2 Children on the Program:

During the reporting period, 188 children received palliative care as follows; 65 at LHH, 46 at MHM and 77 at HKLA. Majority of the children had cancer as the primary diagnosis as shown in the figure below. The commonest cancers are Rhabdomyosarcoma, Leukaemia, Acute Lymphoma, Burkitt's lymphoma, Osteosarcoma and Brain Tumours.



1.3 The Daycare

The main aim of the daycare is to improve 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 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 2019/20, average daycare attendance was 18 people at LHH, 17 people at MHM and 26 people at HKLA. Due to COVID-19 we were not able to hold day cares in the last quarter of 2020.

Table 3: Daycare attendance at each site

Month	Males			Females			Children			Carers			Total		
Site	LHH	MHM	HKLA	LHH	MHM	HKLA	LHH	MHM	HKLA	LHH	MHM	HKLA	LHH	MHM	HKLA
Jul-19	2	2	6	5	3	20	4	7	16	4	9	4	15	21	46
Aug-19	2	2	2	6	4	14	5	7	7	4	7	0	17	20	23
Sep-19	1	1	5	5	2	10	5	6	7	5	4	2	16	13	24
Oct-19	4	2	3	10	4	12	8	7	13	10	9	6	31	22	38
Nov-19	1	0	2	5	4	13	4	5	19	5	4	4	16	13	39
Dec-19	2	0	0	5	4	0	4	11	0	4	10	0	17	25	0
Jan-20	1	0	2	5	4	7	3	6	8	5	6	4	17	16	21
Feb-20	1	0	2	8	4	7	2	5	5	5	4	3	16	13	17
Mar-20	1	0	4	5	4	16	3	5	0	5	3	4	15	12	24

1.4 Bereavement Care and Memorial Service

We registered 764 deaths across all the three sites.

LHH registered 144 deaths and all received bereavement care (28 visited at home, 11 were counselled from the LHH site while 104 were called on phone). One family received bereavement care at an outreach.

MHM registered 123 deaths and all received bereavement care (37 were visited at home to see how the families were coping while 86 were bereaved on the phone). The team had 8 bereavement meetings to discuss how the patients and families were helped, challenges and opportunities to review for future improvement in our care for patients. During these meetings, some carers reported fatigue because they had no one to relieve them from the task of caregiver until their patients died.

HKLA registered 331 deaths.



Candle lighting at memorial services at MHM

Across the three sites, an ecumenical the memorial service was held during the reporting period as scheduled in November 2019. The attendance was very good as we received 76 patients and carers at HKLA, 120 patients and carers at MHM and 156 patients and carers at LHH. The religious leaders and choir members also attended as planned.

The carers gave testimonies on how Hospice helped them in the care of their patients. They lit candles at the end of the service. We shared a meal and everyone went home happy and satisfied.

1.5 Patients' Christmas Party

This event is held yearly at all the three HAU sites. It is attended by both patients and carers. It's one of those events we all look forward to, for some of the patients it could be their last Christmas. We registered 586 patients and carers. There were 251 attendees at HKLA, 130 attendees at MHM and 205 attendees at LHH. The Christmas party is 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 always ends with giving out patients Christmas packages to both adults and children.



Janzi Band entertains patients during their Christmas party

1.60 Give a Chance project

The Give a Chance (GAC) project continued to meet the objective 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 for their growth and development. The main objective of this project is to reduce children's vulnerability through provision of education support in primary, secondary and vocational levels, care and support, and provide socio-economic security to the households which they come from. We had a total of 50 children (27 boys and 23 girls) supported by Give a chance of which 12 were supported by GAC Denmark, 33 by GAC UK, 2 by GAC USA and 3 by GAC France. These children are supported with tuition in their primary, secondary and vocational training.

In the year 2019/20 seven completed senior four and two completed primary level seven. Since March 2020, schools have been closed due to the COVID-19 pandemic.

1.61: Patient Support Fund

Across all the three sites, patients with basic needs and those requiring investigations were identified and supported through a comfort fund. 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.

During the lockdown (countrywide effort to curb COVID-19 transmission), HAU noted significant patient needs that included food relief, psychosocial support and financial support. Many caregivers were not able to feed and cater for their families because their livelihoods were affected by the lockdown. We received assistance from Government of Uganda, Stanbic Bank Uganda, Irish Embassy, Phaneroo Ministries International, Turner and Townsend, Palliative Care Association of Uganda (PCAU), Coffee At Last, the founding bodies of HAU particularly Hospice Africa UK, Hospice Africa USA and individual well-wishers who came to the rescue of the patients and provided funds for food relief during that season.

1.7 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 2019 to June 2020, 247 women were supported for screening, investigations, radiotherapy and Chemotherapy. Of these, 226 (91%) women were newly enrolled on the program, and 21(9%) continued care from the previous year.

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

ACTIVITY DESCRIPTION	Jul - Sep 2019	Oct - Dec 2019	Jan - Mar 2020	Apr - Jun 2020
Total women supported in the quarter	110	73	71	39
New patients screened in the quarter and had a biopsy done	89	51	54	32
Patients identified with cancer cervix	44	36	38	22
Patients identified with early stage cancer cervix	25	19	16	15
New patients referred for Radiotherapy	20	7	7	10
Total patients for radiotherapy at UCI in the quarter	20	7	7	10
Patients that accessed radiotherapy	20	14	12	9
Patients that accessed chemotherapy and pre-chemo meds on the program	0	2	5	3

1.8 Strengthening Palliative Care in the Community: The Community Volunteer Worker (CVW) 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 34 patients to MHM for various services and all were enrolled on the HAU program.

At LHH, there were 35 active CVWs (19 male and 16 female). They referred 17 patients, 6 enrolled on the HAU program while 11 were seen as consultations.

At HKLA, there were 19 active CVWs (10 male, 9 female). HKLA received 20 referrals from CVWs and 8 were enrolled on HAU program.

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 for those who are not able or are not trained on the way to look after wounds especially patients with cancer.

1.9 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. At MHM DHOs office organized a HMIS training which was attended by the data clerk who also taught team members how to use and collect data in the new HMIS books provided by MoH.



Figure 3: CVWs at MHM at their Update Meeting

■ 1.9 Patient Story

'BE QUICK AND TAKE THE PATIENT'

A 68yrs old HIV positive patient with advanced head and neck cancer had quite an experience getting care during the COVID-19 lockdown. He had been a builder all his life and he had never built a house for himself. He had 10 children with two different women of whom one was deceased. He became so sick and he was taken to nearly every hospital. His histology results confirmed squamous cell carcinoma, poorly differentiated keratinizing type involving skeletal muscles. When they were planning to get chemotherapy from Uganda Cancer Institute (UCI), he ran out of money. He was taken back home with all the pain and was unable to eat. The land lord demanded his rent, so the neighbor called the uncle in Mbarara and said that the man had died; they should go and pick the dead body. When the uncle arrived, he found the man breathing and he took him into his home where a community volunteer worker (CVW) was called to see the patient and he referred them to Hospice.



Now the challenge was how to get the patient to hospice. This was a challenge because all public and private transport were stopped during the lockdown and movement of any nature, worse still across districts was to be approved by the Resident District Commissioner which would cause more delay on the patient. The uncle asked his friend who had a pick up (pictured) to give them a ride to Mbarara. The owner

of the pick-up refused as he feared his car being impounded if they found there a person without a travel pass. The uncle of the patient insisted that his friend's car would be protected. To this regard, he decided to get up as early as 5:30 am so he would beat security curfew patrols. No sooner had they reached the main road, than they noticed the police were stopping every moving vehicle. The driver parked the car at a distance and ran away into hiding. Then the uncle had to think quickly, he put up his hand and told the the police that they have a patient who is very sick and the car has run out of fuel and someone has gone to get fuel.

When the policeman glanced at the patient, he replied "please be quick and take the patient". So, the uncle called the driver on phone to come out of his hiding and continue with the journey. The patient was really very sick, in severe pain, dehydrated and he could not swallow anything. At MHM, he was rehydrated and given pain relief. When he gained some strength, he spoke up and thanked the nurses. The uncle was overwhelmed and he asked if there was any medicine which could revive the patient back to normal. He was counseled on End of Life Care and he took the patient back home because if he died in hospital it would be another hassle to take the body home. The patient died within a week, pain-free in the comfort of his uncle's home.

Indeed, in hard and unprecedented times like this Covid-19 pandemic, the vulnerable become more vulnerable and their suffering is amplified. Fortunately, with creativity, innovation, quick thinking and empathy, this suffering can be mitigated.

Martha Rabwoni, Health Services Coordinator, Mobile Hospice Mbarara

2.0 Morphine Production

2.1 Background

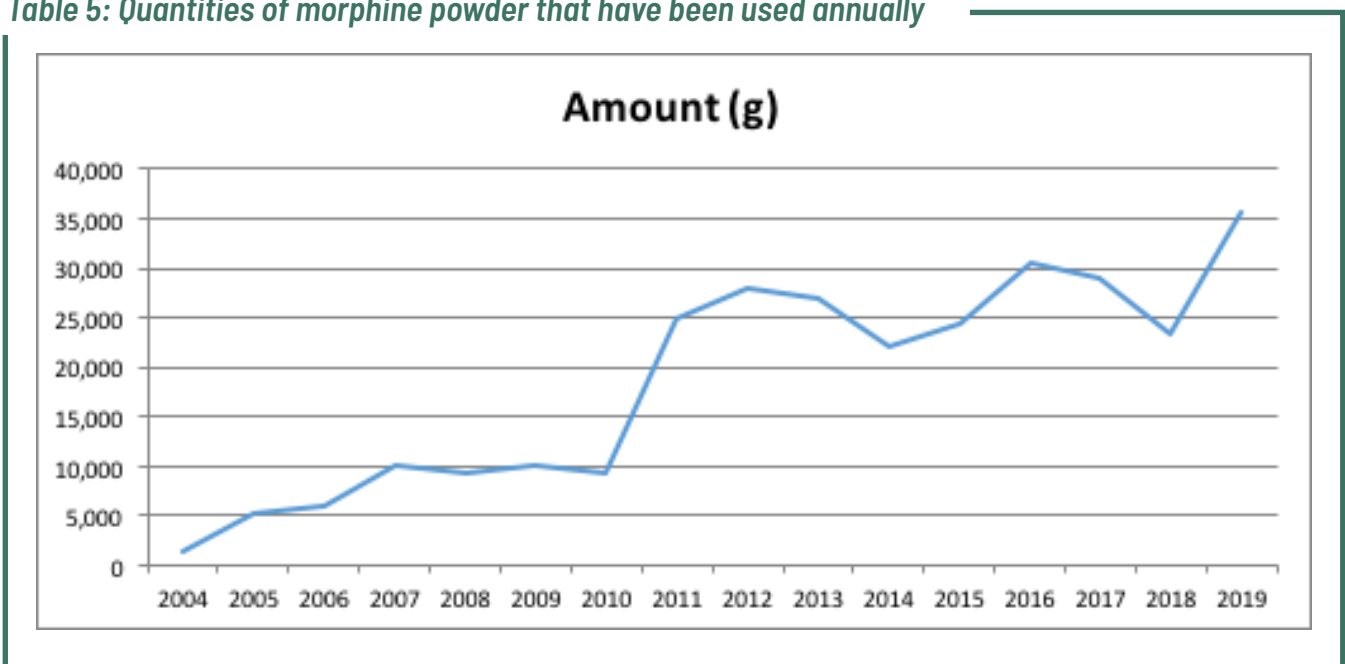
Hospice Africa Uganda has over the last 27 years reconstituted Morphine powder into oral liquid Morphine. This was initially done in a sink and bucket, very simple and yet effective. Oral liquid Morphine is the pain killer recommended by the World Health Organisation for the treatment of moderate to severe pain associated with cancer and other life threatening illnesses. Oral liquid morphine is part of the essential drugs for palliative care.

In December, 2019 HAU MPU was inspected by the National Drug Authority and passed the inspection to acquire a manufacturing license and a certificate of suitability of premises valid for 3 years. The manufacturing license assures that HAU reconstitutes morphine according to the current Good Manufacturing Practices (GMP).

2.2 Powder Consumption

The data available from 2004 to date shows quantities of morphine powder that have been used annually for the reconstitution or manufacture of oral liquid morphine. Starting from a mere 1.3kg in 2004, it is very evident that there is a rising trend which is in line with all the positive advocacy and interventions towards improving palliative care in Uganda.

Table 5: Quantities of morphine powder that have been used annually



2.2 Oral liquid Morphine Distribution Data

HAU supplies oral liquid Morphine to the Government of Uganda through the National Medical Stores (NMS) under the Public Private Partnership as enshrined under the Public Private Partnership Act 2015.

The National Medical Stores then supplies to the public health facilities accredited to provide palliative care in Uganda. NMS also supplies to Joint Medical Stores (JMS) who supply to the private not for profit and private for profit facilities accredited to provide palliative care in Uganda.

HAU has dispatched oral Morphine as follows.

Table 6: Dispatch quantities for the last financial year

Month	Green 500ml (Boxes)	Green 250ml (Boxes)	Red 250ml (Boxes)
July' 19	223	75	
Sept' 19	259	128	
Nov' 19	263	151	
Dec' 19	185	445	
Mar' 20	148	72	
April' 20	182	447	
May' 20	110		8
TOTAL	1,370	1,318	8

■ 3.0 International Programs

International Programmes (IP) commenced in 2000, to carry forward the vision of Hospice Africa in countries of Africa with, training and advocacy. The global COVID19 pandemic adversely affected plans and operations of IP.

Prof. Dr Anne Merriman, Professor of Palliative Medicine (Makerere) and Founder HAU handed over responsibilities and leadership of the International Programmes to the new Clinical and International Programmes Director, Dr Eddie Mwebesa. Bernadette Basemera who was the Anglophone Nurse trainer retired from service at HAU/ IP- after 20 years dedicated service to HAU, she will be dearly missed.

Table 7: Over course of this period, the following activities were held

Country	Period	Main Activity	Out come
Uganda	24th June to 26th July 2019	Francophone Course	18 students from 11 African countries were trained. Course attracted 1 new country, Djibouti & also more students from the Caribbean country Haiti. All students successfully completed the course & some have started PC services in their country. Hospice Burkina, a palliative care coordinating organisation, was already established by Dr Martin, a previous trainee.
Uganda	16th to 27th Sept 2019	Teaching and placement	Hosted 2 Nigerian students for Placement
Democratic Republic of Congo	21st Oct to 3rd Nov 2019	Teaching and advocacy	Teaching and advocacy for Palliative care at a nursing school in Congo
Burkina Faso	1-5 December 2019	Teaching and advocacy. A conference funded by Organisation for the Prevention of Intense Suffering (OPIS), through their CED, Dr Jonathan Leighton. Held in Ouagadougou, the capital of Burkina Faso- one of the poorest countries in Africa, with a refugee problem and unrest.	Met with the Minister of Health who was eager to put into place the necessary structures to import affordable morphine powder to make oral morphine for patents at home. Conference was well attended and was a start to advocating with the Government for palliative care. Also met with IP Alumni joined together as Hospice Burkina, their palliative care association.
Senegal	9th to 20th Dec 2019	Training of Health workers on Mercy ships Preparation of curriculum and materials for PC in Onco-Pediatric Institute Pana-Africa (in partnership with a doctor From Guinea -Conakry)	Trained 37 health professionals. Students recognized the need for home-based PC in Senegal. Increased HAU's visibility in Senegal especially at the Ministry of Health. Made follow up visits to Alumni, Dantec and Maadji. Students were eager to undertake longer courses to gain a deeper understanding of PC.
Senegal	Feb 2020- to end of FY (and continuing)	Preparation of Francophone and Anglophone Initiators course 2020 Review of the training manuals for the initiators courses	Curriculum accepted. Teaching materials developed& shared. Ongoing preparation of assignment and examinations
Uganda	March- June 2020	Prepare and conduct a survey on "Palliative Care Services in Africa in the face of Covid-19."	Courses postponed due to COVID19 pandemic Results are being analysed guidelines for service delivery drafted

The Anglophone and Francophone courses for 2020 were postponed to the latter half of 2020 hoping the COVID19 pandemic will be controlled.

IP team is developing an online/ virtual learning section of the Initiators course which will likely reduce both course costs and duration, increase enrollment and be a more efficient way to deliver teaching to adult learners.

Other IP engaged travels for advocacy and teaching were postponed due to the Covid-19 restrictions. The travels to the following countries; Ethiopia, Malawi, Senegal, France and Liberia were put on hold until the restrictions for travel are lifted.



Figure 4: (L) Students and teachers of the Francophone Initiators course held in 2019 at HAU- Uganda. (R): Sylvie Dive presenting at conference in Democratic Republic of Congo



Figure 5: (L): Prof. Dr. Anne and Dr Dorothy Olet are welcomed in Ouagadougou airport in Burkina Faso 1 December 2019 (R): TOT students and their facilitators show off their certificates in Senegal

Progress of Palliative Care in Africa

Palliative care has moved from only 3 countries in 1993 (South Africa, Zimbabwe and Kenya) to 37 countries by end of June 2020, following the Hospice Africa vision. Alongside HAU's International Programmes, the African Palliative Care Association also advocates with governments for a conducive environment for Palliative care.

■ 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 2019/20, 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. 26 of its students from 4 Sub Saharan African Countries graduated with Bachelor of Science degree from Makerere University, 29 graduated with Diploma in Clinical Palliative Care and 7 graduated Postgraduate Diplomas in Palliative Care of IHPCA.

As with all Institutions the Institute faced the challenge of an increasing number of students being unable to pay full tuition fees. The other is the continued lack of recognition of palliative care qualifications as a specialty by Ministry of Public Service in Uganda.

3.1 Academic Programs During 2019/20

Academic programmes offered included;

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

- o Postgraduate Diploma in Paediatric Palliative Care
- o 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;

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

The curriculum for Master's in Palliative Care Programme was approved by Makerere University council who forwarded it to NCHE for accreditation. The NCHE had planned to make a physical inspection of the Institute to confirm that it has the necessary human and physical facilities to conduct a Master's programme. However, the inspection was aborted at the last moment when the lockdown due to Covid-19 was announced in March 2020. The lock down continues however 12 students have applied for this programme for 2020/21 academic year.

3.3 Students Enrolment

We saw a significant drop in student enrolment due to changes in Makerere University admission policies.

69 students were enrolled in academic programmes (56 BSc, 2 DPC, 2 DCPC and 9 Postgraduate Diplomas)

9 students enrolled in the postgraduate diploma programmes, but two dropped out shortly because of inability to pay fees. Of the current 67 students. 44 (64%) are international students.

The IHPCA also supports two students pursuing their PhD. One of them as an international graduate

3.4 Graduations

26 students graduated with Bachelor of Science Degree (8 from Kenya, 7 from Malawi, 1 from Rwanda and 10 Ugandans in January 2020 from Makerere University.

29 students graduated with Diploma in Clinical Palliative Care of IHPCA in February 2020, 27 Ugandans and two from Malawi.

7 students graduated with the Postgraduate Diploma in Palliative Care (2 Clinical PC, 2 Pediatrics PC and 3 Psychosocial and Spiritual Palliative Care). The graduates were 4 Ugandans, and 1 each from Germany, Rwanda and Zambia. These were the first cohort to graduate with the postgraduate diploma which was launched in 2017.

The total number of graduates from the Institute since 2004 is 530 made up of BSc 107, DPC 202, DCPC 214 and 7 Postgraduate Diplomas

3.5 Academic Programmes Under Development

A Master of Science programme in Medical Social Work

A Masters programme in Medical Education

Modular online Masters/Diploma/Certificate in Palliative Care

Online short courses in palliative care

3.6 Non Academic Training (Short) Courses

During 2019/20, the Institute conducted the following short courses in Palliative care.

Health professionals training for Nurses from Apac Medical Centre (a private hospital 4 participants) and From Church of Uganda Bwindi Community Hospital (3 participants)

3.7 Scholarships secured for 2019/20 Academic year

African Palliative Care Association offered 2 scholarships to students on BSC programme.

3.8 Fees Payment Challenge

Fees collection/recovery from self-sponsored students remained a major challenge during 2019/20. Very few self-sponsored students were able to pay the full tuition fees. Overall only about 60% of the fees were paid and most were from students who received scholarships or sponsorship from their employing Institutions

3.9 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.

Staff development Programmes

One team member who was on staff development programme obtained a Master's Degree from Clarke International University

One team member is on a fully funded PhD programme. One team member was admitted to PhD programme in UK, but was unable to take up the offer because of lack of funding.

Two staff members are doing the postgraduate diploma at the Institute

3.10 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. See Appendix for details of protocols reviewed.



■ 5.0 HAU Publications And Presentations

In the year 2019/20, HAU team members attended and made presentations at two conferences. The 2nd Uganda Conference on Cancer and Palliative Care took place from 5th – 6th September 2019 at Kampala Serena Hotel. Various team members of HAU attended the conference and five of them made various presentations. The theme of the conference was 'Towards Universal Coverage'.

The 6th International African Palliative Care Conference was also held from 17th to 20th Sept 2019 in Kigali Rwanda and was attended by six HAU team members. Four of them made presentations. The conference theme was 'Palliative care and universal health coverage'.

During the year, several HAU team members worked on concepts and research papers that were submitted to various journals for publication. The list of papers and presentations is in appendix two of this report.

■ 6.0 Brief Report On Other HAU Activities

6.1 Extra Ordinary Annual General meeting held for Selection of New board members.

This was held on 30th August 2019. HAU has over 70 members who make the AGM and these approved the appointment of 13 Board members selected to join the HAU Board, with representation from Hoima and Mbarara. The new board members have since held various meetings during the year to steer HAU strategically forward.

6.2 HAU Fundraising Events

During the year 2019/20, HAU held a grand reunion and fundraising event at all the three sites. HKLA held a dinner at Hotel Africana on 1st November 2019 with representation from Ministry of Health, Palliative Care fraternity and corporate companies. MHM held a charity walk and a dinner in Mbarara town. LHH held a fundraising ceremony. It was most exciting to see alumni meet the current team at HAU. The event also doubled as a fundraiser which brought on board several corporate companies. Special appreciation goes to; Nation Media Group, Standard Chartered

Bank, Crown Beverages Ltd, Ecobank Uganda, ICEA General Insurance, various Rotary Clubs in Uganda, The Irish community in Uganda, Joint Medical Stores, National Medical Stores, Mary hill Old Girls Association, Schools in Mbarara district, Mbarara Municipality, Nile Breweries Limited, Centenary Bank Limited, Kazire Health drinks, LMK Consultance Ltd, My Life My health club, C.O.U Ankole Diocese, Radio Maria, Mbarara Catholic



Archdiocese, Century Bottling Company, endigito radio, crooze fm, TV West, radio west, Bunyoro Kingdom leadership, patients and several individuals both members and well-wishers of HAU.

■ 7.0 Finance

2. REPORT OF THE DIRECTORS

The Directors submit their report and the audited financial statements for the year ended 30 June 2020, which discloses the state of affairs of the organization.

1) 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.

2) Results for the year

The results for the year ended 30 June 2020 are shown on Page 8 of this report

3) Membership of the Board

The Directors who held office during the year are as set out on page 2 of this report.

4) Independent Auditors

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

5) Approval of the financial statements

The financial statements were approved on October 28 2020

By the order of the Board



Chairperson

Date 25/10/ 2020

3. STATEMENT OF DIRECTOR'S RESPONSIBILITY

The directors are responsible for the preparation and fair presentation of the annual financial statements of Hospice Africa Uganda, comprising of the statement of financial position as at 30 June 2020 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.

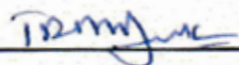
The directors are ultimately responsible for the internal controls. The directors delegate responsibility for internal control to management. Standards and systems of internal control are designed and implemented by management to provide reasonable assurance as to the integrity and reliability of the 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 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 financial statements, as well as adequate systems of internal financial control.

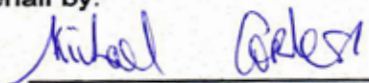
The auditor is responsible for reporting on whether the annual financial statements of Hospice Africa Uganda are fairly presented in accordance with Hospice Africa Uganda accounting policies.

Approval of the financial statements

The annual financial statements of Hospice Africa Uganda were approved by the board of directors on October 28 2020 and signed on its behalf by:



DIRECTOR



DIRECTOR

4. 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 2020; 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 2020 and of its financial performance and its cash flows for the year then ended in accordance with the Organization's accounting policies and the requirements of the Companies Act, 2012 of Uganda.

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 directors' 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.

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

Responsibilities of Management and Directors for the Financial Statements (Continued)

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the Organization 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.
- 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.

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

- 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.

Report on other legal and regulatory requirements

As required by the Companies Act, 2012 of Uganda we report to you, based on our audit, that:

- (i) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- (ii) In our opinion, proper books of account have been kept by the Company, so far as appears from our examination of those books; and
- (iii) The Organisation's statement of financial position (balance sheet) and statement of income and expenditure are in agreement with the books of account.

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



Kenneth Makanga

Partner



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

Date: 08 November 2020



5. STATEMENT OF INCOME AND EXPENDITURE

	Notes	BUDGET 2020 UShs	ACTUAL 2020 UShs	ACTUAL 2019 UShs (restated)
INCOME				
Cash donations	9.1	1,753,274,884	1,829,877,917	2,667,542,116
Generated incomes	9.2	1,117,396,885	1,068,074,416	1,626,522,334
Donations in Kind	9.3	120,000,000	125,593,846	68,717,000
Total Income		2,990,671,769	3,023,546,179	4,362,781,450
EXPENSES				
Clinical Costs	9.4	1,672,039,055	1,636,133,444	2,270,196,025
Education Costs	9.5	475,390,841	473,103,344	878,047,064
International Programmes	9.6	226,355,000	224,355,009	303,237,586
Morphine production costs	9.7	561,366,212	599,036,165	580,363,427
Bad and doubtful debts	9.8	-	226,567,518	83,758,512
Other Administrative Costs	9.9	55,520,661	50,568,304	125,399,070
Total Expenses		2,990,671,769	3,209,763,784	4,241,001,684
Surplus/(deficit)		-	(186,217,605)	121,779,766
Taxation	9.10	-	-	-
Total surplus/(deficit) to general fund		-	(186,217,605)	121,779,766

6. STATEMENT OF FINANCIAL POSITION

	Notes	2020 Ushs	2019 Ushs
Non- Current Assets			
Property and Equipment	9.11	3,848,229,235	4,089,303,261
Leasehold Land	9.12	208,218,393	222,453,418
		4,056,447,628	4,311,756,679
Current Assets			
Inventory	9.13	238,246,135	105,013,472
Debtors & Prepayments	9.14	122,616,467	517,927,794
Cash & Cash Equivalents	9.15	450,515,619	401,130,218
		811,378,221	1,024,071,484
Total Assets		4,867,825,849	5,335,828,163
Funds & Liabilities			
Capital Fund	Page 10	4,056,447,627	4,311,756,678
General Fund	Page 10	454,332,107	504,006,620
Restricted Fund	Page 10	122,245,196	240,008,673
Total Funds		4,633,024,930	5,055,771,971
Current Liabilities			
Trade and Other Payables	9.16	175,717,670	190,137,550
Deferred Income	9.17	59,083,250	89,918,642
		234,800,919	280,056,192
Total Funds and Liabilities		4,867,825,849	5,335,828,163

The financial statements on pages 8 to 22 were approved by the Board of Directors on... October 28 2020 and were signed on its behalf by:

.....
Chairperson

.....
Director

7. STATEMENT OF CHANGES IN RESERVES

	Capital Fund Ushs	General Fund Ushs (restated)	Restricted Fund Ushs	Total Ushs
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
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)
Armortisation 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
Prior year adjustment	-	(1,637,700)	-	(1,637,700)
At Start of the year (Restated)	4,311,756,678	504,006,620	240,008,672	5,055,771,970
Year ended 30 June 2020				
At start of the year	4,311,756,678	504,006,620	240,008,672	5,055,771,970
Surplus for the year	-	(186,217,605)	-	(186,217,605)
Receipts during the year	33,114,000	-	76,420,243	109,534,243
Expenditures during the year	-	-	(194,183,719)	(194,183,719)
Depreciation for the year	(274,188,026)	-	-	(274,188,026)
Amortisation for the year	(14,235,025)	-	-	(14,235,025)
Year-end adjustments	-	136,543,092	-	136,543,092
At end of year	4,056,447,627	454,332,107	122,245,196	4,633,024,930

8. STATEMENT OF CASHFLOWS

	Notes	2020 Ushs	2019 Ushs
Cash Flows from Operating activities			
Surplus for the year		(186,217,605)	121,710,126
Adjustments in the fund balance		18,779,615	(304,720,682)
		(167,437,990)	(183,010,556)
Changes in Working Capital			
Inventories		(133,232,663)	(72,132,835)
Trade and other receivables		395,311,327	(49,401,332)
Trade and other payables		(14,419,881)	(59,804,639)
Deferred Income		(30,835,392)	6,992,192
Net Cash Used in Operating Activities		216,823,391	(174,346,614)
Increase in cash and cash equivalents			
		49,385,401	(357,357,170)
Movement in cash and cash equivalent			
At Start of year		401,130,218	758,487,388
Decrease		49,385,401	(357,357,170)
At end of year	9.15	450,515,619	401,130,218

■ 8.0 Challenges and Recommendations

Between 2017 and 2019, HAU suffered a significant reduction in funding and consequently a reduction in the catchment radius for all the three sites, reduction in the frequency of daycare, home and hospital visits a restructuring process that cut down the number of staff. The HAU previous strategic plan had expired in 2017. Reduced operations led to a leaner budget that could be supported but a steady drop in the number of patients reached and the number of contacts. It is not to say that the need for palliative care in Uganda is insignificant but rather that if we had the resources, we could do much more. These challenges motivate us to learn and be creative.

These are some of the lessons we have learned, and intend to use in the next year.

1. The palliative care specialty is one that focuses on every aspect of the patient - holistic assessment and care. This is not easy to maintain when the team of providers is too small compared to the number of patients. Therefore, we should value each other knowing that we are each working very hard.
2. A strategic plan is important for strategic direction of any organisation / business. We learned to work as a team while working on the new strategic plan 2020 – 2025. The plan clearly defines who we are at HAU, what we do, what we should do and how we will measure ourselves. All the team members own it and are committed to delivering on this plan.
3. Working together within the palliative care fraternity will help us advance the cause of palliative care. As HAU it matters to us that we serve as many as we can and train as many as we can however, we can only reach a few. We participated in several opportunities in the past year, sharing with and learning from other hospices and palliative care providers and learned a lot.

**We learned to work as a team
while working on the new
strategic plan 2020 – 2025.**

■ 9.0 List of team members 1st july 2019-30th june 2020

NAME

DESIGNATION

1	Dr. Agsha Doreen Birungi	Chief Executive Director
2	Caroline Violet Alony	Finance Manager
3	Dr. Eddie Mwebesa	Clinical & International Programmes Director from Jan. 2020
4	Prossy Nakyanja	Human Resource & Administration Manager
5	Prof. Stanley Wilson Acuda	Principal - IHPCA
6	Berna Basemera	Anglophone Nurse trainer/Administrator till Dec. 2019
7	Sylvia Dive	Francophone PC Nurse
8	Diana Basirika	Francophone PC Nurse
9	Maureen Namale	PA to Founder & International Programmes Administrator
10	Roselight Katusabe	Health Services Coordinator
11	Josephine Nabitaka	PC Nurse
12	Resty Nakanwangi	PC Nurse
13	Jane Mwesige	PC Nurse
14	Aciro Dorcus	Social Worker
15	Susan Nakibirango	Administrative Assistant
16	Chistine Lisa Irumba	Clinical Officer
17	Sarah Nakyanzi	Dispenser
18	Dr Dorothy Adong Olet	Lecturer/Academic Programmes Coordinator
19	Dr Margaret Tumwebaze	Quality Assurance Registrar
20	Nasur Buyinza	Academic Registrar/Lecturer
21	Rachael Dipio	Lecturer
22	Berna Mandera	Associate Lecturer
23	Harriet Nakiganda	Lecturer
24	Janepher Nyakake	Lecturer
25	Emmanuel Luyombya	Resource Centre Manager
26	Karima Amin Kamru	Pharmacist
27	Monica Nanono	Quality Assurance Officer
28	Akowa Charles	Quality Assurance Assistant
29	Sarah Nakachwa Bwambale	Accountant
30	Alice Namuleme	Accountant
31	Grace Namwanje	Accounts Assistant upto Jan 2020
32	Douglas Muhairwe	Accounts Assistant
33	Joan Namata	Administrative Assistant
34	Nelson Gumoyesiga	Systems Administrator
35	Rosemary Abaru	Administrative Assistant

36	Grace Wamala Akiiki	Grants Manager
37	Godfrey Aliowuka	Security Guard
38	Ronald Wetese Maganda	Security Guard
39	Joseph Maanyi	Maintenace Assistant/Security Guard
40	Cate Nababi	General Assistant
41	Vicky Amazo	General Assistant
42	Siragi Kazibwe	Head Driver
43	Robert Kyomuhendo	Driver

LITTLE HOSPICE HOIMA

LITTLE HOSPICE HOIMA

44	Octivia Nazziwa	Health Services Coordinator- Little Hospice Hoima
45	Hanifa Nakanwangi	PC Nurse
46	Jane Nakibuuka	PC Nurse
47	Sarah Kitalikyawe	PC Nurse
48	Rashida Nalule	PC Nurse
49	Elizabeth Namugambe	Social Worker/Data Clerk
50	James Kivumbi	Security Guard
51	Armstrong Mugisa	Security Guard
52	Saudah Kabajungu	Caterer
53	Amos Sunday	General Assistant
54	Ajuna Christopher	Driver

MOBILE HOSPICE MBARARA

MOBILE HOSPICE MBARARA

55	Antonia KamateTukundane	Site Manager - Mobile Hospice Mbarara
56	Martha Rabwoni	Health Services Coordinator- Mobile Hospice Mbarara
57	Beatrice Asiimwe	PC Nurse
58	Betty Bifabusa	PC Nurse
59	Elizabeth Mbabazi	Clinical Officer
60	Francisca Nagujja	PC Nurse
61	Harriet Nalubega	PC Nurse
62	Miriel Kabigarire	PC Nurse
63	Sharlottie Nahabwe	Administrative Assistant
64	John Kobweme	Security Guard
65	Vicent Mubangizi	Security Guard
66	Lawrence Tumwesigye	General Assistant
67	Glorious Nabumwine	Caterer
68	Michael Asiimwe	Driver
69	Shafiq Bamudaga Wasswa	Driver

■ Appendix 1 – Protocols

Reviewed by the HAUREC

1. Description of current state of palliative care services in Uganda (PCAU and University of Notre Dame USA)
2. Assessing the prophylactic activity, safety and economic impact of ARTAVOL against Malaria burden at household levels in Apac District in Uganda (Prof Everd Maniple et al)
3. Preparedness to face the Covid-19 pandemic in African Hospitals and Palliative Care Services: A Rapid Assessment (African Palliative Care Association and Kings College London)
4. Exploring the perceptions of cancer patients on use of oral Morphine for management of pain at Joy Hospice, Mbale: (Dennis Wonasolo, Student)
5. Do they also suffer from cancer or they are immune against it: a phenomenological study of lived experiences of cancer Health Profession survivors in Uganda? By Germans N, Peter Ellis, Wilson Acuda et al)
6. A Nurse-Led integrated palliative care for Multi drug Resistant Tuberculosis in Uganda: a randomised clinical trial: Nasur Buyinza (PhD project)
7. Cancer occurrences and risk patterns in Uganda: a comparative assessment among 4 Geographical Regions in Uganda: Annette Nakiganda, Uganda Cancer Institute (PhD)
8. An exploration of the need for Nursing and Midwifery Leadership Capacity Building in Uganda: Prof Julia Downing and University of South Wales, UK
9. Challenges to seeking palliative care services among terminally ill cancer patients in Makindye Division Kampala: By Nasasira Sheibah, Kyambogo University
10. The extent to which advanced care planning is practiced by palliative care health professionals providing palliative care to patients with advanced cancer and their families in Uganda (Dr Sam Gumo, Kawempe Home Care)
11. Exploring the experiences of adult patients using oral liquid Morphine (Michael Ekwang, student)
12. Factors influencing the health seeking behaviour among HIV/AIDS clients towards palliative care services at Hospice Africa Uganda by Nakalema Prossy
13. Organisational determinants of patient satisfaction among cancer patients: a case of Hospice Africa Uganda: (Dr Dorothy Adong Olet- a Masters in Management studies UMI)
14. Effect of cancer illness and treatment on the Psychosocial well- being of caretakers by Renzi Joyce Didi (Uganda Cancer Institute)
15. Project sustainability: the case of Hospice Africa Uganda by Victoria Aguti, Makerere University Business School
16. Prevalence, risk factors and management of Neuropathic Pain in cancer patients attending palliative care service at a tertiary palliative care service in Uganda. (Lisa Irumba (Master's Degree project)
17. An assessment of needs and lived experiences of Refugees requiring palliative care and their care givers in Uganda: a mixed method study (Peace Bagasha, Mhoira Leng and Prof Julia Downing)
18. Exploring the psychosocial needs of elderly patients with cancer receiving palliative care at Hospice Africa Uganda – Josephine Nabitaka
19. Experiences of women aged 18 to 49 years of age seeking cervical cancer screening: a case of Gynaecology clinic at Mulago National Referrals Hospital, Kampala
20. Understanding the Health Workers perceptions towards Morphine use among patients with Sickle Cell Disease at Joy Hospice Mbale – Kawubiri Wilberforce

Appendix 2: Table showing on-going research, Publications and conference presentations

Hospice Author	Title of paper, presentation or poster	Place of publication, presentation and date
Publications		
Prof. Dr. Anne Merriman, Dr. Eddie Mwebesa, Dr. Zirimenya Ludoviko	Improving access to palliative care for patients with cancer in Africa: 25 years of Hospice Africa.	ecancer 2019 Available at https://europepmc.org/backend/ptpmcrender.fcgi?accid=P-MC6722241&blobtype=pdf
Prof. Dr. Anne Merriman	Hope for the Hopeless	P 12, Catholic Pic, Issue, May 2020
Prof. Dr. Anne Merriman	An African Journey	Triple Helix on line, CMF, May 2020 https://cmf.li/2z9Fs3L
Submitted for publication		
Barbara Duncan and Wilson Acuda	Understanding the management of patients with non-malignant pain in palliative care setting in Kampala	Submitted to: Palliative Medicine Journal
Racheal Dipio, Wilson Acuda, Eve Namisango, Mary Mboowa (2020)	Prevalence and factors associated with depression among family care givers of patients attending Hospice Africa Uganda palliative care service in Uganda. Supportive and Palliative Care	Accepted in press (Supportive and Palliative Care)
Buyinza N, Ryan C, Adong Olet D, Okello L and Acuda SW (2020):	Understanding the needs, challenges and opportunities of integrating palliative care services into humanitarian health interventions among health care workers serving refugee Communities in Uganda	East African Health Research Journal (Accepted -press)
Dorothy Adong Olet, Aida Lubwama, Martha Olweny and Wilson Acuda:	Organisational determinants and patient satisfaction among cancer patients: a case of Hospice Africa Uganda	Submitted to e-cancer
Adong Olet Dorothy	Expectations and level of satisfaction among patients receiving palliative care at Hospice Africa Uganda.	Master Degree in Management Studies (M&E), Uganda Management Institute)
Papers in preparation		
Roselight Katusabe, Margaret Tusiime Tumwebaze, Eve Namisango and Wilson Acuda	Experiences of cervical cancer patients on Road to Care Programme at Hospice Africa Uganda in relation to chemo-radiation	

Amandua J, Kashaba DM, Orach S, Acuda SW, et al	Assessment of palliative care services in Catholic Health care facilities and Training Institutions in Uganda	
Germans Natuhwera, Martha Rabwoni, Peter Ellis and Prof Anne.	Clinicians' and Nurses' documentation practices in palliative and hospice care: a mixed methods study providing evidence for quality improvement at MHM	Submitted peer-reviewed revised manuscripts to International Journal of Palliative Nursing(IJPN) Ref Ms. No.jjpn.2020.0036
Germans Natuhwera, Peter Ellis, and Prof. Wilson Acuda	Advanced Incurable Cervical Cancer: a descriptive qualitative study of women's lived narratives	Submitted peer-reviewed revised manuscripts to International Journal of Palliative Nursing(IJPN) Ref Ms. No.jjpn.2020.0056
Research in Progress		
Nasur Buyinza et al	A Nurse-led integrated palliative care for Multidrug Resistant Tuberculosis Therapy in Uganda: a randomized controlled trial	Research grant from Build Care Africa, Kings College, London (PhD project)
Conference presentations		
Barbara Duncan and Wilson Acuda	Understanding the management of patients with non-malignant pain in palliative care setting in Kampala	Presented at the 2nd Uganda Conference on Cancer and Palliative Care
Agasha DB, Tukundane A, Namwanga R et al	Improving access to Palliative care through strengthening community-based surveillance	Presented at the APCA conference in Kigali Rwanda
Nasur Buyinza	Challenges and Opportunities for integrating palliative care into humanitarian health interventions among health care workers in Uganda	Presented at the APCA conference in Kigali Rwanda
Mirembe Anna Resty, Agasha D. Birungi, Ntege Christopher	Increasing demand and access to palliative care	Presented at the APCA conference in Kigali Rwanda
Dianah Basirika, Anne Merriman, Sylvia Dive, Berna Basemera	Empowering other African countries to initiate and/or integrate African palliative care into their healthcare systems	Presented at the APCA conference in Kigali Rwanda
Germans Natuhwera and Peter Ellis, UK	Advanced Incurable Cervical Cancer: a descriptive qualitative study of women's lived narratives, study at MHM	Presented at the 2nd UCI-PCAU joint conference on cancer and palliative care, held at Kampala Serena Hotel, on 5th – 16th September 2019 and at the APCA conference in Kigali Rwanda

■ Funding Appeal

OPERATIONAL COSTS	Costs in UGX	€ 1 Euro = 4,000	£ 1 GBP = 4,776	\$ 1 USD = 3,650
Cost for caring for one patient per month	89,724	20	19	25
Fuel per month for home visits and daycare patients' transportation	863,862	216	181	237
Maintenance cost for a car per quarter (average)	267,581	67	56	73
Cost for maintaining and training of 30 Community Volunteers for 6 Months	4,276,250	1,069	895	1,172
Bachelors in Palliative care annual tuition	5,475,000	1,369	1,146	1,500
Short course costs per person for 7 days:	420,000	105	88	115

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