



HOSPICE
AFRICA UGANDA



ANNUAL REPORT

APRIL 2014-JUNE 2015

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INSTITUTE OF HOSPICE AND PALLIATIVE CARE IN AFRICA (IHPCA)

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HUMAN RESOURCE AND ADMINISTRATION

PROGRAMMES AND DEVELOPMENT DEPARTMENT

FINANCE

HAU BOARD MEMBERS

Name
Joan Kelly - Board chair
Sam Owor - Vice chair
Dr. Anne Merriman
Dr. Jack G M Jagwe
Prof. Seggane Musisi
Lesley Phipps
Jim Bennett
Tom Duku
Fulgence Mungereza
Mariam Walusimbi
Grace Babihuga Nuwagaba
Henry Rugamba
Shelley Enarson

Vision

Palliative care reaching all in need in Africa.

Mission

Hospice Africa Uganda's mission is to bring peace to the suffering in Africa through providing, facilitating and advocating for suitable and accessible palliative care in Uganda and in other African countries.

Hospice Africa Uganda is a non profit organisation registration number 1064.

COMMUNICATION FROM CHAIR OF THE BOARD



As the second year of my service as Chair of the Board I realized we had not been properly introduced. I was born in Dublin, Ireland and have two wonderful sisters and a great brother. I am married to a Dutchman Ronald Scheer who has supported my love for HAU.

Both my parents passed away from cancer. During their illnesses they were cared for by a wonderful Palliative Team from the Hospice in Harold's Cross Dublin. Having firsthand experience of the care and love the team gave to both my parents; it was faith that brought me to work at Hospice Africa Uganda and then be voted on as Chair of the Board. As my term comes to an end I feel so much gratitude to you all for the love, the sacrifices and incredible contributions you have made for HAU.

In particular I would like to thank the HAU Board of Directors who have been heavily engaged with HAU affairs, attended meetings every quarter and been ever-present offering their knowledge, wisdom and expertise to Management and HAU. We thank Shelley Enarson who, until she left for the USA, served on the Board and chaired the Resource

Mobilisation and Communications Committee which was formed to revamp fundraising in HAU and strengthen internal and external communications of the organisation.

My sincere thanks must also go to the Chief Executive Team who have pioneered a new leadership strategy for HAU and have worked tirelessly to offer leadership and management for HAU. I must also acknowledge my sincere appreciation to the Management team, volunteers and donors for your generosity and limitless care towards our patients.

Thank you to the Nnabagereka of Buganda HRH Sylvia Nagginda who, after becoming the HAU patron, has continuously remained engaged with HAU and raised the profile of the organisation.

In the last year Palliative care has received international attention with the World Health Assembly Resolution urging for the service to be universally integrated in all levels of health care. Uganda is a signatory and HAU was well represented at this and many local and international meetings.

The main challenge this year has been the work of securing HAU financially and ensuring

organisational sustainability while globally finances are reducing and are getting more out of reach especially to patients suffering from cancer and other non-communicable diseases.

By the end of 2015 HAU will have major funding cuts from donors which will affect both programs and personnel. HAU will ensure that there is minimal impact on the care to its patients, and network with partners to leverage so that care continues through a patient- and family-centred approach.

We have come through another exciting year, celebrating the good times and being innovative in the times of challenge. It is the spirit of HAU, the dedication to the ethos and the commitment to the patients that keeps us serving those in need. I thank all those who ensure patient care continues, particularly the donors and the HAU Team.

Thank you, and we look forward to your support throughout the year ahead.

A handwritten signature in black ink, appearing to read 'Joan Kelly'.

Joan Kelly

COMMUNICATION FROM THE CHIEF EXECUTIVE TEAM



This annual report spans the period over which the Chief Executive Team has been in post for most of their first year. It has been an exciting year for our peer leadership team, being on a steep learning curve, and striving to balance the responsibilities of their Directorate portfolios alongside providing leadership to the organisation at a time of major organisational changes. We are proud that we have pioneered a novel team-leadership approach for Hospices and corporate organisations in Uganda and Africa, and are succeeding.

This year has seen big boosts to Palliative Care: A historical World Health Assembly Resolution in May 2014 for the service to be integrated into the health care system of the country at all levels, the progression of Uganda's Palliative Care policy and the large investments for oral liquid morphine to be available to all who need it in Uganda through a private-public partnership of HAU and the Government of Uganda.

HAU celebrates the international recognition for Palliative Care and its public health importance, the

collaborative work with several partners, and the numerous accolades for both the organisation and our Founder Prof. Anne Merriman.

The DFID-funded project to extend palliative care to children in Western Uganda successfully completed its first year and exceeded some of its targets.

HAU has in the meanwhile needed to attend to important questions and make key strategic decisions. As clinical services and education are intricately linked, the HAU Institute of Palliative Care is remaining one entity with HAU to carry forward the mission to bring PC to all Africa through an impeccable clinical service and education of learners of all levels.

The CET has also worked to ensure HAU's services continue uninterrupted in a setting of diminishing donor support. We thank USAID with whom we have collaborated for 10 years to expand access and the scope of Palliative Care services for nearly 9,000 People Living with HIV/AIDS and their families in Uganda. HAU also trained 13 USGs implementing

partners to integrate palliative care into the health care delivery systems of the units they manage.

Ensuring the longer-term sustainability of HAU remains a key task of the CET. The support of donors remains crucial while HAU continues to increase its internally generated income and diversify its funding base through the new Resource Mobilisation Strategy. HAU is privileged to attract the support and goodwill of many including donors, networking partners, skilled professionals on the interdisciplinary PC team, and volunteers. We pray for your continued friendship and support for essential Palliative Care to ameliorate the immense suffering of thousands in much need in Uganda and in Africa.

Lastly we remember all those who have passed on in this year, our patients who reached end of life in dignity because they received pain relief and palliative care. May they all rest in peace.

Bruce Ntege

Milly N. Nsubuga

Dr Eddie Muebesa

Acronyms

AIC	AIDS Information Centre
ATOME	Access to Opioid Medication in Europe
ATOMW	Access to Opioid Medication in the World
AORTIC	African Organisation for Research & Training in Cancer
APCA	African Palliative Care Association
CAFOD	Catholic Agency for International Development
CET	Chief Executive Team
CSF	Civil Society Fund
CVW	Community Volunteer Workers
DCPC	Diploma in Clinical Palliative Care
DFID	Department for International Development, UK
DLAD	Donor Liaison and Advocacy Department
DPC	Diploma in Palliative Care
DRC	Democratic Republic of Congo
HAF	Hospice Africa France (SoinsPalliatifs)
HAU	Hospice Africa Uganda
HAUK	Hospice Africa United Kingdom
HAUREC	Hospice Africa Uganda Research and Ethics Committee
HKLA	Hospice Kampala
IHF	Irish Hospice Foundation
ICT/IT	Information communication technology, Information Technology
IHPCA	Institute of Hospice and Palliative Care in Africa
IP	International Programmes
IPRI	International Prevention Research Institute
JMS	Joint Medical Stores
LHH	Little Hospice Hoima
M&E	Monitoring & Evaluation
MHM	Mobile Hospice Mbarara
MNRH	Mulago National Referral Hospital
MPCU	Mulago Palliative Care Unit
MPU	Morphine Production Unit
MUST	Mbarara University of Science and Technology
NCD	Non-communicable diseases
NCHE	National Council for Higher Education
NMS	National Medical Stores
NUHITES	Northern Uganda Health Integration to Enhance Services
PCAU	Palliative Care Association of Uganda
PDD	Programmes and Development Department
RRHH	Regional Referral Hospital Hoima
RRHM	Regional Referral Hospital Mbarara
TASO	The AIDS Support Organisation
UCI	Uganda Cancer Institute
UMI	Uganda Management Institute
UNCST	Uganda National Council for Science and Technology
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY

This has been a unique year for HAU where we strived to remain a mover and shake in the palliative care arena of Uganda and other African countries while attending to important strategic matters. The signing of the World Health Assembly Resolution in May 2014 was a milestone for Palliative Care in Uganda and highlights the need to integrate Palliative Care as an essential service into the health care system at all levels. The National Palliative Care policy is in its most advanced stages before being passed by Parliament and the service is now available in over 90 of Uganda's 112 districts. At organisational level HAU has re-clarified its vision and the strategy of all its constituent elements, and put into place crucial steps to ensure its sustainability in a setting where donor resources are harder to secure.

Provision of care for patients

In this 15 months period HAU cared for 4,632 patients at outpatient clinics, during home and hospital visits, outreaches, day care services and in coordination with community volunteer workers (CVWs). It has been through collaborative working with partners for holistic care for patients across the continuum that thousands have reached care, although there remains a huge unmet need. The large patient numbers have brought a lot of pressure for space and the "Beehive" buildings are now urgently needed for MHM.

Education, training and Research

The HAU Institute of Hospice and Palliative Care in Africa is recognised by the Uganda National Council for Higher Education as a degree-awarding tertiary education establishment whose goal is the teaching health professionals to become compassionate clinicians who initiate services in their own districts and countries. As it is obvious that the impeccable clinical service cannot be separated from the education function without adverse consequence the Institute is remaining one with HAU to carry forward the mission to bring PC to all Africa. The collaboration with Makerere University to confer the BSc and Diploma in Palliative Care will continue alongside the Diploma in Clinical Palliative Care and short courses. Research has also advanced this year and the HAU Research Ethics Committee is now accredited by the Uganda National Council for Science and Technology.

Advocacy

HAU's focus has been increasing access to essential pain medicines and Palliative Care. Through working with PCAU over 90 of 112 districts in Uganda have Palliative Care coverage. The private-public partnership with the National Medical Stores and the MOH, and working with the Morphine Stakeholders group has ensured adequate supplies of essential oral liquid morphine are available for all in pain who need it in Uganda. The Directorate of International Programmes remained busy with PC Initiators Courses for professionals from both English- and French-speaking Africa, and many trips around the continent. It has also been exciting to work closely with the new HAU Patron, the Queen of Buganda Kingdom- Her Royal Highness Sylvia Nagginda to advance the agenda of Palliative care.

Sustainability

HAU's total income this year rose by 8% to reach UGX 7.1 billion because some new projects commenced. This is however spurious because the generous funding from the hugely successful partnership with USAID, who have been HAU's largest donor, will draw to a close in September 2015. In order to ensure patient care remains uninterrupted a Programmes and Development Directorate was restructured to strengthen HAU's resource mobilisation and to focus on organisational sustainability. HAU has a Resource Mobilisation Strategy, and is developing more partnerships, creating corporate relationships and increasing its unrestricted funding. As funding is leaner HAU is using the opportunity to reset in order to be more sustainable.

The future

As many events have superseded the HAU Strategic Plan 2012-17 a new plan is being crafted to detail the organisation's direction for the next period. With increased support within Uganda backed by continued although diminishing international support, we are looking towards a bright future where Palliative Care reaches all who need it in Uganda and Africa.

CLINICAL SERVICE

Word from the Clinical Director

Kind regards from the Clinical Directorate of Hospice Africa Uganda- who have now cared for 26,322 patients enrolled its Palliative Care programs at the 3 sites since the organisation's inception. While this is a remarkable statistic Palliative Care reaches less than 10% of all who need it in Uganda! The training of compassionate clinicians to meet patients' needs remains an extremely urgent task.

Palliative Care is applicable to all life-limiting illnesses and it is crucial that all clinicians attain at least generalist Palliative Care competencies. Cancer and HIV/AIDS remain the predominate diagnoses on HAU's programme the organisation continues to encourage all clinicians seeing patients suffering non-communicable diseases to skilfully manage their Palliative Care needs. This is because these illnesses have debilitating complications, and often end in painful deaths.

Oral liquid morphine remains the cornerstone medication for managing severe pain of our patients.

The private-public partnership of HAU with several national and international stakeholders has modernized morphine manufacture. The newly installed state-of-the-art equipment has the capacity to produce eight fold the morphine consumed last year. This implies that as the bottlenecks in the distribution of morphine are surmounted this essential medicine will be available for all who need it in Uganda.

Thank you for all the support you have extended to the multi-disciplinary team over the last year.

Your support brings much relief and hope for thousands of patients every year!

Patient Care

Between 1st April 2014 and 30th June 2015 HAU cared for a total of 4,632 patients. Although 1877 (40.5%) of these patients were at HKLA, MHM cared for a large number 1727(37.3%). MHM has a much smaller space than Kampala and the need to expand, through the "Beehive" building project, is now critical.



Referrals

Of the 2,674 new patients enrolled onto HAU's Palliative Care services hospitals and health centres referred largest number-1,633 (61.1%). This marked increase from 39.4% two years ago reflects the advances of hospital Palliative care and increased awareness among clinicians of patients specialised needs. Self-referrals were 598 (22.4%) and CVWs 272 (10.2%).

Gender

Although females remain the more predominate gender for patients, a common demographic for those seeking care at palliative care organizations in Uganda, over the year males have increased from 40 to 44%. We hope this encouraging trend in health-seeking behaviour continues.

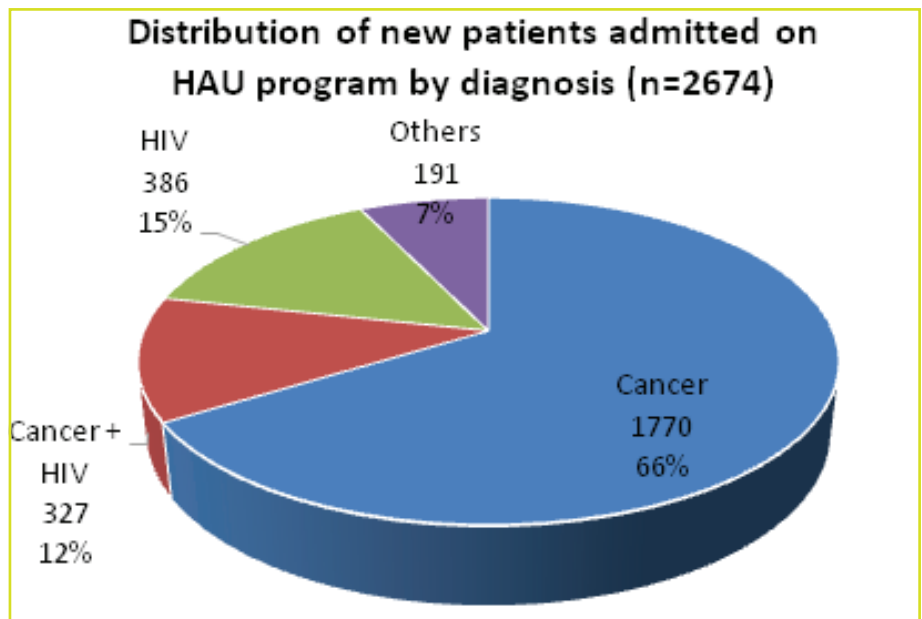
Site of care

40% of all patient contact was made at the outpatients clinics, and the proportion for care in hospitals has increased from 9 to 13%- mainly because more patients especially women and children with cancer are coming for oncology services in hospitals in Mulago (through Road to Care) and Mbarara (through the DFID children's project). Visits to patients in their own homes in the community remain an essential service and 10% of all care was offered at this site which research has

shown to be the preferred place by patients for end of life. As mobile phones are more widely available care is increasingly being offered this way and in the last year the volume of calls for patient review has doubled.

Epidemiology

Cancer is the predominant diagnosis at HAU. 1,770 (66%) of the 2,674 new patients had cancer and a further 327 (12%) had both cancer and HIV/ AIDS. 942 patients who attended care at HAU and did not know their HIV status were offered counselling and testing through a partnership with the AIDS information centre. 194 (20.6%) were found to be HIV positive had opportunistic infections and were



referred to start antiretroviral therapy at partner AIDS care centres.

The number of older (over 65 years) persons on the HAU program has steadily been increasing. This reflects both how Uganda's population is increasingly aging but also how some older persons suffer non-communicable diseases and their multiple needs for holistic care. HAU is in partnership with sister organisations to train more professionals who attend older patients.

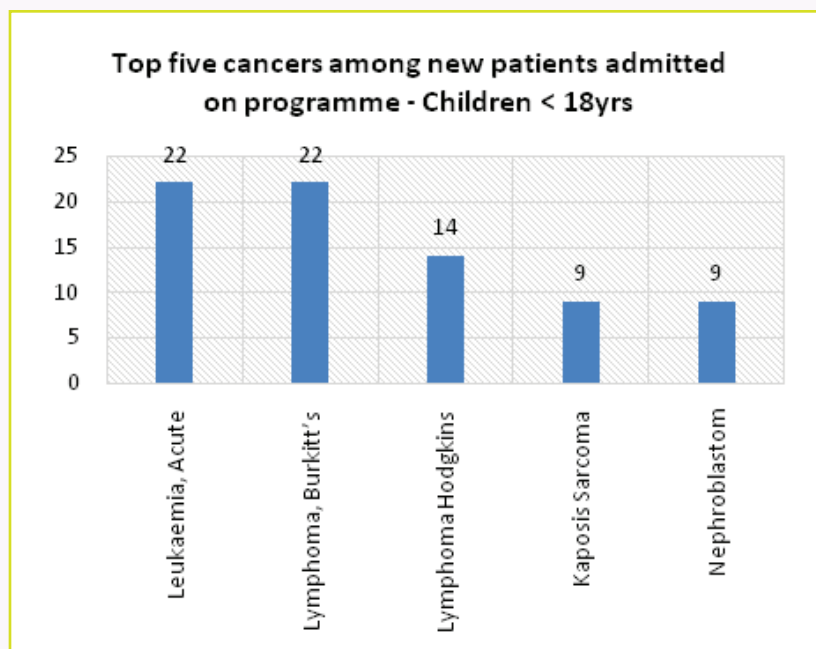
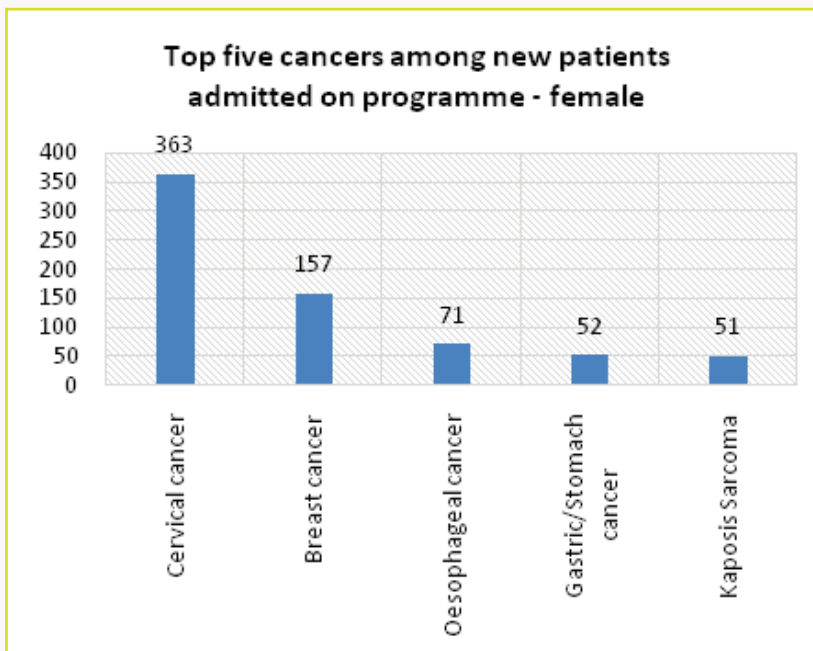
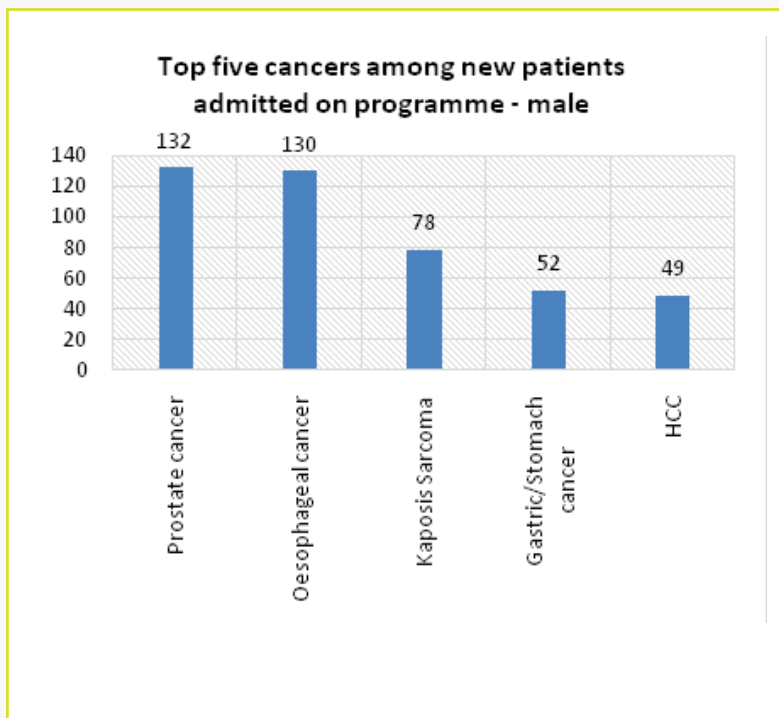
Most prevalent cancers

Prostate, oesophageal, and Kaposi's sarcoma remained top cancers for males enrolled on HAU's program. Cervical cancer remains the most common malignancy seen at HAU overall, and the leading one for women. One third of women coming to HAU suffer from one of cancers in the triad- breast,



The HAU Patron, the Nnabagereka of Buganda HRH Sylvia Nagginda at a visit to a patient at her home in the community

ovarian and cervical. While the government has stepped up efforts to prevent young girls from acquiring the human papilloma virus through immunization many women regrettably still come to HAU with advanced cervical tumours. The Road to Care program supported 137 women with bus fare to travel from their villages, have lab investigations, accommodation in hostels while receiving radiotherapy and chemotherapy to control their pain and symptoms. Kaposi's sarcoma, a type of skin cancer, was the most prevalent HIV-associated malignancy. While ART is now widely available this cancer retains a presence among the top 5 in both genders-highlighting how HIV continues to ravage lives and demonstrating how Palliative Care remains relevant in the era of antiretroviral therapy.



Children's programs

Of the 2,674 patients newly enrolled to Palliative Care 219 (8.2%) were children. While this rate of enrolment remained stable the proportion of children on the program has increased from 8% in 2013 to nearly 10% this year. Acute leukemias and Burkitt's lymphoma are the top paediatric cancers.

Since June 2014 DFID-UK commenced a 3-year project based at MHM aimed at expanding access and scope of paediatric palliative care services in western Uganda. It is implemented by HAU through Mobile Hospice Mbarara working collaboratively with partners. Children are supported for investigations, specialised care including oncology and are monitored to ensure no loss to follow up.

The Give A Chance Projects which are supported by partners in the UK, Denmark and the USA aim to sponsor the orphans of Hospice patients through school and to support pediatric cancer survivors through education once they are well enough to attend classes. The 66 students have progressed well with their studies, are visited once a term by the HAU social worker, and are rays of hope in families which now prioritize the education of their children despite their illnesses and circumstances.



"I can now smile. my pain is gone"
Tendo

Outreaches

3,859 patient contacts were made at outreach clinics. 35% of these contacts were by MHM at 3 outreach clinics which operate alongside the novel model of Roadside Clinics. Outreaches are commenced so that Palliative Care services can grow and be taken over by the community resources in which they are hosted. In the next year HAU will hand-over 4 outreaches for their sustainability by partners and initiate others so the service spreads further.

Community Volunteer Work

The 108 CVWs consulted for 4,650 patients in their villages, jointly managed 448 with the HAU team, and referred a total of 405. As HAU's eyes and ears in the community the CVWs form an important liaison between patients in their home and the Hospice interdisciplinary team. They remain not just instrumental partners in patient care since they reside near the patients but also a cost-effective method to extend care to patients across the continuum.

Advancing the pain relief agenda

The morphine production Unit is regularly audited by the National Drug Authority to support progress to reach international standards for small scale pharmaceutical manufacture. HAU has partnered, since 2011, with the National Medical Stores, the Government of Uganda and several stakeholders; to increase oral liquid morphine production for all patients who need it in Uganda. State-of-the-art equipment has been imported and installed and the capacity for morphine production has increased eight fold! More prescribers are being trained and with the accreditation of health centers to offer Palliative Care and the systematic efforts by core morphine stakeholders group to overcome the bottlenecks in opioid distribution the goal of pain relief reaching all in need is a strive closer.

MOBILE HOSPICE MBARARA

In January 1998, Mobile Hospice Mbarara (MHM) was commenced to provide a model service for the communities in that area of Western Uganda and a training facility for the second medical school- Mbarara University of Science and Technology.

In addition to its outreach clinics at Ibanda, Bushenyi and Kamwenge MHM offers a unique model of service provision- the roadside clinics. These mobile clinics are carried out monthly at pre-selected spots along high ways between the Hospice and the main outreach clinic, and are an inexpensive way to offer care to patients who would otherwise have been unable to come to the outpatients department.

In the last year 171 children received specialised care through a DFID-funded project which started in June 2014.



Children at the Day Care supported by DFID-UK

LITTLE HOSPICE HOIMA

In June 1998, Little Hospice Hoima (LHH) was commenced in a shop front in a very poor area of Uganda to demonstrate how Hospice can be commenced with few resources: Palliative Care indeed starts with the first patient who is seen!

The Road to Care programme started by Dr and Mrs Joda Kuk, of Canada, to support women diagnosed with cervical cancer for investigations, transport and radiotherapy treatment in Mulago National Referral Hospital has been a success especially for MHM and LHH since patients from these areas live very far from the capital city. In the last year 42 of the 128 women aged 34-60 years who were screened were confirmed to have cancer of the cervix. 20 completed all their radiotherapy treatment, and all the others had their pain and symptoms controlled. Many of these women are now involved in day care activities and along with other patients make hand crafts to generate income for themselves and the Hospice



Patients making beads out of paper at the Day care

“Hospice gave me a second chance and saved my baby!”

The remarkable story of Jane



The circumstances that Jane (not real name) narrated to the Hospice team when she first enrolled for Palliative Care are hard to fathom, and make up what could be a young lady’s worst nightmare.

Jane’s father died in her infancy, and as her mother suffered mental illness she started living with her half-brother. As the family is poor she was forced out of school into an early marriage to a man she hardly knew. Jane was constantly battered and abused before her husband of a few months started falling sick and died after a month’s hospitalisation. Jane rapidly deteriorated with a cough which could not go away, chest pain and marked weight loss. No sooner had she started her tuberculosis medications than she was diagnosed with HIV. “It was however when the nurse told me, on top of all I had to contend with, that I was also pregnant that my world came crashing down on me. I felt so low, so helpless”, Jane narrated, her eyes welling up with tears.

At 19years of age Jane was enrolled onto the Hospice programme. She was out of breath from the tuberculosis which had destroyed her lungs,

had severe chest pain, nausea and was emaciated. She had full-blown HIV/ AIDS. “My Hospice nurse was the best clinician I have ever met. The team visited me every week, and when I started taking my TB medications and the ARVs they encouraged me not to miss my doses”- Jane recounts. Jane was introduced to a CVW who lived in the next village. Hospice referred her to another health center where a safe delivery,

including interventions to prevent mother to child HIV transmission, could be conducted. Hospice supported the transport and expenses of antenatal care, and not long thereafter a bouncing baby girl was born to Jane. Comfort fund was given to Jane to cover her basic needs, and especially because she was very hungry on the ARVs. It was a relief when the baby tested HIV negative at her first birthday!

Jane continues to be well. Her pain is controlled, and she regularly comes to the Hospice for review and to collect medications she needs. She recently found a job care taking children at a school near her home.

**“My Hospice nurse
was the best clinician I
have ever met”**

Jane

OUR CENTENARIAN PATIENT

The story of Dr Emmanuel Lumu

When Hospice Africa Uganda were called to go into Dr Emmanuel's home the entire team knew the patient we were to start caring for was special. Pains in his legs are the complaints which brought Emmanuel to Palliative Care. The body systems of older persons, after decades of wear and tear, start to present problems for many. But Emmanuel is no ordinary man. Our new patient was a senior citizen in three respects: he was a doctor, Uganda's very first Ugandan Minister of Health in the post-colonial government and at 100 years had reached almost twice the life expectancy of Uganda's men!

Emmanuel was born to a court clerk and a housewife in Komamboga near Kampala, and was made heir after his father died when he was young. He was raised by an aunt who out of growing cotton was able to send him first to Mengo and then to King's College Buddo- a prestigious school for Buganda royals and the elite. Although Emmanuel wanted to study engineering at university he was selected into the medical school. He managed to sneak into the engineering class but when the lecturer discovered that Emmanuel was not registered to be in his class he promptly dismissed him back to the medicine class. Although he emerged with a bachelor of medicine and surgery Emmanuel never gave up his first love- engineering and for several years tinkered around with cars and repaired all kinds of gadgets. He worked in Mulago, Gulu and Arua hospitals. He for a time left public service and started a

private practice with Dr Samson Kiseka, who later became the Vice President of Uganda. Emmanuel ventured into politics, joined the Kabaka-Yekka party and was made a member of the Buganda parliament at Mengo. He later joined the Uganda People's Congress party and became Uganda's Minister of Health after the Lancaster meetings for Uganda's independence from the UK. Under his watch many hospitals were built and health care systems

hearing Emmanuel has a caregiver only during the day and often prefers to be by himself at night. He has remained independent in a lot of respects. Palliative Care has controlled his pains, and he says he enjoys a better quality of life. At a Day Care in March 2015 Hospice Africa Uganda held a wonderful small party to celebrate Emmanuel's 100th birthday.

Emmanuel is a regular at the Hospice Day care now, still tells



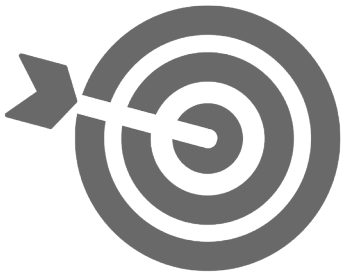
set up. The turbulence of the 1960s and 70s brought much misery to Emmanuel's life when he became a political prisoner for five years. Upon his release he announced the end of his political career and a focus on medicine. In due course, after many contributions he retired from service and public life. During this period he also married and has a large family of children, grandchildren and great grandchildren, He is indeed blessed,

Despite his pains, advanced age and being somewhat hard of

a great story, and enjoys a foot massage. The team recognises very well that the population of older persons in Uganda is growing fast, and Palliative care for older persons is a huge need. Hospice Africa Uganda remains a destination of choice for patients of all walks of life suffering life limiting and in a spirit of hospitality welcomes as guests all patients who need our care.

INSTITUTE OF HOSPICE AND PALLIATIVE CARE IN AFRICA (IHPCA)

MISSION FOR INSTITUTE:



To support HAU's vision through being open to learning from Africa and in teaching and training others to adapt the model to their own circumstances, we support compassionate and sustainable leaders and practitioners to support and deliver the necessary holistic services.

INTRODUCTION

Between April 2014 and June 2015, the Institute went through a major shift in its strategic direction. It was recognised during the development of the road map that separating the Institute would sever the major future and vision of HAU. The impeccable service, recommended by WHO in their definition of palliative care, cannot be separated from the education function which will carry forward the mission to bring PC to all in Africa. A new strategic direction is therefore currently being developed which will keep the two organizations as one entity.

Achievements:

- 1** In October 2014, the Institute was granted the Other Degree Awarding Institution status by the National Council for Higher Education with a 3 year provisional license to confer Degrees and Diplomas.
- 2** The research and ethics committee (HAUREC) was also accredited by the Uganda National Council for Science and Technology three months later.
- 3** Thirty students graduated with Degrees and Diplomas from Makerere University in Jan 2015. This brought the number of Bsc graduates to 46 since its inception in 2010 and DPC graduates to 166 since its inception in 2003. Two of the Bsc students passed with first class degrees.
- 4** Short courses were completed successfully
- 5** Research projects are in progress and some completed



1. Academic Programmes

1.1 The Bachelor of Science degree in palliative care

This is a distance learning programme delivered by the Institute and awarded by Makerere University through our affiliation with Makerere. IHPCA had 88 students on the programme from 12 Sub Saharan African countries namely: Botswana, Cameroon, Kenya, Malawi, Namibia, Nigeria, Rwanda, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.



Students being oriented to the e-learning platform



Dr Anne welcoming the 3rd year students 2014 at her home

Over 100 applications were received for the academic year 2015-16. 81 were admitted: First year Bsc (31), Entry at year 2 Bsc (22), Diploma in Palliative Care (17) and Diploma in Clinical Palliative Care (11). Unfortunately only 30 of 42 new students were able to join year one due to lack of funding. The total number of students enrolled on the Academic programmes for the Academic year 2015/16 is 72, down from 88 in the last academic year.

Academic team continues to supervise and guide students with course work assignments, audit projects and research through the MOODLE platform.



Graduates with HAU team members on the graduation day at Makerere University

1.2 The Diploma in Clinical Palliative Care

This is a full time academic programme taught through HAU and awarded by the Institute. Graduates from this programme are legally allowed to prescribe oral Morphine.

2. Short Courses

Through a grant from the International Prevention Research Institute (IPRI) the Institute conducted 6 short courses of 3- 5 days in palliative care in several parts of the country from April 2015 to June 2015. Those trained included Health Care Professionals (2 courses), Allied Health Professionals, Community Volunteer Workers, Traditional Healers and Spiritual Advisors.

Those trained were equipped with basic knowledge and skills in palliative care including: - Patient identification, referrals, basic pain management as well as raising awareness and advocacy for palliative care in their communities. Interviews with health workers indicate that its evident training of CVWs and spiritual advisers in palliative care, complements health care services. Traditional healers trained were open to integrate palliative care into their services.

3. Development of new academic programmes in palliative care

3.1 Master of Science in palliative care

The curriculum for the Msc in palliative care was developed during 2012/13 financial year and submitted to Makerere University School of Medicine for approval. This is still awaited.

4. Research

Research In Progress

Several research projects started last financial year have been completed and data analysis and writing up of reports and papers for publication are in progress. These include research on: Perceptions of Morphine by patients and relatives/carers and impact on its use, Quality of Nurses prescription of Morphine compared with Physicians prescription and an Evaluation of the Rapid (Morphine) Prescribers Course. Data collection for the study on the prevalence of psychological problems among Cancer and HIV/AIDS patients undergoing palliative care is still in progress.

and classroom modules on pain management together with a research component to evaluate classroom learning in comparison to e-learning for pain relief among health workers in Uganda.

The e-learning modules are based on the APCA's Beating Pain Guide .

The Project is being piloted in Uganda with clinicians and pharmacy technicians attending palliative care courses to assess the feasibility of proposed methods, procedures and resources needed for the roll out of e-learning for pain relief among health workers in Uganda.

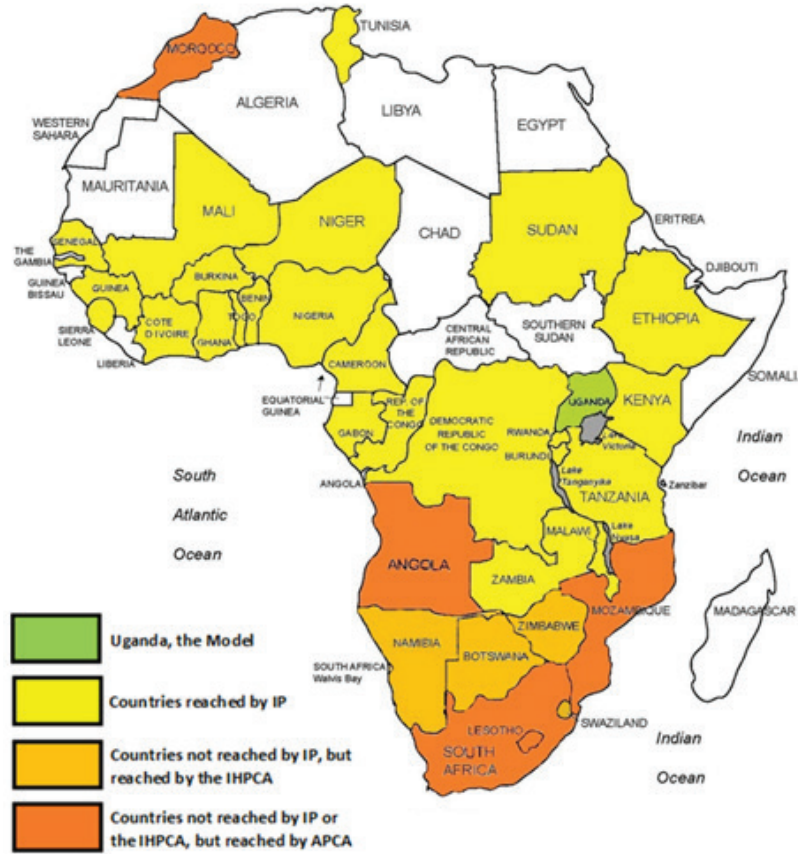
5. E –Learning For Pain Relief (Elpar) Project.

In April 2014, the American Cancer Society (ACS), HAU Institute (IHPCA) and the African Palliative Care Association (APCA) embarked on a partnership to develop, pilot and implement an E – Learning platform for pain-relief clinical continuing education. The project seeks to increase the appropriate management of moderate to severe pain in developing countries by development of E- Learning

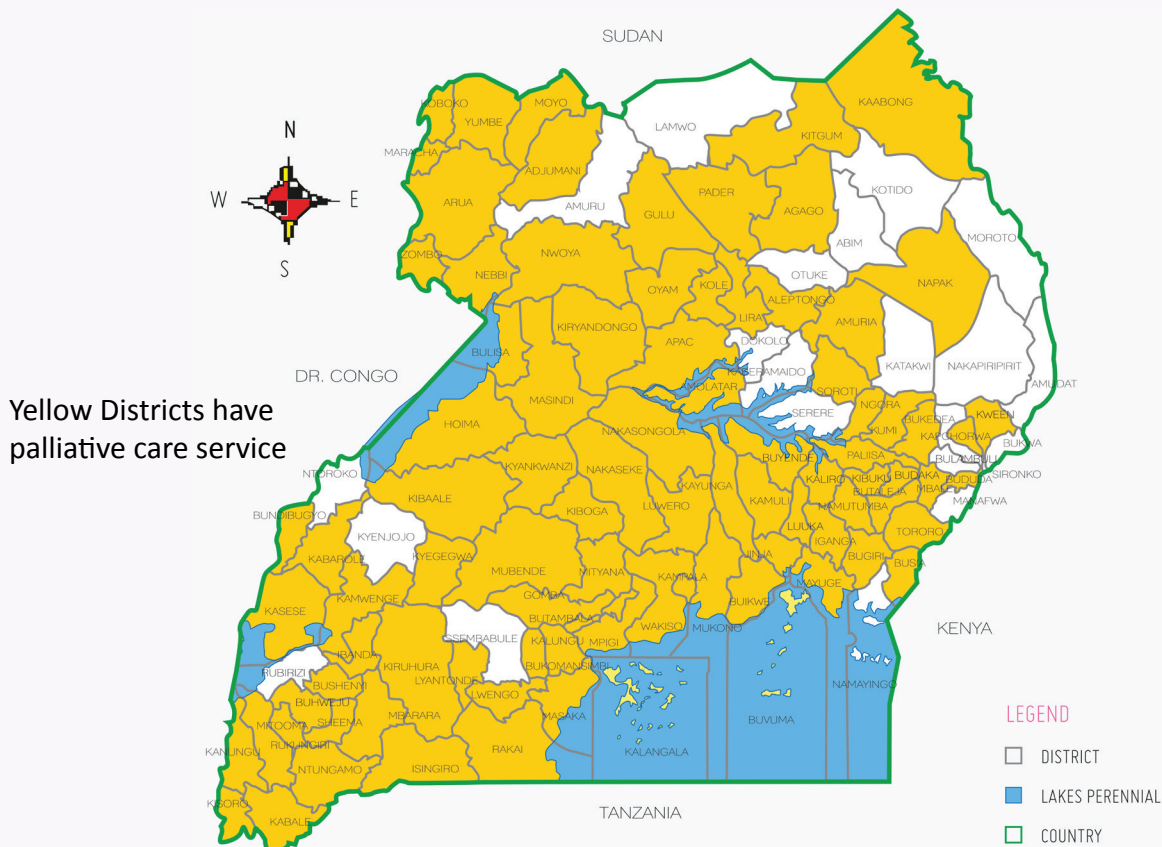
6. End Of USAID Project Funding

USAID has been providing funds for the Institute to train and provide technical support and supervision to USG partners in Uganda involved in HIV/AIDS services during the last 10 years. This project is ending on 30 September 2015. All planned activities to be implemented by the Institute were completed by 30 June 2015

PALLIATIVE CARE IN AFRICA 2015



MAP SHOWING DISTRICTS WITH PALLIATIVE CARE SERVICES NOVEMBER 2014



INTERNATIONAL PROGRAMMES

International Programmes continues to carry forward the founding vision, “Palliative care for all in need in Africa”.

The department worked together with HAU partners in training of participants and mentorship including APCA, PCAU, Mildmay, MPCU and Kitovu Mobile Ltd.

During the year, International programmes department continued to support Sub-Saharan African countries through the five week initiators course with a component on clinical hands on practice in Uganda, allowing participants to be exposed to clinical practice in four sites.

Support supervision and mentorship of palliative care providers on site in their country, was conducted during the year. The team also continued to support clinical department in patient care and IHPCA in teaching and marking student’s assignments. The following countries including Nigeria, Ethiopia, Malawi and Benin were visited and support offered through site advice, advocacy and meetings with ministries of health officials.

Specialist Intern Aug 2014-June 2015:

The team welcomed Timothe Vulin, in Social Sciences of Sciences Po Paris University from France, as an intern attached to IP, this period. He contributed greatly to the work of the department as well as giving support and advice to the CET and donor liaison.

His achievements were as follows:

- Language support to HAU and APCA
- Support to the Anglophone and Francophone Initiators Course with organisation and M&E
- Advocacy with a special focus on Benin and palliative care costing
- Communication with redaction of articles, reports and a calendar, PCAU Conference Organising Committee, launch of the Initiators’ Alumni, enlarging Francophone network and review of the HAU website

- Fundraising and Finances with proposals writing, design of new data collection for Road to Care Project and costing of the IHPCA’s programmes

Supporting New Palliative Care Initiatives

1. Benin:



Meeting Minister of Health, Benin

The international programmes team has continued to offer support when needed and requested. This aims to improve holistic care provision.

As IP focuses critically on advocacy and mentorship, three team members; Prof. A. Merriman, Timothe and Sylvia went to Benin in February 2015 for one week to conduct assessment and advocacy for palliative care in the country. Meetings were held with government officials that yielded a planned study visit for 3 officials and training for one pharmacist and two nurses in Uganda in 2015. Report is available.

2. Ethiopia:

Two visits to Ethiopia were conducted by Prof. Anne Merriman and Berna from IP. The first in August 2014, was an annual support and fundraising visit for Hospice Ethiopia. The second visit was together with Dr James and Sue Mumford from Norwich UK in January 2015 and included teaching on the “Nine pain Free Hospitals” project of “Treat the Pain” from American Cancer Society and meeting colleagues endeavoring to take on community palliative care in Addis.



**French speaking participants:
May 2014 programme**

The aim of the Initiators' Palliative Care Courses is to equip participants with knowledge, skills and competencies to enable them to assess and manage patients with palliative care needs in their own countries.

1. Francophone Programmes:

2. The 3rd and 4th Palliative Care Initiators' Courses for the Francophone countries was conducted in April - May 2014 and 2015. The participants were drawn from 13 African countries namely; DRC, Rwanda, Burundi, Senegal, Guinea Conakry, Ivory Coast, Cameroon, Tunisia, Benin, Togo, Burkina Faso, Mali and Ghana. The facilitators came from France, Geneva, UK, DRC, Niger, Cameroon and Rwanda.

Both were highly successful in terms of quality of learning and sharing.



French speaking participants May 2015

Anglophone Training Programme:

The 8th Initiators Course for Anglophone countries was conducted from 20th October to 21st November 2014. The course was attended by 18 students from the following 9 countries; Ghana, Ethiopia, Sudan, Nigeria, Cameroon, Malawi, Kenya, Tanzania and Uganda. During the course, information and experience was shared on ways and means of advocating for palliative care in own country and how to write successful proposals that can attract funding for palliative care.

Advocacy and Conference presentations



Anglophone participants October 2014

Catherine Nawangi attended the 7th scientific conference Nigerian Hospice Palliative Care Association of Nigeria from 18th – 21st June 2014 and gave two papers one on behalf of Dr Anne and her own on home care in Uganda. The annual conference in Nigeria was organized by Hospice Palliative Care Association of Nigeria. (HPCAN)

Dr Anne attended the KEHPCA conference from 12th – 14th November 2014 and gave a presentation as key note speaker on the ethos and compassion for patients being everybody's business.

In January 2015 Sylvia Dive visited France – Paris with an aim of advocating as well as fundraising to support the work of initiating and integrating palliative care in Francophone countries. She also presented two papers in

Dr Anne attended the ATOME Conference in Vienna Austria from 8th – 11th March 2015 and gave a presentation on the need for compassion among those who make regulations controlling opioids in reference to an ATOMA project to detect barriers to morphine distribution in Africa countries.

Dr Anne presented reports at the AGMs in Ireland, UK and the IPRI conference in Lyon, France.

Other activities during the year

Dr Anne attended the 67th World Health Assembly in Geneva from the 16th – 22nd May 2014 where a resolution that demanded world wide integration of PC into health systems with access to pain medication was passed.

An Executive team of Ethiopian Delegates visited HAU for one week in August 2014, with an aim of gaining experience in palliative care service delivery and were taken through the hospice activities and visited sister organizations to understand the importance of networking for smooth provision.

Dr Anne also participated in the HAUK celebrations to mark 21 years since the founding formation of HAUK in Liverpool between 18th – 20th Sept 2014. During the same month, she gave a paper at the AGM of St Luke's Hospice in Capetown South Africa, and was a key note speaker at HPCA conference in Capetown.



Catherine presenting in Nigeria

Through relationship with Irish Hospice Foundation (IHF) they have supported us in many ways, including meetings with the Irish Minister for Irish Aid, Mr. Sean Sherlock and with the Irish Times among others. Over this year they donated Euros 60,000 TO HAU. Eur 20,000 for the Dr Anne Merriman Scholarship for a Hospice person to complete the degree, Euro 20,000 as a donation following the nomination of Anne for the Nobel Peace Prize 2014, and a further Euros 20,000: as our share of profits from their published book "Fathers and Sons" 2015.

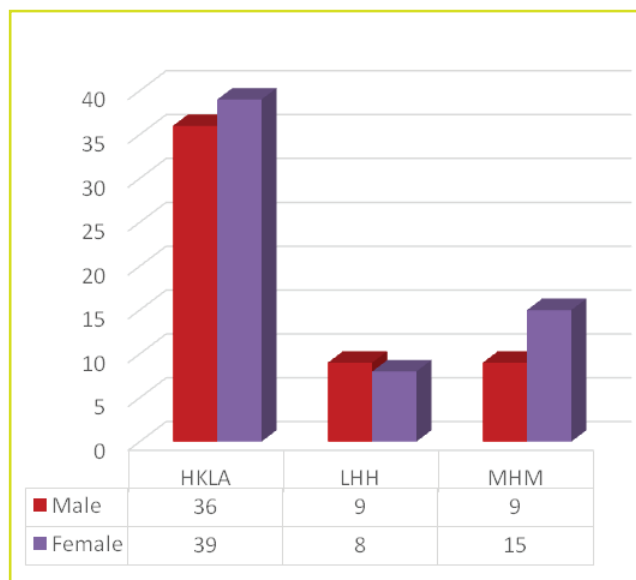


HUMAN RESOURCE AND ADMINISTRATION

The Directorate of Human Resources and Administration (HRA) is a major support service for team members remain motivated and to offer the best care to patients and education experience to learners. This year's focus has been improving team efficiency, strengthening accountability and streamlining administration. The main thrust for the next year is to maximally utilize human resources to ensure all are performance-oriented while remaining compassionate about our service to patients and work with students.

Special thanks to all our volunteers for supporting the team and to our donor for the financial support, and to the HAU Board and management for their good leadership.

Graph showing Total Team members at the sites per gender



Outstanding employees of Kampala were awarded with certificates.

Staffing and Capacity building

In 2014-2015 HAU employed 116 individuals on full-time, locum and contract basis. 7 new Team members joined and 16 team members exited for various reasons.

Under HAU's capacity building strategy 56 team members completed various trainings in Palliative Care, financial management, Human resource management; defensive driving, fraud and risk

detection. We congratulate Josephine Nabitaka, Isaac Katabalwa, Joan Busingye, Dr. Ludoviko Zirimenya and Prossy Nakyanja for completing their degrees.

SITE	Best Employee	1st Runner Up	2nd Runner up
Kampala	Christine Lisa Irumba	Dr. Ludoviko Zirimenya	Nasur Buyinza
LHH	Hanifah Nakanwagi	Jane Nakibuuka	Irene Mbabazi
MHM	Roset Aryampa	Doreck Ekyampaire	Claire Musiimenta



Celebrating the Founder, Dr. Anne Merriman's 80th birthday – May 2015

Recognition of long serving employees

As is the norm, at last year AGM HAU recognised 4 team members for their long service. Elizabeth Mbabazi and John Kobweme were recognised for 10 years of service, while George Barugahare and Martha Rabwoni were appreciated for 20 years of dedicated service.

Team Building Activities:

The team held the following events: Day of spiritual reflection, team day out, patients' Memorial Day, patients' end of year party, celebration of HAU anniversary; recognition of team members' birthdays' including that for the Founder Dr. Anne Merriman.

Student Placement And International Volunteers

HAU offered opportunities for local and international guests and students to experience patient care and how the organisation has registered successes over the years. HAU hosted the 204 people placements and internships over the last year:

		Number
1.	Makerere University medical students on PC rotation	119
2.	Students and interns from other Uganda universities	22
3.	International medical students on rotation	14
4.	International students on electives (social work, administration& education)	30
5.	International visiting medical practitioners	10
6.	International volunteers	9
	Total	204



Timothe Vulin – a student & volunteer from France teaching French language to patients

HAU had collaborations with the Universities of York, Leeds, Arkansas, Illinois, Descartes-Paris, University College Dublin and the University College Cork who have sent students on electives on an annual basis.

Additional achievements are:

- HAU redesigned and launched a new organisational website which is more contemporary and conducive for online donations www.hospiceafrica.or.ug .
- HAU is now on social media, and can be followed via Twitter and Facebook
- Introduced the new HR information Software – called HR Inspire, to process online HR services including the payroll and leave. The online facility allowing employee interaction with HR team on personnel matters.

PROGRAMMES AND DEVELOPMENT DEPARTMENT

In the Oct-Dec 2014 quarter the Donor Liaison and Advocacy Directorate was restructured into the Programmes and Development Directorate to strengthen HAU's resource mobilisation and to focus on organisational sustainability.

RESOURCE MOBILISATION

A number of concepts and proposals to address HAU's funding gap in patient care were submitted to both local and international donors. As a result income received in the period is as indicated in the summary table reflected in the audit report. (See appendices)

ADVOCACY

Working with PCAU the number of districts with Palliative Care coverage has increased from 82 in 2013/14 to 90 by 30th June 2015.

HAU was engaged in many conferences and meetings both at local and international level.

Key meetings were:

- The World Health Assembly in May 2014 where Uganda as a signatory agreed to integrate Palliative Care in all health care delivery systems
- Meetings with the MOH to have two PC indicators included in the HMIS and regarding the national PC policy which is with top management of MOH

PALLIATIVE CARE WEEK

The Palliative care week across the 3 HAU sites, with the theme "Give Me Your Hand", focused on engaging the community in HIV and Cancer early diagnosis, management and Palliative Care. Consultation and referral systems were strengthened.



HAU team and other PC advocates at a press conference during the Palliative Care week, June 2015



HAU'S NEW PATRON

In 2014 the Nnabagereka of Buganda Kingdom – Her Royal Highness Lady Sylvia Nagginda accepted to become the Patron of HAU. HAU has worked closely with HRH and the Nnabagereka Development Fund to advance the cause of Palliative Care through sensitizing the public at rallies about cancer, HIV and Palliative Care, and was privileged to take part in the Ekisaakaate- an educational and cultural forum for children and adolescents.

COMMUNICATION

HAU's Communication and Public Relation strategy has strengthened the organisation's relations with the outside world and boosted resource mobilisation. Newsletter using Mail Chimp is going out regularly, and website re-designing is nearly completion. We encourage you to visit our new website at www.hospiceafrica.or.ug.

PROGRAMME MANAGEMENT

Project implementation

HAU continued to implement many donor-supported projects including major projects with:

- CAFOD offering Palliative Care patients with HIV and cancer
- USAID- To expand access and Scope of Palliative Care for People Living with HIV/AIDS and/or cancer and their families

- Road to Care – care for women with gynecologic malignancies
- Give a Chance – Supporting children of patients to remain in school and
- American Cancer Society – ELPAR project- A research comparing e-Learning with conventional teaching of pain assessment and management.
- OSF, HAU, THET, PCAU and True colours provide scholarships for palliative care training and administrative support
- DFID-supporting pediatric palliative care in South Western Uganda.

The department continued to compile analytical and action-oriented progress reports aligned to the work plans that were submitted to various donors

Exciting projects that have commenced are:

- A three year DFID-funded project through HAU for palliative care services to children from Western Uganda implemented by Mobile Hospice Mbarara. This is the first project of its kind in Uganda, its successes are expected to be replicated in the country
- Through American Cancer Society support for major infrastructural modifications to the Morphine production unit and importation of state-of-the-art equipment from India HAU's capacity to produce morphine for all patients who need relief from severe pain in Uganda has increased 10 fold!



Mrs Ann Vassie of HAUK at the signing of an MOU for children's palliative care

An Anonymous donor has given a grant to support patient care, boost resource mobilisation and strengthen organisational sustainability plans

MEMBERSHIP OF HAU

HAU's membership packages have been revised, over 140 members are enjoying exciting benefits of their membership. We encourage individuals and corporate organizations to join as members of HAU.

HOSPICE AFRICA FOUNDATION (2008)

Purpose

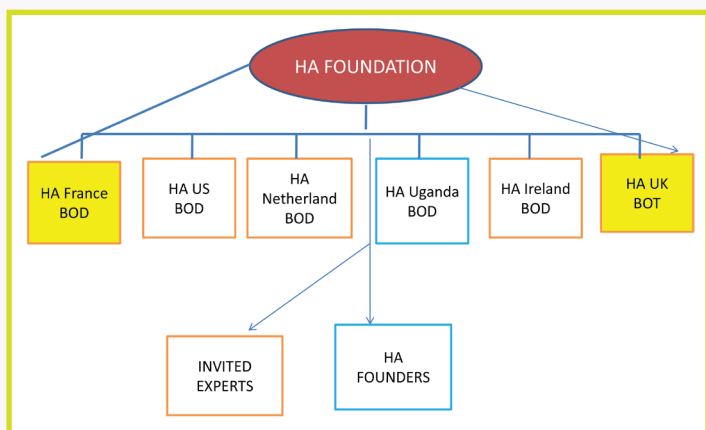
- **To protect**
 - the founding vision
 - our ethos
 - written materials
- **To guide**
 - the legacy of HA through all HA settings
- **If funding available form a Foundation for financial support**

Members: representatives from each country supporting HAU and IP together with Founders and expert advisors

Progress

- Members meet virtually on skype quarterly
- Planned face to face meeting in 2016
- Constitution written and almost ready
- Coordination of diaspora and learning from each other

OVERVIEW OVERALL MEMBERS



COMPASSIONATE ACTION?

IDEAS FOR YOU. Join our legacy "It is in giving that we receive"

- Can you covenant a monthly amount? Or contribute through Pay Pal?
- Have you ideas where YOU could raise money locally?
- buy "Sons and Fathers" a book being launched from Irish Embassy early 2016, published by Irish Hospice Foundation
- Buy our books: Audacity to Love 2010, Dr Jagwe's story 2015
- Have you skills we could use? Volunteer here or at our sites in Uganda?
- Can you volunteer your time to come and see the difference HAU is making in the homes of patients to support your own advocacy? don't be afraid. It can only get better!
- Know any humanitarian Ugandan millionaires? Let us know!!
- Please check our website: www.hospiceafrica.or.ug

FINANCE

We thank all who have offered financial support for continuity of services at HAU. The Finance Directorate maintains a high level of integrity and transparency, and has in place robust accounting systems and procedures to ensure organizational finances are properly managed and timely financial reports are submitted.

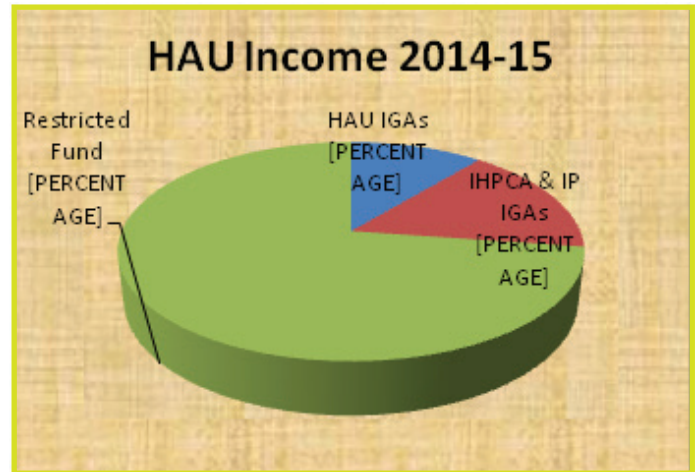
While we continue to rely on the generosity of donors for most of our finances our internally generated funding base has grown. The proportion of funding from HAU student residences, charity shop sales, patient contributions and others has grown from 3% in 2012/13 to 7% in 2013/14 and now stands at 11% of the total annual income of 2014/15. This has bridged many more of our funding gaps and supported programs to continue.

We look forward to renewed and stronger relations with all our partners in the new financial year 2015/2016.

Bruce Ntege- Finance Director

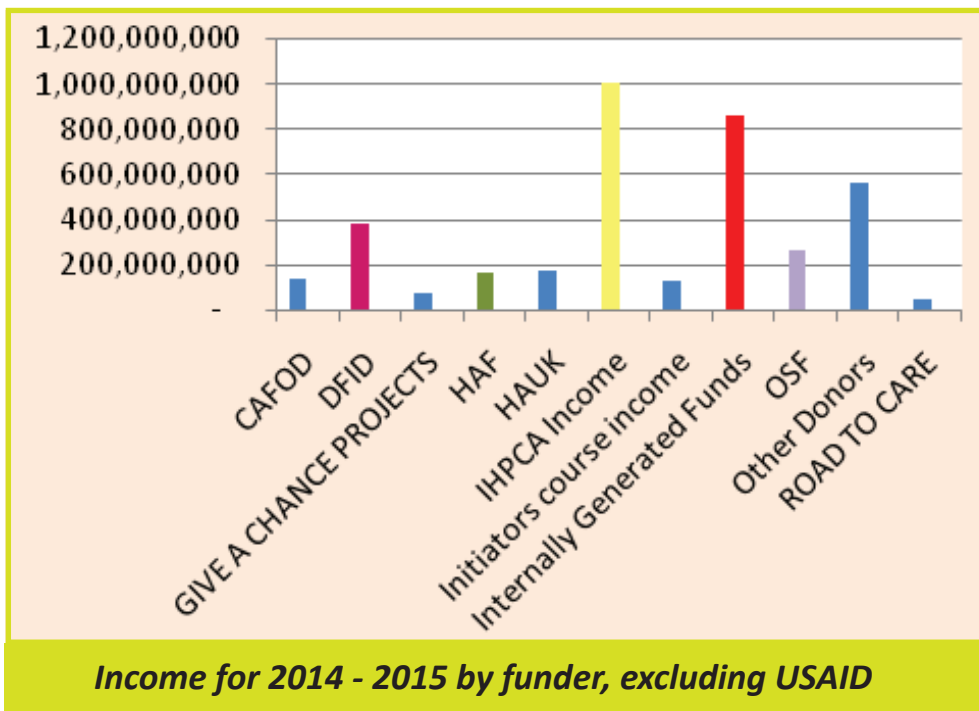
Income was UGX 7.1 billion compared to 6.55 billion in 2013/14- an increase of 8% over the previous financial year. Although 73% of HAU's income came

INCOME



through restricted donor funds the proportion of internally generated income has risen from 7% in 2013/14 to 11% this year.

USAID contributed 39% of overall funding (2.94 billion Ugandan shillings) in the last year. The remaining 4.69 billion Ugandan shillings (61%) came from a variety of sources- including the Catholic Agency for Overseas Development (CAFOD), the UK Department For International Development (DFID), HAU international programme partners, Open Society Foundation (OSF), Road-to-Care and others.



- USAID partnered for care and support of patients, team capacity building, leadership and communication. The funding from USAID reduced by 24% from last fiscal year, and after a decade HAU's largest donor will close-out on 30 September 2015. HAU is committed to maintaining patient care after USAID closure.

- The Catholic Agency For Overseas Development (CAFOD) continued to support care for HIV/AIDS patients and allowed access to essential medications.

• International Programme Partners:

o HAU has provided funds that support patient care, training and advocacy. This year HAU focused its support on International Programmes, renovations of HAU property and Andrew Kaggwa House in Munyonyo, and the paediatric project for Western Uganda implemented by HAU. HAU receives donations from donors and well wishes in UK and raises funds through sales in the two charity shops.

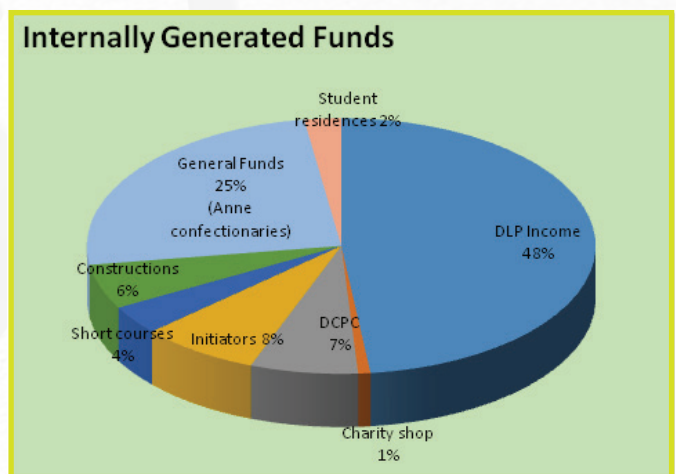
o HA France (Soins Palliatifs) is committed to expanding palliative care across Francophone Africa and supported the HAU team to coordinate this activity and offered scholarships to ensure students from across Francophone Africa could attend. HAF also collects individual donations, fund raising events and funds collected from a charity shop, all in France.

o Hospice Africa Ireland, Hospice Africa the Netherlands and Hospice Africa United States coordinate fundraising in their countries which

support various aspects of HAU programmes.

• Activities to internally generated funds

Internally generated unrestricted incomes were UGX 2 Billion. This was from HAU student residences, charity shop sales, patient contributions, and from ad hoc means like sales of the Blue Book, Audacity to Love, T-shirts and other HAU branded items. In addition, Anne Margaret Caterers (from Dr Anne's house in Munyonyo) produce cakes all the year round, for patients, festivities and special Christmas Cakes and brownies. Any funding raised is given to Hospice Africa Uganda under the general fund.



Internally generated funds by activity 2014 - 2015



**HOSPICE AFRICA UGANDA LIMITED
GENERAL PURPOSE FINANCIAL STATEMENTS
FOR THE 15 MONTHS PERIOD ENDED 30 JUNE 2015**

REPORT OF THE DIRECTORS

The Directors submit their report and the audited financial statements for the 15 months period ended 30 June 2015, which discloses the state of affairs of the organization.

The 15 months reporting period was occasioned by a change in the accounting date from 31 March to 30 June 30 every year.

PRINCIPAL ACTIVITIES

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

RESULTS FOR THE YEAR

The results for the year ended 30 June 2015 are shown on Page 24 of this report

MEMBERSHIP OF THE BOARD

The Directors who held office during the year are as set out on page 4 of this report.

INDEPENDENT AUDITOR

PKF Uganda, Certified Public Accountants has expressed willingness to continue in office for the year.

BY ORDER OF THE BOARD


CHAIR PERSON

KAMPALA.....2015

**HOSPICE AFRICA UGANDA LIMITED
GENERAL PURPOSE FINANCIAL STATEMENTS
FOR THE 15 MONTHS PERIOD ENDED 30 JUNE 2015**

4.0 STATEMENT OF DIRECTORS' RESPONSIBILITIES

The Companies' Act 2012 requires the Directors to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the company as at the end of the financial year. It also requires the Directors to ensure that the company keeps proper accounting records, which disclose with reasonable accuracy, at any time, the financial position of the organization. They are also responsible for safe guarding the assets of the organization.

The Directors accept responsibility for the annual financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments, and estimates, in conformity with International Accounting Standards and in a manner required by the organization's Memorandum and Articles of Association. The Directors are of the opinion that the financial statements give a true and fair view of the state of affairs of the organization and of its operating results. The Directors further accept the responsibility for maintenance of accounting records, which may be relied upon in the preparation of financial statements, as well as adequate systems of internal financial control.

Nothing has come to the attention of the Directors to indicate that the organization will not remain a going concern for at least the next twelve months from the date of this statement.

Yours faithfully,


Director


Director

REPORT OF THE INDEPENDENT AUDITOR TO THE BOARD OF DIRECTORS OF HOSPICE AFRICA UGANDA LIMITED

Report on the Financial Statements

We have audited the accompanying General Purpose financial statements of Hospice Africa Uganda Limited set out on pages 24-44 which comprise the statement of Financial Position as at 30 June 2015 and the statement of Comprehensive Income, the statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Directors' responsibility for the Financial Statements

The directors are responsible for the preparation of the financial statements that give a true and fair view in accordance with the International Financial Reporting Standards and the Companies Act 2012 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.

Auditor's responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal/control relevant to the organisation's preparation and fair presentation of the financial statements 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 controls.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Tel: +256 312 305600 • Fax: +256 41 4251370 • Email pkfkam@ug.pkfca.com • www.pkfca.com
PKF UGANDA • Plot 1B • Kira Road • P O Box 24544 • Kampala **UGANDA**

Partners: Alpesh Vaidya*, Muniza Dabir*, Ketan Shah***, Charles Ogutu (****), Kenyan, **Indian, ****British

PKF Uganda is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Opinion

In our opinion, the accompanying Financial Statements give a true and fair view of the financial position of Hospice Africa Uganda Limited as at 30 June 2015 and of its financial performance and its cash flows for the 15 month's period ended in accordance with International financial reporting Standards and the Companies Act of Uganda 2012.

REPORT ON OTHER COMPLIANCES

We report to you, based on our audit, that:

- i) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit.
- ii) In our opinion proper books of account have been kept by Hospice Africa Uganda Limited, so far as appears from our examination of those books,
- iii) Hospice Africa Uganda Limited has complied with the funding terms and conditions,
- iv) Hospice Africa Uganda Limited maintains adequate internal controls, and

The financial statements of Hospice Africa Uganda are in agreement with the books of account.

PKF Uganda

Certified Public Accountants

KAMPALA

2/10/2015

Ref: CO/H013/348/15

HOSPICE AFRICA UGANDA LIMITED
GENERAL PURPOSE FINANCIAL STATEMENTS
FOR THE 15 MONTHS PERIOD ENDED 30 JUNE 2015

STATEMENT OF COMPREHENSIVE INCOME FOR THE 15 MONTHS PERIOD ENDED 30 JUNE 2015

	Notes	2014/2015 Ushs	2013/2014 Ushs
INCOME			
Cash donations	1	5,667,417,964	4,795,710,131
Generated Incomes	2	1,391,776,131	1,712,231,132
Donations in Kind - Drugs	3	8,946,000	43,001,039
Total Incomes		7,068,140,095	6,550,942,302
EXPENDITURE			
Recurrent expenditure:			
Administrative costs	4	1,939,918,507	1,726,361,800
Advocacy costs	5	125,986,836	62,295,230
Clinical costs	6	2,543,846,926	1,756,412,627
Education costs	7	1,956,541,707	1,672,088,339
International programs	8	414,221,174	336,190,209
Morphine production costs	9	644,718,075	203,158,867
Total Expenditures		7,625,424,133	5,756,507,072
(Deficit) / Surplus before exchange difference.		(557,284,038)	794,435,230
Exchange Differences		(4,184,282)	(570,675)
(Deficit) / Surplus for the Year		(561,468,320)	793,864,555

HOSPICE AFRICA UGANDA LIMITED
GENERAL PURPOSE FINANCIAL STATEMENTS
FOR THE 15 MONTHS PERIOD ENDED 30 JUNE 2015

STATEMENT OF FINANCIAL POSITION

	Notes	2014/2015 Ushs	2013/2014 Ushs
Non - Current Assets			
Property, Plant & Equipment	10	5,178,888,285	5,281,268,401
Current Assets			
Debtors and Prepayments	11	47,575,874	70,014,658
Stock at Hand	12	131,952,412	59,926,353
Bank Balances	13	2,275,630,133	2,396,058,691
Cash in hand	14	28,554,672	3,983,200
Total Current Assets		2,490,650,315	2,529,982,902
Total Assets		7,662,601,376	7,811,251,303
Equity and Liabilities			
Funds			
Capital Funds	15	4,973,424,002	5,637,272,438
General Funds	16	426,975,882	(52,931,687)
Restricted Funds	17	1,933,880,395	1,777,312,390
Total Funds		7,334,280,279	7,361,653,141
Liabilities			
Creditors and Accruals	18	328,321,097	449,598,162
Total Liabilities		328,321,097	449,598,162
Total Equity & Liabilities		7,662,601,376	7,811,251,303

HOSPICE AFRICA UGANDA LIMITED
GENERAL PURPOSE FINANCIAL STATEMENTS
FOR THE 15 MONTHS PERIOD ENDED 30 JUNE 2015

STATEMENT OF CASH FLOWS

	2014/2015 Ushs	2013/2014 Ushs
Cash flows from operating activities		
(Deficit) / Surplus for the year	(561,468,320)	793,864,555
Adjustment for Non-Cash Items		
Add: Asset Acquired	<u>309,181,071</u>	<u>51,970,404</u>
	(252,287,249)	845,834,959
(Increase)/decrease in receivables	22,438,784	53,953,814
(Increases)/decreases in Stock	(72,026,059)	115,276,981
Increases /(decreases) in payables	<u>(121,277,065)</u>	<u>(40,878,378)</u>
Net Cash inflows /(outflows) from Operation	(423,151,589)	974,187,376
Funding Activities		
Increases/(decreases) in general Funding	479,907,569	(713,642,707)
Increases/(decreases) in restricted funding	<u>156,568,005</u>	<u>794,844,432</u>
Net funding activities	636,475,574	81,201,725
Investing activities		
Acquisition of fixed assets	(309,181,071)	(51,970,404)
Net increase /(decrease) in cash & Bank	(95,857,086)	1,003,418,697
Cash and Bank Balance 01 April 2014	<u>2,400,041,891</u>	<u>1,396,623,194</u>
Cash and Bank Balance 30 June 2015	<u>2,304,184,805</u>	<u>2,400,041,891</u>

The financial statements on pages 24 to 44 were approved by the Board of Directors on.....and were signed on its behalf by:


.....
Director

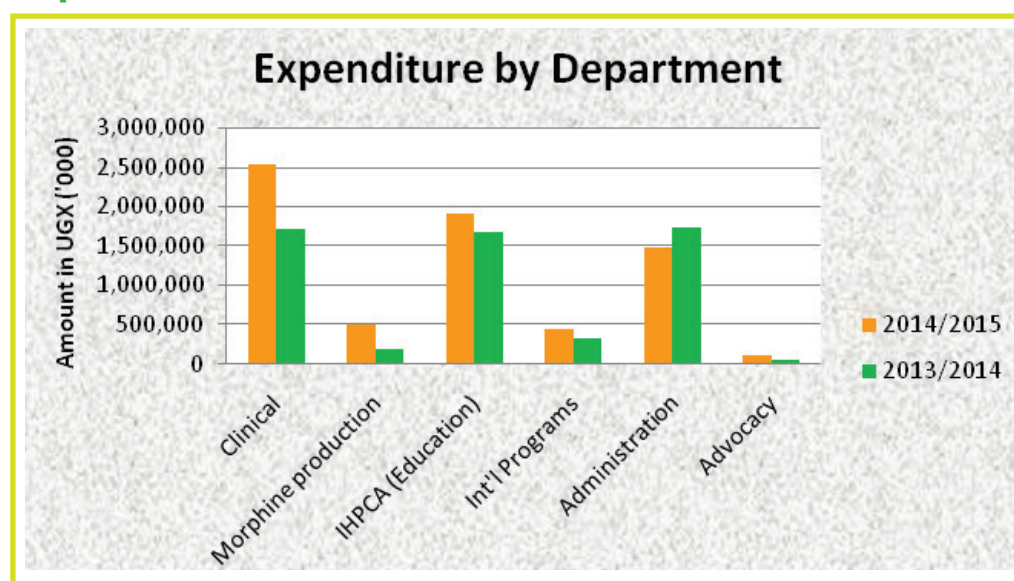

.....
Director

Donations in kind 2014– 2015:

HAU received many in-kind donations from various individuals and organizations. These included medications, medical/pharmacy sundries and miscellaneous items- as in table below:

ITEM	DONOR	ITEM	DONOR
Drugs and medical sundries	Gunnor Thomson	Artificial re- useable pads	Connie Harter
Patient care & support items	Plelan le Petit	Polycom - Communications gadgets	Jim Bennett
Mixed colostomy goods	HAUK	Oxygen Concentrator	Late Gunnor's Family
Children toys & clothes	HAUK	Laptop (Lenovo)	ACS (Daphne Williams)
Walking Frame	Mr.Zimula	A pair of crutches R&L	MULT - BULK FORWARDERS LTD

Expenditure



There was a 32% increase in total expenditure to reach 7.6 billion shillings this year, mainly due to new projects including DFID, OSF and from the American Cancer Society for modernisation of morphine production.

Expenditure by department for 2013 - 2014 and 2014 - 2015

CONFERENCE PRESENTATIONS 2014-2015

Hospice Author	Title of paper	Date and place
Prof Dr Anne Merriman	Personal engagement Essential learning of 21 years of Hospice Africa	IKCC Annual Conference EXPANDING CIRCLES from 3 – 5 of April 2014 in Amsterdam. Keynote speech
ditto	Learning from AFRICA'S PALLIATIVE CARE NEEDS: 1993-2014	25 April 2014, Our Lady's Hospice, Harold's Cross, Dublin
ditto	Watch with me: Inspirational talk for graduates	5 June 2014: Guest speaker at graduation Dinner for Medical Graduates 2014/UCD Dublin Ireland
ditto	Home based care: its' role in palliative care	HPCAN Keynote speech delivered on my behalf by Catherine Nawangi: 18 June 2014
ditto	Health and Disease in Africa	VMM Headquarters Liverpool July 2015 to new recruits volunteers
ditto	Uganda and the need for pain control	Video Film for ecaner October 2014 (transcript available)

Hospice Author	Title of paper	Date and place
ditto	COMPASSION: EVERYBODY'S BUSINESS!	KEHPCA Conference 2014, Nairobi: November 2014
ditto	21 years bringing peace	21st anniversary of HA in Anglican cathedral, Liverpool October 14
ditto	Global Attitudes to Dying: invited discussant	RCP & Global Health: Liverpool Medical Institute October 2015
ditto	Mission and Hospice Africa	St Thomas Church, Liverpool October 2014
ditto	"Battles (and joys) to get Africa to accept Morphine as a simple and affordable solution to control pain in the African Situation"	AGM St Luke's Hospice Cape town 11 September 2014
ditto	Compassion: the basis of our care key note speaker	HPCA conference "Who Cares" September 2014
ditto	"Regulations regarding morphine and class A drugs, International and National regulations"	Zewditu hospital, Addis Ababa, Jan 2015 as part training to 9 pain free hospitals CND Side event, Annual conference March 2015
ditto	ATOME AND ATOMA Barriers to ATOMWorld	CND Side event, Annual conference March 2015
ditto	African palliative care today, with special reference to Benin	National, Come and Mission Hospitals in Benin Feb 2015
ditto	The need for palliative care and oral morphine in control of pain in Benin	MOH Benin Feb 2015
ditto	HA International Programmes annual reports	HAI AGM Ireland 21 June HAUK AGM Liverpool 28 June
ditto	Remembering Cicely: As an Inspiration to Africa	June 23 2015: St Christopher's London "Remembering Cicely"
Nakyanzi Sarah	Promoting Quality in Morphine production.	13 th November, 2014
Dive Sylvia	on wound care pc setting and Uganda during the 19th Conference Nationale des Plaies et Cicatrisations, organised by Société Française et Francophone des plaies et cicatrisation	18th -21th Jan/2015 in PARIS
Dive Sylvia	Achievements in Francophone Africa	12th / Jan/2015 to HAF in Brittany
Alex Erejo	Hospice and Palliative care in Uganda: A situational Analysis of progress and challenges: presentation to the American Academy of Hospice and Palliative Medicine and Annual General Assembly	25-28th February 2015, Philadelphia USA
Alex Erejo	Health Tutors palliative care training in Uganda. A worthwhile strategy for enhancing access to palliative care in resource limited settings: A paper presented in Kenya Hospice and Palliative care Association International conference	November 2014 Nairobi Kenya
Alex Erejo	Managing the Pain of life: technical evaluation and support to the initiation of palliative care services in Rubya Hospital, Bukoba Tanzania	October 2014 Bukoba, Tanzania

Hospice Author	Title of paper	Date and place
Dr Eddie Mwebesa	Palliative Care in Africa- To East Africa Diploma in Tropical Medicine and Hygiene students	13 Oct 2014; Makerere University
Dr Eddie Mwebesa	The practice of Palliative Care with limited resources	19 June 2015; Our Ladies Hospice- Harold's Cross, Dublin, Ireland
Dr Eddie Mwebesa	Hospice Africa Uganda: A year in review and possible crisis threatening continuation of Palliative Care Services in Africa	21 June 2015; AGM of HA Ireland; Our Ladies Hospice- Harold's Cross, Dublin, Ireland
Dr Eddie Mwebesa	Palliative Care in Africa	26 June 2015; Claire House- Children's Hospice, The Wirral, UK
Dr Eddie Mwebesa	Hospice Africa Uganda: One year review and strategies for continuation of Palliative Care Services in Africa	28 June 2015; AGM of HAU AGM; Liverpool- UK
Dr Eddie Mwebesa	Palliative Care in Uganda: In your hands are the keys	16 April 2015; Uganda Catholic Medical Bureau Hospital Managers Technical Workshop, Kampala
Rosemary Namwanga	Caring for sick people	14 Jan 2015; The Ekisaakaate- Nnabagereka Development Foundation meeting, Kampala

HAU PUBLICATIONS (APRIL 2014-JUNE 2015):

Hospice Author	Title of Paper	Journal or book Date and publisher/ strapline to internet access
Prof Dr Anne Merriman	Recent resolution on palliative care at the 67thWHA meeting in Geneva may 2014 expected outcomes through the public health approach	Eccancer editorial
ditto	Quo Vadis Palliative care in Africa	Eccancer editorial
ditto	Editorial for eccancer special issue on palliative care research:	October 2014
Richard Harding & Richard A. Powell & Eve Namisango & Anne Merriman & Nancy Gikaara & Zipporah Ali & Irene J. Higginson	Palliative care-related self-report problems among cancer patients in East Africa: a two-country study	Support Care Cancer DOI 10.1007/s00520-014-2301-5
Dr. Anne Merriman	ATOM World publication re the meeting at CND side event march 2015	ehospice: Presenting the ATOME project at a Commission on Narcotic Drugs side event in Vienna as a model project for other regions
Timothé Vulin	Francophone Palliative Care Initiators' Course provided a holistic learning experience at Hospice Africa Uganda	Eccancer editorial, 10 June 2015 http://eccancer.org/journal/news/7406-francophone-palliative-care-initiators----course-provided-a-holistic-learning-experience-at-hospice-africa-uganda.php Ehospice editorial, 12 June 2015 http://www.ehospice.com/africa/ArticleView/tabid/10701/ArticleId/15477/language/en-GB/View.aspx
Timothé Vulin	Palliative Care Initiators' Course for Francophone African Countries in Uganda	IHCA Newsletter, 2015; Volume 16, No 9, September http://hospicecare.com/about-iahpc/publications/newsletter/2015/09/



HAU CONTACTS

HOSPICE AFRICA UGANDA

P.O. Box 7757, Kampala - Uganda
Tel: + 256 414 266 867, +256 392 766 867
Tel/fax: +256 414 510087,
Email: info@hospiceafrica.or.ug
cet@hospiceafrica.or.ug

LITTLE HOSPICE HOIMA

P.O. Box 430, Hoima - Uganda
Tel: + 256 362 260 000
Email: lhh@hospiceafrica.or.ug

MOBILE HOSPICE MBARARA

P.O. Box 1039, Mbarara - Uganda
Tel: + 256 485 21010
Email: mhm@hospiceafrica.or.ug

Hospice Africa Ireland

Our Lady's Hospice
Harold's Cross Dublin 6W, Ireland
Tel: +353 1 4068708
Fax: +353 14986205
Email: info@hospiceafrica.ie
Web: www.hospiceafrica.ie

Hospice Africa France

Jim Bennett
2 Place Martray, 22270, Jugon -les-lacs
France
Phone: +33-296830224
Email: jnhbb18@gmail.com

Hospice Africa The Netherlands

Amaliahof 27
2851 XL HAASTRECHT - THE NETHERLANDS
Tel: +31 182 509225
Email: joan.kelly@collar.nl

Hospice Africa UK

C/o Dr & Mrs Phipps
16 Arden Close, Ainsdale, Southport, PR8 2RR, UK
Tel/Fax: +441 704573170
Email: lesley@hospiceafrica.plus.com

Hospice Africa USA

Dr. Judith Hills, President
P.O.Box 98, South Woodstock, VT 05071
Tel: 1-802-457-3994
Email: judithhills@gmail.com