



HAU/IHPCA  
HOSPICE AFRICA  
UGANDA

ANNUAL  
REPORT | 2020/21



**HAU/IHPCA**

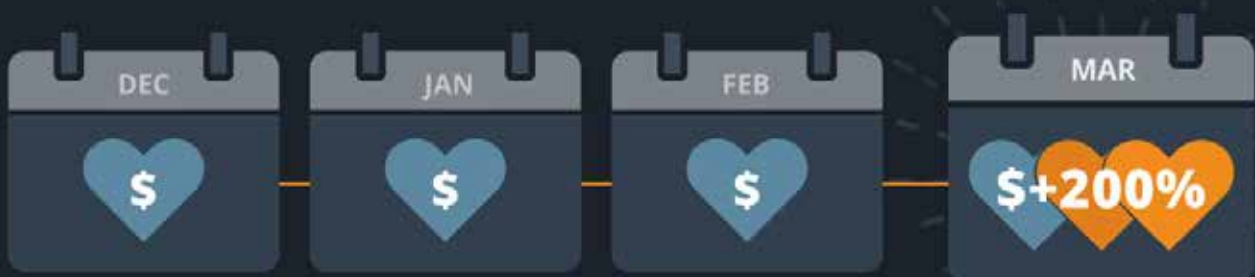
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# MESSAGE FROM THE BOARD CHAIR

Special salutations and warm greetings from myself and the entire Board of Directors, Hospice Africa Uganda (HAU).

I take this opportunity to appreciate and thank you in your individual and corporate capacities for your love and support towards our dear patients, their families and the entire community of the terminally ill patients.

The year 2020/2021 can be summed up as interesting on very many fronts. Our faith and core values were significantly stretched because of the continued challenges arising from the continued Covid-19 pandemic as well as from governance and concerns about financial sustainability for HAU.

Thank you for every effort and contribution you have made towards keeping HAU afloat.

I carry the honest view that the worst part is over and that we now have the amazing opportunity of rebuilding and re-establishing ourselves on firmer ground with a better understanding of our challenges and how we must overcome them. Better times stand ahead of us.

It is sad to write that we lost our previous Board Chairperson Mr. Tom Duku due to the Covid-19 pandemic. Tom's passion and commitment to the cause of HAU and palliative care as a whole will forever be engraved in our memory. We remember him fondly for his loud laughter and miss him and his contribution terribly. We continue to pray for his family that God's grace and sustenance keeps them.

Our focus since taking on the role from Tom has been about ensuring that the plans and projections that he made are followed through with the enthusiasm they so deserve.

We've had a series of online meetings with our Founding Funders to ensure we're on the same page regarding all key issues as well as ways to ensure financial sustainability for all core activities at HAU.



One of the greatest achievements by Tom was to ensure we have Dr. Ekiria Kikule as the new principal for the Institute of palliative care at HAU in June 2021. Dr. Ekiria comes with a wealth of experience and expertise and we're having continued engagements to ensure not just the sustainability of the Institute but that it shall get to the place of thriving in our industry.

We had a successful campaign to get HAU admitted onto the Global Giving international platform.

I believe we have a good team on the ground and with the support of the Board of Directors alongside the Founding Funders, we shall see tangible and sustainable results throughout 2021/22.

Once again, I thank you for playing your part and role in this noble cause. May God continue keeping and upholding you and may we be guided on finer ways by which to stir this great ship into bigger and better spaces that we may impact as many as possible in the palliative care world.

As always, our pledge and commitment is to be present to guide, inspire and oversee the process of getting HAU to greater heights.

Joy Mirembe  
Chairperson Board of Directors

# MESSAGE FROM THE FOUNDER

## “Another year, another dollar”

but the dollars were few this year so we struggled to make ends meet. In our ethos the patient and family are the centre of all we do. But with the reduction in funds, we found that looking for grants and increasing our personal donors, has almost taken over. So many more things we need to do, but were unable, to because of shortage of funds. But thanks to so many of you who understand the huge task we have taken on of bringing Dame Cicely’s message throughout Africa: “ You matter because you are YOU, you matter to the last moment of your life: and we will do all that we can to help you to live until you die”, we have been able to continue but with reduced numbers, catchment areas and services at grass root levels from our Community Volunteers.

Yet we have continued to tell each patient, from the musical “Carousel” taken up by the Liverpool Football Team “You’ll never walk alone”. We will never abandon you up to the end of life and your family beyond.

We could not have continued without our dedicated team, who took a cut in salaries to allow us to continue, and our accountants both in Uganda, UK, Ireland, France, USA and Australia who supported us with advice. Our Clinical Team have been exemplary, remembering so many have young families now home from school as the schools have been closed for more than a year, as well as filling the gaps personally, which arose from shortage of funds, food and PPE. God bless each one of them. Many have lost loved ones in the pandemic and death is always with us.

Tom Duku was a sudden tragic loss. He had been with HAU since a young accountant in 1995. After leaving us he succeeded in his own business and accounting. We had known him as a friend and advisor and had attended his wedding to his wonderful wife, Faith. May God



comfort all of his family. We thank God for his time as the Chair of the Board, when he became so involved with us all. His successor, Joy Mirembe has a smile which will comfort many hearts and a heart that reaches out to all in need. We thank God for sending us special people at special times of need.

The Palliative Care Association of Uganda (PCAU) that commenced in HAU in 1999 brought all those working in Uganda together with a joint WhatsApp! Thus we have been in touch with each other on a wider scale and many matters discussed as we learnt the good things and innovations, each service is doing, in spite of COVID19 and the restrictions.

As we thank God for each one of you, teams, patients and families, donors and many others. We pray that with your support, our vision and mission will continue into 2022 and beyond.

I hope you will be encouraged by this report, written about our struggles in difficult times, but still moving bringing pain relief and peace to those in most need. They need YOU too.

God bless and please remember to pray and support all those our hearts touch, in this coming year.

Prof. Dr. Anne Merriman  
Founder, Hospice Africa Uganda

# MESSAGE FROM THE CHIEF EXECUTIVE DIRECTOR

## Greetings from Hospice Africa Uganda (HAU)

On behalf of the management of Hospice Africa Uganda, we appreciate all that walked with us in this year 2020/21. In these times characterized by lockdowns, social distancing, Personal Protective Equipment and COVID vaccines, we courageously continued service delivery.

During the year, some team members acquired COVID-19 and one was admitted. They all recovered. Unfortunately, we lost our dear Board Chair, Mr. Tom Duku (MHSRIP). It was a huge blow to the Board, the team and our partners. Despite these challenges, the team were able to meet the objectives of HAU as per our strategic plan 2020-2025.

We attended to 2,669 patients (2,312 patients enrolled patients and 357 seen on consultation). These were seen at the Outpatients at the three HAU sites, in homes, hospitals and during the lockdowns lots of telephone follow ups. We painfully suspended outreaches, meetings with Community Volunteer Workers and daycare because we needed to adhere to the social distancing requirements.

We continued to provide training and education in Palliative care through the online Initiator courses and the courses in the Institute of Hospice and Palliative Care in Africa (IHPCA).

The Morphine Production Unit continued to manufacture Oral liquid morphine for National Medical Stores, ensuring continuous supply of this essential medicine.



Our vision calls on us to deliver palliative care for all who need it and so we move into the next year with the will and hope to accomplish this great task. To everyone reading this report, you are dear to us and we wish you nothing less than excellent health, prosperity and peace. We invite you to maintain your partnership with us for the well-being of every patient needing palliative care in Africa.

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

### Our Vision

"Palliative care for all in need in Africa".

### Our Mission:

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

# EXECUTIVE SUMMARY

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Hospice Africa Uganda (HAU) annual report 2020/21 highlights progress, challenges, and lessons learnt. We continue to be dedicated to the Founding vision and Mission.

The World Health Organisation defines Palliative care (PC) as an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. In an earlier definition, WHO stated that PC should be introduced as soon as a life limiting disease is identified. This allows our teams to get to know our “patient” as a friend and as our guest.

Out of 42million Ugandans , an estimated 411,593 adults and 86,167 children need PC every year and yet only 14% receive the services .

In the year 2020/21, a total of 2,312 patients were seen and 8,875 contacts made at 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 35,769.

We had 933 new patients enrolled on the HAU program and 357 consultations. Among all the new patients, we had 26 children below the age of 18 years.

As it was with most health services in Uganda, the COVID-19 pandemic affected palliative care delivery at HAU. Outreaches, daycare and meetings with Community Volunteers were suspended in compliance to the lockdowns and social distancing requirements. During the lockdowns, home-based care was greatly curtailed.

The newly online Anglophone initiators’ course conducted had 34 participants from 10 African countries and 11 of these came to Uganda for placement.

The Institute of Hospice and Palliative care in Africa (IHPCA) had 30 new students and 48 continuing students in Diploma, Bachelors and Master’s courses. The first cohort of the MSc Palliative Care started their studies, a total of 16 students.

We supplied both green and red morphine to National Medical Stores on schedule, ensuring continuous stock of this essential medicine all year round.

We are eternally grateful to all our donors and partners, past and present for their commitment towards the vision of Hospice Africa. Together, we will make PC available to all in need in Africa and reduce suffering from pain and other distressing symptoms in life limiting illnesses.

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UBOS (2020): End of month population projections 2015 – 2040. Available at <https://www.ubos.org/explore-statistics/20/Global-Atlas-of-Palliative-Care-2nd-Edition>, Worldwide Hospice Palliative Care Alliance (WHPCA). Available at <http://www.thewhpca.org/resources/global-atlas-on-end-of-life-care>

# 1.1 Hospice Sites

## Hospice Kampala



Team in Hospice Kampala

This site is located in the city of Kampala, Uganda and has an eight-member team.

In July 2020 to June 2021, the site registered 303 new patients among whom were 13 children below 18 years.

The site also received 124 consultations. Among the new patients, 90% (274) presented with cancer, 19% (57) had HIV/AIDS while others presented with other conditions.

The site registered 135 deaths in the year.

Bereavement services were provided for all the patients

Patient contacts	Number
Contacts recorded at the OPD	1,636
Home visit contacts made	93
Outreach contacts	149
Hospital and other health facility contacts	147
Telephone contacts	549
Patients referred by CVWs	9

## Going the extra mile to ensure dignified accommodation for a Palliative Care patient

By Dorcus Aciiro

Jackie (not real name) was a 42-year-old lady, living in Luzira, a Kampala suburb on the shores of Lake Victoria and came to Hospice Africa Uganda (HAU) in March 2018. She had a nasal tumor which brought her unimaginable pain. At the time the Palliative Care

team first saw her she was in misery- and a prescription of oral liquid morphine was inevitable because all the pain medications she had tried had proved ineffective for her physical pain.

While the physical pain from the horrible nasal tumor was

a prominent feature in Jackie's daily life, it is her psychosocial issues which were more troubling for her. Jackie was a widow. Her husband had passed on several years before HAU first met her and she was fending for five young children by herself. She had managed to secure a job as a cook in a



nursery school and this was her main source of income. With her monthly wage of UGX 80,000/20 euros, she struggled very much to balance it all. It is difficult to imagine how for years Jackie managed to meet the costs of essentials like food, the school fees for her children's education and many other expenses of daily living.

When Jackie started falling sick her world started spiraling out of control. She could no longer cook at the school because the smoke in the school kitchen irritated her nasal tumor so much that she found it extremely difficult to breathe. Jackie's relatives were not supportive and this brought a sense of hopelessness to her. In the midst of the tragedy of her difficult job whilst unwell, Jackie's teenage son developed a medical complication which required a surgery and her daughter was involved in a serious accident which left her hand deformed and rendered her extra pair of hands unable to participate in most domestic chores. This simply increased the workload Jackie had to face every day.

Jackie had saved a little money and with it she had bought a small plot of land and started construction of what she hoped to be a humble family home. However, as the disease that plagued her progressed, she spent all her savings on chemotherapy and other expensive treatments.

This inevitably brought her home building project to an abrupt halt. Despite her deteriorating health, she continued to endure a smoke-filled school kitchen because her greatest fear was that her family would be evicted from the house if the rent dues piled up.

In the course of HAU's caregiving to Jackie, we became keenly aware that her main distress was her living condition. To address her plight, HAU's social workers wrote up Jackie's story with a special appeal for good Samaritans to come to her rescue. A generous gift of 500 Euros, approximately 2,075,000 UGX was given to HAU by a donor to help Jackie complete the construction of her house.



**Although the building of houses for poor patients is not HAU's core mandate, our holistic approach and our acknowledgment of the multiple problems our patients face compels us to go out of our way to address extraordinary yet ordinary needs of families."**

With that donation through HAU the family purchased iron sheets, timber and other roofing materials and also covered the costs of labor for roofing the house.

While it is sad that Jackie passed on a few days to the completion of her new house, her children are now living in it and are at peace because they know that their mother's wish was granted. They have the security of a safe place they call home.

Although the building of houses for poor patients is not HAU's core mandate, our holistic approach and our acknowledgment of the multiple problems our patients face compels us to go out of our way to address extraordinary yet ordinary needs of families.

## Mobile Hospice Mbarara



Team of MHM

Mobile Hospice Mbarara (MHM) was set up in 1998 as a model PC service providing mobile and home-based PC services. This was greatly curtailed this year by the COVID-19 pandemic.

The site has a fifteen-member team.

In the year July 2020 to June 2021, the site registered 486 new patients among whom were seven children below 18 years. 94% (457) of these new patients presented with cancer, 17% (84) presented with HIV/AIDS and the others presented with other illnesses. The site received 206 consultations.

Key Statistics	Number
Contacts recorded at the OPD	3,243
Home visit contacts made	200
Hospital and other health facility contacts	55
Telephone contacts	221
Patients referred by CVWs	25

This year, MHM was a beneficiary of the True Colours small grants and is implementing a project titled, Improving access to palliative care for the high risk terminally ill patients in South Western Uganda amidst the Covid-19 pandemic. The project has enabled MHM to reach patients at their home by supporting the team with PPE and materials to educate the patients on COVID-19 control / prevention.

The site registered 182 deaths and all these received bereavement services.



A nurse at MHM educates a patient (beneficiary of the True Colors project) on COVID 19 at home in Ntungamo district.

## Offering Choice and Comfort at the End of Life

By Francisca Nagujja Palliative Care Nurse Specialist, Mobile Hospice Mbarara

I find it truly a challenge when I suspect that a patient has no more than a week left to live. Every time I know that I am to visit a patient like this I have to ask for God's courage, patience and calmness.

Mzeei fell into this category. A 90-year-old man, he had lived with diabetes type 2 and hypertension for over 20 years. However, in the past two years he started complaining of painful limbs, describing it as multiple body aches affecting his mobility. Pain was never controlled on medications till the attending doctor requested a lumbar spine myelogram that indicated infiltrative lesion. A bone marrow biopsy was done showing multiple myeloma. He was started on chemotherapy 1st dose and referred to Hospice for pain control. The first visit was reviewed as a consultation by a family member who requested a home visit as they couldn't bring in the patient following severe pain and sleepless nights. He was given some morphine as per referral form and prescription. The home visit was planned for two days later.

Mzeei was a Hajji with 3 wives and over 23 children. He had a home care nurse attending to him when he wasn't in hospital. He looked calm in bed and was sleeping soundly. He had an NG tube (for feeding) in situ and was lying on a hospital

bed.

On my reaching the home, most of the family members were waiting and had so many questions to ask. Calmly, I attended to all their questions and reassured them of the Hospice role in patient care.

The family worried that morphine was making their beloved elder inactive and unconscious. They asked why the team prescribed morphine without the patient, inquired about the management plan, and wanted to know how to treat the bed sores he had developed. These were asked immediately even before getting the history of the patient. I understood how anxious and worried the family was about old Mzeei's condition.

On assessing Mzeei, he was conscious and alert on what was happening though he had slurred speech, was very weak, and had tenderness in the whole body with a bedsore in the sacra region (in between the buttocks). It was apparent to me that this man was a dying patient. The attending home care nurse gave me his observation that the patient was no longer groaning and frowning once pain medications were started.

Following the observation, morphine was continued, with the addition of paracetamol, hibicet, metrogyl cream, and

syrup lactulose. I had to do end-of-life counselling which led to an immediate debate among family members. As for whether chemotherapy should be stopped, the family was divided into those agreeing to stop and those wishing to continue. Everyone wanted to leave the NG tube inserted so this wasn't removed. I advised the family to further discuss the matter with Mzeei's long-time attending physician, since they trusted him more than me, who had just walked in that day and was raising these vital issues. Despite the debate, the family was grateful that I'd brought up the difficult topic of end-of-life decisions. They couldn't do it by themselves, fearing the reactions from many of Mzeei's children.

Unfortunately, Mzeei died seven days later, before our next review. The family didn't take him back for chemotherapy, but the NG tube remained and they continued with pain medications which had given Mzeei such relief in his last days.

## Little Hospice Hoima



Team of LHH

Little Hospice Hoima (LHH) was set up in 1998 as a model PC service for very rural remote areas of Uganda. The site has an eleven member team.

In the year July 2020 to June 2021, the site registered 144 new patients among whom were six children below 18 years. The site also received 27 consultations. 89% (128) of these new patients presented with cancer, 19% (28) presented with HIV/AIDS while the others presented with other illnesses.

There were 51 deaths and all these received bereavement services.

Patient contacts	Number
Contacts recorded at the OPD	1,331
Home visit contacts made	100
Outreach contacts	13
Hospital and other health facility contacts	31
Telephone contacts	1,107
Patients referred by CVWs	12

## Miracles Happen: Palliative Care for a Patient with Severe Generalized Toxic Epidermal Necrolysis



Before Palliative Care

Jackeline,” a 29-year old female who was HIV positive and on antiretroviral therapy, was enrolled for palliative care at LHH in 2015. Why was she on palliative care? The services improved her health.

For nearly four years after she was better, Jackeline stopped attending the LHH clinic. In December 2020,

she came back to LHH with a severe skin condition causing blistering and peeling known as generalized Toxic Epidermal Necrolysis (TEN), secondary to Steven-Johnsons syndrome (SJS), a serious and painful skin disorder often caused by a bad reaction to medication.

She initially visited the health facility closest to her home where she was given

treatment and her antiretroviral medicines were changed.

When Jackeline's condition did not improve after six days, Jackeline's caregiver came to hospice to let the team know.

Jackeline's skin was peeling off all over the body (back, abdomen, chest, breast, and lower limbs) leaving behind excruciatingly painful open ulcerations. Jackeline could not sleep. She was admitted at a Health Center IV in a very poor condition. She did not want to eat due to wounds on the lips and was only surviving on little fluids. The palliative care team started Jackeline on palliative care. Her appetite improved and she was now able to eat some food, as the lip and oral ulcerations had healed. She reported great, fast and miraculous improvement.



**God is great, and it's amazing to see that she has had this great improvement in just less than a week of using the treatment you gave her. All the drugs from other health centers were not helping at all. You know, it was terrible, her skin was peeling off very easily, and you could see its remains on the beddings. We even had nowhere to touch and feared touching her... We can't thank hospice enough for this miracle...**

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**Jackeline's sister**

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**The pain was too much, and very unbearable. I had even lost hope that my skin would return. It's a miracle for me that I'm healed. Thank you hospice for healing me.**

---

**Jackeline**

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**After Palliative Care**

As Jackeline improved, she opened up about a number of issues that helped the team to better know her. She had psychosocial suffering due to the following: being deserted by her husband, altered body image, grieving that she was infected with HIV by this husband and his not caring at all, yet their children are still young (13, 9 & 1-year-old). As part of HAU's holistic package of care, we provided psychosocial support, including ongoing psychotherapy, continued treatment for the wounded skin. Jackeline got healed and her skin regenerated. She praises HAU for healing and rejuvenating her 'lost' skin.

## 1.1 Memorial Service

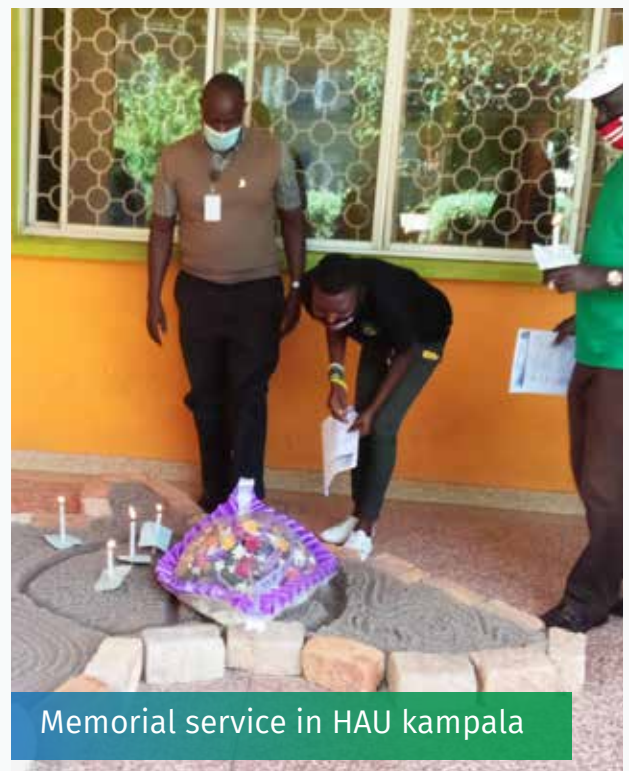
Each site conducted a small memorial service that was attended by clergy, staff and a handful of patient representatives. The numbers were limited due to the social distancing requirements for COVID19 control.



Memorial service at MHM



Memorial service at LHH



Memorial service in HAU kampala

## 1.2 Patients' Christmas Party

December 2020 got us in the middle of the COVID 19 pandemic and we could not congregate for a party as we usually did. We decided to give every family in our care a little package to celebrate Christmas at home.



Little cakes prepared by Anne confectionaries for patients



A family at MHM receive their package



A patient at Hospice Kampala receives her Christmas cake and other items

## 1.3 Comfort fund

This is a basic needs fund that is used to provide basic needs and emergency relief for patients and families identified in our care. In the year July 2020 to June 2021, we identified 611 patients and families from all the three sites needed comfort fund support

We appreciate our donors who enable this fund as it supports the compassion expected of our specialty.

## 1.4 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.

## 1.5 Material Donations

HAU received donations towards our Personal Protective Equipment and supplies for clinical care.



PPE received from WHO Uganda Country Office



Medical supplies donated by SVP in UK



## 2.0 The Institute Of Hospice And Palliative Care In Africa (IHPCA)

Palliative Care Education started alongside clinical care in 1993. The IHPCA was started as the training arm of Hospice Africa Uganda and has been affiliated to Makerere University since 2003. It was recognized by the Uganda National Council for Higher Education as a Tertiary Institution for Higher Learning in 2009 and 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).

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



During the year 2020/21, the IHPCA received a new Principal, Dr. Ekiria Kikule. Dr. Kikule holds a Diploma in Health Administration, a Bachelor's degree in Human Medicine and a Master's Degree in Public Health with a bias to Palliative Care, both from Makerere University in Kampala. She has over fifteen years' experience in clinical practice and extensive experience and expertise in research, Palliative Care services delivery, strategic planning, Budgeting and Management. Dr. Kikule was one of the Founding Members of the Uganda Country Palliative Care Team that supported the establishment of Palliative Care services in Uganda with emphasis on home based care and the training of Nurses to prescribe Morphine. She has served as Member of the Board of

Directors of the Palliative Care Association of Uganda (PCAU). She is also a Senior Lecturer in the Department of Public Health at The Uganda Christian University. She has presented many papers on Palliative Care to social and Corporate audiences and published a paper in the British Medical Journal on Palliative Care needs of the terminally ill in Kampala, Uganda. She is an invaluable addition to the IHPCA.

### 2.1 Academic Programmes During 2020/21

#### Academic programmes offered included;

- Master of Science in Palliative Care
- Bachelor of Science -3 years by blended distance learning (Awarded by Makerere University)
- Diploma in Palliative Care -one year by blended distance learning (Awarded by Makerere University)
- Diploma in Clinical Palliative Care – one year full time
- Postgraduate Diploma in Clinical Palliative Care
- Postgraduate Diploma in Paediatric Palliative Care
- Postgraduate Diploma in Psychosocial and Spiritual Palliative Care
- Postgraduate Diploma in Palliative Care Oncology
- Postgraduate Diploma Pharmacotherapeutics in palliative care

## 2.2 Students Enrolment

Despite the COVID19 pandemic and its effects on education in Uganda, the IHPCA enrolled 15 students (1 has dropped off) for Msc in Palliative care students, eight students for Bsc Palliative care joining at year two and seven students for the BSc Palliative Care joining at year one.

The IHPCA had 48 Continuing students as shown in the Table below:

COURSE	NO. OF NEW STUDENTS ENROLLED	NO. OF CONTINUING STUDENTS
Diploma in Palliative Care	1	3
Diploma in Clinical Palliative Care		2
BSc Palliative Care	15	38
Master of Science Palliative Care	14	
PGD in Clinical Palliative Care		5
<b>TOTAL</b>	<b>30</b>	<b>48</b>

## 2.3 Graduations held in May 2021

13

students graduated with Bachelor of Science Degree (four from Kenya, five from Malawi, one from Zimbabwe and three Ugandans)

3

students graduated with Diploma in Palliative Care of IHPCA (two Ugandans and one from Ethiopia)



## 2.4 Launching of the Masters programme in palliative care

After nearly 6 years of waiting while the curriculum for this program passed through various committees of Makerere University, the programme was approved by Makerere University Council and accredited by NCHE in June 2020, and launched in January 2021 with 14 pioneer students.

The launching of the Masters programme was another historical and significant milestone in the development of palliative care in Uganda and other African countries. The program is aimed at producing high quality palliative care specialists with skills, knowledge, and attitudes for high quality palliative care, research, education, training and advocacy. It will also enable the creation of a critical mass of palliative care practitioners who will in turn facilitate the integration of palliative care into general health care systems in their countries and manage the integrated services.

Graduates of the program can specialize in clinical palliative care, pediatric palliative care and psychosocial and spiritual palliative care.

## 2.5 The impact of Covid-19 pandemic on Palliative Care education

Covid-19 had significant impact on IHPCA education programs. In addition to its contribution on the significant reduction on recruitment of new students mentioned above, it also caused disruption of the academic year and at student's places of work resulting in late submission of coursework and research projects.

In response to the pandemic, almost all governments including Uganda decided to shut down educational institutions to help minimize the spread of the disease.

In our case the closure came towards the end of the academic year, thus disrupting completion of the syllabuses for the academic year and examinations required for transition or graduation.

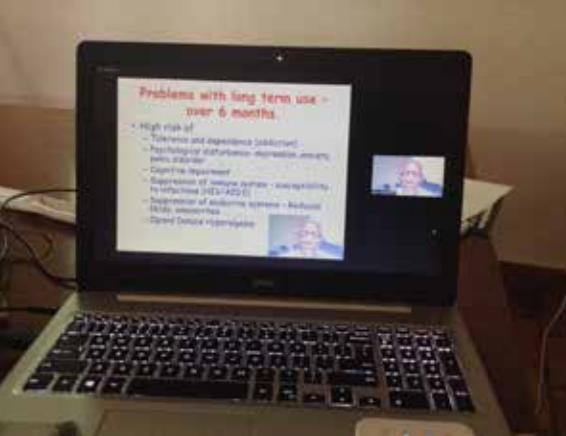
Most universities were mandated or decided to make a transition from face-to-face teaching to the virtual environment. We were already delivering our academic programs virtually and had been doing so for several years.

## Conducting palliative care education during Covid-19

**The students came for face to face in phases to ensure social distancing.**

**All SOPs were observed and the face to face went on smoothly .**

**Several face to face sessions were delivered via zoom.**



## 2.6 Non Academic Training (Short) Courses

During 2020/21, the Institute conducted one Health Professionals' course in Palliative Care, a short course, for Health Workers in the Uganda Police Force at Nsambya Barracks.

## 2.7 Academic Staffing at IHPCA

Towards the end of the FY 2020/21, the IHPCA received a new Principal. The number of academic staff increased to 10 including the Principal and Academic Registrar. They are supported by one Resource Centre Manager and one Administrative Assistant.

## 2.8 Staff development Programmes

One Staff Member is on a fully funded PhD programme; two Staff Members are doing the postgraduate diploma in palliative care at the Institute.

## 2.9 Hospice Africa Uganda Research Ethics Committee (HAUREC) meetings

HAUREC's accreditation was extended for another 3 years from April 2021 by Uganda National Council for Science and Technology (UNCST). UNCST donated the following items to HAUREC to support its activities:

- 5 Tablets (computers)
- 1 Laptop
- 1 Printer
- 1 Filing cabinet
- 1 LCD projector

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 table below for protocols reviewed.

## 3.0 International Programmes



The Purpose of International Programmes is carrying forward the vision of Hospice Africa in African countries with training in service provision, advocacy and leadership.

The worldwide COVID19 pandemic, its waves and the lockdowns by many countries instituted in an effort to contain spread of the virus adversely affected plans and operations of the International Programmes department.

Some of the work was offsite away from the office and the department innovatively started transitioning the Initiators courses to become online to meet the needs of professionals throughout Africa who are seeking training.

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

Country	Main activities	Period/ dates	Outcomes
Ethiopia	Plans for training	2019-2020	Mekele Hospital aimed to send up to 6 participants to the Anglophone course but civil war broke out in the Tigray province. Despite pledges of support from Canadian Rotarians training was not possible. The Mekele team will join the course when it is next offered in 2022
Alumni from across Africa	Survey monkey	2019 - 2020	COVID19 pandemic disrupted IP work. 17 alumni from 7 countries were surveyed & reported that they did not have the process or the equipment to screen for COVID19 and that their facilities did not have adequate personal protective equipment. This survey highlighted impact of COVID19 on Palliative Care service provision. HAU continues its support to alumni during COVID19
Uganda	Training of facilitators & development of online Anglophone course	May 2020 to Jan 2021	The protracted and unpredictable nature of COVID19 pandemic inspired the transitioning of IP courses to become online. IP team were trained to use Moodle and developed the new courses with aim to efficiently deliver teaching to adult learners

Uganda	First online Anglophone Palliative Care Initiators course	8 February - 30 April 2021	34 participants from 10 African countries were enrolled & completed the course. The International Association of Hospice and Palliative Care offered a year's membership to all students & supported 2 for the placement in Uganda
Uganda	First placement of Anglophone course	10- 28 May 2021	9 participants at 2 placement sites: MHM- 5 and HKLA- 4 participants.
Uganda	Second placement of Anglophone course	7-25 June 2021	With a surge of COVID19 cases in Africa, only 5 expressed interest in the placement and 2 attended
Switzerland	64th session of the Commission on Narcotics Drugs	12 April 2021	At the online meeting HAU highlighting innovations deployed by the organization to ensure access to essential medicines especially oral liquid morphine during COVID19.
Malawi	Transitioning of conventional course to become online	2020-2021	Initiators course which was due 20-25 April 2020 at Ndi Moyo Hospice in Malawi was cancelled due to COVID19. HAU hosted Ndi Moyo Hospice's Training Manager for 1 week starting 10 May 2021 to share how IP run its online course so Ndi Moyo transforms its Health Professionals Courses become online.
Uganda	First online Francophone Palliative Care course	2020-2021	Course was cancelled in 2020 due to COVID19. Based on the success of transitioning the Anglophone course to become online, the Francophone course was redeveloped & revised, and will be offered commencing 30th August 2021 in the next FY, with 2 placements planned 10-28 January then 7-25 February 2022
Senegal	Advancement of Palliative care training and practice	2020-2021	As part of the Francophone project supported by HA France, Dr Stephen and Mrs. Heather Miller partnering with a Christian mission started work to advance Palliative care in Senegal from January 2021
Senegal	Mentorship of Palliative Care teams	2020-2021	IP Trainer Dianah Basirika offered mentorship to health workers who undertook a Palliative Care course on the Mercy Ship in December 2019 & formed an organisation - Alliance Pours les Soins Palliatif au Senegal (ASPASEN)

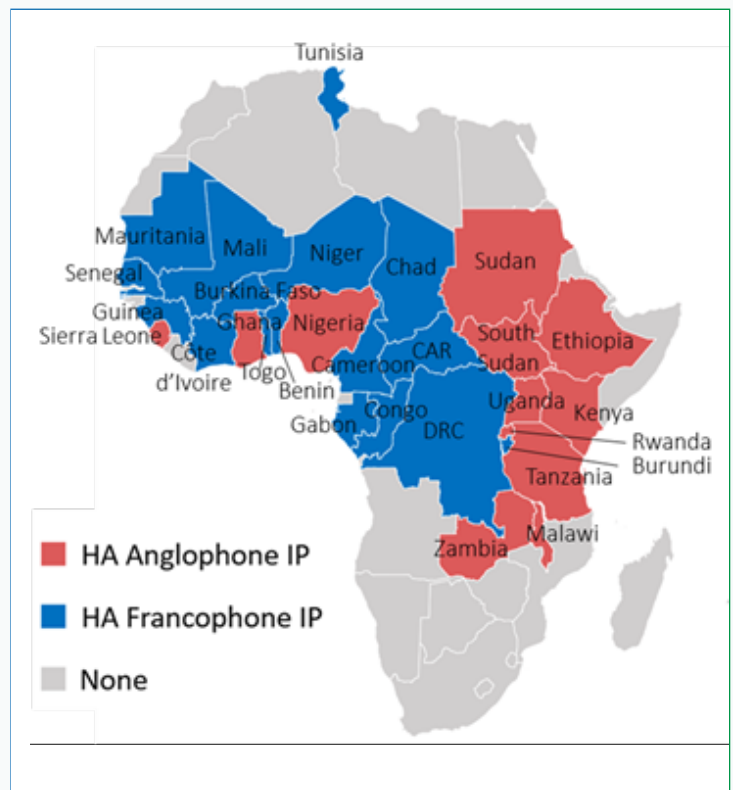
Liberia/ Senegal	Training and mentorship	5-9 July 2021	Mercy Ships signed a 3-year MOU with HAU to provide teaching and mentorship on their courses. The COVID19 pandemic did not allow IP to travel for this mission. Supported by HAU and HA France, Dr Stephen and Mrs. Heather Miller facilitated on the course.
Alumni	Support to alumni of IP's courses	Ongoing	IP team maintains a Register of alumni of the courses, and is in touch with alumni in 30+ countries. Plans for an "Alumnethos" are in progress
Uganda	Publication of next edition of the "Blue book"	2020-21	A team of authors was constituted; The next edition of the Blue Book will be ready in FY 2021/22.
Ireland	Collaborative research projects	2020-21	Two projects were completed by University College Dublin medical students in the summer of 2020. For summer of 2021, a total of 4 projects were accepted and will be completed by 15 August 2021.

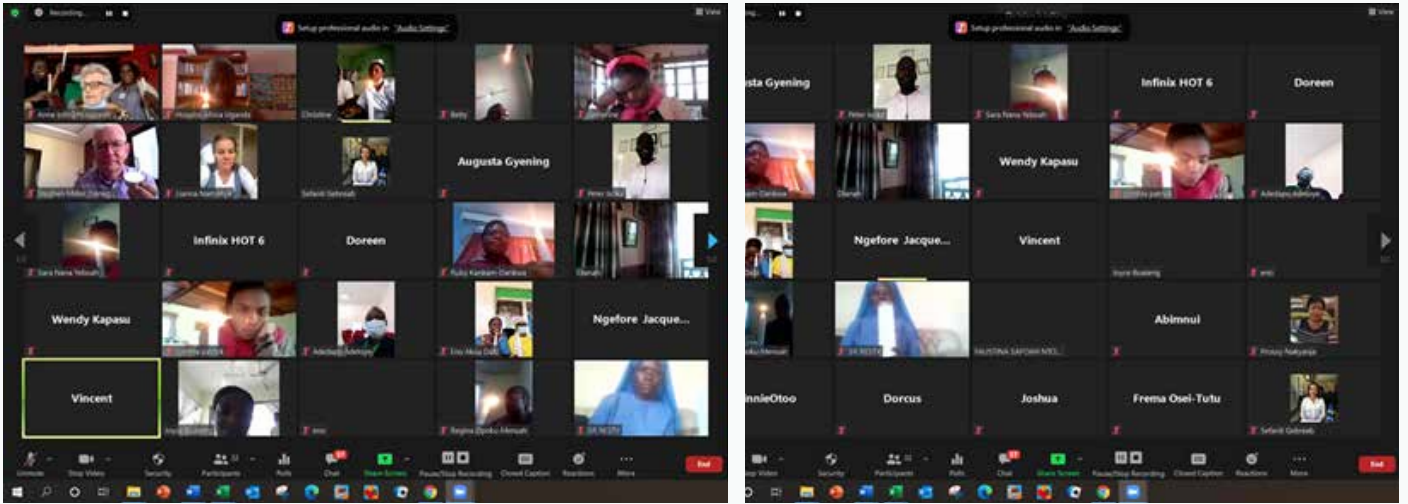
## Progress of Palliative care in Africa

Compared to 1993 when Hospice Africa commenced in Uganda as the 4th service in Africa and the model for PC service provision which was affordable and adapted to the needs and economies of Africa, there are now 44 countries which have heard the message of Palliative Care and 16 of these are Francophone. HAU's IP has been in 33 of the 44 countries.

## Countries in Africa which have learnt about Palliative Care:

\*Map on the right- Courtesy of Timothe Vulin, Oct 2020





Above- Screenshot of the 30th April 2021 closing ceremony of the first online Anglophone course which was held via Zoom





## 4.0 Morphine Production Unit

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, have increased from a mere 1.3kg in 2004 to 38.8Kg for the F/Y 2020/21. It is very evident that there is a rising need for oral morphine solution which is in line with all the positive advocacy and interventions towards improving palliative care in Uganda.

### Morphine consumption FY 2020/2021

Month	Morphine powder Quantity (grams)
20-Aug	9,169.48
20-Sep	3,060.00
20-Oct	2550.00
20-Nov	5610.00
20-Dec	9435.00
21-Jan	4880.86
21-May and June	4080.00
<b>Total</b>	<b>38,785.34</b>

### 4.2 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.

Month	Green 500ml (boxes)	Green 250ml (Boxes)	Red 250ml (Boxes)
July' 20	220		
Aug' 20	111	146	40
Sept' 20	221		56
Oct'20	108	74	
Nov' 20	333	222	
Jan' 21	185	185	75
Mar' 21	222	111	37
June' 21	37	74	
<b>TOTAL</b>	<b>1437</b>	<b>812</b>	<b>208</b>

## 5.0 Road to Care Program (RTC)

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 2020 to June 2021, 159 women were supported for screening, investigations, radiotherapy and Chemotherapy. Of these, 135(85%) women were newly enrolled on the program, and 24(15%) continued care from the previous year.

### Beneficiaries of the Road To Care Project

ACTIVITY DESCRIPTION	Jul - Sep 2020	Oct - Dec 2020	Jan - Mar 2021	Apr - Jun 2021
Total women supported in the quarter	56	45	54	52
New patients screened in the quarter and had a biopsy done	48	33	28	26
Patients identified with cancer cervix	32	13	17	17
Patients identified with early stage cancer cervix	15	10	14	13
New patients referred for Radiotherapy	22	9	14	11
Total patients for radiotherapy at UCI in the quarter	22	9	14	11
Patients that accessed radiotherapy	0	18	15	14
Patients that accessed chemotherapy and pre-chemo meds on the program	0	3	1	1



To the left is a 51 years old, mother of 5 who got enrolled on HAU programme in July 2013 after being diagnosed with invasive poorly differentiated squamous cell carcinoma of the cervix stage 2B. She was clinically stable but distressed due to on and off vaginal bleeding, lower abdominal pain, constipation and loss of appetite. The husband rejected her sexually due to fear of transmission of the disease.

With support from the Road To Care project she completed radiotherapy in September 2013. It is 7years since she got radiotherapy, and is now very stable and only comes to Hospice only for periodic reviews. A recent cervical cancer screening test was taken and showed mild fibrosis and VIA negative. She appreciates the care and financial support that has enabled her to live for this long.

# 6.0 Finance Report



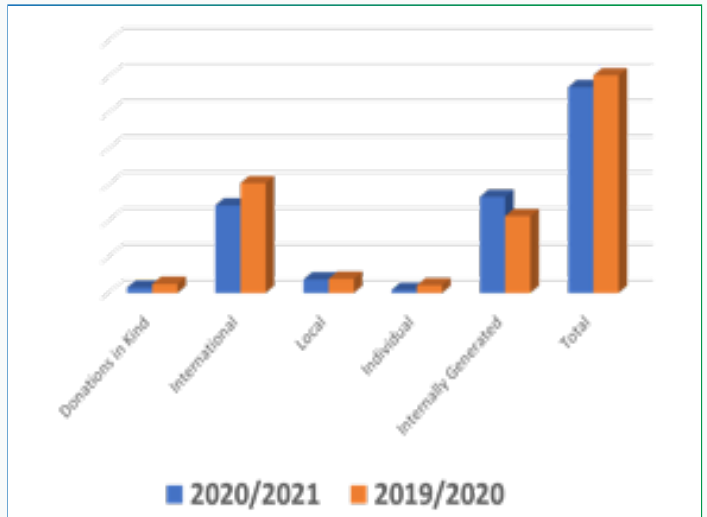
This was another year sailing through COVID 19. We thank the Lord God Almighty for enabling us come through this financial year. Even though we did not register any growth in incomes, we were able to meet our obligations as they fell due. We are grateful to all those who believe in us and have supported us financially making both cash and in-kind donations. Our main sources of income have been donations (both International and Local), funds from Government of Uganda to support oral morphine production and income from the IHPCA.

We realized an income of UGX 2.8bn compared to 3bn last FY. It comprised 3% donations in-kind, 43% International donations, 6.5% Local donations, 1.5% individual donations and 47% Internally Generated. Income received was 6% more than budgeted.

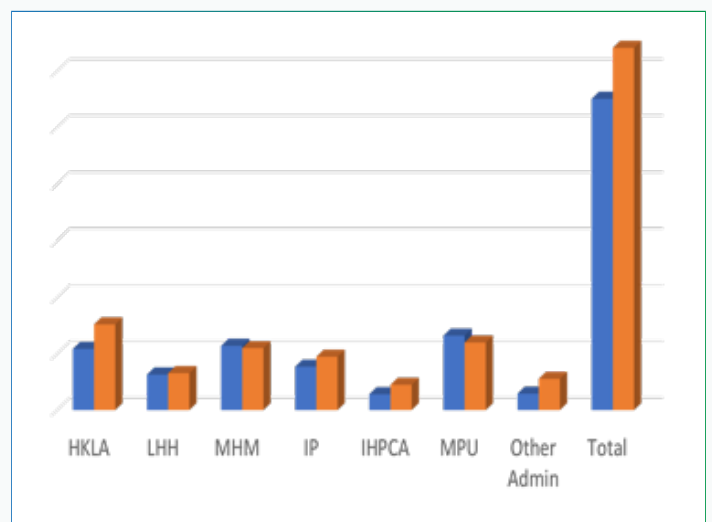
We spent UGX 2.7bn compared to 3.2bn last FY. This is 16% less than last year's expenditure. Our total assets reduced by 3% from the previous years. This is attributed to depreciation. The details of the figures are in the financial pages attached. A detailed audited report will be uploaded to our website.

Caroline Violet Alony  
 FCCA, CPA-U, MSc-HRM, BBA  
 Head Finance, Hospice Africa Uganda

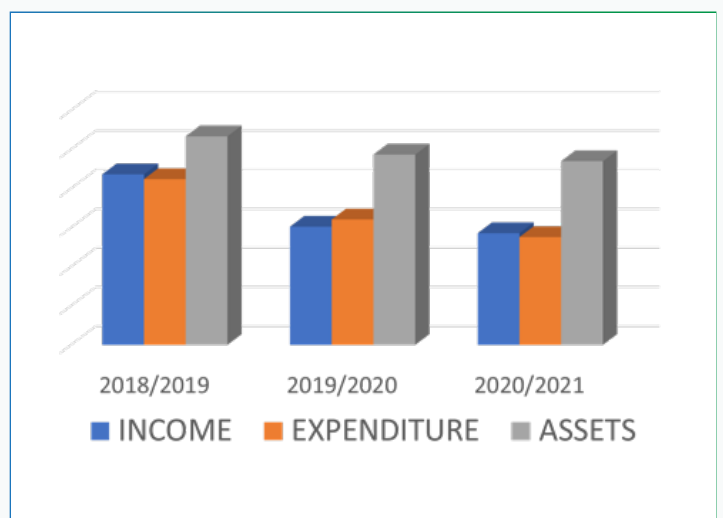
## HAU Incomes



## HAU Expenditure



## HAU Over The Last Three Years



### 3. REPORT OF THE DIRECTORS

The Directors submit their report and the audited financial statements for the year ended 30 June 2021, 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 cancer and/or HIV/AIDS and their families within defined operational areas, training for Palliative care providers and production of Oral liquid Morphine.

#### 2) Results for the year

The results for the year ended 30 June 2021 are shown on Page 10 of this report

#### 3) Membership of the Board

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


#### 4) Independent Auditors

BDO East Africa, Certified Public Accountants of Uganda, being eligible, have expressed their willingness to continue in office.

#### 5) Approval of the financial statements

The financial statements were approved on ..... 29 October ..... 2021

By the order of the Board

.....  .....

**Chairperson**

#### 4. 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 2021 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.

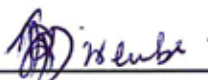
The directors are ultimately responsible for the internal controls. The directors delegate responsibility for internal control to management. Standards and systems of internal control are designed and implemented by management to provide reasonable assurance as to the integrity and reliability of the 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 ..... 29 October ..... 2021 and signed on its behalf by:

  
\_\_\_\_\_

Director

  
\_\_\_\_\_

Director

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

### Report on Financial Statements

#### *Opinion*

We have audited the financial statements of Hospice Africa Uganda ("the Organisation"), which comprise: the statement of financial position as at 30 June 2021; 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 2021 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.

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

### Report on Financial Statements (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 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.

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

**Report on Financial Statements (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.

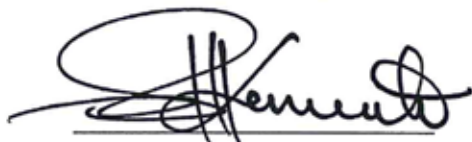
We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

**Report on other legal and regulatory requirements**

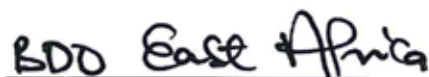
As required by the Companies Act, 2012 of Uganda we report to you, based on our audit, that:

- (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/ 2021





**6. STATEMENT OF INCOME AND EXPENDITURE**

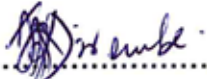
	Notes	BUDGET 2021 Ushs	ACTUAL 2021 Ushs	ACTUAL 2020 Ushs
<b>Income</b>				
Cash Donations	10.01	902,179,255	1,446,777,051	1,829,877,917
Generated Incomes	10.02	1,708,514,822	1,335,650,193	1,068,074,416
Donations in Kind	10.03	92,953,763	76,162,696	125,593,846
<b>Total Income</b>		<b>2,703,647,840</b>	<b>2,858,589,940</b>	<b>3,023,546,179</b>
<b>Expenses</b>				
Clinical Costs -Kampala	10.04	515,025,761	542,417,801	759,325,505
Clinical Costs – LHH	10.04	327,604,580	314,960,215	327,531,523
Clinical Costs - MHM	10.04	487,946,369	569,585,355	549,276,416
Education Costs	10.05	461,881,249	384,934,711	473,103,344
International Programmes	10.06	140,464,317	140,554,303	224,355,009
Clinical - MPU	10.07	748,247,330	660,145,613	599,036,165
Bad and doubtful debts	10.08	-	107,141,278	226,567,518
Other Administrative Costs	10.09	22,478,234	38,709,042	50,568,304
<b>Total Expenses</b>		<b>2,703,647,840</b>	<b>2,758,448,319</b>	<b>3,209,763,784</b>
Surplus/(deficit)			100,141,621	(186,217,605)
Taxation	10.10	-	-	-
<b>Total surplus/(deficit) to general fund</b>		<b>-</b>	<b>100,141,621</b>	<b>(186,217,605)</b>

The notes set out on pages 14 to 26 form an integral part of these financial statements.

**7. STATEMENT OF FINANCIAL POSITION**

	Notes	Actual 2021 Ushs	Actual 2020 Ushs
<b>Non-Current Assets</b>			
Property and Equipment	10.11	3,562,904,101	3,848,229,235
Leasehold Land	10.12	184,233,261	208,218,393
		<u>3,747,137,362</u>	<u>4,056,447,628</u>
<b>Current Assets</b>			
Inventory	10.13	170,544,552	238,246,135
Debtors & Prepayments	10.14	312,500,718	122,616,467
Cash & Cash Equivalents	10.15	469,729,277	450,515,619
		<u>952,774,547</u>	<u>811,378,221</u>
<b>Total Assets</b>		<u>4,699,911,909</u>	<u>4,867,825,849</u>
<b>Funds &amp; Liabilities</b>			
Capital Fund	8	3,747,137,362	4,056,447,627
General Fund	8	623,924,158	454,332,107
Restricted Fund	8	141,255,814	122,245,196
<b>Total Funds</b>		<u>4,512,317,334</u>	<u>4,633,024,930</u>
<b>Current Liabilities</b>			
Trade and Other Payables	10.16	123,759,953	175,717,669
Deferred Income	10.17	63,834,622	59,083,250
		<u>187,594,575</u>	<u>234,800,919</u>
<b>Total Funds and Liabilities</b>		<u>4,699,911,909</u>	<u>4,867,825,849</u>

The financial statements on pages 10 to 26 were approved by the Board of Directors on.....29 October..... 2021 and were signed on its behalf by:

  
 .....

Chairperson

  
 .....

Director

The notes set out on pages 14 to 26 form an integral part of these financial statements.

**8. STATEMENT OF CHANGES IN RESERVES**

	Note	Capital Fund UShs	General Fund UShs	Restricted Fund UShs	Total UShs
<b>Year ended 30 June 2020</b>					
At start of the year		4,311,756,678	504,006,620	240,008,672	5,055,771,970
Deficit for the year		-	(186,217,605)	-	(186,217,605)
Additions to Property, Plant and equipment		33,114,000	-	76,420,243	109,534,243
Expenses during the year		-	-	(194,183,719)	(194,183,719)
Depreciation for the year	10.11	(274,188,026)	-	-	(274,188,026)
Amortisation for the year	10.12	(14,235,025)	-	-	(14,235,025)
Year-end adjustments		-	136,543,092	-	136,543,092
<b>At end of year</b>		<b>4,056,447,627</b>	<b>454,332,107</b>	<b>122,245,196</b>	<b>4,633,024,930</b>
<b>Year ended 30 June 2021</b>					
At start of the year		4,056,447,627	454,332,107	122,245,196	4,633,024,930
Surplus for the year		-	100,141,621	-	100,141,621
Receipts during the year	10.01d	-	-	1,258,421,628	1,258,421,628
Additions to Property, plant and equipment		13,458,000	-	-	13,458,000
Expenses during the year	10.01d	-	-	(1,239,411,010)	(1,239,411,010)
Depreciation for the year	10.11	(273,539,821)	-	-	(273,539,821)
Amortisation for the year	10.12	(23,985,132)	-	-	(23,985,132)
Disposals	10.11	(72,123,750)	-	-	(72,123,750)
Acc. Depreciation for disposals	10.11	46,880,438	-	-	46,880,438
Year-end adjustments		-	69,450,430	-	69,450,430
<b>At end of year</b>		<b>3,747,137,362</b>	<b>623,924,158</b>	<b>141,255,814</b>	<b>4,512,317,334</b>

The notes set out on pages 14 to 26 form an integral part of these financial statements.

## 9. STATEMENT OF CASHFLOWS

	Notes	2021 Ushs	2020 Ushs
<b>Cash flows from operating activities</b>			
Surplus/(deficit) for the year	6	100,141,621	(186,217,605)
Forex gain		(931,511)	-
Gain on disposal of assets	10.02	(53,900,000)	-
Adjustments in the fund balance*		<u>(69,450,430)</u>	<u>18,779,615</u>
		<b><u>(24,140,320)</u></b>	<b><u>(167,437,990)</u></b>
<b>Changes in working capital</b>			
Decrease/(increase) in inventories	10.14	67,701,583	(133,232,663)
(Increase)/decrease in trade and other receivables	10.15	(189,884,251)	395,311,327
Decrease in trade and other payables	10.17	51,957,716	(14,419,881)
Decrease in deferred Income	10.18	<u>4,751,371</u>	<u>(30,835,392)</u>
<b>Net cash (used in)/generated from operating activities</b>		<b><u>(65,473,580)</u></b>	<b><u>216,823,391</u></b>
<b>Cash flows from investing activities</b>			
Additions to Property, Plant and Equipment	10.11	(13,458,000)	-
Proceeds from disposal of PPE	10.02	53,900,000	-
Increase in Fixed Deposits	10.16	<u>68,385,558</u>	<u>-</u>
<b>Net cash generated from investing activities</b>		<b><u>108,827,558</u></b>	<b><u>-</u></b>
<b>Increase in cash and cash equivalents</b>		<b>19,213,658</b>	<b>49,385,401</b>
<b>Movement in cash and cash equivalents</b>			
At start of year		450,515,619	401,130,218
Increase		<u>19,213,658</u>	<u>49,385,401</u>
<b>At end of year</b>	<b>10.16</b>	<b><u>469,729,277</u></b>	<b><u>450,515,619</u></b>

\*The adjustments in the fund balance are mainly composed of the oral Morphine donated in kind but not yet expensed as at year end.

The notes set out on pages 14 to 26 form an integral part of these financial statements.

**Congratulations!**

*Welcome to the  
GlobalGiving Community*

Hospice Africa Uganda is officially a partner with Global Giving. On 1st December, HAU will be featuring on the front page of the Global Giving website. Take a look at our fundraiser on Global Giving and make your donation. In a drive to reach our target for our project <https://www.globalgiving.org/projects/home-based-palliative-care/>, please consider a monthly donation over the next four months. Your first monthly donation given in the period December 13 - December 17, 2021 will yield a bonus.



## What makes HAU resilient?

The team at HAU shared what makes HAU resilient and these were the results of the exercise.



## Watch the IHPCA at the NCHE exhibition which ends on 30th November 2021.

<https://youtu.be/B1dMoTfhLF4?list=PLgQECijL02fR00iyY-WYhd0X5omhREXWN>



It feels good to be appreciated. It was not of my own making but by the great team I have been working with and the people (Patients & their families) who have accepted me. There is nothing better you can give to a patient other than your time, love and care.

Martha Rabwoni, Health Services Coordinator,  
Mobile Hospice Mbarara

## A TRIBUTE TO TOM DUKU

A very kind, warm, engaging gentleman with a faith so deep and contagious, loving God and men departed the earth on 4th June 2021. All the people that Tom had interacted with received the shocking news of his passing with much grief. That day, COVID-19 took on a face of a monstrous robber.

Tom Duku was born on 25th April 1965 and at the time of his passing he had served the palliative care fraternity with so much passion and willpower. His core competences lay in Financial Management, Research, Leadership and Governance.

Tom had served on the Hospice Africa Uganda Board as the Chair of the Finance Committee up until August 2019 when he became the Board chair.

He was a founder member and board member of the Palliative Care Association of Uganda. He chaired the Finance committee of the PCAU Board.

He was also a founder member of Africa Palliative Care Association (APCA).

This father and husband was a strong cheerleader, always positive and inspiring many team members and leaders pointing them in directions of growth. The HAU team enjoyed his motivational talks.



We miss his loud hearty laughter echoing in the board room at Hospice Africa Uganda. We miss his gentle but firm nudge lobbying for increased Government of Uganda financial and technical support towards palliative care, advocating for relief aid towards non-profit organisations and continually pushing for sustainability of Hospice Africa Uganda. We would be celebrating 28 years today with Tom. The fruit of his labour will continue to be enjoyed by generations to come.

**May his soul rest in eternal peace.**



We welcome our new Board Chair **Joy Mirembe** and the Vice Chair **Dr. Alfred Kenneth Kiiza**. They graciously accepted to lead HAU and we look forward to reaching the HAU vision together.



# Appendix 1

## Research work received for review by the HAUREC FY 2020/21

Title of study	PI- Principle Investigator(s) Name	PI's -Institution of affiliation
When a health professional becomes a cancer patient: phenominalogical evidence from healthcare professionals' Cancer patients and survivors in Uganda	Natuhwera Germans	Institute of Hospice and Palliative care in Africa
Exploring the perception of Cancer patients on the Use of Oral Mophine for management of cancer pain at Joy Hospice Mbale	Wonasolo Dennis	Institute of Hospice and Palliative care in Africa
Preparedness to face COVID 19 Pandemic in Africa Hospices and Palliative care services: A rapid assessment	Dr Eve Namisango	African Palliative care Association
Assessing the prophylactic activity, safety, and economic impact of Artavol against Malaria burden at household level in Apac district Uganda	Dr Everd Maiple	THETA -UGANDA
Describing the Current state of Palliative care in Uganda	Mr Macrk Donald Mwesiga	Palliative care Association of Uganda
A review of needs of HIV positive patients before the universal introduction of ARV therapies and in recent years when ARV therapies have been widely available	Mr. Michael Daigle	Univesrty College Dublin
From training to practice: experiences of nurse interns regarding cancer pain assessment and management in Mbarara regional referral hospital, south western Uganda	Ms Kamate Antonia Tukundane	Mbarara Universty of Science & Technology
Knowledge, Attitude and Practices in relation to cervical cancer screening among women 25-49 years in Entebbe municipality, Wakiso district.	Mr. Denis Nsubuga	Uganda Martyrs University
A review of the quality of care at Hospice Africa Uganda	Ms Andrea Clark	Univesrty College Dublin
Analysis of A Tool To Assess Psycho Social Spiritual Healing: Cognitive Interviewing	Dr Eve Namisango	African Palliative Care Association, Kampala Uganda
Factors associated with survival of cancer patients receiving palliative care a case study Hospice Africa Uganda"	Mr. Ronald Mumbere	Makerere University

## Appendix 2: Publications and Conference Presentations 2020/21

Hospice Author	Title of paper, presentation or poster	Place of publication, presentation and date
<b>Publications</b>		
R Dipio, W Acuda, E Namisango and M Nalubega-Mbowa	Factors associated with depressive symptoms among family care givers of palliative care patients at Hospice Africa Uganda.	Palliative and Supportive Care; Published by Cambridge University Press, UK
Dorothy Adong Olet, Wilson Acuda, Aida Lubwama and Martha Olwenyi	Organizational determinants and patient satisfaction among patients: a case for Hospice Africa Uganda	International Journal of Science, Arts and Commerce. June 2021, USA
Germans Natuhwera, Martha Rabwoni, Ellis Peter, Anne Merriman	Clinicians' and nurses' documentation practices in palliative and hospice care: a mixed-methods study providing evidence for quality improvement at Mobile Hospice Mbarara, Uganda	Published in the International Journal of Palliative Nursing (IJPN) in July 2021 <a href="https://www.magonlinelibrary.com/doi/abs/10.12968/ijpn.2021.27.5.227">https://www.magonlinelibrary.com/doi/abs/10.12968/ijpn.2021.27.5.227</a>
<b>Submitted for publication</b>		
Duncan B and Wilson Acuda Germans Natuhwera, Peter Ellis and Wilson Acuda	A cross sectional survey in community palliative care: Opioid use disorders and opioid hyperalgesia in chronic pain patients on long term Morphine.	Submitted to Palliative Medicine (UK)
Germans Natuhwera, Peter Ellis and Wilson Acuda	Lived experiences of women with advanced cervical cancer in Uganda: a descriptive study.	Accepted and scheduled for publication in the International Journal of Palliative Nursing (IJPN) in the November/December 2021 issue
Germans Natuhwera, Peter Ellis, Wilson Acuda, Elizabeth Namukwaya	Socio-economic burden of a diagnosis of cervical cancer in women in rural Uganda. 'I got to understand what it means to be a cancer patient'. qualitative evidence from health professional cancer patients and survivors	Accepted in the IJPN. Scheduled for publication in the January/February 2022 issue Submitted and under review in Palliative Medicine Journal
<b>Book chapters</b>		
Anne Merriman, Germans Natuhwera, Eve Namisango	Book Chapter 'Spirituality, Culture, Traditions, and Other Beliefs Affecting Cancer Care' in a book titled 'Global Perspectives in Cancer Care: Religion, Spirituality, and Cultural Diversity in Health and Healing'	Submitted to Oxford University Press (OUP) in February 2021. Copyediting of the book chapter was completed in October 2021. Book scheduled for publication in January 2022.



Prof Anne Merriman, Dianah Basarika, Dr Susan O'Halloran, Dr Diana Watson, Prof David Southall Prof	Pain control for children in hospital, Book Section 9:Pg31-48. Handbook ONE of hospital care for infants, children and adolescents in low resource and emergency settings:	Published 2021 in hard copy and on line BY MCAI. MATERNAL AND CHILD HEALTH, ADVOCACY INTERNATIONAL
Prof Anne Merriman, Dianah Basarika, Dr Susan O'Halloran, Dr Diana Watson,	Section 7: Palliative Care for Children in Resource Limited settings P81-108 Handbook TWO of hospital care for infants, children and adolescents in low resource and emergency settings	Published 2021 in hard copy and on line BY MCAI. MATERNAL AND CHILD HEALTH, ADVOCACY INTERNATIONAL
Eddie Mwebesa, Zipporah Ali, Elizabeth Namukwaya, Emmanuel B.K. Luyirika, Israel K. Kolawole, Joan Marston & Olaitan A. Soyannwo	Book chapter: 'Approach to Palliative Care in cancer patients'- 6th edition (yet to be published) of book: Principles of Medicine in Africa by editors: Martin Weber, Moffat Nyirenda, Nicholas Feasey, Jackson Orem, Laura Benjamin, Dorothy Yeboah-Manu, Michael Marks and David Mabey	Principles of Medicine in Africa (6th edition; yet to be published by editors: Martin Weber, Moffat Nyirenda, Nicholas Feasey, Jackson Orem, Laura Benjamin, Dorothy Yeboah-Manu, Michael Marks and David Mabey)
<b>Conference presentations</b>		
Anne Merriman, Germans Natuhwera, Eve Namisango	Cultures affecting cancer and palliative care clinics. An intersectional mixed methods evidence in Uganda	Pre-recorded oral paper presented by Germans at the Palliative Care, Culture and the Clinic, a multidisciplinary symposium held on January 14, 21, 28 2021 in Toronto, Canada
Germans Natuhwera, Peter Ellis, Wilson Acuda, Anne Merriman, Martha Rabwoni	Socio-economic burden of a diagnosis of cervical cancer in women in rural Uganda. Findings from a phenomenological study	Germans received bursary from the International Children's Palliative Care Network June 25, 2021. Presented the paper at the 17th World Congress of the European Association (EAPC) for Palliative Care 6-8th October 2021
Anne Merriman, Germans Natuhwera, Eve Namisango	Cultures affecting cancer and palliative care clinics. An intersectional mixed methods evidence in Uganda	Germans attended and presented the paper at the 17th World Congress of the European Association for Palliative Care 6-8th October 2021
Germans Natuhwera, Peter Ellis, Wilson Acuda and Eddie Mwebesa	Psychosocial and Emotional Morbidities After a Diagnosis of Cancer: Qualitative Evidence from Lived Experiences of Healthcare Professionals in Uganda	Germans attended and presented the paper at the 17th World Congress of the EAPC 6-8th October 2021
Germans Natuhwera, Martha Rabwoni, Ellis Peter, Anne Merriman	Clinicians' and Nurses' Documentation Practices in Palliative Care: A Mixed Methods Study Providing Evidence for Quality Improvement at Mobile Hospice Mbarara Uganda	Germans presented the paper (pre-recorded oral) at the International Association for the Study of PAIN (IASP) 2021 Virtual World Congress held on June 9-11 and June 16-18, 2021.

## UCD HAU student research collaboration

Student: Thérèse McCann Supervisor: Dr. Agasha Doreen Birungi Co-supervisor: Dr. Patrick Felle	A study describing the circumstances around end of life of patients receiving Palliative Care at Hospice Africa Uganda	UCD SSRA Book of Abstracts and the Irish Journal of Medical Science (IJMS).
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Student: Michael Daigle Supervisor: Dr. Eddie Mwebesa, Dr Agasha Doreen Birungi Co-supervisor: Dr. Patrick Felle	The Changing needs of HIV+ patients of HAU over time- A review of needs comparing pre-antiretroviral therapy era with when HAART is widely available	UCD SSRA Book of Abstracts and the Irish Journal of Medical Science (IJMS).
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Student: Andrea Clarke Supervisor: Dr. Eddie Mwebesa, Dr Agasha Doreen Birungi Co-supervisor: Dr. Patrick Felle	A review of the quality of care at Hospice Africa Uganda	UCD SSRA Book of Abstracts and the Irish Journal of Medical Science (IJMS).
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Student: Darragh Devlin Supervisor: Dr. Olet Adong Dorothy, Dr Agasha Doreen Birungi Co-supervisor: Dr. Patrick Felle	A retrospective study comparing report of pain and symptoms between patients and their family caregivers receiving Palliative Care at Hospice Africa Uganda	UCD SSRA Book of Abstracts and the Irish Journal of Medical Science (IJMS).
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Student: Karl Moloney Supervisor: Dr. Karima Amin Kamru Co-supervisor: Dr. Patrick Felle	The prevalence of bowel morbidity in patients receiving opioid treatment for chronic pain at Hospice Africa Uganda.	UCD SSRA Book of Abstracts and the Irish Journal of Medical Science (IJMS).
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## Award Presentation

Singapore Hospice Council Video Early days	Singapore Hospice Council 25th Anniversary celebrations: 21 March 21:	Award received for commencing hospice palliative care in Singapore in 1985
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## Zoom Regional Presentation

Prof Dr Anne Merriman	Hospice Ethos for Africa, presentation through Khepca o Labour Day May 1 21	Promoting Alumnethos
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# Acknowledgement and Appreciation

**W**e thank Government of Uganda, the Ministry of Health and the National COVID-19 task force. We appreciate National Medical Stores, Joint Medical Stores, Nile Breweries Limited, Centenary Bank Limited, Kazire Health drinks, LMKConsultance Ltd, MyLifeMyhealthclub, C.O.U Ankole Diocese, Radio Maria, Mbarara Catholic Archdiocese, Century Bottling Company, Mary hill Old Girls Association, Schools in Mbarara district, Mbarara Municipality, endigito radio, crooze fm, TV West, radio west and Bunyoro Kingdom leadership. We are also grateful to Nation Media Group, Standard Chartered Bank, Crown Beverages Ltd, Ecobank Uganda, ICEA General Insurance, Stanbic Bank Uganda, Phaneroo Ministries International, Turner and Townsend, Palliative Care Association of Uganda (PCAU), Coffee At Last, Janzi band and various Rotary Clubs in Uganda. We acknowledge the support of the Irish community in Uganda, The Irish Embassy, Hospice Africa Ireland, Hospice Africa UK, Hospice Africa France, Hospice Africa USA, Friends of Hospice Africa Australia and the Give a Chance UK, USA, France, Denmark, Friends in Germany, Road to Care, Phil Molony, Alf Skolik,

Dr. B. Duncan, HAU members, The Rutamwebwa Family, Family of Madam Scholar Tugumisirize, Friends of Dr. Anne and the many Ugandans who have stood by us every month throughout the year. We thank Anthony Conlin who did a great job of harmonising the Hospice Africa (HA) brand working with the whole HA family for proper representation. We appreciate to all places that have received our donation boxes and all that have given in the boxes. Lastly, we commend the board of Hospice Africa Uganda for the work they have done throughout this year to keep HAU in service.



You Supported HAU to Continue To Care For Patients And Train Pc Providers In 2019, 2020 & 2021

*Thank you*



EVERY INDIVIDUAL / FAMILY THAT RESPONDED TO OUR CALL FOR SUPPORT IN 2020 AND 2021

Palliative care for all in need in Africa  
[www.hospice-africa.org](http://www.hospice-africa.org)



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## Contact Us



### Hospice Africa Uganda

P.O. Box 7757, Kampala - Uganda  
Tel: +256 392 766867 and +256 701 968098  
Email: [infoug@hospice-africa.org](mailto:infoug@hospice-africa.org)  
Website: [www.hospice-africa.org](http://www.hospice-africa.org)



### Mobile Hospice Mbarara

Tel: +256 772 384938 and +256 705 161125



### Little Hospice Hoima

Tel: +256 700 457971 and +256 772 890216



### Hospice Africa UK

Tel.: 01695 581318  
[chris.merriman@live.co.uk](mailto:chris.merriman@live.co.uk)



### Hospice Africa Ireland

[ireland@hospice-africa.com](mailto:ireland@hospice-africa.com)



### Hospice Africa France

Tel.: +33 (0) 6.32.70.62.98  
[hospiceafricafrance@gmail.com](mailto:hospiceafricafrance@gmail.com)



### Hospice Africa USA

Tel: 1-802-457-3994  
Email: [judithhills@gmail.com](mailto:judithhills@gmail.com)



### Anne Merriman Foundation

Email: [annemerrimanfoundation@gmail.com](mailto:annemerrimanfoundation@gmail.com)  
Web: [www.annemerrimanfoundation.com](http://www.annemerrimanfoundation.com)



### Friends of Hospice Africa Australia

[secretary@fohaa.org.au](mailto:secretary@fohaa.org.au)