



HAU/IHPCA

Hospice Africa Uganda



Annual Report
2021/22



VISION is
"Palliative Care for all in need in Africa"

The 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"

HOSPICE AFRICA UGANDA IS ON GLOBALGIVING

GlobalGiving is offering a year-round 100% match on new monthly donations that are up to \$200 for the entire 2022. The purpose of this matching offer is to encourage more donors to sign up for ongoing monthly giving, which provides nonprofit partners with a solid ground to stand on and a sustainable source of funds that they can use to plan programs, create budgets, and expand services.

“Become a monthly donor with HAU, any amount even as low as \$10 makes a huge difference if you will faithfully give it every month. From any part of this globe, on your computer or phone, it is very easy, visit the GlobalGiving website and search out Hospice Africa Uganda. You will find us. or Visit our project on global giving at: <https://www.globalgiving.org/projects/palliative-care-outreaches/> for all the details and make your donation.”

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Twitter handle: @HospiceAfricaUg
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MESSAGE FROM OUR FOUNDER



I could not foresee what was coming as I left Uganda early June 2021. Immediately I arrived in UK for the AGMs in Europe, I too went down with Covid19, brought with me from Uganda in spite of negative test before leaving, and had a very different experience to what would have happened in Uganda. I survived but not without experiencing the lonely isolation imposed by “trick and treat” isolation in UK. They called me several times a day to ensure I did not have visitors hidden in the closet!! It was debilitating but I survived enough to reach Ireland and experience the great hospitality of my many friends and supporters of our patients and families here in Uganda, where suffering is beyond imagination. I realised my suffering was so small to theirs. The day I was to fly back to Liverpool I had a heart attack and ended up tasting the hospital systems in three Irish Hospitals. I was so impressed.

I have always been grateful that I trained to be a doctor in caring Ireland. It was great to see that the caring mixed with the great Irish humour kept everyone happy including the caring teams and the patients support for each other. They even allowed me to give my talk on zoom to the UK AGM from my cubicle in their busy OPD while waiting for a bed in the ward! That was a first for me and for them!!

So now back in Uganda since December 21, with two stents in situ and feeling much better. That trip made me decide I did not want to ever fly again! I am settled back in Uganda, with my Ugandan families caring for me. Not able to go to Hospice as often as I used to, but trying to catch up with documenting 30 years' work to leave a legacy to support those who follow. Our Hospice Ethos is so important to Africa and all who care. This ethos was developed from my experiences in UK, Nigeria, India, Malaysia, Singapore, Kenya and finally Uganda.

Here in Uganda we are the model for African palliative care. We developed the International Programmes department (IP), to be preservers of our vision “Palliative Care for all in need in Africa”. Although working with HAU, IP are a separate entity who will carry our vision and ethos to another country if necessary, so they never fail. For African countries are seldom free of wars and unrest. This approach for IP is part of African solutions for African problems. You will see the work of this department from HAU in this report and they are doing so well. I passed the Directorship over to Dr Eddie in 2020 but maintain my interest as I have visited so many of the African countries and miss this so much. It is so necessary that we see the situations within each country before we advise them. My prayer is that this special, department will continue to preserve the vision with hearts dedicated to its continuation.

But IP cannot continue without the example of caring and sharing that comes from observing our clinical team working in the home, here in Uganda, The teams at the three sites continue to give caring services, dedicated to patient and family needs, even after the end of life. We have become friends of patients, family and neighbors even. We need to spread our ethos to all in palliative care and beyond through Alumnethos. Papers on this are in my legacy documents and will be available to all in a few months.

But it is important that all our team members understand and agree to maintain the ethos so that they present hospitality to all who come through our gates, so they feel at home. Shortage of money should never change this hospitality which is our hallmark and the hallmark of Ubuntu, the original Bantu African religion. Wise sayings come with Ubuntu such as: “I am, because you are” “If you want to go fast, go alone If you want to go far, go together”

We need YOU ALL to continue your prayers and support. God bless you and all your lives touch.

Dr Anne

MESSAGE FROM OUR PATRON



I congratulate the Board of Directors, management, partners, team members and volunteer caregivers in Kampala, Mbarara, and Hoima for your continued commitment towards providing affordable palliative care in Uganda, and for successfully completing the 2021/2022 Financial Year.

Despite the COVID 19 pandemic in the year 2021/22, Hospice Africa Uganda (HAU) continued to focus on her vision "Palliative care reaching all in need in Africa". We are grateful to all our partners, donors, patients and their families who continued to engage us, driving us forward to ensure that palliative care delivery continued.

In Uganda, based on the estimates of the Global Atlas of Palliative care of 2020, at least 385,000 adults and 87,000 children need palliative care every year but only a small proportion receive the service.

It is my pleasure to see that Hospice Africa Uganda is bridging this gap with a total of 1,030 new patients across all our three sites at Hospice Kampala, Mobile Hospice Mbarara and Little Hospice Hoima. This was an increase of 10% from 933 reported in the previous year 2020/21 bringing the cumulative number of patients ever seen since 1993 to 36,799.

The milestones this year are quite many. HAU received the International Association of Hospice and Palliative Care (IAHPC) Institutional Recognition Award for the category of Low- and Middle-Income Countries (LMICs) for the outstanding dedication to the development and provision of Palliative care, leading to the improvement in the quality of life of patients with serious health related suffering.

It is no surprise that Hospice Africa Uganda received the International Association of Hospice and Palliative Care (IAHPC) Institutional Recognition Award.

Once again, congratulations to all the teams especially Dr Eddie Mwebesa who received the IAHPC individual recognition award for his dedication to Palliative Care, management and partners upon all the milestones reached this year and many more yet to come.



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

MESSAGE FROM OUR BOARD CHAIR



Sincere and warm greetings from myself and from the entire Board of Directors for Hospice Africa Uganda. It is a great pleasure and privilege to be writing to you yet again.

At this time last year, we were full of more faith than courage. We had been shaken to the core by the circumstances that were prevalent and all we had to hold onto was hope that it was going to be well.

At that time, because of the raging pandemic, we were staring at uncertainty directly in the face and the money in our coffers was running out fast. We were on the table of planning and strategizing and our biggest cry was the plea to find African solutions to African challenges. We went further to say that we needed Ugandan solutions for Ugandan challenges. God is indeed faithful!

The waters of uncertainty didn't drown us and in a bid to start on a Ugandan approach to our challenges, we've recently launched a project code named **PAIN STOPPERS**.

Uganda has over 200,000 patients in severe pain. They all need palliative care but many cannot reach it. Our great aspiration is to raise awareness about this pain for the terminally ill in Uganda and to find at least 10,000 Ugandans who are willing to stop pain by contributing 50,000 Uganda shillings or about 15USD per month for three to five years to support our drive and dream.

If we all committed to giving this money **EVERY MONTH** and also shared and convinced ten different people in our direct spheres of influence to make a monthly contribution too, we'd be surprised at how far this would support HAU in providing professional pain relief for our people.

- 100 pain stoppers would contribute 5m shillings per month.
 - 1000 painstoppers would contribute 50m shillings a month.
 - 5000 pain stoppers would contribute 250m every month.
- These figures are scalable based on our commitment.

We intend to raise funds that will not only contribute to our survival in an increasingly turbulent world but to push us into the place of income sustainability for the future. I am very excited about this initiative because it will directly involve indigenous Ugandans. I am looking forward to seeing how it will evolve.

Please Join us; convince everyone in your sphere of influence to commit to this wonderful cause. Talk to every relative, every friend, neighbor and even a stranger to take part. There's no discrimination. Invite everyone, young and old. Let us be the ambassadors and merchants of goodwill for our people.

I am confident of this one thing, we shall live to see the goodness, the love and the faithfulness of God in our land.

God bless Hospice Africa Uganda.

Dial *291#
 Merchant code 600336

Ms. JOY MIREMBE

MESSAGE FROM OUR CHIEF EXECUTIVE DIRECTOR



Greetings from Hospice Africa Uganda (HAU). On behalf of the management of Hospice Africa Uganda, I thank God who has brought HAU this far since 1993, every individual and every institution that walked with us throughout 2021/22.

At all our three sites: - Little Hospice Hoima, Mobile Hospice Mbarara and Hospice Kampala and in all the departments; our teams continued to deliver on our strategic plan 2020/21 - 2024/25. We appreciate all our donors for providing the Personal Protective Equipment that we needed to push us safely through the COVID 19 pandemic.

We participated in several National Palliative Care (PC) advocacy activities under the leadership of the Ministry of Health and the Palliative Care Association of Uganda (PCAU). These activities raise awareness and advocate for access to PC as well as PC education. One of the highlights was the Uganda Cancer Institute (UCI)-Palliative Care Association of Uganda (PCAU) conference held 23rd - 24th September 2021. The conference was aired on national television and it attracted a large audience both national and international. The HAU team were very actively involved with plenary sessions and abstract presentations.

We also received the International Association for Hospice and Palliative Care (IAHPC) Institutional Recognition Award in the low-income country category. In the same category, our Clinical and International Programs Director, Dr. Eddie Mwebesa, won the IAHPC Individual Recognition Award. The awards were for our outstanding dedication to the development and provision of palliative care, leading to improvements in the quality of life of patients with serious health related suffering.

We extend appreciation to the Government of Uganda (GoU) for the commitment to ensure access to free essential PC medicines, including oral liquid morphine for all that need it. For this reason, Uganda is a model to other countries in Africa who do not yet have access to oral liquid morphine. This year, the Ministry of Health (MOH) Uganda recommended all HAU sites for the Primary Health Care (PHC) grant to aid sustainability of our clinical services. We are grateful to the Ministry of Health leadership and we remain hopeful for the continuity of HAU services.

Special thanks goes to our Patron – Her Royal Highness, the Founder, all our board members, donors and partners for their significant contribution to the success of HAU. We appreciate our students and our patients, their family members and caretakers who are part of us. It is because of you that we are.

To everyone reading this report, you are very dear to us. We wish you nothing less than excellent health, prosperity and peace. Let's move together to the next year compelled by our vision. With much love from all at HAU.

Dr. Agasha D. Birungi

EXECUTIVE SUMMARY

The World Health Organisation defines Palliative care 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 illnesses. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

As per the Global Atlas of Palliative care of 2020, 2,163 adults (≥ 20 years) per 100,000 population and 369 children (0 - 19 years) per 100,000 population need palliative care every year in Africa. When we apply these statistics to Uganda's population projections of UBOS 2021, at least 385,000 adults and 87,000 children need palliative care every year. Only a very small proportion of these receive the service countrywide.

In the year 2021/22, HAU continued to focus on her vision "Palliative care reaching all in need in Africa" despite the COVID 19 pandemic. We are grateful to all our partners, donors, patients and their families who continued to engage us, driving us forward to ensure that palliative care delivery continued. This year, HAU received the International Association of Hospice and Palliative Care (IAHPC) Institutional Recognition Award for the category of Low and Middle Income Countries (LMICs) for our outstanding dedication to the development and provision of Palliative care, leading to the improvement in the quality of life of patients with serious health related suffering. Our very own Clinical and International Programmes Director, Dr Eddie Mwebesa also received the IAHPC individual recognition award for his dedication to Palliative Care.

We registered 1,030 new patients across all our three sites at Hospice Kampala, Mobile Hospice Mbarara and Little Hospice Hoima. This was an increase of 10% from 933 reported in the previous year 2020/21. This brings the cumulative number of patients ever seen since 1993 to 36,799.

In total, we saw 2,046 patients and had 10,536 total patient contacts (number of times patients are seen). Simultaneously, we registered more than double the number of consultations in this period from 357 in 2020/21 to 756. Consultations are patients attended to but not enrolled on PC program for that particular visit due to various reasons such as those who are enrolled elsewhere and only come for medication refills, enquires and those with unconfirmed diagnosis. While not all these patients are eligible for our palliative care program, this demonstrates HAU's increasing presence among the community.

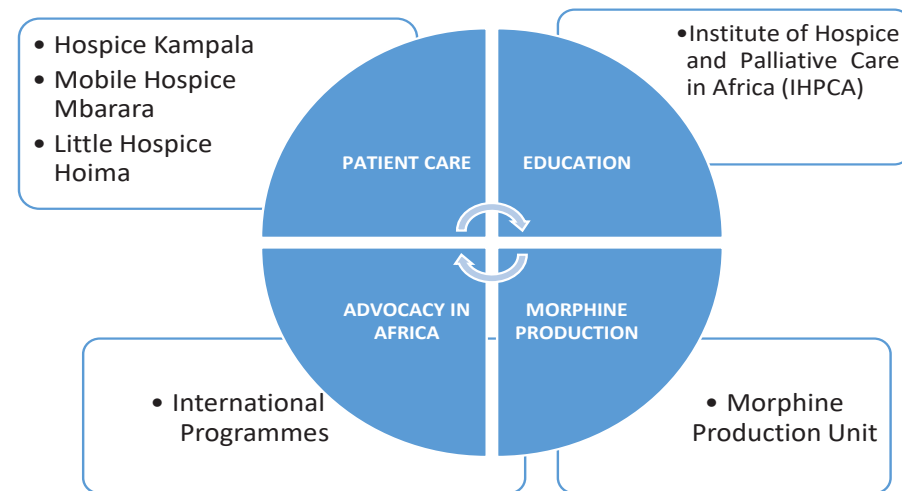
The International Programmes team conducted two initiator's courses, English and French with 32 and 29 participants attending online respectively. In total, 20 of the 61 participants came for placement. The IP nurse trainers also engaged in trainings and mentorships in Liberia, Senegal and several other online engagements with other countries in Africa.

The Institute of Hospice and Palliative care in Africa (IHPCA) continued to deliver short and long courses in Palliative Care. We had 73 students on all our programs and in May 2022, we had a graduation ceremony for our finalists.

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.

INTRODUCTION

Hospice Africa Uganda (HAU) has four main functional areas that work together to achieve our mission.



Patient Care: The patient care function includes palliative care service delivery at three main sites in Kampala, Hoima and Mbarara districts. At our sites; Hospice Kampala, Mobile Hospice Mbarara and Little Hospice Hoima, we attend to patients at home, hospital, outreaches, road-side clinics, daycare and as outpatients.

Education: HAU provides high quality palliative care training for both national and international students at our Institute of Hospice and Palliative Care in Africa (IHPCA). This institute is accredited by the Uganda National Council for Higher Education. It provides diplomas, degrees and masters courses in palliative care. The students attend practicums in our sites. They also carryout their research in our sites. They engage with clinical teams in case conferences and Journal clubs.

Advocacy in Africa: This is spearheaded by the International Programmes (IP), who aim to promote hospice and palliative care provision across Africa. The IP team conducts annual Initiators' courses for Palliative care provision in French and English. The courses are offered to anyone looking to start a palliative care service in any part of Sub-Saharan Africa. This training is accompanied by mentorship and coaching visits to the countries themselves to help them begin palliative care.

Morphine Production: HAU supplies oral liquid morphine to the Government of Uganda National Medical Stores under the Public Private Partnership as enshrined in the Public Private Partnership Act 2015. Oral liquid morphine is the pain medicine recommended by WHO in the management of moderate to severe pain associated with cancer and other life limiting illnesses.

Awards and Recognition

This year, the International Association of Hospice and Palliative Care (IAHPC) awarded their Institutional Recognition Award in the category of Low- and Middle-Income Countries (LMICs) to HAU. The award was for our outstanding dedication to the development and provision of Palliative care.

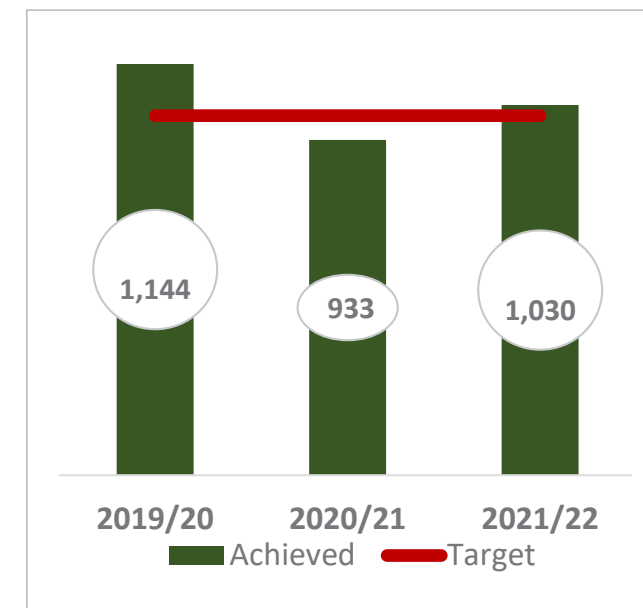
One of our very own, Dr Eddie Mwebesa also received the IAHPC Individual Recognition Award for his dedication to developing and providing Palliative Care to improve the quality of life for people with serious health-related suffering. See this story in the IAHPC newsletter https://hospicecare.com/what-we-do/publications/newsletter/2022/05/iahpc-news/?utm_source=publications&utm_medium=email&utm_campaign=iahpc_hospice_palliative_care_news_digest_may_2022&utm_term=2022-05-11



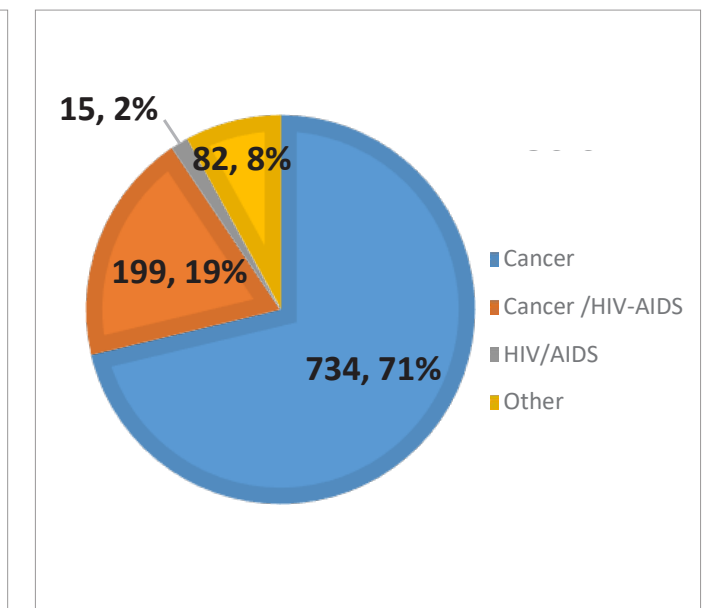
1.0 PATIENT CARE

Since 1993, HAU has enrolled 36,799 patients into our palliative care service, and on average we see 700 – 900 patients per month across our three sites. Between July 2021 and June 2022, we enrolled 1,030 new patients into the service, an increase of 10% from 933 reported in the previous year 2020/21. We have an annual target of 1,000 new patients which we exceeded in 2021/22.

New patients enrolled from 2019/20 to 2021/22



Distribution of the new patients by diagnosis



71% (734) of the new patients had cancer only while 19% (199) had cancer and HIV/AIDS. The pie chart above shows 8% (82) patients with other non-cancer diagnoses requiring palliative care. This proportion has grown steadily over the years. It shows that the people with these conditions are embracing the call for them to access Palliative Care services.

Altogether, we saw 2,046 patients, both new and continuing in care. We had 10,536 total patient contacts, which is an indication of the number of times patients accessed HAU services.

At the same time, we registered more than double the number of total consultations this year. We had 756 consultations compared to 357 in 2020/21. Consultations are patients attended to but not enrolled on PC program for that particular visit due to various reasons. For example, patients enrolled at other PC providers and only need some refills of medications, those who suspect they have cancer but have never been evaluated, those who come to seek information to help someone they know, those who have conditions that do not require palliative care, among others.

1.1 HOSPICE KAMPALA

The Hospice Kampala (HKLA) team provides Palliative care services to patients in Uganda's capital city, as well as teaching students from the IHPCA, participants on short courses, participants on the Initiators' courses and volunteers on placement.



Some of the Hospice Kampala clinical team

The site enrolled 312 new patients, among whom were 40 (13%) children below 18 years.

Mode of Contact	# FY 21/22
OPD	1,457
Home visits	446
Outreach contacts	117
Hospital and other health facility contacts	354
Telephone contacts	967

Engaging the community for palliative care

In order to improve access to palliative care, it is important to increase awareness in the community. HAU for a long time has engaged Community Volunteer Workers (CVWs) to sensitize the communities on palliative care, identify patients in need of PC and refer them to HAU.

With support from Hospice Africa France, Hospice Kampala trained 18 CVWs this year. These CVWs were recruited from the November 2021 memorial service, AGM and patients' Christmas party. We have also retired some CVWs and awarded them with certificates of recognition for their work in Palliative care.

One outstanding performer was Mr Kigongo Paul. Paul is a peasant farmer who works on other people's land on a hire basis to earn an income. Through his position in the community and as a CVW, Paul has spread awareness of our work, and referred several patients to us. After his decision to retire, we gifted to Paul a HAU branded tent in appreciation of his work. Paul lives in make-shift shelters when he is working in the fields, and this tent will provide him with a mobile 'house' which he is very happy with.



Mr. Kigongo Paul inspecting his new tent

The clinical team also visited Lungujja Community Health Care Organisation, a Community Based Organisation (CBO) operating in Kampala which offers care to patients with cancer, stroke, and other serious illnesses.

Our clinical team conducted a sensitization session on palliative care to the organisation's carers, promoting good-practice in caring for these patients in the community.



Nurses Roselight, Resty and Josephine (in blue t-shirts) at Lungujja Community Health care organisation

Placement activities

We had several groups of participants on placement with the Hospice Kampala team. These included palliative care initiators on the courses in IP department as well as students on various programs at the IHPCA and guests from within and abroad seeking experiential learning opportunities in palliative care.

Partnerships & Collaboration: Safe blood saves life

In January 2022, HAU partnered with Uganda Red Cross Society and Uganda Blood Transfusion Services to conduct a blood donation drive at the HAU Kampala site. The drive aimed to increase awareness and understanding of cancer and palliative care among individuals in the surrounding areas, as well as invite them to donate blood, a very generous and sacrificial gesture. We collected 52 units of blood, exceeding our target of 50 units, and reached at least 2,000 people with our message. Wrist bands with HAU message were given to all people who came for blood donation.



One of our team members donates blood at HAU

Palliative care teams never give up: The story of TM

TM is a 45-year-old lady diagnosed with arteriosclerosis, a blood disorder which inflames and hardens blood vessels, interfering with blood flow and causing blood clots.



TM before surgery

TM came to us complaining of pain in her left hand and forearm. When our Palliative Care specialists scored her pain, it was severe enough to warrant the administration of oral liquid morphine.

TM subsequently enrolled for palliative care with us. Her condition worsened and her arm began to develop dry gangrene. Her fingers had started to darken, and the lack of sensation and movement revealed that the tissues were dying. You can see in the picture how dark the forearm and hand were.

Hospice Kampala referred TM to the hospital to see a vascular surgeon; however, TM and her family struggled to navigate the complex hospital environment. They decided to return home. TM's condition subsequently deteriorated. Within a few weeks, the dry gangrene rapidly progressed to envelop her hand and her wrist. It ascended rapidly to just above her elbow. This was life threatening because the dead tissues of the left arm could cause her septic shock. The Hospice Kampala team visited TM's home multiple times to educate the family and help them appreciate the urgency needed to save TM's life.

When the family accepted surgery, the next hurdle was the prohibitive cost of the intervention. TM did not have medical insurance and the family did not have all the resources needed. The team therefore used their social media portals to commence a desperate search for a surgeon or hospital, which could urgently offer a free or heavily subsidized surgery to save TM. We are grateful that the Uganda Heart Institute responded both quickly and decisively. Their wonderful team of surgeons, anesthesiologists and nurses among others operated on TM to amputate her arm and save her life.

Today, TM is alive and grateful to Hospice Kampala and the Uganda Heart Institute teams who came to her rescue. HAU continues to visit TM at home and provide her with Palliative care.



TM after surgery

Palliative care is a valuable specialty of a multidisciplinary nature. Together, we see to it that people like TM live meaningful good quality lives despite the illnesses they have.

By Dr. Eddie Mwebesa
Clin. and Int. Prog. Director

Roselight Katusabe
Health Services Coordinator, Hospice Kampala

1.2 MOBILE HOSPICE MBARARA



Mobile Hospice Mbarara team

Mobile Hospice Mbarara (MHM) was set up in 1998 as a model PC service providing mobile and home-based PC services in the South Western region. The site team provides clinical care to patients and teaches students on placement from the IHPCA and other participants on placement from HAU's short courses, Initiators' courses and volunteers.

The site enrolled 565 new patients this year, including 25 (4%) children below 18 years.

Mobile Hospice Mbarara was able to continue to provide home based care and to reach even patients outside the catchment area because of the APCA True Colours grant that was implemented for one year ending in February 2022. It was titled, "Improving access to palliative care for the high risk terminally ill patients in South Western Uganda amidst the Covid-19 pandemic". 126 patients benefitted from the grant. In addition to monthly home visits, they all received information on COVID 19 prevention, IEC materials and the most vulnerable received soap and hand washing facilities at their homes. The team in MHM received adequate PPE for that period. We appreciate the African Palliative Care Association and the True Colours Trust.

Number of Patient contacts made

Mode of Contact	# FY 21/22
OPD	3,447
Home visits	345
Outreach contacts	208
Hospital and other health facility contacts	142
Telephone contacts	172

MHM team visit to Nyamushekyera prison

This is a unique story of dedication and compassion on the part of the Officer-in-Charge of Nyamushekyera prison. The OC had seen HAU clinicians delivering services at Murchison bay prisons in Luzira, Kampala, and knew the quality of our

work. He got in touch with MHM and requested them to visit the prison and help treat a skin rash that he had seen us treat at Luzira. Nearly 100 inmates had the rash and it was distressing. The MHM team visited the prison and were able to treat the inmates as well as talking to them about palliative care. It would be good to expand the scope of our services to reach places like the prisons in the region.

Working together to change lives: The story of Medius

A religious sister (nun) of Our Lady of Good Counsel came to Hospice and told us about Medius (not real name) who was suffering from a painful disorder of the feet. This nun was convinced that MHM team could do something and so we visited Medius at her home - 63km from Mbarara.

We found Medius in a sorry state; she was in agony, hungry, miserable and had lost all hope of living again. She was unkempt. She could not remember for how long she had had the disorder. She told us that it must be more than 30yrs. Medius had no document to prove her age, but she estimated it to be about 45 years. She has four children; two boys and two girls. We found that she was living with a young girl (her daughter) of 16 years whom she called Lili.

We then cleaned the wounds on her feet and gave her medicine for the pain. We also demonstrated how to clean the wound to her and her carer, and gave her some maize flour, sugar and two jerrycans of water. Medius lived very far from Mbarara, beyond MHM's catchment area for home visit. So we co-ordinated with the woman area councilor to come and collect Medius's medications at Kikagate health centre; on outreach days in Isingiro district.

When we went back to the office in Mbarara, we had a team discussion about the state of Medius. We recalled that the Kkottongnae community had helped us with other very needy patients in similar state like Medius. We contacted the Reverend Father (a priest) at the Kkottongnae community and told him about the plight of Medius.

Father agreed to come and visit Medius. After seeing Medius' condition and that of her daughter, he decided to take them for a medical assessment. Medius did not have any medical documents to help us confirm what she was suffering from. After several consultations and tests, Medius had a very rare condition called Podoconiosis, which is a form of elephantiasis arising in barefooted subsistence farmers who have long contact with irritant red clay soil of volcanic origin. It is one of the neglected tropical diseases in Africa that causes a lot of disabilities.

Medius began treatment and rehabilitation at the Kkottongnae community, and within two weeks of starting treatment, there was already significant improvement. The main solution all along was water and soap to wash her feet, soak the feet into oily water and bandage the legs to reduce oedema. The Kkottongnae community provided nutrition and the daily cleaning of Medius's feet. Medius is now much better, and she is very happy because the community caring for her has even promised to take her daughter to school.

Palliative care is not a one man show but when the whole community come together, we all achieve. I am so grateful to Kkottongnae community, the nun who trusted hospice to make a difference and the Village community who were there for her before we came into play.

By **Martha Rabwoni**
Health Services Coordinator
Mobile Hospice Mbarara



Medius before treatment



Medius after starting treatment

“People of Mbarara, please stop at our donation box at; Day to Day Supermarket and make a donation. It will make a very big difference for the patients we care for.”

Mbarara Community Supports Sustainability Of Palliative Care Services At Mobile Hospice Mbarara

Hospice Africa Uganda extends a special appreciation to the entire community of Mbarara for their commitment to ensure continued patient care at Mobile Hospice Mbarara (MHM).

It all started when Mr. Tumwine Wilson was the Lord Mayor of Mbarara Municipality some years ago. He welcomed us to his office and we discussed our plans as an institution and focused on how Mbarara community can support MHM. Through his many associates, friends and colleagues, we have learned more about Mbarara where MHM is housed. Over the years, we have grown, we are received with kindness and respect in various parts of Mbarara.

In a special way, we appreciate the Mbarara Business Club members for their generosity towards charities and their response to people in need in Mbarara. Rtn Balya Apollo, the present chair of the club, is passionate about palliative care and he allowed our team recently to make a presentation of our work to the members. The members received us with enthusiasm and they made pledges to support our work which they fulfill monthly. We really appreciate their generosity.

We also appreciate the Rotary Club of Mbarara. This club supported the establishment of the present premises of MHM in 1998. Over the years, the club has supported several fundraising drives conducted for MHM.



We also appreciate several other institutions within Mbarara such as the church, schools both primary and secondary, individuals, Mbarara University of Science and TecTMology and the Mbarara Regional Referral Hospital.

Over the past 29 years of HAU, we have learned the value of the community in sustainability of charity work. MHM would not be standing this tall if it wasn't for the hospitality and the generosity of the Mbarara community. Mwebare munonga.

1.3 LITTLE HOSPICE HOIMA



Little Hospice Hoima team

Little Hospice Hoima (LHH) was set up in 1998 as a model PC service for very rural remote areas of Uganda in the Bunyoro region.

The site team provides clinical care to patients and teaches students on placement from the IHPCA and other participants on placement from HAU's short courses, Initiators' courses and volunteers.

The site enrolled 153 new patients among whom were 10 (7%) children below 18 years.

Mode of Contact	# FY 21/22
OPD	941
Home visits	291
Outreach contacts	226
Hospital and other health facility contacts	122
Telephone contacts	545

During this year, LHH received a new water tank to replace an old tank that was no longer fit for purpose. This was possible through the support of the JoTM Shelley bursary 2021 awarded to LHH through the Environmental Health Association of Ireland (EHA).



A new 10,000 Litre water tank (left) replaces the old 5,000 Litre tank which was no longer fit for purpose

Engaging the community for palliative care

This year LHH trained 13 CVWs, the majority of which are Village Health Team members, the first tier in the Government of Uganda Health Service. They are seasoned health promoters who will ably sensitize the communities on palliative care, identify patients in need of palliative care, and refer them to LHH.



Nurse Sarah conducting a session with the CVWs at LHH.



A CVW from Kakumiro district receives a certificate of training completion during the PCAU regional meeting in Hoima.

Placement Activities

In February 2022, five Francophone students and their two facilitators from HAU's International Programmes came to Hoima to undergo a two-week placement at LHH.



Francophone Initiators' course participants on placement at LHH pause for a photo with their tutors, Dr Stephen and Mrs Heather Miller. The participants are from DRC, Burkino faso and Senegal

In addition, LHH had two participants on placement for the IHPCA short course in Palliative Care integration in COVID-19 and two Nurse students from the Netherlands.

This is a story of a patient at LHH.

“ Please, please, doctor, i beg you, get me a wheel chair at least if i can see the sun and the skies ”

We first heard about JJ from his son, who had been told about our services by a community health worker, and who came to our LHH site seeking our help. JJ is 55 years-old and had been bedridden for a year. Despite his son's best efforts, it was difficult to get a complete picture of JJ's physical and emotional needs without an in-person assessment. JJ lives more than 80km from LHH, outside our catchment area.



JJ in his bedroom on our first visit January 2022

The family had made several attempts to bring JJ to LHH, but the practical limitations were too great. Due to his condition, public transport operators refused to transport JJ, and the family could not afford private transport. The most readily available form of transport - a boda boda, was obviously impossible.

Seeing the desperation of the situation, the LHH team agreed to visit JJ. We found him lying on the floor and groaning in excruciating pain. He had been bedridden and physically unable to leave the room for an entire year. Upon seeing our team, JJ expressed his gratitude to us for visiting him at home.

“ Thank you so much for valuing me and travelling all that long distance to come and see me. I did not expect you can leave all your work and travel all that long distance from Hoima to come and see me. You are amazing people. ”

JJ looked far older than his true age – a stark indication of the toll the illness had had on his wellbeing. He told us his health issues started in 1994 when he developed painful ulcerations on his right leg, which was swollen. For 15 years, JJ took antibiotics with fluctuating periods of improvement and relapse. In 2020 the medication stopped working entirely. He was then referred to the Uganda Cancer Institute (UCI), where a biopsy revealed that he had neurofibroma - tumors of the nerves. After many treatment sessions, JJ's financial resources were depleted, and he grew weary of UCI treatment at Mulago Hospital in Kampala. He returned to his home in 2021.

“ I am tired of going to Mulago. I have traveled there many times but I see not much has been done for me. ”

Our assessment revealed that JJ suffered severe pain from the ulcerations, lack of sleep due to the pain, very foul-smelling discharge, and financial problems arising from heavy spending on transport and care in the UCI. Despite his ailments, JJ revealed that it was his inability to feel the sun which caused the most distress.

“Please, please, Doctor, I beg you, get me a wheelchair so that I can be able to get myself out of here. At least if I can see the sun and the skies. I have been in this place for a year now. I need to see the sun and the skies... even if you need something [some money], I can look for it and give it to you and you get me a wheelchair”.

JJ's wife was physically unable to carry JJ, while the children were too young. LHH managed JJ's physical symptoms, addressing the severe pain and foul-smelling wounds. Yet ultimately, it was the provision of a simple wheelchair, allowing him to once again feel the sunshine on his skin, which gave him the most relief and returned joy to his life.

Germanus Natuhwera
Site Manager
Little Hospice Hoima

1.4 DAYCARE



Beneficiaries of the daycare at Hospice Kampala

This is a service where patients come to Hospice Africa Uganda once a month to participate in respite activities while receiving medical care. It is part of psychosocial interventions offered by HAU for patients and carers. This daycare used to be available at all sites however it has been greatly interrupted by the COVID-19 pandemic and the requirements for social distancing.

In this year, we held only four-day care sessions in the months of March, April, May and June in Kampala only. At a time, twenty patients along with their carers if they desire, attend day care.

For most patients and their families, the diagnosis and treatment of a terminal illness is a major intrusion into their lives. Despite improved medical care, patients with advanced incurable disease often feel isolated, helpless, sad, stigmatized and unable to cope with their present reality. Day Care helps specifically identify patients to cope with these overwhelming issues.

At daycare, we aim to build patients' self-esteem through promotion of positive living in terminal illness such as cancer and HIV/AIDS. We also aim to allow carers a moment of rest from the routine of care, a moment which they get to use to do something that refreshes them. We also use daycare to provide physiotherapy and massage.

1.5 MEMORIAL SERVICE



Memorial service at LHH

Due to the social distancing requirements for control of COVID19, each site conducted a memorial service that was attended by clergy, staff and a handful of representatives.



Memorial service at MHM



Candles lit by relatives and representatives in memory of the deceased

Between July 2021 and June 2022, we registered 621 deaths and at least 80% of the bereaved families have received bereavement care.

1.6 PATIENTS' CHRISTMAS PARTY



Christmas celebration with gifts at a babies home we partner with in Mukono

In December 2021, none of our sites held a patients' Christmas party because of the restrictions occasioned by the COVID 19 pandemic. At all sites, we gave gifts to patients in form of packages of food, a cake and some toys for the children.

1.7 COMFORT FUND

This fund supports the very poor and most vulnerable patients to access basic needs. Basic needs include food, temporary housing, clothes, beddings, transport back home when they have made it to the care delivery point, transport for vital investigations that would contribute to the care of the patient and in some cases meeting the cost of the investigations where it is very necessary. The selection of beneficiaries is based on the socio economic assessment done and documented in the patients' records. Most of the patients benefiting from the comfort fund have had a prior home visit to verify the information in their files. The beneficiaries of the comfort fund this year were 339 in LHH, 312 in MHM and 162 in HKLA.

1.8 GIVE A CHANCE

Give A Chance (GAC) education support project started in 2010 with the objective of reducing children's vulnerability through education support. The project empowers children, both girls and boys, with education through primary, secondary and vocational levels so that they become self-reliant responsible people in the prime of their lives.

The children who benefit from Give a Chance are orphans whose parents died of HIV/AIDS/ and or cancer and were on HAU care program or children who are cancer survivors. We select children from very poor families where the hope of furthering education does not exist. The donors of the project are from UK, USA, Denmark and France.

We currently have 28 children in school in Uganda under the project.

Nakanjako Josephine is a twenty-two (22) year old girl and a beneficiary of Give A Chance project. She is one of the children of our deceased patients who both lost the battle to cancer. Her father was the first to die, then later her mother, leaving her a total orphan. She was left under the care of her grandmother who also unfortunately passed on. It was upon this background that Josephine was recruited as a beneficiary of Give A Chance project from Primary three to enable her continue with her education.



Josephine at Nursing and Midwifery school

Josephine has been living with her aunt who is financially constrained. Through Give a Chance, Josephine completed her Uganda Certificate of Education and performed very well. She was then admitted for a two-year nurse training course at St. Micheal Lubaga Hospital Training School where she is pursuing a certificate in Nursing and midwifery. Josephine is so grateful for the support Hospice has given her throughout her studies. During holidays, she volunteers at HAU to support with some clinical work as a way of giving back.

1.9 ROAD TO CARE

Road To Care (RTC) 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 cervical cancer in western Uganda through facilitating their access to curative services. This program promotes secondary prevention by ensuring that every woman who is diagnosed with early-stage cervical cancer can access radiotherapy and / or chemotherapy at the Uganda Cancer Institute. It is exciting to see the smiles on the faces of women who have benefited from RTC. In the period July 2021 to June 2022, 213 women were supported for screening, investigations, radiotherapy and chemotherapy. Of these, 191 women were newly enrolled on program and 22 continued their care from the previous year. The number of beneficiaries of the project has increased significantly from the previous period.

During the screening process, HAU takes on all the women with advanced stage cancer who may not benefit from curative services and provides them with palliative care.

Meet Angella, a happy beneficiary of the RTC program



Angella was referred to HAU in 2014 from Mbarara Regional Referral Hospital. Her major needs were the management of pain, the alleviation of symptoms and support to access radiotherapy. On referral she had symptoms of abdominal pain, vaginal bleeding and a foul-smelling discharge. She had been on her first visit newly diagnosed with cancer of the cervix at stage 2B. With support from RTC at HAU, she successfully completed radiotherapy in January 2015.

She is now 43 years and continues to live a physically and clinically stable life. She is back to gainful employment and is looking after her family. A recent PAP smear test done on 1st April 2021, was negative for malignancy. She is ever grateful for the support from Road to Care and Hospice Africa Uganda.

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

The Institute of Hospice and Palliative Care in Africa (IHPCA) is a specialised Institution focusing on Palliative Care Training and Education.

The IHPCA started as the education department of HAU working alongside clinical care in 1993. It grew to offer not only short courses but also Diplomas and Degrees. The IHPCA was affiliated to Makerere University in 2003 and was recognized by the National Council Higher Education (NCHE) as a Tertiary Institution for Higher Learning in 2009. The Institute was granted the Private Other Degree Awarding Institution status in 2014 and its Research Ethics Committee (REC) was accredited by the Uganda National Council for Science and Technology (UNCST) in the same year.

The IHPCA is governed by a Governing Council that is chaired by Prof. Dr. Harriet Mayanja-Kizza, a Professor of Medicine at the Makerere University College of Health Sciences. The Governing Council has three committees namely:- the Finance and Development Committee; the Student Affairs Committee and the Academic Affairs Committee.

Once again, we celebrate our chair of the Governing Council who was ranked as the best Scientist in Uganda in the Scientific Index 2022. She emerged best among Scientific Scholars and Researchers from 216 countries and 14,200 research Institutions and Universities.



Prof. Harriet Mayanja Kizza at her award ceremony.

For the IHPCA, July 2021 to June 2022 have been 12 months of repositioning to align with other Tertiary Institutions of learning in Uganda after the COVID 19 pandemic.

The tuition was reduced during the year by 40% so that it became affordable as well as comparable to the other tertiary Institutions in the country. The new Tuition fees policy for the IHPCA was approved by the Governing Council and is already in effect.

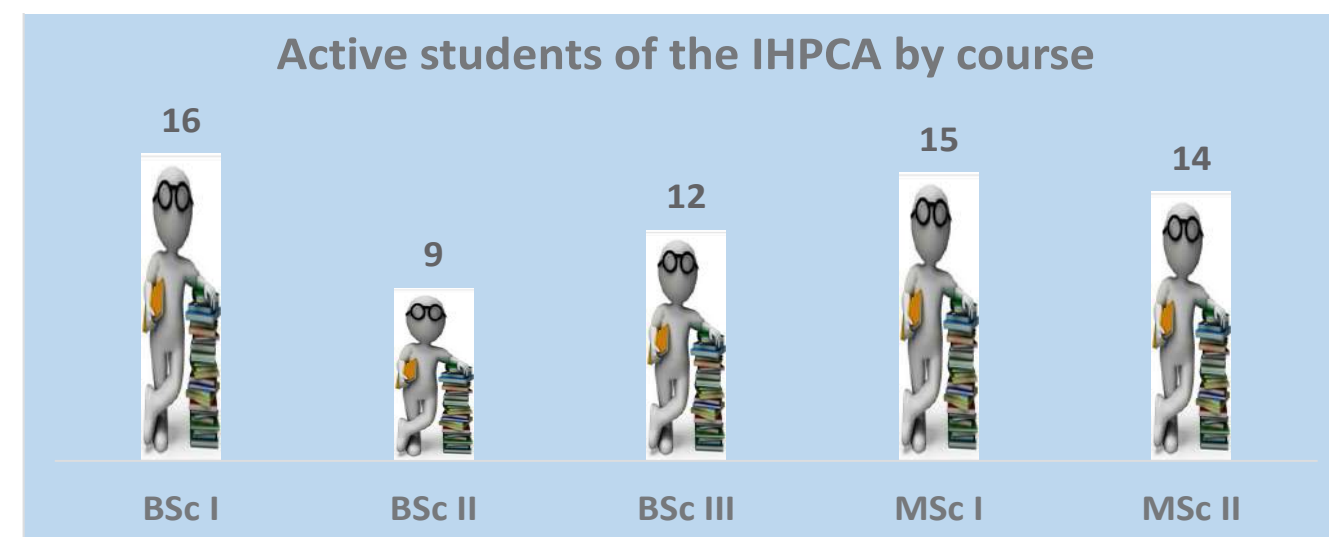
The Institute participated in the first National Virtual Higher Education Exhibition organized by NCHE. You can view the IHPCA at the following link <https://www.youtube.com/watch?v=B1dMoTfhLF4>. This was held from 10th to 12th November 2021.

This year, in collaboration with the Rutamwebwa family and Kansai Plascon Uganda, the home of the IHPCA at Rutamwebwa house got a facelift. The students are now studying from lecture halls with improved ambience.



2.1 STUDENT ENROLLMENT

The student enrollment in this year July 2021 to June 2022 was 73 and 66 (90%) are active. The IHPCA still maintains a target of 100 students. There has been an improvement in tuition payment with at least 82% of the students having paid either all or a minimum of 60% of the tuition.



MSc Pioneer Class

2.2 COURSES OFFERED AT THE INSTITUTE OF HOSPICE AND PALLIATIVE CARE IN AFRICA

Courses	Training Model	Duration
MSc in Palliative Care (tenable at HAU, awarded by Makerere University)	Blended	2 years
Post Graduate Diploma in Palliative Care with specialties in (Clinical, Paediatrics, Psychosocial, Oncology and Pharmacotherapeutics)	Blended	1 year
BSc in Palliative Care (tenable at HAU, awarded by Makerere University)	Blended	3 years
Dip in Palliative Care (tenable at HAU, awarded by Makerere University)	Blended	1 year
Diploma in Clinical Palliative Care (awarded by IHPCA)	Full time	1 year
Allied Health Professionals Course	Short course	5 days
Spiritual Advisors Course	Short course	5 days
Community Volunteer Workers Course	Short course	5 days
Health Professionals Course in Palliative care	Short course	6 days
Traditional Healers course in Palliative care	Short course	5 days
TOT for trained Health professionals	Short course	5 days
Home Care Course - employment in the homes of vulnerable elderly and others	Short Course	2weeks Theory; One week practicles
Training in Pain Assessment and Management	Short course	2 weeks
Rapid Prescribers Course	Theory/sharing, mobile clinical practice, TOT	6 weeks

Short Courses Offered in the Year

- Health Professionals Course in Palliative care conducted November 2021 – January 2022; 13 participants successfully completed and received their certificates.
- Palliative care in the Covid19 Era for Clinical Officers conducted January to April 2022. This course was sponsored by the African Palliative Care Association (APCA). We trained 15 Clinical Officers.
- A Higher Diploma in Paediatric Palliative Care Course for Morphine Prescribers was conducted in April 2022 for eight Health Workers from Mildmay.

2.3 STUDENT LEARNING ENGAGEMENTS 2.6 PARTNERSHIPS

Students of the IHPCA were involved in rigorous academic activity comprising face to face sessions at the beginning of the academic year and continued online engagement throughout the year. The students were also engaged in clinical placements as part of their academic requirements. End of semester examinations were conducted smoothly. The BSc year III students submitted their research projects successfully. The MSc year II students, supported by their supervisors continued to work on their research proposals.

2.4 GRADUATION

On 23rd May, 2022, 18 students from the IHPCA graduated with a Bachelor of Science Degree in Palliative Care at Makerere University. The graduates and their parents were hosted to a Luncheon at Hospice Africa Uganda in Makindye.



2022 graduation with Prof. Dr. Anne Merriman & Joy Mirembe the Board Chair



The Principal of the IHPCA & Dr Merriman at the Graduation Luncheon for students and their families

1. Makerere Mulago Palliative Care Unit: The IHPCA Team held discussions with the Mulago Palliative Care Unit to resume the partnership in teaching and research for the BSc Programme.

2. The Video-based teaching Curriculum: This curriculum was developed for Palliative Care education. Prof. Dr. Randi Diamond developed the video modules based on a film footage shot by LA Bruell who was doing a documentary on palliative care outreaches at Saint Francis Naggalama Hospital in Uganda. An MOU between Prof Randi and HAU/IHPCA has been signed to allow us use the modules in our palliative care teaching at IHPCA. In addition, Prof. Randi will be part of the faculty at IHPCA and she will visit early next year to provide some teaching sessions to the other faculty on use of the video modules.

3. Uganda Christian University: IHPCA was invited to teach Palliative Care to the 3rd and 4th Year Medical Students at the UCU School of Medicine. The teaching started in early May and continued until August 2022, This is the University's Trinity Semester and a total of a hundred (100) students were engaged in lectures, field visits and home visits.

4. UCD student research projects: Through HAU's long partnership with University College Dublin, 4 students completed research projects. The topics included:

- Changing patterns of cancer diagnosis among adult females at Hospice Africa Uganda.
- Spiritual issues and assessment in Palliative Care patients at Hospice Africa Uganda.
- Survival of cervical cancer patients at Hospice Africa Uganda.
- Description of the changes in profiles and patterns of cancer among elderly patients at Hospice Africa Uganda.

5. Kansai Plascon Uganda Limited: IHPCA received a donation of paint from Kansai Plascon Uganda Limited as follows; 2 buckets of 20 litres each of Weather guard paint to external; Silk vinyl paint 2 buckets of 20 litres each for internal wall surfaces; Undercoat 4 jerrycans of 20 litres each and Clear varnish 3 tins of 4 litres each to flush doors. This donation of paint made the renovations of Rutamwebwa Building (the home of the IHPCA) possible. Many thanks to Kansai Plascon Uganda Limited and all those involved in setting up these partnerships in Uganda. We hope this partnership will continue.

2.7 HAU RESEARCH ETHICS COMMITTEE

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 1 for protocols reviewed.

3.0 ADVOCACY IN AFRICA: INTERNATIONAL PROGRAMMES

The International Programmes department (IP) comprises a team of Palliative care specialist trainers, English speaking and French speaking and their mandate is to advocate for, train and mentor palliative care initiators in Uganda and the rest of Africa. The IP team conducts annual Initiators' courses for Palliative care in French and English. Mentorship and coaching visits for the PC initiators follow the trainings. Here is a brief description of what we have accomplished in the various countries.



Uganda

Due to COVID19 lockdowns participants could no longer travel to Uganda and therefore the delivery of Palliative Care Initiators course changed from a face-to-face mode which required physical presence to online.

- On the first online Anglophone course: 34 attended online and 11 came for placement in Uganda, while on the second, 32 attended online and 9 came for placement.
- The CIPD was a guest speaker at the International Society for Pediatric Oncology Conference from 16-18 March 2022 in Kampala. Dr Eddie Mwebesa used this opportunity to highlight the role of Palliative care for children with advanced cancer.



Liberia

Through HAU's 3-year MOU with Mercy Ships, our two nurse trainers facilitated a training in July 2021 for one week. The training focused on delivery of palliative care. Dr Stephen and Heather Miller who are based in Senegal on Palliative care development work supported by Hospice Africa France also attended and facilitated on the same training.

Senegal

- IP's 2 Nurse Trainers, Diana Basirika and Sylvie Dive conducted a Health Professionals Course for Palliative Care on the Mercy Ship from 21st April-15th May 2022 in Dakar. This was followed by a Spiritual Leaders short course in Theis. Overall 22 completed the Health Professionals Course and 16 of these did a Training of Trainers course. A total of 42 religious leaders were also trained. After the trainings a networking meeting for 30 stakeholders was conducted to help link professionals and organizations so that they work even more collaboratively.
- Dr. Stephen and Heather Miller are supporting Senegal to develop their palliative care service with support from Hospice Africa France. They have worked on the national cancer control plan and helped to include palliative care in the plan.
- As we closed the year, the Government of Senegal had plans to send three pharmacists on an experiential visit to see the complete pathway of morphine from importation, manufacture, distribution and use by patients.



France

- Working with partners at HA France and volunteering professionals the Palliative Care Initiators course was translated and uploaded onto an online platform.
- The Initiators Course from 30 August to 10 December 2021 attracted 29 participants who attended online and 11 who came for placement from 7-25 Feb 2022 in Uganda. The blend of Ugandan, African and international facilitators brought a wealth of knowledge and expertise which led to a fulfilling learning experience for the participants.
- Nurse-Trainer Dianah Basirika attended the HAF AGM held online on 10 June 2022 & shared a presentation on the achievements of IP in Francophone Africa.



Burkina Faso

The PC Association of Burkina Faso held case conferences with the IP team throughout the year. These conferences helped to improve patient care in Burkina Faso as well as strengthen the Palliative care program.



Malawi

The Education/ Training Manager of the Ndi Moyo Hospice, Malawi visited HAU to learn how IP runs the online course. Our sister Hospice, which was established modelling on HAU, aims to transform their own Initiators course to similarly have an online section, and HAU is committed to support that transition



UK

In September 2021, the HKLA Health Services Coordinator and the CIPD virtually attended the Annual General Meeting of Hospice Africa Limited in UK. They made presentations highlighting achievements in Clinical services to patients and International Programmes in the COVID19 pandemic.



Mozambique

Plans started coming together for the commencement of trainings and missions in Mozambique and other Portuguese-speaking African countries. The IP team made correspondences with a contact at the Catholic University of Portugal.



Internationally

- The World Cancer Day celebrations were held on 4 Feb 2022. HAU showed a film made by Moonshine focusing on cervical cancer, and an interactive session was held to discuss matters arising therefrom.
- The International Association of Hospice and Palliative Care (IAHPC) generously offered 1-year membership to students on HAU's Initiators courses.
- IAHPC offers free online courses to its members



PC Training in Senegal through the Mercy ships partnership.



Participants on placement for the Anglophone Initiators' course. We have rep. from Ethiopia, Ghana, Nigeria and Uganda.

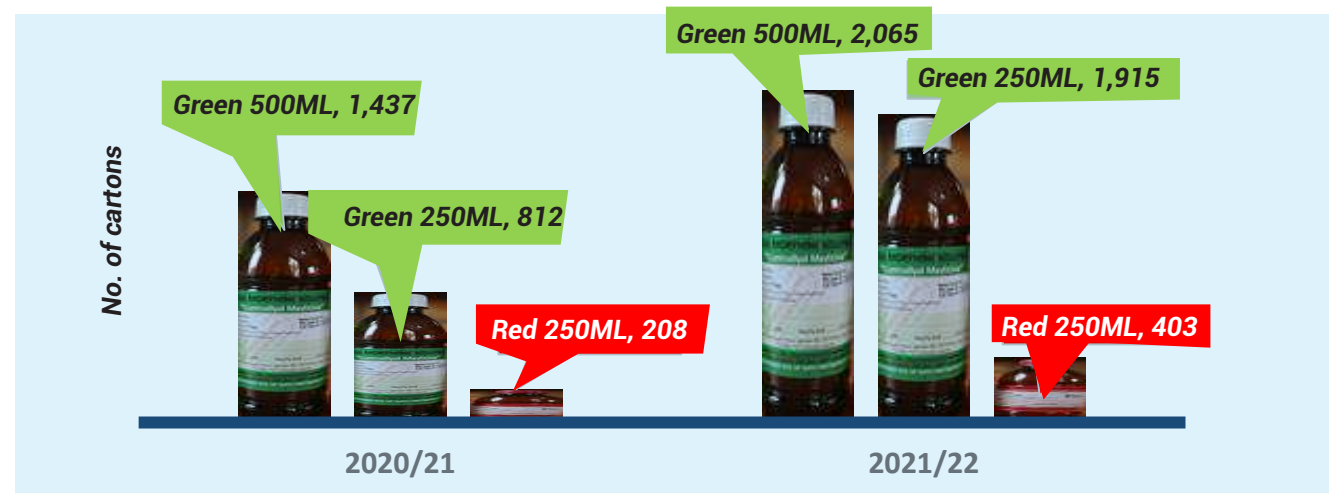
4.0 MORPHINE PRODUCTION

HAU supplies oral liquid morphine to the Government of Uganda National Medical Stores under the Public Private Partnership as enshrined in the Public Private Partnership Act 2015. Oral liquid morphine is the pain medicine recommended by WHO in the management of moderate to severe pain associated with cancer and other life limiting illnesses.

Powder Consumption

Quantities of morphine powder that have been used annually for the reconstitution of oral liquid morphine, have increased over the years and the amount utilized has almost doubled from the last financial year where we consumed 38.8Kg to 65.7Kg. 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 increasing access to palliative care in Uganda.

Oral morphine distribution to NMS 2020/21 vs 2021/22



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

Experiential learning opportunities: The MPU offers opportunities for experiential learning on Morphine production for other countries that wish to establish oral liquid morphine supply. This year, the MPU received a team of two pharmacists and a medical doctor from Tikur Anbessa Specialised Hospital (TASH), a teaching hospital under College of Health Sciences Addis Ababa University Ethiopia. The visit was fruitful for this team and as we closed June 2022, the team in Ethiopia were in advanced stages of setting up morphine supply at the Tikur Anbessa Specialised Hospital.

Morphine Partners: The Palliative care division of the Ministry of Health Uganda and the Palliative Care Association of Uganda (PCAU), on a quarterly basis bring together all partners involved with morphine production and supply to address arising issues in order to ensure a smooth coordinated supply and utilization of oral liquid morphine for patients with palliative care.



Loading cartons of Morphine on the National Medical Stores' truck at HAU.



Stakeholders involved with oral morphine availability after meeting at HAU.

5.0 FINANCE REPORT

We are very grateful to the Lord God Almighty for enabling us come through this financial year. The year started with lots of uncertainty as we faced the COVID 19 pandemic and later changes in the economy. We appreciate all the support from all our stakeholders, all of you from near and far. You believed in us and supported us financially making cash donations and donations in kind.

Our main sources of funding have remained donations and internally generated incomes. We are grateful to the International donors for their unwavering commitment to HAU. They contributed 43% of HAU's income this FY. Inclusive of this, we received a grant from the John Shelley bursary 2021 awarded to LHH through the Environmental Health Association of Ireland (EHAI).

Income internally generated mainly comprises tuition from HAU's Institute of Hospice and Palliative Care in Africa (IHPCA) and funds for oral liquid morphine production. We appreciate APCA and PCAU for the scholarships awarded to the IHPCA this year. We appreciate the Government of Uganda through the Ministry of Health and National Medical Stores for their significant support to the production of and access to oral morphine, which also boosts our local incomes.

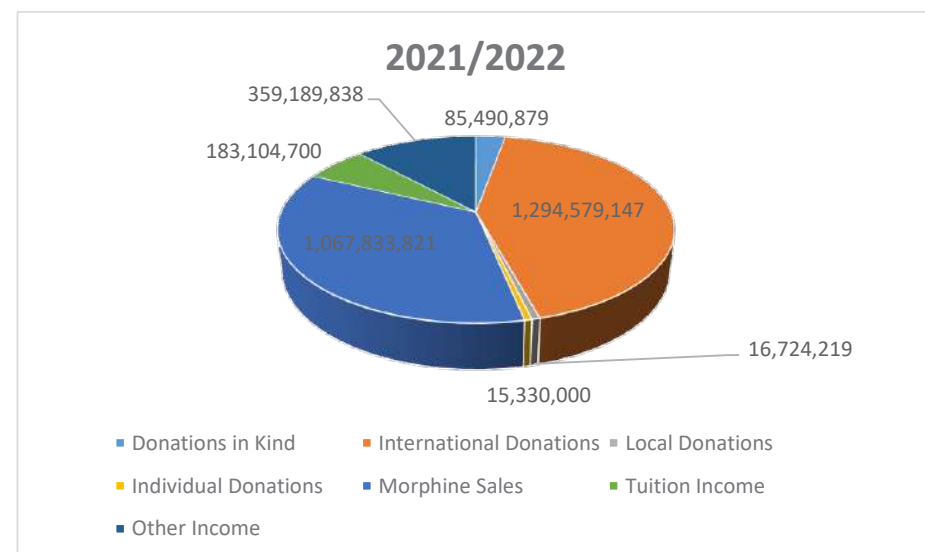
Overall, we have seen an increase in income of 6% from UGX 2.8bn in the previous FY to UGX 3.022bn this FY. We had a 10% increase in expenditure this FY, from UGX 2.7bn last FY to UGX 3.03bn this FY. Our total assets reduced this FY by 5% compared to 3% last year and this is attributed to depreciation. The details of the figures are in the audited report pages attached. A full audit report is available on our website.

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

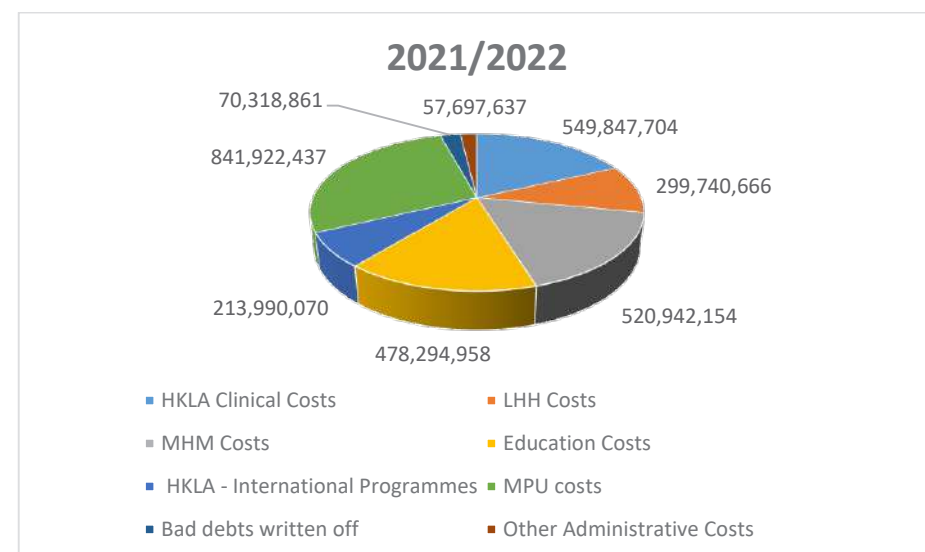


Team of the Finance department: Arthur, Alice, Caroline & Crispus

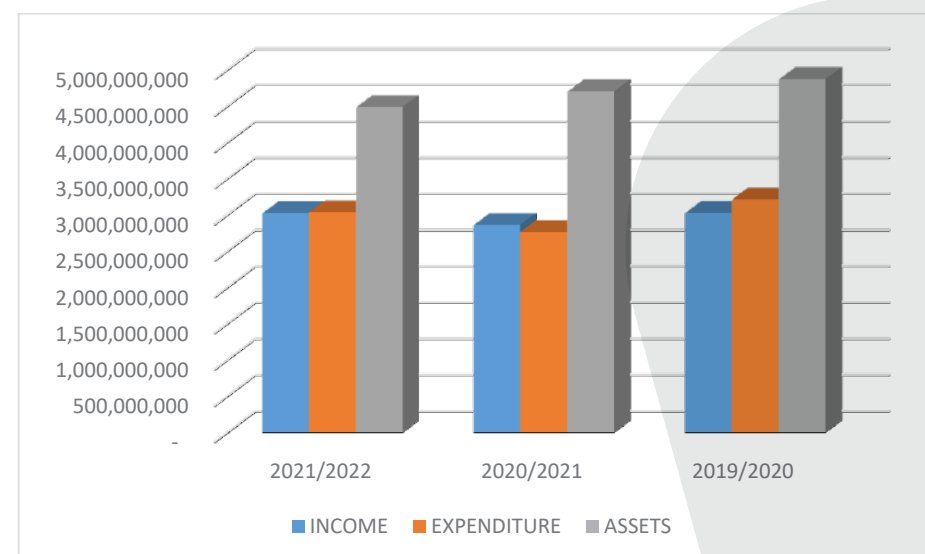
HAU INCOMES FY 2021/22.



HAU EXPENDITURE BY DEPARTMENT FY 2021/22



HAU OVER THE LAST 3 YEARS



Hospice Africa Uganda
Annual Financial Statements
For the year ended 30 June 2022

3. REPORT OF THE DIRECTORS

The Directors submit their report and the audited financial statements for the year ended 30 June 2022, which discloses the state of affairs of the organisation.

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.

2) Results for the year

The results for the year ended 30 June 2022 are shown on Page 9 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 9/11/22 2022

By the order of the Board

[Signature]

Chairperson

4. STATEMENT OF DIRECTORS' 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 2022 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 9/11/22 2022 and signed on its behalf by:



Director



Director



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Website: www.bdo-ea.com

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

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

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 2022; 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 2022 and of its financial performance and its cash flows for the year then ended in accordance with the Organisation'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.

Basis of Accounting and Restriction on Distribution and Use

We draw attention to the note 1 included in the financial statements, which describes the basis of accounting of financial statements. The financial statements are prepared to provide information to HAU and its donors. As a result, the financial statements may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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 Organisation 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.

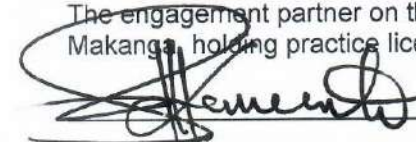
We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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:

- 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;
- In our opinion, proper books of account have been kept by the Organisation, so far as appears from our examination of those books; and
- 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, holding practice license number - P0324.



Kenneth Makanga

Partner

BDO East Africa

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

Date: *14 November* 2022

Ref: A1100365H05



Hospice Africa Uganda
Financial Statements
For the year ended 30 June 2022

6. STATEMENT OF INCOME AND EXPENDITURE


	Notes	BUDGET 2022 Ushs	ACTUAL 2022 Ushs	ACTUAL 2021 Ushs
Income				
Cash donations	10.01	892,179,255	1,326,633,366	1,446,777,051
Generated incomes	10.02	1,669,920,997	1,610,128,359	1,335,650,193
Donations in kind	10.03	-	85,490,879	76,162,696
Total income		2,562,100,252	3,022,252,604	2,858,589,940
Expenses				
Clinical costs -Kampala	10.04	441,926,196	549,847,704	542,417,801
Clinical costs – LHH	10.04	312,003,131	299,740,666	314,960,215
Clinical costs - MHM	10.04	447,990,663	520,942,154	569,585,355
Education costs	10.05	507,889,717	478,294,958	384,934,711
International programmes	10.06	130,030,159	213,990,070	140,554,303
MPU costs	10.07	699,773,751	841,922,437	660,145,613
Bad debts written off	10.08	-	70,318,861	107,141,278
Other administrative costs	10.09	22,486,635	57,697,637	38,709,042
Total expenses		2,562,100,252	3,032,754,487	2,758,448,319
(Deficit)/surplus			(10,501,883)	100,141,621
Taxation	10.10	-	-	-
Total (deficit)/surplus to general fund		-	(10,501,883)	100,141,621

Hospice Africa Uganda
Financial Statements
For the year ended 30 June 2022

7. STATEMENT OF FINANCIAL POSITION

	Notes	Actual 2022 Ushs	Actual 2021 Ushs
Non-current assets			
Property and equipment	10.11	3,375,872,416	3,562,904,101
Leasehold land	10.12	169,440,794	184,233,261
		<u>3,545,313,210</u>	<u>3,747,137,362</u>
Current assets			
Inventory	10.13	24,913,138	170,544,552
Debtors & prepayments	10.14	352,165,034	312,500,718
Cash & cash equivalents	10.15	562,219,898	469,729,277
		<u>939,298,070</u>	<u>952,774,547</u>
Total assets		4,484,611,280	4,699,911,909
Funds & liabilities			
Capital fund	8	3,545,313,210	3,747,137,362
General fund	8	559,501,269	623,924,158
Restricted fund	8	133,663,344	141,255,814
Total funds		<u>4,238,477,823</u>	<u>4,512,317,334</u>
Current liabilities			
Trade and other payables	10.16	117,621,238	123,759,953
Deferred income	10.17	128,512,219	63,834,622
		<u>246,133,457</u>	<u>187,594,575</u>
Total funds and liabilities		4,484,611,280	4,699,911,909

The financial statements on pages 9 to 24 were approved by the Board of Directors on.....9/11/22..... 2022 and were signed on its behalf by:


.....
Chairperson


.....
Director

Hospice Africa Uganda
Financial Statements
For the year ended 30 June 2022

8. STATEMENT OF CHANGES IN RESERVES

	Note	Capital fund UShs	General fund UShs	Restricted fund UShs	Total UShs
Year ended 30 June 2021					
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 and equipment	10.11	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 on disposals	10.11	46,880,438	-	-	46,880,438
Year-end adjustments		-	69,450,430	-	69,450,430
At end of year		3,747,137,362	623,924,158	141,255,814	4,512,317,334
Year ended 30 June 2022					
At start of the year		3,747,137,362	623,924,158	141,255,814	4,512,317,334
Deficit for the year		-	(10,501,883)	-	(10,501,883)
Receipts during the year	10.01d	-	-	1,152,482,718	1,152,482,718
Additions to property and equipment	10.11	33,581,600	-	-	33,581,600
Expenses during the year	10.01d	-	-	(1,160,075,188)	(1,160,075,188)
Depreciation for the year	10.11	(220,613,285)	-	-	(220,613,285)
Amortisation for the year	10.12	(14,792,467)	-	-	(14,792,467)
Adjustments during the Year**		-	(53,921,006)	-	(53,921,006)
At end of year		3,545,313,210	559,501,269	133,663,344	4,238,477,823

**The adjustments in the fund balance are mainly composed of the reversals for the finished goods from prior year.

Hospice Africa Uganda
Financial Statements
For the year ended 30 June 2022

9. STATEMENT OF CASH FLOWS

	Notes	2021/2022	2020/2021
Cash Flows from / used in Operating activities			
Surplus/ (Deficit) for the year	6	(10,501,883)	100,141,621
Forex gain/(loss)		-	-
Income from disposal of assets	10.02	-	(53,900,000)
Adjustments in fund balance		(53,921,006)	69,450,430
		(64,422,889)	115,692,051
Changes in Working Capital			
Inventories	10.13	145,631,413	67,701,583
Trade and other receivables	10.14	(39,664,316)	(189,884,251)
Trade and other payables	10.16	(6,138,714)	(51,957,717)
Deferred Income	10.17	64,677,598	4,751,371
Net Cash generated from / (Used in) Operating Activities		164,505,981	(169,389,014)
Net Cash from/Used in Investing activities			
Additions - PPE	10.11	(33,581,600)	(13,458,000)
Disposals - PPE	10.02	-	53,900,000
Fixed deposits & investments	10.15	-	-
Net Cash generated from / (Used in) investing Activities		(33,581,600)	40,442,000
Cash flow from/used in financing activities			
Capital fund additions		33,581,600	13,458,000
Restricted fund movement		(7,592,471)	19,010,621
Net Cash generated from / (Used in) financing Activities		25,989,129	32,468,621
Increase/decrease in Cash and cash equivalent		92,490,621	19,213,658
Movement in cash and cash equivalent			
At Start of year		469,729,277	450,515,619
Decrease/increase		92,490,621	19,213,658
At end of year	10.5	562,219,898	469,729,277

The notes set out on pages 13 to 24 form an integral part of these financial statements.

6.0 HIGHLIGHTS

Our amazing administration team

When you think about Hospice Africa Uganda, you think of nurses, doctors, patients, their families and by default, Prof. Dr. Anne Merriman, our dear founder. If you are into organizational development, you may also think of the board and its chair, the donors, the Chief Executive and the management. Have you ever considered that there are other very important people who if they were not present, HAU would fail to function, yes, I mean fail. Well, as we close one year and start a new one, let us celebrate our administration team.

March 2020 will forever be ached in our memories as an organisation because it was the time the whole country was locked down due to the COVID-19 pandemic. We had to reevaluate our operations amidst the crisis at hand ensuring that we support other departments to ensure continuity of services.

Like most employers, HAU resorted to working in shifts; some of our support team and guards had to sleep onsite to ensure a smooth running of the organisation. Our drivers did a tremendous job of picking and dropping off team members to their residences.



Some of the Administration department team members at HAU Makindye site: Godfrey, Siraje, Joseph, Henry, Yahaya, Prossy, Vicky, Harriet and Robert

We embraced the virtual work space for continuity of other operations at the different departmental levels. We checked on our team members' wellbeing and encouraged them. As the effects of the pandemic affected everyone, a COVID -19 extension was included on our medical cover to cater for team members in case they fell sick.

Our Administration team in the HAU sites is amazing! They went over and above their call of duty during this crisis. Applause for them!

Prossy Nakyanja
Human Resource & Administration Manager

"With Palliative Care there is no painful suffering"

There is no need for people to live with pain yet Palliative Care can help. I thank Hospice Africa for supporting caring for patients, home visits, outreaches, Road To Care project and education of children of patients. HAU has done a great work in Albertine region and other places, caring for cancer patients and we thank HAU clinicians for working tirelessly. Really, they know what palliative care means.



Mugisa Armstrong, Security Guard at LHH

Hospice Africa Uganda helped my two relatives; one was my Uncle's wife, 59 years old. She was suffering from cancer of the intestines in advanced stages and she was in a lot of pain; she even wanted to commit suicide due to suffering. I convinced her to come to HAU. She agreed and her pain was well managed. The other was my maternal Aunt, 68 years old. She had severe pain in the bones and the whole body, but after taking oral morphine, the pain came down.

As a security guard, I managed to take a course of community volunteer workers in Palliative Care for cancer and HIV/AIDS patients and their families. It helped me to care for patients from the gate up to OPD and to spread the gospel of Hospice Africa Uganda to other areas.

I thank management for fighting hard to make sure HAU is moving ahead and we pray to God who can make the impossible become possible.

Pray Until Something Happens (PUSH). God bless you.

Mugisa Armstrong, Security guard Little Hospice Hoima

It was in the year 2014 that God blessed me with the opportunity to start working with Little Hospice Hoima. At that time, there were about 100 workers at HAU and the organisation had USAID funding. I might say things were going on well in all aspects especially finances. USAID stopped supporting us after some time and there was a financial crisis, which resulted into laying off most workers. I personally started doing two jobs; working as a driver and security guard at the same time, which was so hectic because I would have to work day and night. Our salaries were also reduced. I stayed on despite the challenges because I loved my work, the patients and the organization above anything else.

Due to the financial problems we were facing, I actively organized and participated in a charity walk in 2017. The former Archbishop of Uganda His Grace Stanley Ntagali led it. The charity walk was a great success. This is one of my most memorable successes at HAU. Thousands of people in Hoima, Masindi and surrounding districts got more knowledge of Little Hospice Hoima. They gave big and small to ensure that our work continued. The people of Albertine region in Kampala and the diaspora came out to help us with the fundraising. It was such an exciting event. May God bless the people of Albertine region.

All in all, I love my job and it will always be a blessing to have worked for Little Hospice.

Ajuna Christopher, Driver Little Hospice Hoima



Ajuna Chris

Security guards at HAU are not just guarding the premises but they also are part of patient care. This is how Vicent Mubangizi describes his contribution to patient care at Mobile Hospice Mbarara.

Through guarding MHM Premises both day and night, this keeps everything in order and the clinicians are able to do their work.

- Guards guide patients and their carers to the reception.
- We protect patients' property which they leave at the MHM Guards' hut.
- We receive patients and carers who report at office during late hours at night.
- Sometimes while in organization's meetings, we as well give suggestions that could help on how to improve patient care.
- Guards are responsible for the MHM surroundings, making sure the hedge is trimmed and the compound mowed thus maintaining the general cleanliness of MHM.



Vicent Mubangizi

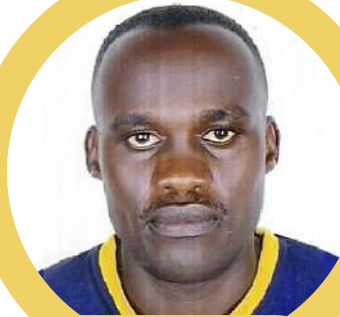
Employees of the year 2021

Sharlottie Nahabwe: Employee of the year HAU - MHM

She is a hardworking team member. She juggles all her responsibilities diligently, paying attention to detail at all times. She is a reliable person, self-driven and takes personal initiative to get tasks accomplished. Being in a central position in all activities she connects clinical team with admin team ensuring that everyone is served and work is running smoothly. She is helpful to all and good at coordinating activities to ensure harmony.



Sharlottie Nahabwe
Mobile Hospice Mbarara



Kazibwe Siragi
Hospice Kampala

Kazibwe Siragi: Employee of the year HAU - KAMPALA

In the face of the COVID-19 pandemic movement restrictions, Siragi went over and above his call of duty as he transported team members to and from Hospice.



Saudah Kabajungu
Little Hospice Hoima

Saudah Kabajungu: Employee of the year- HAU - LHH

Saudah has been with LHH team since March 2014. She is committed, reliable, trustworthy, knowledgeable and approaches her work with passion and professionalism. With a lean budget, she creatively ensures delicious nutritious meals are served every day for the team. Her customer care to the team, patients and visitors are unmatched.

The Irish Ambassador visits Little Hospice Hoima



From R-L, Germans Natuhwera, Manager LHH, Pastor Nicholas Kasaija LHHCB Chair, His Excellency the Kevin Colgan, Mr. Junjuura Jeremiah, Mr. Cormac Shine from the Irish Embassy in Uganda, and Mr. Adam Sweetman, current Board chair Hospice Africa Ireland

The Irish Embassy and entire Irish community in Uganda have supported Hospice Africa Uganda since 1993. In February 2022, accompanied by Mr. Adam Sweetman who is a board member on the Hospice Africa Ireland board and Mr. Shine from the Embassy, the Irish Ambassador to Uganda, H.E Kevin Colgan visited Little Hospice Hoima. The ambassador told the team that it was a great honor for him to return to Hoima after so many years (about 20 years) and meet the amazing LHH team with all the great work the team does in the region.

LHHCB meets the Bunyoro Kitara Kingdom Prime Minister

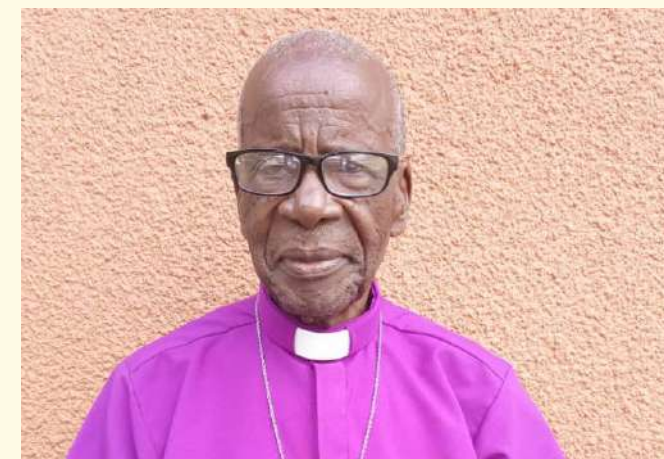


L-R: Pr. Nicholas Kasaija (LHHCB Chair), Germans Natuhwera (LHH Site Manager), Rt. Hon Andrew Byakutaga, the Bunyoro Kitara Kingdom's Premier, Rtd. Rev. Bishop Wilson Turumanya, Sheikh Musa Babanja the Hoima District Khad, and Christopher Ajuna, LHH Staff

In November 2021, a five-member team comprising LHHCB members and staff had an opportunity to pay a courtesy call to the Premier Bunyoro Kitara Kingdom, the Rt. Hon Andrew Byakutaga. In his remarks, the Premier stated that the Kingdom welcomes partnerships that seek to improve the welfare of the people of greater Bunyoro, including health. The main agenda of the courtesy call was to strengthen our relationship with the kingdom as a key stakeholder in our work. The LHH team gave a succinct history of Hospice Africa Uganda and Little Hospice Hoima, citing key achievements and challenges since 1993 to date. The Premier pledged to continue partnering with LHH to create awareness about cancer among the people of the kingdom.

LHHCB is the Little Hospice Hoima Committee of the Board of HAU.

“Special appreciation goes to Mr. Yesero Mugenyi and Rtd. Bishop Wilson Turumanya, members of the Little Hospice Hoima Committee of the Board who have served for over 20 years in the strategic support of HAU. These two have retired from the board and have offered to remain advisors.”



Rtd. Bishop Wilson Turumanya



Mr. Yesero Mugenyi

HAU Team at the SIOP Congress



HAU team at the 14th SIOP Africa Congress at Serena Conference centre in Kampala, Uganda

The International Society for Pediatric Oncology (SIOP) Congress took place in Uganda at the Serena hotel, Kampala from 16-18 March 2022. On the last day of the Congress, Antonia Kamate - the MHM Site Manager presented a paper titled: "Challenges of Accessing Care in Special Circumstances – Palliative Care in Refugee Settlements in Uganda".

Here are our team members that attended the congress, from Left to Right: Rashida (LHH), Martha (MHM), Germans (LHH), Antonia (MHM) and Francesca (MHM). The Palliative Care Association of Uganda (PCAU) and the Uganda Cancer Institute (UCI) sponsored our staff to attend. Applause to our partners.

Fazal Mbaraka Visits HAU

If you have read Audacity to Love written by our founder Dr. Anne, the name Fazal rings a bell. Actually, Coffee At Last is housed in Fazal house. Yes, that Fazal visited us from 30th May to 3rd June 2022. It was exciting to meet her, especially for those who had never seen her. She was one of the very first nurses that worked with Dr. Anne in 1993. She told us stories of those days and really encouraged us. Those first days were challenging and hearing Fazal talk of the ways they overcame brought much hope.



Michael Corless Visits HAU

Our board treasurer, Mr. Michael Corless also visited in January 2022. He went to all of the sites. This is a photo taken with him on his last day with the team in Kampala. His visit was also very encouraging. He met everyone and tried to understand their work and the difficulties they face. He was very empathetic and pledged to help solve the challenges presented to him.



Princess Kabakumba Labwoni Visits HAU

In January 2022, Princess Kabakumba Labwoni Masiko of Bunyoro visited Hospice Africa Uganda. She met Dr. Anne Merriman and Dr. Agasha D. Birungi. She was here to see our work and to identify areas of support that she can take forward with us. She was accompanied by her colleague and friend Counsel Joy Birungi Nakyeyune. Princess Kabakumba is a strong supporter of HAU and is really determined to see the sustainability of LHH.



From L-R: Princess Kabakumba, Counsel Joy Birungi Nakyeyune, Dr. Agasha & Dr. Anne (middle, seated)

ACKNOWLEDGEMENT AND APPRECIATION

We thank Government of Uganda, the Ministry of Health, National Medical Stores and Joint Medical Stores. We appreciate the support from Mbarara Business Club, Rotary Club of Mbarara, Rutamwebwa Family, Coffee At Last, Palliative Care Association of Uganda (PCAU) and several Ugandans who have given for the sustenance of our work. We are grateful to the Uganda Cancer Institute and the Regional referral hospitals of Mbarara and Hoima for the warm working relations which impact positively on patient care. We also appreciate Kampala Capital City, Hoima City, Mbarara City, Kakumiro District Local Government, Kikuube District Local Government and Masindi District Local Government for all the administrative support accorded to HAU.

We appreciate the True Colours Trust and the African Palliative Care Association (APCA) for the grant awarded to us to continue homebased care in MHM during the COVID 19 pandemic. We are also grateful to the Environmental Health Association of Ireland for the new water tank at LHH. We appreciate PCAU and APCA for the scholarships awarded for PC education at the IHPCA.

We appreciate the IAHPIC for the support granted some of the PC initiators' course participants to attend placement at HAU. We also appreciate the Irish Community and the Irish Embassy in Uganda. We run a Cancer cervix prevention program and we appreciate Road To Care for making this a reality.

We appreciate Hospice Africa Limited in UK, Hospice Africa Ireland, Hospice Africa France, Hospice Africa USA, Friends of Hospice Africa in Australia and the Anne Merriman Foundation for their continued commitment to the sustenance of HAU.

Lastly, we thank our Patron, all the HAU members and the Board of Directors as well as board committee members.

APPENDIX 1: PROTOCOLS REVIEWED BY HAU RESEARCH ETHICS COMMITTEE

Title of study	PI- Principle Investigator(s) Name	PI's -Institution of affiliation
Risk of child undernutrition in households with life-limiting disease in Busoga region and Buikwe district, Uganda"	Janni Petersen	Aarhus University
The development and evaluation of a mobile phone-based intervention to facilitate the continuity of Care,symptom monitoring and self-management in palliative care patients in Uganda	Eve Namisango	African Palliative care Association
Factors influencing stunting among Children 6-59 Months in Karangura Subcounty Kabarole District	Amos Bamutana	Uganda Martyrs university-Nkozi
A study describing the circumstances around end of life of patients receiving Palliative Care at Hospice Africa Uganda	Darragh Devlin	University College of Dublin
A retrospective study comparing report of Pain and symptoms between patients and their family care givers receiving Palliative care at Hospice Africa Uganda	Karl Moloney	University College of Dublin
Prevalence of bowel morbidity in patients receiving opiod treatment for chronic Pain at Hospice Africa Uganda	Anna Dowley	University College of Dublin
A descriptive study of the main distresses and Goals of care of Palliative care patients	Darragh Devlin	University College of Dublin
Exploring psychosocial experiences of mothers caring for children with cancer at Mobile Hospice Mbarara	Miriell Kabagaire	Makerere University-IHPCA
Prevalance of Anxiety and Depression among Palliative care patients during COVID 19 Pandemic : a Mixed method	Agasha Doreen	Hospice Africa Uganda
Exploring psychosocial experiences of prostate cancer patients receiving chemotherapy	Betty Agaba	Makerere University-IHPCA
Understanding the Effects of the COVID-19 Pandemic on Palliative Care Provider Mental Health and Psycho-social Support in Uganda	Mariah Horvath,	University of Notre Dame
An assessment of the spiritual needs and their prevalence among palliative care patients at Hospice Africa Uganda	Carl Renner	University College Dublin
What is the survival of cervical cancer patients at Hospice Africa Uganda	Jennifer Fogarty	University College Dublin
Changing patterns of cancer diagnosis among adult females at Hospice Africa Uganda	Dasha Goubkine	University College Dublin
Risk factors for precancerous lesions and cervical cancer in Busoga Region	Anna Juul	Institute of Public Health, Aarhus University
Determinants of psychological wellbeing among cancer patients attended to at Hospice Africa Uganda	Sylvia Dive	Uganda Marty's University
Risk of child undernutrition in households with life-limiting disease in Busoga region and Buikwe district, Uganda"	Janni Petersen	Aarhus University
The development and evaluation of a mobile phone-based intervention to facilitate the continuity of Care,symptom monitoring and self-management in palliative care patients in Uganda	Eve Namisango	African Palliative care Association
Factors influencing stunting among Children 6-59 Months in Karangura Subcounty Kabarole District	Amos Bamutana	Uganda Martyrs university-Nkozi

APPENDIX 2: TABLE SHOWING PUBLICATIONS, WORK PRESENTED FOR PUBLICATION AND CONFERENCE PRESENTATIONS DURING THE PERIOD JULY 2021 – JUNE 2022

Hospice Author	Title of paper, presentation or poster	Place Of Publication, Link, And Date
Publications		
Downing J, Niyonzima N, Mwebesa E, Mutyaba I, Irumb L, Zirimenya L, Basirika D, Mbarusha I, Orem J, Mwesiga M Et Al (2021).	Cancer and palliative care in COVID-19 and other challenging situations – highlights from the Uganda Cancer Institute – Palliative Care Association of Uganda 3rd Uganda Conference on Cancer and Palliative Care, 23–24 September 2021, held in Kampala, Uganda and virtually.	ecancermedalscience. 15. 10.3332/ecancer.2021.1333.
Dipio R, Acuda W, Namisango E And Nalubega R (2021)	Prevalence and factors associated with depressive symptoms among family caregivers of palliative care patients at Hospice Africa Uganda	Palliative and Support Care. 2022 Jun;20(3):375-382. doi: 10.1017/S1478951521000730.
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Conference Presentations		
Eddie Mwebesa	Challenges of accessing Care in Special Circumstances – Palliative Care in Refugee Settlements in Uganda	14th International Society of Pediatric Oncology (SIOP) Africa Continental Congress; 16-18 March, 2022
Acuda Sw	Care for people with severe and persistent mental illness and substance use disorders- needs and challenges	Third UCI-PCAU conference on cancer and palliative care 23-24 September 2021
Acuda Sw Et Al (2022)	Prevalence and factors associated with depressive symptoms among caregivers of cancer patients at Hospice Africa Uganda	2nd International Virtual Conference on Cancer Science and Oncology 15-16 April London
Acuda Sw Et Al (2022)	Prevalence and factors associated with depressive symptoms among caregivers of cancer patients at Hospice Africa Uganda.	4th International Webinar on Cancer Research 24-25 June. London
Resty Nakanwagi, Dr. Agasha Doreen Birungi	Increasing access to Palliative Care through Palliative Care beneficiaries	Soul of Medicine in the Last Year of Life: Novel Solutions to Palliative Care Access Across Economic and Cultural Divides - Virtual Symposium, 10th, 17th and 23rd March 2022
Germans Natuhwera, Peter Ellis, Wilson Acuda, Anne Merriman, Martha Rabwoni	Socioeconomic burden of a diagnosis of cervical cancer in women from Rural Uganda. Findings from a phenomenological study	Poster: 3rd UCI-PCAU joint Conference on cancer and palliative care, 23-24 September 2021, Kampala and Virtual
Germans Natuhwera, Peter Ellis, Wilson Acuda, Elizabeth Namukwaya	Psychosocial and emotional morbidities after a diagnosis of cancer: qualitative evidence from lived experiences of healthcare professional cancer patients and survivors in Uganda	Poster: 3rd UCI-PCAU Virtual Conference on Cancer and Palliative Care, 23-24 September 2021, Kampala/Virtual
Germans Natuhwera, Peter Ellis, Wilson Acuda, Anne Merriman, Martha Rabwoni	Socioeconomic burden of a diagnosis of cervical cancer in women from Rural Uganda. Findings from a phenomenological study	Oral: 17th World Congress of the EAPC 5-8TH October 2021, 6-8th October 2021/Online
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	Oral: 13th African Organization for Research and Training In Cancer (AORTIC) International Conference, 7-10 October 2021, Virtual
Germans Natuhwera, Peter Ellis, Wilson Acuda, Anne Merriman, Martha Rabwoni	Socioeconomic burden of a diagnosis of cervical cancer in women from Rural Uganda. Findings from a phenomenological study	Oral: IASP 2021 Virtual World Congress on pain, 9-11 June and 16-18 June 2021
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	Oral: 17th World Congress of the EAPC 5-8TH October 2021, 6-8th October 2021, Virtual
Germans Natuhwera, Peter Ellis, Wilson Acuda, Elizabeth Namukwaya	Psychosocial and emotional morbidities after a diagnosis of cancer: qualitative evidence from lived experiences of healthcare professional cancer patients and survivors in Uganda	Oral: IASP 2021 Virtual World Congress on pain, 9-11 June and 16-18 June 2021
Prof. Dr. Anne Merriman	Compassionate care during life threatening epidemics in Africa	Oral: Third UCI-PCAU conference on cancer and palliative care 23-24 September 2021
Prof. Dr. Anne Merriman	Symptoms and their Management at end of life in ICU: A chance to get it right?	Invited speaker to ICU in Uganda and Birmingham ICU students
Prof. Dr. Anne Merriman	"Can we care beyond the teeth?" an introduction to Alumnethos	Invited speaker for Dentals students in National University of Singapore on 22 June 22



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