



**HAU/IHPCA**  
**Hospice Africa Uganda**



**ANNUAL  
REPORT  
2022-23**



## Vision

Palliative Care for all in need in Africa.



## Mission

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

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## MESSAGE FROM THE FOUNDER

### Following our vision

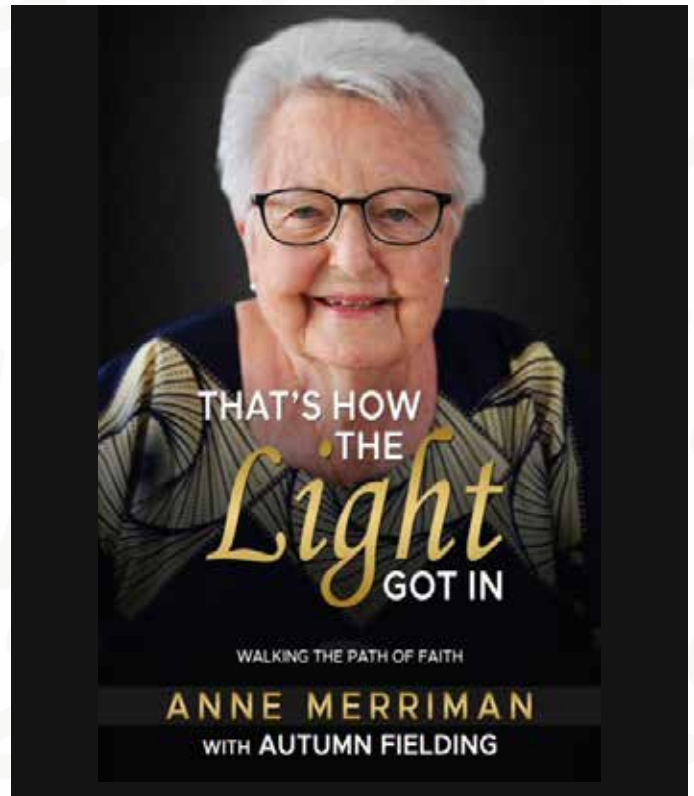
Dear Friends and supporters of Hospice Africa and Hospice Africa in Uganda, our model,

How are we spreading the vision of “palliative care for all in need in Africa” maintained for 30 years now. As I grow older, this is a constant worry to me.

As I write this today we are grieving for one of our youngest specialists in palliative care, who trained with us for 3 years in the early days when we taught the medical students in Makerere and by the grace of God we inspired 5 of those students to come and work with us. In spite of 30 years here, we have only six specialists and five were trained by us in our early years. After we passed over that teaching to Makerere medical school we had no more specialists since 2007. The big question is “How do we teach inspiration?” Yes they were inspired by our compassionate care and the practice of our ethos with the team and other organisations: most of all by our home visit programme where we met patients who have never seen a medical worker because of poverty! Today all training is done in hospitals, leaving out more than 50% found in all LMIC countries in Africa, who are too poor to seek health care.

I never thought that Dr Sam Guma, would die before me. Now we have lost the most inspirational of our specialists. Sam moved from us and worked with HIV palliative care assisting the Catholic church in Mbuya to set up palliative care in a new home care team for HIV patients. HIV was on the rise at that time. Later he was the founder of Kawempe Home care which has become a wonderful service, raising their own money through their volunteers and renowned care. Thus, spreading compassionate care to patients and families and others in training. So Sam has been a CHAMPION in Uganda.

We need such a Champion in every country where we bring the good news of peace to families and their loved ones, now coming to the end of life. Such champions will sew the foundation of palliative care in their country and follow it through. Benin has done this. They were inspired by the first group from International Programmes (IP) , of Hospice Africa, who visited 5 years ago, met the lead physician anxious to relieve suffering (their Champion), who imported morphine powder to make this essential oral and affordable solution, to relieve severe pain. WE also influenced the Government to support them.



Benin has a small population and now are able to spread PC now throughout their country from the capital of Cortinou, through their training both at the bedside and in formal teaching and research.

WE commenced IP in 2000, and APCA in 2005 to bring all countries together with research, advocacy, International conferences and publications. In 1993 there were only 3 countries in Africa with palliative care, now there are 37. How did we do this? By having members of IP ready to learn and now are highly knowledgeable of the different countries. They teach, African palliative care adapted to their different cultures and economies.

Here is where our ethos comes in: In a bureaucratic system, position holders act as if knowledge of all comes with the title, but there is a lot of learning to be done. This has affected progress for IP recently. Our vision is moving slowly and we must protect our vision and bring palliative care throughout Africa, by being prepared to learn ourselves..

If you can assist us in any way such as funding IP to reach different countries. The travel to these countries can be expensive to teach or meet the Ministers of Health, Pharmacists and health workers, who need to understand.

**Anne Merriman,  
MBE, MCommH, FRCPI, FRCP**

## MESSAGE FROM OUR PATRON

I applaud the Board of Directors, Management, partners, team members and the volunteers of Hospice Africa Uganda in the three sites; in Kampala, Mbarara and Hoima, whose tremendous efforts have been the driving force behind the organisation's success.

Amidst the tight economic times, Hospice Africa Uganda has continued to fulfill its mandate towards the patients and training students at the Institute of Hospice and palliative care in Africa (IHPCA).

Overall, the total number of new patients enrolled on the Programme across the three sites increased from 1,030 in the Financial year 2021/2022 to 1,157 in the Financial year 2022/2023. This brings the cumulative number of patients seen since 1993 to 37,956. I commend everyone who has supported Hospice Africa Uganda.

With the vision of "Palliative Care for all in need in Africa", the Hospice Africa Uganda's mission brings peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries. Let us celebrate all the achievements that have been reached since 1993. Hospice Africa Uganda works towards achieving other milestones, dedicated and compassionate care will remain its hallmark going forward.



## Congratulations for having successfully completed the Financial Year 2022/2023 despite the challenges encountered.

**HRH Sylvia Nagginda**  
**Nnaabagereka of Buganda Kingdom and**  
**Patron of Hospice Africa Uganda**

## MESSAGE FROM OUR BOARD CHAIRPERSON

We were driving back from deep inside Kikuube District, Bugambe Subcounty in the Albertine region of Bunyoro in western Uganda, when our vehicle got stuck in the mud.

In the back seat of the car, I sat alongside Maria Merriman. She was holding on tight, significantly worried that we'd not make it back to the town. Her husband Chris Merriman who was sitting in the front was alarmed but laughing at her. The couple were visiting from Hospice Africa UK and alongside them we had made a home visit to a patient called Kakuru.

Would we eventually make it through the thick mud that was making our vehicle dance back and forth? In the same vehicle sat Germans Natuhwera, the site manager for Little Hospice Hoima. He wasn't terrified of the circumstances, but he was concerned too.

I wasn't worried that we'd spend the night stuck, but I too acknowledged that our situation was quite a challenging one.

With wisdom, experience, great skill, and a lot more that I am not sure how else to describe, Robert Kyomuhendo, a long time driver of many years at Hospice got us out of the quagmire and that evening when we settled back into our hotel, we were more than thankful.

That one incident alongside many others in a nutshell describes how the year 2022-2023 has been for me at Hospice Africa Uganda (HAU).

There were many moments when I felt like the vehicle we were in was skidding from one side to another. There was a time the weight of our then deficit budget seemed overwhelming and that's to put it mildly.

Would we have the money to keep the organization afloat? What would happen to our dear patients and their loved ones? Would the government pay on time for the morphine sales? Our land cruiser trip to and from upcountry was telling too. There were many questions with little or no answers.

And yet somehow, somewhere we made it. Money came from unexpected sources and the government paid for our morphine sales. One by one, challenge upon challenge, we navigated the unclear terrain of the future, going from the place of fear and uncertainty to the safety of arriving home in one piece.



Looking back, I see the overwhelming love and faithfulness of God in carrying us forward and performing one miracle and then another. We have made it through not as beggars but as a beloved children, seeing provision and sustenance coming from the left, the right and more.

I thank all our donors both local and international. We have had some new ones too, each one leaving an indelible mark in the lives of the patients, the management and all staff and stakeholders at HAU!

2024 is a year of much hope. As a Board of Directors, alongside the management, we have laboured to strengthen the policies and governance of the organization. We are working on strengthening our partnerships with our old donors alongside the new ones.

Having overcome the trajectory of having a deficit budget, we look forward to growing and maintaining a surplus budget. We hope to reach more patients, teach more students in palliative care and reach many more with the message and passion of caring for all in need, in Africa.

In all things, we give thanks.

**Joy Mirembe Abola**  
Board chairperson  
Hospice Africa Uganda.



## MESSAGE FROM OUR ACTING CHIEF EXECUTIVE DIRECTOR

Warm greetings from the Hospice Africa Uganda team. As we conclude this financial year, we express our gratitude to God for the remarkable journey we have undertaken.

It's always bittersweet to bid farewell to a leader who has made significant contributions to an organization. Dr. Agasha Doreen Birungi's three years of dedicated service as the Chief Executive Director undoubtedly played a crucial role in the success and growth of the organization. While her departure in April may have left a void, it's essential to acknowledge and express gratitude for the positive impact she had during her tenure.

Together, we will make Palliative Care available to all in need in Africa and reduce suffering from pain and other distressing symptoms in life limiting illnesses.

It's heartening to acknowledge the unwavering commitment of the dedicated teams in Clinical, Education, Morphine Production, and Administration across the three sites. Their efforts are instrumental in addressing the increased demand for patient care, a challenge that HAU has faced throughout the year.

The commitment to training professionals from across Africa through the International Programmes department and IHPCA highlights the organization's broader impact in contributing to healthcare education and capacity building.

Facing financial and other challenges is an inherent part of the journey, and it's commendable that despite these hurdles, the organization expresses gratitude to new donors who have supported during this financial year. We acknowledge and appreciate the support from existing donors, their continued commitment plays a pivotal role in sustaining and advancing HAU's mission.

This report serves as a testament to the collaborative efforts of the entire organization and its supporters in the face of challenges, and it sets a positive tone for the future. May the dedication of the teams and the generosity of donors continue to make a meaningful impact on patient care and the broader mission of the HAU.



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**Together, we will make Palliative Care available to all in need in Africa and reduce suffering from pain and other distressing symptoms in life limiting illnesses.**

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**Prossy Nakyanja**  
Acting Chief Executive Director

The Hospice Africa Uganda (HAU) annual report 2022/2023 highlights progress, challenges, lessons learnt and makes recommendations for improvement.

This year 2,110 patients were seen across the three sites (Hospice Kampala, Mobile Hospice Mbarara and Little Hospice Hoima). The cumulative number of patients seen since inception in 1993 is 37,952. We had 2,164 referrals to HAU and of these 1,153 new patients enrolled on the Palliative Care programme. This a 12% increase in new patients compared to last FY 2021/2022.

Patients were seen at home, hospital, outreach, roadside clinics and some reviewed via telephone. HAU held daycare sessions with patients every monthly. During the year, two new outreach clinics were started- in Katanga and Namuwongo slums of Kampala. Extending this care to the most vulnerable was made possible through the generosity of the Irish Society in Uganda. Our Community Volunteer Workers were also active and they refer patients to our programmes. HAU's holistic care includes provision of psychosocial and spiritual care. The poorest have a Patient Support Fund, the Give A Chance programme ensures that selected orphans and vulnerable children are supported to stay in school, and the Road to care programme supported 353 women to have cervical cancer screening, investigations and specialized treatments at the Cancer Institute.

While the clinics remain centres of bedside teaching and experiential learning for many from across and beyond Africa, HAU's Institute of Hospice and Palliative care in Africa (IHPCA) continued to deliver short and long courses in Palliative Care. The IHPCA is affiliated to Makerere University and accredited by the National Council for Higher Education (UNCHE). We had 126 students enrolled on our academic programmes. This year 4 new, exciting courses were developed and will be offered soon.

The International Programmes team conducted two online Palliative Care Initiator's courses, one in English and another in French. Since the courses became online enrollments have tripled, averaging 40 in each e-Learning class and 15 coming to Uganda for placement. The IP team supported 7 countries where they are were involved in advocacy, teaching and fundraising.

Oral liquid morphine is a cornerstone medication in Palliative Care and HAU has reconstituted it from powder without interruption for 30 years. HAU's Morphine Production Unit is licensed by the National Drug Authority who again awarded the certificate of suitability of premises with a 3-year validity. HAU's private-public partnership with the Government of Uganda through the National Medical Stores ensures access to oral liquid morphine for all patients in Uganda who have severe pain.

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

# Clinical Section: Annual Report FY 2022-23

## 1.0 PATIENT CARE

Patient care is the reason for our existence as an organization, and in Hospice's ethos, the patient, is our guest and the centre of our love and attention.

This financial year we cared for a total of 2,110 patients across the 3 HAU sites. Of these, 990 (47%) were seen at Mobile Hospice Mbarara, 607 (29%) in Kampala and 513 (24%) at Little Hospice Hoima. Cumulatively we have cared for 37,952 patients since HAU's inception in 1993.

### Referrals

A total of 2,164 patients were referred to HAU, and of these 1,153 (53%) were enrolled on HAU's Palliative Care programme and 1,011 (47%) were offered services on consultation basis. HAU continued to receive requests to go and visit patients who live beyond our catchment boundaries which demonstrates that many are beyond the caring hands of Palliative care. We continuously liaised with PCAU and other service providers to ensure continuity of care.

Whereas vaccinations and other interventions brought the COVID19 pandemic under control, many families lost their livelihoods and many were impoverished. The dire financial and social situations of many families was therefore accentuated and the need for social work interventions by HAU has never been more critical. Whereas Uganda declared an Ebola outbreak on 20th September 2022 and it was not until 11 January 2023 that the viral hemorrhagic fever pandemic was eradicated the illness was in districts where HAU does not operate and the epidemic did not markedly interrupt HAU's patient care.

### New Admissions at HAU

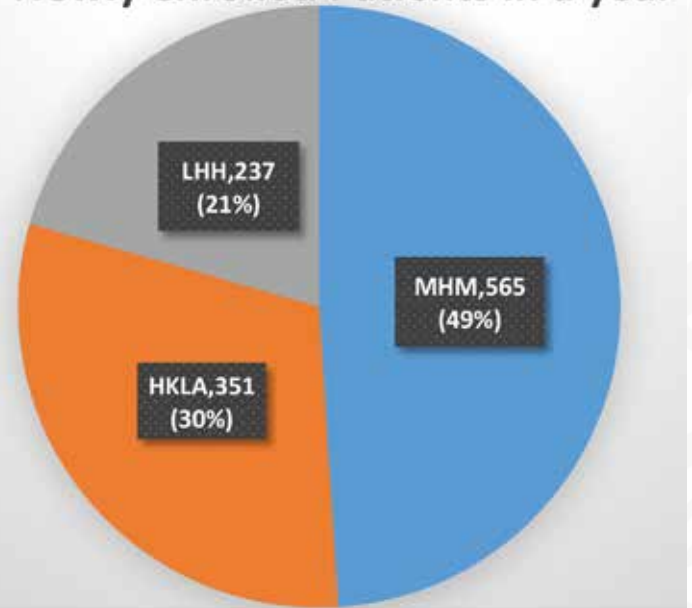
Of the 1,153 newly enrolled patients at the three HAU sites, 421 were male and 82 (7%) were children (aged <18 years) and the average age was 54 years.

**Table 1: Characteristics of newly enrolled patients at the 3 HAU sites**

HAU site	Total	Female	Male	Children (<18yrs)
<b>Hoima</b>	<b>237</b>	<b>156(66%)</b>	<b>81(34%)</b>	<b>18</b>
<b>Makindye</b>	<b>351</b>	<b>225(64%)</b>	<b>126(36%)</b>	<b>42</b>
<b>Mbarara</b>	<b>565</b>	<b>351(62%)</b>	<b>214(38%)</b>	<b>22</b>
<b>Grand Total</b>	<b>1153</b>	<b>732</b>	<b>421</b>	<b>82</b>

**Figure 1: Number of NEW patients seen at the 3 HAU site, 1 July 2022- 30 June 2023**

### Newly enrolled Patients in a year



Among the new patients, 758 were cancer patients, 195 (66%) had both cancer and HIV and 150 (1%) of the patients had other diagnoses which required Palliative Care- as shown in Figure 2: **Profile of the New Patients at HAU**

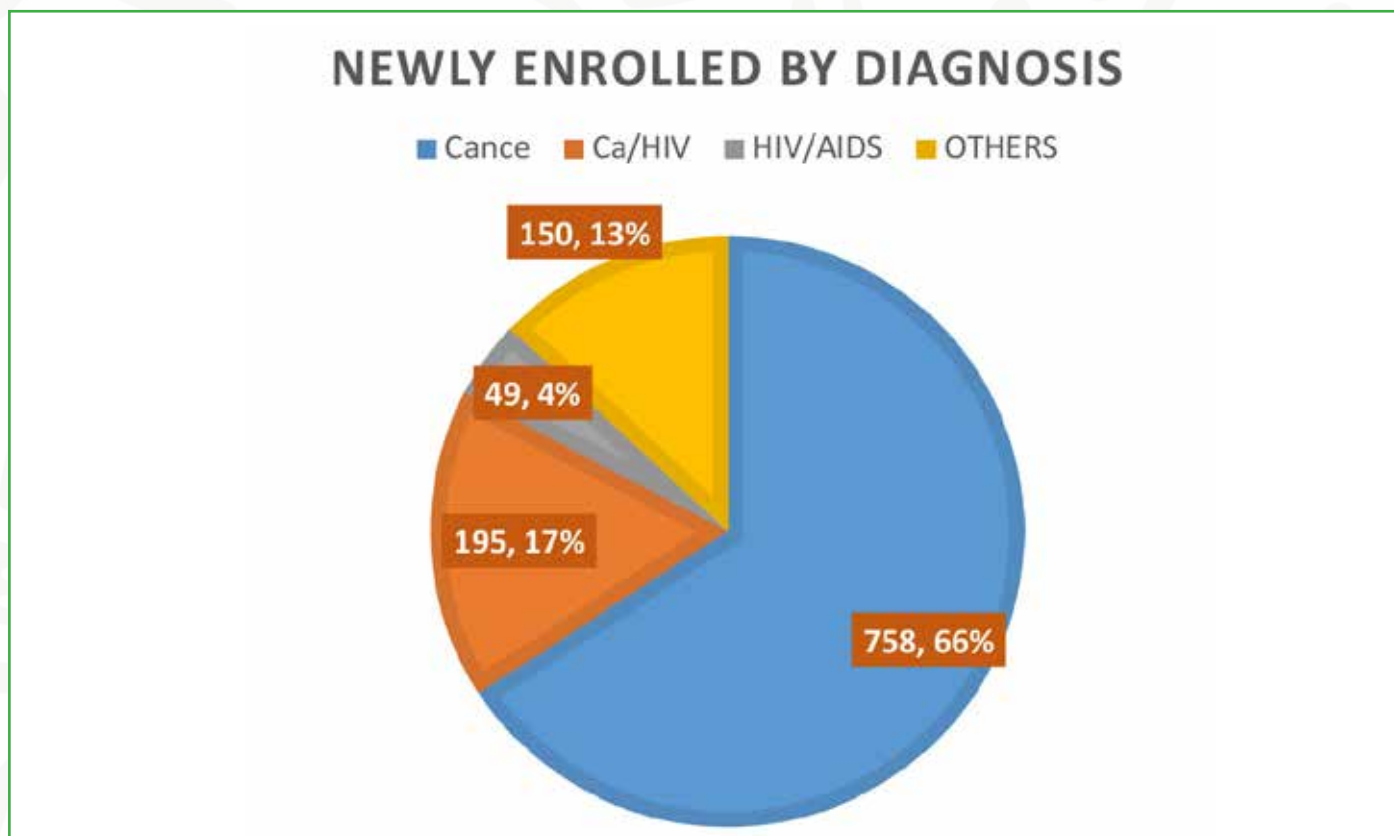
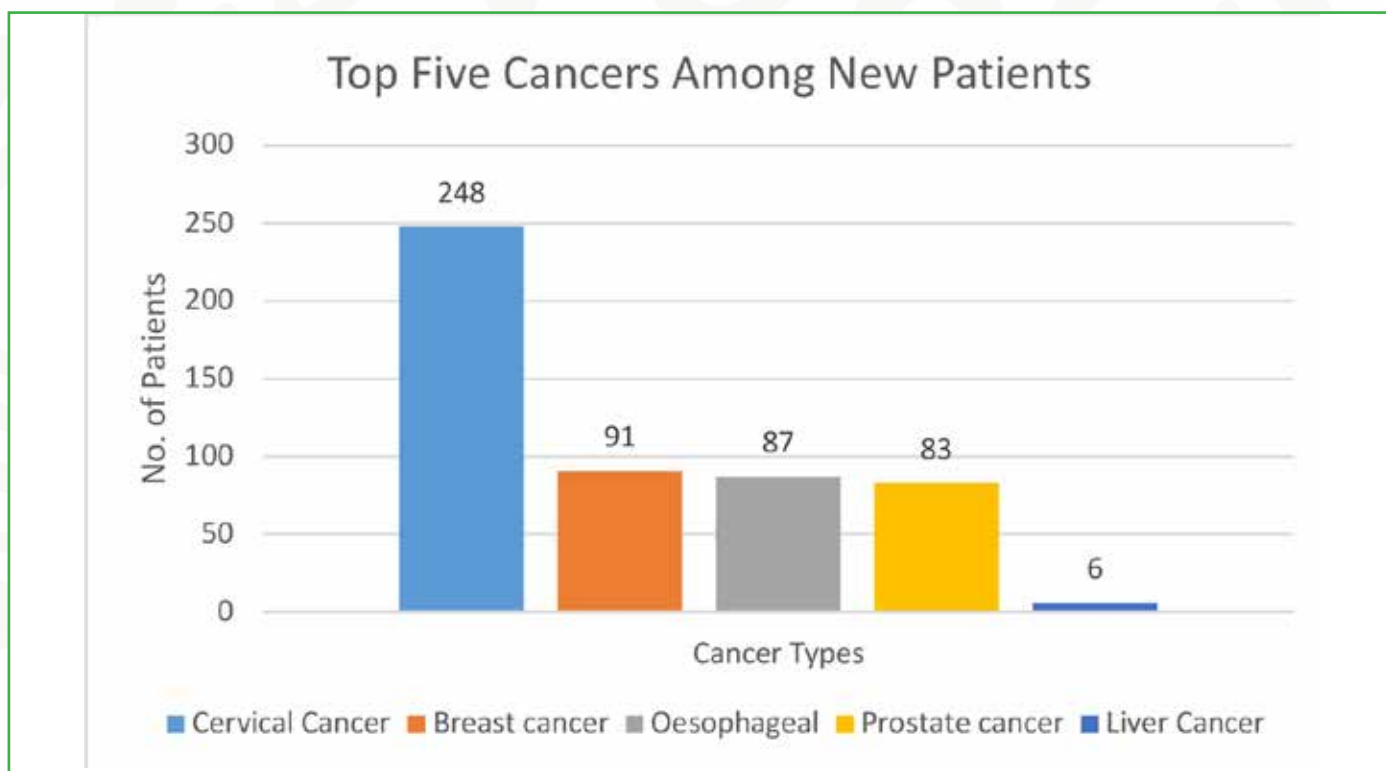


Figure 3: The Top Five Cancers among the New Patients at HAU



## Modes of Contacts of Patients Seen on Programme

HAU provides patient care through a variety of modes- Table 2

Mode of contact	No of patients 2018/19	No of patients 2019/20	No of patients 2020/21	No. of patients 2021/22	No. of contacts 2022/23
OPD	9,769	7,957	5,325	5,845	5,603
Outreach	856	577	130	551	1,244
Home Visit	1,711	890	379	1,094	1,672
Hospital visits	1,820	990	117	625	1,229
Telephone contacts	1,877	2,362	1,418	1,684	1,020

### Patient Care

HAU's main method of patient care delivery is out-patient care where 5,603 contacts were made. The trends over the last 5 years are shown in the table above. The COVID 19 epidemic adversely affected service delivery in FY 2019/20 with ripple effects for over 2 years. During this period HAU relied heavily on its phones to bridge the care and communication gap.

### Home visits

The home is a pivotal place for the provision of Palliative Care in Africa. Research has shown that many prefer to be cared for at home. HAU has the largest home-based care programme in Uganda, and 1,672 home visits

### Outreaches



Hospice Kampala (HKLA) has been conducting outreach clinics to Mukono for several years. This FY situational analyses showed that there is a huge need for Palliative Care in the slums of Kampala and HKLA consequently commenced outreach clinics to the most vulnerable in 2 of Kampala's 52 slums. Between 25-35 patients are seen each month at our Namuwongo-Kisugu and Katanga slum outreaches.

Mobile Hospice Mbarara (MHM) conducts outreaches to Ishaka Adventist Hospital and to Isingiro district, targeting the refugee community. Between 35-45 patients are seen at each outreach. MHM also conducts a unique service of "Roadside clinics" to complement the main outreach. The "roadside clinic" brings care to patients outside the catchment area but living along the road leading to the main outreach post. Without these novel services, patients who live in remote villages would otherwise receive no care. Little Hospice Hoima (LHH) conducted two outreaches to Kyangwali refugee settlement and in Masindi, where between 20-30 patients are seen at each outreach.

Overall, at all 3 sites, a total of 1,244 patient contacts were made at the outreach clinics of HAU. Activities at each outreach include patient clinical reviews, medication replenishment, health education and promotion, and appropriate referrals- to other health facilities. During outreaches the HAU team works closely with Community Volunteer Workers from each of the villages being serviced.

## Hospital Visits

All the three HAU sites conduct hospital visits to extend palliative care services to patients in the hospitals, especially to the cancer patients. HKLA visits Mulago National Referral Hospital and they also see patients admitted at the Uganda Cancer Institute (UCI). MHM visits patients at the Mbarara regional referral hospital seeing patients at the oncology outpatients and oncology ward. LHH visits the Hoima regional referral hospital. Overall, 1,229 patient contacts were made in hospitals by HAU's care team.

### 1.2 The Daycare

The objective of Day Care is to improve patients and their carers' quality of life through psychosocial, physical and spiritual support. Originally weekly, but now reduced to monthly due to financial constraints, patients come to the HAU sites to spend a day in the care of nurses and volunteers while their exhausted caregivers benefit by having respite, a day to themselves to attend to some of their own needs. The patients at daycare meet and share experiences that encourage others to cope with challenging situations associated with their conditions. About 15 patients attend daycare at each site every month.

### 1.3 Bereavement Care and the Memorial Service

HAU registered 585 deaths this FY. Of these LHH registered 115 deaths, MHM 285 deaths and HKLA had 185 deaths. Bereavement care is provided to families during home visits and via the phone when visits are not feasible. HAU's bereavement service pays attention to cultural norms which govern comforting and condolences of grieving families. Each site team has bereavement meetings to discuss how the patients and families were helped, challenges and opportunities to review for future improvement in our care for patients.

Across the three sites, an inter-faith/ ecumenical memorial service was held during the reporting period in November. The attendance of the memorial service at each site was good and there were testimonies from family members about the usefulness of palliative care for patients and the support the family members received from HAU. As is the norm, family members lit candles at the end of the service in remembrance of their departed loved ones, and shared a meal with the HAU team.



***K.K . Male with breast cancer and very financially constrained, living in the Kawempe slum***



***A Scientific memorial service attended by the clergy, LHH team, and Choir In November 2023***

## 1.4 Patients' Christmas party



*The Patron of HAU HRH the Nnabagereka Sylvia Nagginda cuts a Christmas cake with the children at a party she organised for them at HAU*

The end of year is a time of festivity and as is usually done HAU holds Christmas parties and gives gifts to its patients. Both adult and paediatric patients attend the Christmas party, and to make merry there was music and dance, and singing of Christmas carols. The jovial spirit uplifts some of HAU's sickest patients.

## 1.5 Psychosocial support

Besides pain and symptom relief a significant amount of Palliative Care of HAU is psychosocial. Many families are poor but serious illnesses like cancer which require long term care often further impoverished them. Social and emotional care are therefore major components of HAU's holistic approach to patients' care.

### 1.50 Give a Chance project

The Give a Chance (GAC) project continues to meet the objective of empowering orphans and vulnerable children (OVC) selected from families whose parents died of cancer and HIV/AIDS and were on HAU care programme or children who are cancer survivors to attain essential education. The project aims to reduce children's vulnerability through provision of education support in primary, secondary and vocational levels, and provide socio-economic security to the households which they come from. We had a total of 29 children supported by GAC programme for tuition fees. In this year, 7 children completed their Primary Leaving Examinations, and 4 completed their Senior Four.

## 1.51: Patient Support Fund

Across all the three sites, patients with basic needs were identified and supported with physical items like beddings and food, and also with funds to access essential services like laboratory investigations and medical procedures. The beneficiaries of the PSF are the most vulnerable patients on HAU's programme who are too destitute and have no family to fall back to. Overall, XX persons benefited from HAU's Patient Support Fund. Our patient support fund is insufficient to meet all the needs of our patients. We are therefore grateful for the food and life's necessities HAU is supported to provide our patients with

## 1.6 Road to Care Programme

The Road to care (RTC) programme funds a project titled "Supporting the Management of Women with Early Cervical Cancer in Western Uganda". This aims to improve the quality of life of vulnerable women with early cervical cancer by facilitating their access to oncology treatments like chemotherapy and radiotherapy. This FY 353 women were supported to have cervical cancer screening, investigations, radiotherapy and chemotherapy. Of these, 329 (93%) women were newly enrolled on the programme, and 24 (7%) continued care from the previous year.

## PATIENT STORY: Road to Care patient



Idah a mother of five, was diagnosed with Cancer of the cervix stage 2B in 2013. She was referred to Hospice Africa Uganda and enrolled onto the Road to Care programme.

While on our programme, she was supported by Road to Care to receive radiotherapy and her symptoms markedly improved. She comes to Hospice for regular follow up visits and is punctual for her appointments. It's now 9 years following radiotherapy treatment and in this time her quality of life has improved and she is grateful that RTC allowed her the opportunity to raise her children.

Her youngest, who she once worried that she may die and leave behind as a child, is now 25 years old! Idah is ever grateful for the radiotherapy through RTC's support which has enabled her to live a better life for these years.

## Little Hospice Hoima



*LHH Team with Board Chair Ms Joy Mirembe (seated in glasses) with Treasurer of the Board Mr. Michael Corless (2nd last from the left)*



*Dr. Judy Hills, the project donor and Rtd. Palliative Care Nurse Betty Kasigwa handing over items to the CVWS at an update meeting at LHH*



*CVWS Nyansio and Alice registering patients at Kyangwali outreach in*



*CVWS receiving certificates of course completion at PCAU quarterly update at Hoima RRH*

## Education and experiential learning

LHH received students who came through for clinical placement and experiential learning. In the last weeks of January and early weeks of February 2023, these were students from French-speaking (Francophone) countries. They were exposed to HAU's African model of Palliative Care; Outpatient care at Hospice, home visit, hospital-based care, roadside clinics and outreaches.

*Francophone students and their facilitators (Dr. Stephen Miller & Mrs Heather Miller cutting cake; bidding fare well to the LHH team after a successful placement at the site*





*MHM team with visitors from Hinds Hospice*

### Doing Little Things with Faith Is Rewarding

NJ is a 28-year-old lady who lost both her parents when she was still a child. By the time she started understanding she had no parents nor siblings but only good Samaritans who brought her up. NJ never went to school and survived on casual jobs like weeding peoples' gardens to earn a living. At the age of 14, she got pregnant and delivered a child who unfortunately died at birth. NJ developed black lesions on her Ano-genital area and these later ulcerated into a very big and painful wound. Initially, she used herbs with not much help. The lesions then became more painful prompting her to go to Mbarara regional referral hospital (MRRH) where she was given topical medicines to apply but still there was no improvement. She had to go back to MHRH and she was admitted on gynae ward and tested for HIV. The result came out positive. She was started on antiretroviral therapy (ARVs), biopsy-a piece of 'meat' as it is commonly called was taken off and the result confirmed cancer. This time, NJ had found her maternal aunt with whom she was staying. However, they had issues because NJ was always screaming in much pain and the foul smell from the wounds.

It was a one-roomed house in a swampy area-so it was very cold and they had only one meal a day due to lack of food. NJ was hungry and visibly emaciated. The whole



*Francisca Nagujja a Palliative Care Nurse at MHM on a home visit to NJ.*

situation was pathetic, till one day when the neighbour saw a Hospice staff passing by and told him about the plight of a young lady in their neighbourhood. The Hospice staff went there and visited NJ. He came and told the clinical team who visited and started offering holistic Palliative Care, including pain relief, cleaning the wounds, and giving some food via the Hospice comfort fund. This support continued and soon NJ started gaining strength and put on weight. The foul smell is no more and there is peace in the house.

We are now planning to send NJ to Mulago for radiotherapy. Through our psychosocial assessment, we identified one of NJ's nieces who we counselled and is willing to escort NJ to Mulago. There is power and reward in doing little things with love, hope, and faith. God is always with us.

# Institute of Hospice and Palliative Care In Africa (IHPCA)

In recognition of HAU's third objective of "spreading Palliative Care services to other African Countries", the Institute of Hospice and Palliative Care in Africa (IHPCA) has continued in its quest to train Health Workers across Africa in Palliative Care at Diploma, Bachelor's and Master's levels as well as offering health professional courses for the various cadres of health professionals in Uganda. The IHPCA, which is the Education and Training Arm of Hospice Africa Uganda (HAU), was founded in 1993 to promote Education, Training, Research and practice in palliative care for health professionals and introductory education for Carers at all levels. IHPCA was affiliated to Makerere University in 2003 and was recognized by the Ugandan National Council for Higher Education (UNCHE) as a Tertiary Institution for Higher Learning in 2009. It was granted the Private Other Degree Awarding Institutions 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.

## 1. RE-ACCREDITATION OF CURRICULA

Five Curricula shown in the Table below were re-accredited for another five (5) years – until 2027

SN	Name of Programme	Expiry Date
1	Master of Science in Palliative Care	October 2027
2	Diploma in Clinical Palliative Care	October 2027
3	Postgraduate Diploma in Psychosocial and Spiritual Palliative Care	October 2027
4	Postgraduate Diploma in Clinical Palliative Care	October 2027
5	Postgraduate Diploma in Paediatric Palliative Care	October 2027

## 2. NEW COURSES DEVELOPED IN THE PERIOD

SN	Name of Programme
1	Diploma in Medical Education
2	MSc in Medical Education
3	MSc in Medical Social Work
4	Care of the Elderly – Certificate; Diploma; Masters

The IHPCA Team developed new courses and submitted them to NCHE for accreditation. These Courses are shown in the Table above. During the first round of vetting some questions were raised needing clarification and the curricula returned to the Consultant who is responding to these questions ready for re-submission for the final vetting.

### 3. STUDENT ESTABLISHMENT IN THE PERIOD

SN	Course	New Students Enrolled	Continuing Students	Requested a Gap Year
1	Diploma in Palliative Care (DPC)	3	1	-
2	Diploma in Clinical Palliative Care (DCPC)	4	-	-
3	BSc Palliative Care	10	51	8
4	Master of Science Palliative Care	12	39	3
5	PGD in Clinical Palliative Care	3	3	-
TOTAL		32	94	11

### 4. SHORT COURSES OFFERED IN THE PERIOD

SN	Name of the Course	Dates course offered	Requested a Gap Year
1	Home care in the community	4th – 22nd July 2022	-
2	Home care in the community Palliative care in Neonates -	7th – 25th November 2022	- 8
3	Health professionals' Course – Kiwoko Hospital	28th Nov. to 9th Dec. 2022	3
4	Palliative care for Community volunteers	28th- 30th November 2022	-
5	Home care course in the community	24th April – 19th May 2023	11

### 5. FUNDING FOR THE INSTITUTE

There has been a concerted effort in IHPCA to encourage the students to pay and clear their Tuition requirements in each Semester. Those failing to clear their dues have been blocked from accessing the eLearning Platform which means they could not continue with studying or write their end of Semester examinations. The Institute received funds from the Irish Hospice Foundation in a three-year Project that started in January 2023. The funds went to student scholarships and other areas that enhance student learning at The Institute. This greatly boosted the Institute and we appreciated this assistance and generosity from IHF. The distribution of the funds received for the first year of the IHF Project are shown in the Table below:

SN	COST AREA	AMOUNT RECEIVED
1	IHPCA Students Scholarships	€8,881
2	Placement for 6 IP students	€2,368
3	Upgrading the Moodle (eLearning) Platform	€3,158
4	Developing a Student Information Mgt System	€1,053
TOTAL		€15,460

## 6. COLLABORATIONS WITH THE INSTITUTE

### • International Programme (IP) –

The Institute and IP Teams have been meeting together monthly sharing information towards merged teaching schedules

### • Uganda Christian University -

The IPHCA/IP Team participates in teaching Palliative Care, Public Health, Community-Based Education Research and Services, Oncology and Medical Ethics every academic year in the Trinity Semester (May – August) and the Advent Semester (September - December)

### • Project ECHO (Extension for Community Health Outcomes)

is a collaborative medical education model that aims to build workforce capacity in rural and underserved areas in Eswatini. The IPHCA Team was invited as Guest Lecturers in the Palliative Care project sessions every other Wednesday virtually until the end of 2023

## 3.0 Advocacy In Africa: International Programmes

### Uganda .....



- IP is a dedicated team that works with partners to train healthcare workers, raise awareness, lobby governments, build local capacity and support Palliative Care initiation and sustainability in the various countries in Africa.

- Uganda on 20th September 2022 declared an Ebola outbreak- however the viral hemorrhagic fever did not markedly affect IP's work until Uganda eradicated the disease on 11 January 2023.

- As a result of COVID19 interruptions of IP's trainings, the delivery of the Palliative Care Initiators courses changed from the 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. The second online course had 32 attend the e-Learning section and their placement was in this FY on 11th -29th July 2022, where a total of 9 participated. The participants greatly appreciated the value addition from the practicum.

- Anglophone course: For this FY's Anglophone course, 53 applied and are enrolled- the largest cohort ever! This demonstrates that online courses are a success. The online session was held 27 March- 23 June 2023 and had a great line-up of local and international faculty to teach. A total of 42 participants completed & were awarded certificates. There was one placement, which was held 10- 28 July 2023 with 11 participants from 6 countries. Although a major challenge

to placement is the prohibitive cost of travel, accommodation and meals when in Uganda, a grant from the Irish Hospice Foundation through HA Ireland supported many to the placement.

- African Palliative Care Association conference: The IP team attended the APCA international conference held at Mestil hotel, Kampala from 24-26 August 2022. It was a hybrid with good virtual participation. There was opportunity to network with alumni who attended. It was a rewarding experience and we encountered professionals who are interested in courses by both IP and IPHCA. We thank HA France who funded IP team's conference registration.

- Country Strategy document: IP developed a Country Strategy document to map their past initiatives/missions in different countries, outline the current Palliative Care situation and stakeholders, and proactively propose strategic interventions which will have maximal impact for the

progression of Palliative Care in each Francophone country. A similar document is planned for Anglophone Africa.

- IP-IHPCA collaboration: There is a Strategic collaboration between IP and IHPCA through which IHPCA's affiliation to Makerere University & recognition by Uganda National Council for Higher Education will raise the profile of IP's courses and lead them to be better recognised in other African countries. IP will follow up trainees from IHPCA's degree programmes. The expanded faculty will offer mutual support in teaching and mentoring. The IHPCA will have expanded capacity to deliver its courses in other languages. IP will continue its mandate as a recognised independent department within the IHPCA and its work & partnership with other countries will remain uninterrupted. IP & IHPCA are meeting monthly and collaborating more closely to ensure the success of programmes in either department

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## SENEGAL



- Senegal is a country which has made significant strides towards wider palliative Care service, offering of holistic services and integration into national systems. Indeed, Senegal is the front-runner for developing a Palliative Care service for Francophone Africa modelled on Hospice Africa's vision.

- Together with Mercy Ships, Dr Stephen and Mrs. Heather Miller have been in Senegal for years providing ongoing support to the Ministry of Health and the national Palliative Care Association for development of patient services, and their National Cancer Plan, including Palliative Care.

- HAU collaborated with APCA for an experiential visit from 26-30 September 2022 for 3 pharmacists from the Senegal Ministry of Health. They appreciated the 'circuit' of morphine in the country –from importation, reconstitution and quality assurance of oral liquid morphine, distribution, security, prescription and use by patients. The Senegal team aimed to share their insights with the Ministry of Health, do advocacy and sensitization about Palliative Care, and subsequently organized an international conference which brought together partners to increase oral morphine availability and cascade Palliative Care in the country.

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## FRANCE



courses were starting concurrently. The 15 participants from 10 countries including Haiti were hosted amongst all 3 HAU sites. A rich blend of Ugandan, African and international facilitators brought a wealth of knowledge and expertise which led to a fulfilling learning experience for the participants.

- The Francophone initiators course: Working with partners at HA France and volunteering professionals the Francophone Palliative Care Initiators course continued this year. The online section used a platform called Moodle, which was upgraded in a phased manner to give an enhanced user interface for better user experience. The virtual learning session was held from 19th September to 16th December 2022 and had 45 participants who completed and received certificates. The placement was held from 23rd January-10th February 2023, and IP had a joint opening ceremony with IHPCA whose Bachelors

- Visit to France: The Clinical and International Programmes Director Dr Eddie Mwebesa & HAU's Board Chair Joy Mirembe visited France from 8-16 May 2023. With HA France's leaders they met with officials of the Region of Brittany who, over the years, have supported and funded some of HAF's work and the Francophone course. They also had a meeting with the Mayor and officials of the Jugon Les Lacs municipality. The pair spoke about the work of International Programmes to members of HAF at their Annual General Meeting (AGM). The AGM elected Amanda Hanley as new President of HAF and Jim Bennett handed over to her. At the AGM HAU received a cheque in support of our work. There was a farewell party to celebrate Jim and his dedicated service as HAF's founding President. Thereafter, Eddie & Joy had a meeting with Médecins Sans Frontières to discuss inter-organisational collaboration

# IRELAND



Through HAU's long partnership with University College Dublin, 4 students completed research projects with the support of their supervisors at HAU.

The topics included:

1. A study of lost to follow up among patients of Hospice Africa Uganda
2. The changes in profiles and patterns of cancer among paediatric patients at HAU
3. Profiles of non-cancer patients receiving Palliative Care at HAU

4. Reasons for referral, main distress and goals of care: an analysis comparing HIV and cancer patients at HAU

The students presented their abstracts to the University and proceeded to write manuscripts for scientific journals. HAU expects this partnership to continue in 2023/24, hopefully with more research projects.

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# BURKINA FASO



The PC Association of Burkina Faso holds case conferences with the IP team at least twice annually. These conferences help to improve patient care in Burkina Faso as well as strengthen their Palliative care programmes.

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# MALAWI



After Mrs Lucy Finch spent time as a volunteer in Uganda she was mentored by Dr Anne Merriman and founded Ndi Moyo as our sister Hospice modelled on HAU. Ndi Moyo invited the CIPD Dr Eddie Mwebesa to be present for the first week (29 August- 2 September 2022) of their 5-week Initiators course. The CIPD delivered a key note address at the Opening Ceremony which was attended by the Deputy Minister of Health of Malawi Hon Enock Phale, the District Commissioner and other important dignitaries. This was an important advocacy opportunity which was maximized to secure commitment from the Ministry to Palliative Care in Salima district where Ndi Moyo is located. Besides facilitating on the course, the CIPD also conducted a survey of participants on the Initiators course to evaluate

their readiness for online learning. The current plan is for a phased approach through which Ndi Moyo will stagger its online capacity to have a pilot where joint case conferences are held between Ndi Moyo and 3 other sites, and then based on this pilot the plan is to increase the number of sites using telemedicine (digital conferencing) and then once the dynamics are understood the Initiators course could be onlineized in 2023/24. Ndi Moyo aims to transform their own Initiators course to similarly have an online section, and HAU is committed to supporting that transition

## UK



On 25 September 2022, the CIPD Dr Eddie Mwebesa virtually attended the Annual General Meeting of Hospice Africa Limited in UK. He made well-received presentations highlighting achievements in Clinical services to patients and International Programmes in the COVID19 pandemic, and the plans for each department in the upcoming year.

## MOZAMBIQUE and LUSOPHONE AFRICA



Plans started coming together for the commencement of trainings and missions in Mozambique and other Portuguese-speaking African countries. The IP team continued correspondences with a contact at the Catholic University of Portugal. Over the next year, content of the Initiators courses will be translated into Portuguese as HAU aims to identify a bilingual resource person to work closely with to make inroads for Palliative Care in Lusophone Africa.

## MAURITANIA



Nurse-Trainer Sylvia Buma Dive spent 1 month (August 2022) on a mission to bring together a Palliative Care team and to support the establishment and development of a Palliative Care unit at the oncology ward in Nouakchott. The PC Unit has alumni of Initiators courses. Sylvia's tasks were mainly organisational development work including the development of systems, instituting documentation, strengthening team working for efficient operations, and internal systems and referral/ consultation pathways, and advocacy so other hospital teams understand role of PC team. Among other tasks completed were the development of pain management protocol and a clinical skills improvement plan. Monthly case conferences between HAU and Mauritania team were agreed going forward.

## CONGO BRAZZAVILLE



Nurse-Trainer Sylvia Dive was invited by the University of Brazzaville from 12-17 September 2022 to deliver papers at a conference and teach at a workshop; Subsequently she was invited and presented papers at the 3rd Conference on Cancer Care in Congo Brazzaville which was held 8-9 March 2023.

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## DEMOCRATIC REPUBLIC OF CONGO



At the invitation of HAU's alumni through the Palliative Care Association of the DRC, Sylvie Dive visited DRC from 26th February to 4th March 2023 and trained over 100 health professionals at the National Teaching Hospital of Kinshasa. She covered different topics in palliative care including: "The use of morphine for pain management", "Prescription of morphine", "Importation and laws regulating morphine", "Nurse's role in PC" and "The role of partnership in PC". She also visited various alumni at their work stations and offered clinical mentorship by working with them on their wards.

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## ETHIOPIA



In 2022, three pharmacists from Ethiopia visited HAU to learn about the production of morphine, its supply chain, prescription and use in Uganda. Dr. Eddie Mwebesa and Dianah Basirika visited Ethiopia from 2nd to 11th July 2023 and they had meetings with various stakeholders including the Ministry of Health, Hospice Ethiopia, teaching institutions and service providers like Black Lion Hospital. The goal was to advocate for the re-initiation of the compounding of affordable oral liquid morphine in Africa's second most populous country so that pain is controlled. A Task Group led by the Minister of Health intends to re-purpose a pharmaceutical plant at Addis Ababa University to do this.



The International Association of Hospice and Palliative Care (IAHPC) generously offered 1-year membership to students on HAU's Palliative Care Initiators and the IHPCA's long courses. In 2022 IAHPC gave an institutional award to HAU and this international association showcases our courses on their website and offers free online courses to its members. HAU is grateful for their longstanding partnership with the IAHPC.

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## PUBLICATIONS



The IP team published two articles in international journals. They are titled: "Insights into advance care planning in Africa" and "Community and Home-based Palliative Care Services; the key to equitable access to health care services"

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## OTHER ACTIVITIES



The IP team is supporting E-swatini in training through the ECHO CPD programme. Sessions are contacted bi-weekly and these are virtual. The team also continues to see patients in the clinic, and hosts various international guests on site and supports them to meet their objectives. IP continues to have quarterly virtual meetings with the Ethiopian pharmacists after their visit to Uganda



*Francophone students and their facilitators (Dr. Stephen Miller & Mrs Heather Miller cutting cake; bidding fare well to the LHH team After a successful placement at the site*



*Picture (left); A screenshot of a Zoom session during the online session of the Anglophone course which was held 27 March- 23 June 2023. Picture (right) IP Team after Closing Ceremony of the Anglophone 2023.*



*Picture (left): The CIPD Dr E Mwebesa & HAU's Board Chairperson Joy Mirembe visited HA France in May. Picture (right). The IP team meeting with the Ethiopia Minister of Health Dr Lia Tadesse Gebremedhin*



*Our Francophone Nurse Trainer, Sylvia Dive teaching and advocating at a conference in DRC*

## Morphine Production



*MPU team R-L,  
Dr. Karima Amin  
Kamru, Edward  
Isingoma, David  
Katushabe, Monica  
Nannono, Michael  
Sirali and Napthal  
Okurut*

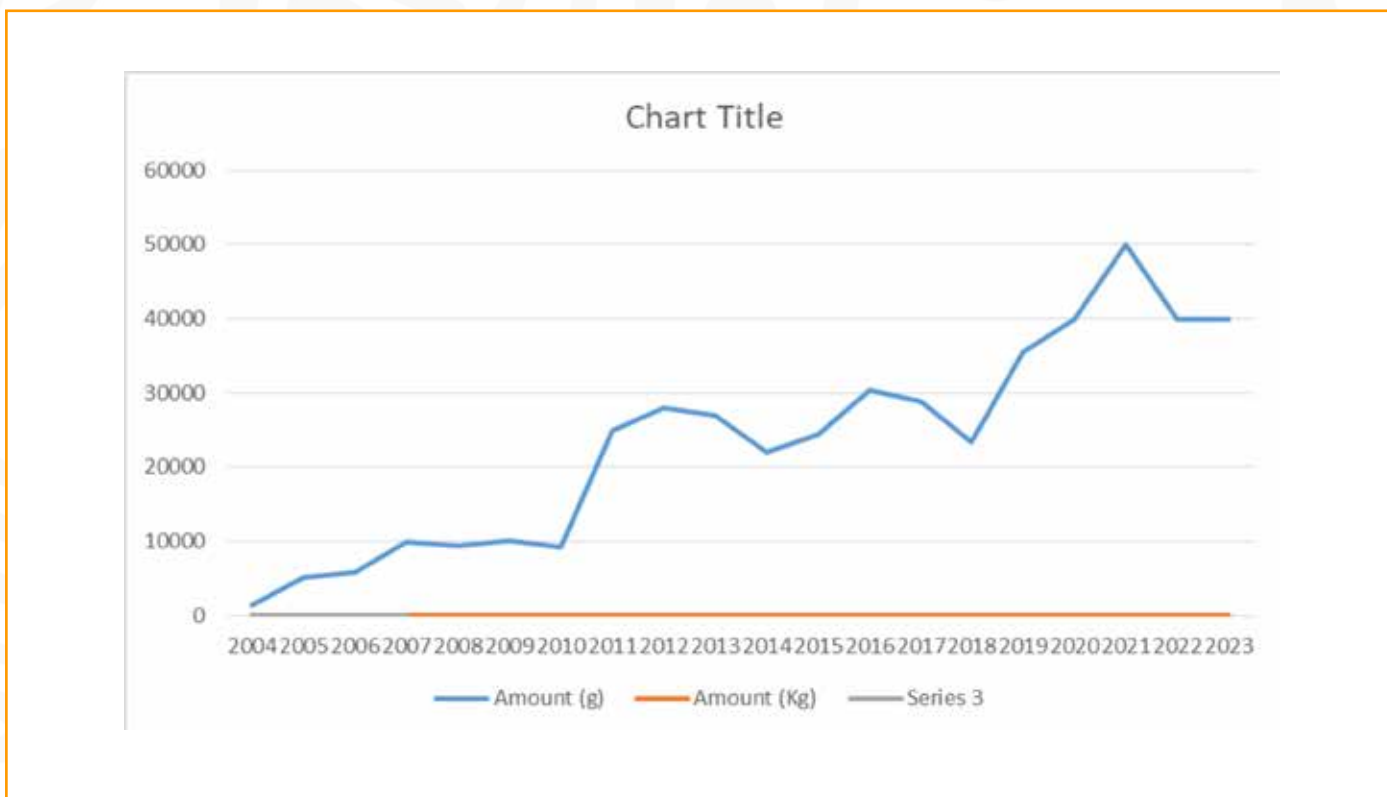
HAU continues to supply oral liquid morphine to the Government of Uganda through national medical Stores. The production Unit passed the National Drug Authority inspection done in November 2022. The National Medical Stores then supplies to the public health facilities accredited to provide palliative care in Uganda. NMS also supplies to Joint Medical Stores (JMS) who supply to the private not for profit and private for profit facilities accredited to provide palliative care in Uganda.

HAU has dispatched oral Morphine as follows.

Description	Strength/Pack size	Cartons
Oral Morphine Solution	500ml Green	1586
Oral Morphine Solution	250ml Green	940
Oral Morphine Solution	250ml Red	142
<b>Total</b>		<b>2668</b>

### Powder Consumption

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



# Finance Report

Gratitude fills our hearts as we reflect on the blessings of this financial year. Thank you, from near and far, for standing with us. Your unwavering support, both in cash and in-kind, has been a beacon of hope. Together, we have weathered challenges, and we are deeply thankful for your belief in our mission

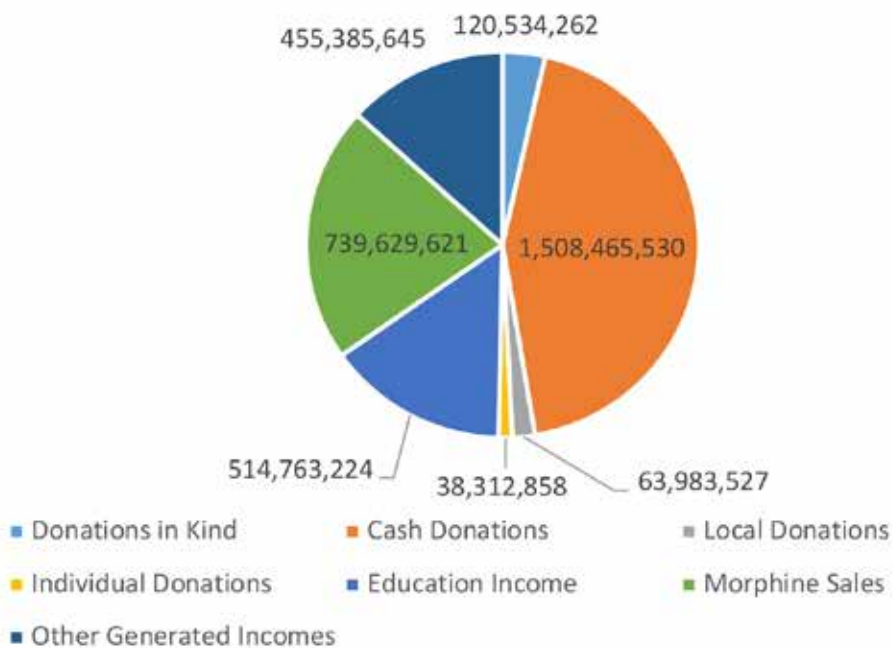
To our incredible international donors for their steadfast commitment! We say thank you very much. Your support has been instrumental, contributing 44% to our income this financial year. Your belief in our mission is a driving force, and we are truly thankful for your partnership in making a positive impact

Internally generated income fuels our mission, with tuition from IHPCA and funds for oral morphine production playing a vital role. Special thanks to Irish Hospice Foundation (IHF), African Palliative Care Association (APCA), and Palliative Care Association of Uganda (PCAU) for their ongoing support, providing scholarships to our dedicated students in the field of palliative care. Together, we are shaping a compassionate future

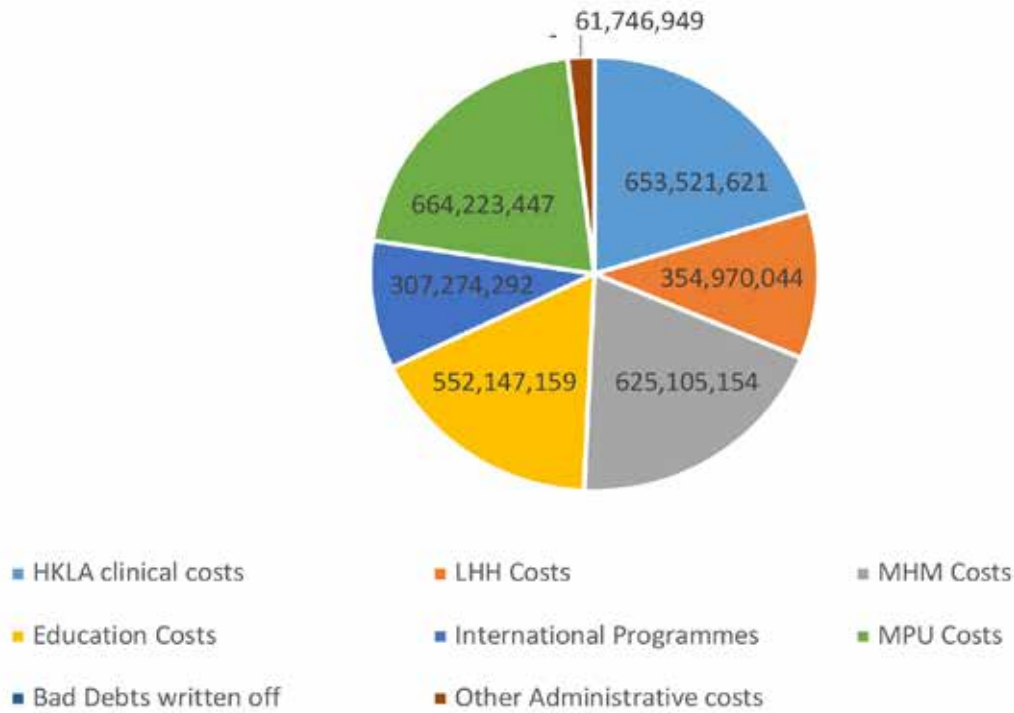
Deepest gratitude to Phaneroo Ministries International for their generous donations to HAU. We also extend our appreciation to the Government of Uganda, the Ministry of Health, and the National Medical Stores for their significant support in the production and accessibility of oral morphine. This collaboration not only enhances our impact but also strengthens our local resources.

Exciting news at HAU! This fiscal year brought a 10% increase in income, from UGX 3.022bn to UGX 3.441bn. While expenditures rose by 10%, from UGX 3.032bn to UGX 3.294bn, our strategic financial management remains robust. Total assets increased by 5%, attributed to a rise in receivables. For a detailed breakdown, check out the attached audited report pages. The full audit report is available on our website. Thanks for your continued support!

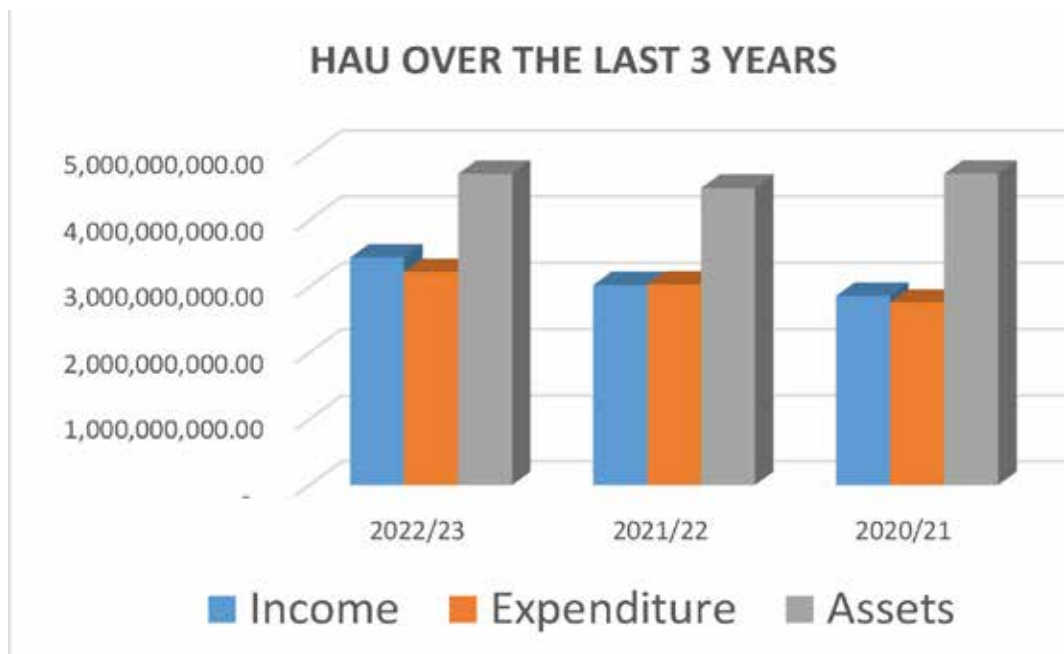
## HAU INCOMES FY 2022/23



## HAU EXPENDITURE BY DEPARTMENT FY 2022/23



## HAU OVER THE LAST 3 YEARS



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

**HOSPICE AFRICA UGANDA LTD**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2023**

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**REPORT OF THE DIRECTORS**

The Directors present their report together with the audited financial statements for the year ended 30 June 2023, which disclose the state of affairs of Organization.

**PRINCIPAL ACTIVITIES**

The principal activities for the entity are to bring peace to the suffering of Africa through providing affordable and accessible palliative care in Uganda and other African countries. This is achieved through Palliative care service to patients with cancer and/or HIV/AIDS and their families through the three sites (Kampala, Mbarara and Hoima). The Morphine Production Unit manufactures oral liquid morphine a pain relief for the patients in partnership with government of Ugandan through the Ministry of Health and other partners.

To reach other African countries the Institute of Hospice and Palliative Care in Africa with the International Programmes department train health professionals in Palliative Care Services through the different courses.

**RESULTS**

The results for the year ended June 2023 are set out on page 11 of this report.

**MEMBERSHIP OF THE BOARD**

The Directors who held office during the year are set out on page 6 of this report.

**INDEPENDENT AUDITORS**

TMK & CO. Certified Public Accountants were appointed on 03<sup>rd</sup> November 2022 and continue in office in accordance with the Non-Governmental Organizations Act, 2016.

**APPROVAL OF THE FINANCIAL STATEMENTS**

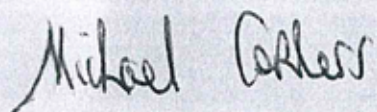
The financial statements were approved on 21<sup>st</sup> day of NOVEMBER 2023

By the order of the Board



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**Chair**



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**Secretary/Treasurer**

## **STATEMENT OF MANAGEMENT RESPONSIBILITIES**

Management is required to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the organisation as at the end of the financial year and of the results of its operations for the year then ended. In preparing those financial statements management is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed;
- Prepare financial statements on the going concern basis unless it is inappropriate to presume that the organisation will continue in operation.

The organisation's management is responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the organisation and enable them to ensure that the financial statements comply with HAU's financial policies and international accounting standards.

It is also responsible for safeguarding the assets of the organisation and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

The organisation's management accepted responsibility for the annual financial statements set out on pages 15 to 18 which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments, and estimates, in conformity with HAU's financial policies and international accounting standards.

The organisation's management is of the opinion that the accounts give a true and fair view of the state of financial affairs of HAU and of its operating results. The organisation's management further accepts responsibility for the maintenance of accounting records, which may be relied upon in the preparation of accounts, as well as adequate systems of internal control.

Nothing has come to the attention of the organisation's management to indicate that HAU will not remain in operation for at least twelve months from the date of this statement.

Approved by the organisation's management on 21<sup>st</sup> day of November 2023  
Signed on its behalf by:



.....  
**Ag. Chief Executive Director**



.....  
**Finance Manager**



## REPORT OF INDEPENDENT AUDITORS TO THE MANAGEMENT OF HOSPICE AFRICA UGANDA LTD

### Opinion

We have audited the financial statements of Hospice Africa Uganda Ltd, set out on pages 13 to 16. These statements comprise of the statement of income and expenditure, the statement of financial position, statement of changes in accumulated reserves as at 30 June 2023, statement of cash flows for the year then ended and a summary of significant accounting policies and other explanatory notes.

In our opinion, the financial statements present fairly, in all material respects, the financial position of HAU as at 30 June 2023, and its financial performance and cash flows for the year then ended in accordance with HAU accounting policies and procedures set out on pages 17 to 19.

### 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 organization in accordance with the International Federation of Accountants' Code of Ethics for Professional Accountants (IFAC Code) and other independence requirements applicable to performing audits of HAU. We have fulfilled our other ethical responsibilities in accordance with the IFAC Code, and in accordance with other ethical requirements applicable to performing the audit of HAU. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Key Audit Matter

Key audit matters are those matters that, in the auditor's professional judgment, were of most significance in the audit of the financial statements of the period 01 July 2022 to 30 June 2023. These matters were addressed in the context of the audit of the financial statements as a whole, and in forming the auditor's opinion thereon, and the auditor does not provide a separate opinion on these matters.

There were no key audit matters.

### **Other Information**

Management is responsible for the other information. The other information comprises information contained in the report of management. The other information 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 an audit opinion or 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.

### **Responsibilities of the Management for the Financial Statements**

The management is responsible for the preparation and fair presentation of the financial statements in accordance with HAU accounting policies and procedures, and for such internal control as the management determine 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, the management is responsible for assessing the organization'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 the management either intend to liquidate the organization or to cease operations, or have no realistic alternative but to do so.

### **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 and to enable us assess the adequacy and effectiveness of the organization internal control system.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by HAU.
- 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 organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization 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 management 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.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the Financial Statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

#### **Restriction on distribution and use of this report**

This is a special purpose and confidential report for use by HAU and HAU Funders. The financial statements have been prepared to provide information to HAU and HAU Funders on the use of donor funds disbursed by HAU Funders and other donors to HAU. As a result, the special purpose financial statements may not be suitable for another purpose.

**HOSPICE AFRICA UGANDA LTD**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2023**

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The engagement partner on the audit resulting in this independent auditor's report is **CPA Mariam Namuyige P0244**.

*Tmk & Co*

TMK & CO. Certified Public  
Accountants 6th Floor, Workers  
House, Plot 1 Pilkington Road,  
Kampala, Uganda.

*Mariam Namuyige*

Mariam Namuyige - Audit  
Partner

Ref: TMK/HAU/019/23

Date: 21/11/2023



**HOSPICE AFRICA UGANDA LTD**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2023**

**STATEMENT OF INCOME AND EXPENDITURE**

		Budget 2022/2023	2023	2022
	Notes	UGX	UGX	UGX
<b>INCOME</b>				
Cash Donations	(a)	1,604,517,032	1,610,761,915	1,326,633,366
Generated Incomes	(b)	1,603,971,018	1,709,778,489	1,610,128,359
Donations in kind	(c)	120,937,397	120,534,262	85,490,879
<b>Total Income</b>		<b>3,329,425,447</b>	<b>3,441,074,666</b>	<b>3,022,252,604</b>
<b>EXPENDITURE</b>				
Clinical costs - Kampala	5(a)	583,957,178	653,521,621	549,847,704
Clinical costs - LHH	5(b)	357,880,282	354,970,044	299,740,666
Clinical costs - MHM	5(c)	573,790,909	625,105,154	520,942,154
Education Costs	6	543,878,970	552,147,159	478,294,958
International Programmes	7	357,358,192	307,274,292	213,990,070
MPU costs	8	804,072,933	664,223,447	841,922,437
Bad debts written off		0	0	70,318,861
Other administrative costs	9	108,486,983	61,746,949	57,697,637
<b>Total Expenditure</b>		<b>3,329,425,447</b>	<b>3,218,988,666</b>	<b>3,032,754,487</b>
Surplus/(Deficit)		0	222,086,000	(10,501,883)

The significant accounting policies and notes to the financial statements on pages 17 to 25 form an integral part of these financial statements.

Report of independent auditors is set out on pages 10 to 13.

*TMK & CO.*  
*Performance Happen*

13

*Making*

**HOSPICE AFRICA UGANDA LTD**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2023**

**STATEMENT OF FINANCIAL POSITION**

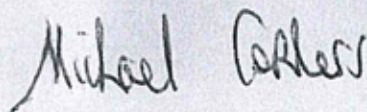
7	Notes	2023 UGX	2022 UGX
<b>Non-Current Assets</b>			
Property and equipment	(a)	3,268,445,820	3,375,872,416
Leasehold land	(b)	154,648,327	169,440,794
		<b>3,423,094,147</b>	<b>3,545,313,210</b>
<b>Current Assets</b>			
Inventory	(a)	67,475,283	24,913,138
Debtors and prepayment	(b)	625,367,371	352,165,034
Cash & cash equivalents	(c)	547,275,007	562,219,898
Prepayment (RoU)	2(b,a)	36,080,000	0
		<b>1,276,197,661</b>	<b>939,298,070</b>
<b>Total Assets</b>		<b>4,699,291,808</b>	<b>4,484,611,281</b>
<b>Funds &amp; Liabilities</b>			
Capital Fund		3,423,094,147	3,545,313,210
General Fund		741,753,575	559,501,269
Restricted fund (sched.2)		233,253,863	133,663,344
<b>Total Funds</b>		<b>4,398,101,585</b>	<b>4,238,477,823</b>
<b>Current Liabilities</b>			
Trade and other payables	(a)	213,534,682	117,621,237
Deferred Income(sched.3)	(b)	87,655,541	128,512,220
		<b>301,190,223</b>	<b>285,967,152</b>
<b>Total Funds and Liabilities</b>		<b>4,699,291,808</b>	<b>4,484,611,281</b>

The financial statements set out on pages 13 to 16 were approved by Board of Directors on 21<sup>st</sup> day of NOVEMBER 2023

Signed on its behalf by:

  
 .....

**Board Chair**



.....  
**Secretary//Treasurer**

**HOSPICE AFRICA UGANDA LTD**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2023**

**STATEMENT OF CHANGES IN ACCUMULATED RESERVES**

Note	Capital Fund	General Fund	Restricted Fund	Total
	UGX	UGX	UGX	UGX
<b>Year ended 30 June 2022</b>				
At start of the year	3,747,137,363	623,924,158.00	141,255,814	4,512,317,335
Deficit for the year	0	(10,501,883.00)	0	(10,501,883)
Receipts during the year	0	0.00	1,152,482,718	1,152,482,718
Additions to property and equipment	33,581,600	0.00	0	33,581,600
Expenses during the year	0	0.00	(1,160,075,188)	(1,160,075,188)
Depreciation for the year	(220,613,285)	0.00	0	(220,613,285)
Amortization for the year	(14,792,467)	0.00	0	(14,792,467)
Year-end adjustments**	0	(53,921,006.00)	0	(53,921,006)
<b>At end of year</b>	<b>3,545,313,211</b>	<b>559,501,269</b>	<b>133,663,344</b>	<b>4,238,477,824</b>
<b>Year ended 30 June 2023</b>				
At start of the year	3,545,313,211	559,501,269	133,663,344	4,238,477,824
Surplus for the year	0	222,086,000	0	222,086,000
Receipts during the year	0	0	1,623,258,303	1,623,258,303
Additions to property and equipment	12,262,120	0	0	12,262,120
Expenses during the year	0	0	(1,523,667,784)	(1,523,667,784)
Depreciation for the year	(119,688,717)	0	0	(119,688,717)
Amortization for the year	(14,792,467)	0	0	(14,792,467)
Prior year adjustments**	0	(39,833,694)	0	(39,833,694)
<b>At end of the year</b>	<b>3,423,094,147</b>	<b>741,753,575</b>	<b>233,253,863</b>	<b>4,398,101,585</b>

**Note:**

The prior year adjustment relates to unprovided for rental tax for 2021/2022 of UGX 15,678, 334 and 2020/2021 of UGX 24,155,360 which was paid in the year of audit.

**HOSPICE AFRICA UGANDA LTD**  
**FINANCIAL STATEMENTS FOR YEAR ENDED 30 JUNE 2023**

**STATEMENT OF CASH FLOWS**

	2023 UGX	2022 UGX
<b>Cash Flows from Operating Activities</b>		
Surplus/ (Deficit) for the year	222,086,001	(10,501,883)
Prior year adjustments	(39,833,694)	(53,921,006)
	<u>182,252,306</u>	<u>(64,422,889)</u>
<b>Changes in Working Capital</b>		
(Increase)/Decrease in inventory	(42,562,145)	145,631,413
(Increase) in debtors and pre-payments	(273,202,337)	(39,664,316)
Increase in payables	95,913,445	33,694,980
(Decrease)/Increase in deferred income	(40,856,679)	64,677,598
Increase in prepayment (RoU)	(36,080,000)	0
<b>Net cash flows (used in)/ from operating activities</b>	<u>(114,535,410)</u>	<u>100,083,092</u>
<b>Net cash used in Investing activities</b>		
Cash paid for acquisition of assets	(12,262,120)	(33,581,600)
<b>Net cash flows used in investing activities</b>	<u>(12,262,120)</u>	<u>(33,581,600)</u>
<b>Cash flows from in financing activities</b>		
Capital fund additions	12,262,120	33,581,600
Increase/(decrease) in restricted fund	99,590,519	(7,592,471)
<b>Net cash flows from financing activities</b>	<u>111,852,639</u>	<u>25,989,129</u>
<b>Movement in cash and cash equivalent</b>		
At start of year	562,219,898	469,729,277
(Decrease)/Increase in cash and cash equivalent	(14,944,891)	92,490,621
<b>At end of year</b>	<u>547,275,007</u>	<u>562,219,898</u>

*TMK & CO.*  
*Performance Happen*

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*Making*

## Highlights

### HIGHLIGHTS

*Dr. Anne's 88th Birthday celebrations.*



*Picture (left) The Irish Ambassador hosting Dr Anne's Birthday at his residence – included is HRH Sylvia Nagginda (HAU's patron). Picture (middle) Birthday Celebrations with the HAU team at her residence. Picture (right) Celebrating with family and friends at home.*

## Visitors, and volunteers



*Picture (left) Dorcus, Bridget, Elizabeth, Maddie and Aine preparing for a food distribution. Picture (right) undergraduate medical students Isabella, Madelaine, Grace and Sally from University College of Dublin (UCD).*

*The chairman of the HA-UK Board Mr. Chris Merriman and his wife Maria visited in April 2023 and visited team members across the 3 site. Also in this photo is the HAU Board chairperson (wearing sunglasses) and Niall O'Sullivan.*





We had a visit from Hinds Hospice -USA. In the photo above, they were with some team members of LHH during their visit to the site.

## Employees of the year



### **Christopher Ajuna - Little Hospice Hoima**

Chris is a good team player with good relationship with others and with high connections with the outside community, especially in advocacy. Chris is sociable, proactive, innovative, hardworking, dependable, and a multitasker.



### **Michael Asiimwe - Mobile Hospice Mbarara**

Michael has exceptional driving abilities and mechanical skills for vehicles. He is also a devoted pastor in Mbarara City, demonstrating compassion towards patients and their families. He goes above and beyond the call of duty and is a valuable team member.



### **Edward Isingoma- Hospice Kampala**

Edward has consistently demonstrated passion for his role, a strong willingness to learn and commitment to implementing Good Manufacturing Practices. The team appreciates his dedication and positive attitude towards work.

## Appendix 1: Protocols Reviewed by HAU Research Ethics Committee

Title of study	PI- Principal Investigator (s) Name	PI's -Institution of affiliation
Risk factors for precancerous lesions and cervical cancer in Busoga Region, Uganda 2019-2021	Anna Juul Christensen	Institute of Public Health, Aarhus University
Changing patterns of cancer diagnosis among adult females at Hospice Africa Uganda	Dasha Goubkine	University College Dublin
Description of the changes in profiles and patterns of cancer among elderly patients at Hospice Africa Uganda	Oluwaseyi Akinola	University College Dublin
Prevalence and factors associated with unintended pregnancies among HIV-infected women using family planning attending Mulago ISS Clinic in Kampala, Uganda.	Scovia Kawino	Uganda Marty's University
Improving the Measurement of Productivity Dispersion and Misallocation in Developing Countries	Esau Tugume	BRAC Uganda
Accelerating Impact for Young Women in Africa (AIM)	Naume Abunyo	BRAC Uganda
Effectiveness of Humanitarian Play Lab (HPL) on Development of Children Aged 3 to 5 years in Rhino Camp, Uganda.	Mary Namubiru	BRAC Uganda
Outcomes of palliative care interventions on cancer patients and family caregivers at Hospice Africa Uganda	Dr Dorothy Olet	Institute of Hospice and Palliative care in Africa
Impact Evaluation of ReLiVE (Reconnecting Lives, Vision, and Empowerment) Project	Robert Mpiira	Dyadic Research Impacts Limited
Psychosocial Barriers and Motivators to Utilization of Cervical Cancer Screening in Salima, Malawi	Linly Chitete	Institute of Hospice and Palliative Care in Africa
Cancer Patients' Diagnostic and Treatment Pathways before presenting to Hospice Africa Uganda and associated Factors to Pathway choices	Steven Luboyera	Institute of Hospice and Palliative Care in Africa
Assessing factors influencing the provision of palliative care services in Kisoro district	Antoinette Bagenayabo	Institute of Hospice and Palliative Care in Africa
Parental factors that influence palliative care service access for children with life threatening conditions. A case of Hospice Africa Uganda – Kampala	Roselight Katusabe	Institute of Hospice and Palliative Care in Africa
Factors influencing palliative care service utilization at the coast provincial general Hospital in Kenya	Hibo Ibrahim	Institute of Hospice and Palliative care in Africa
Undergraduate nursing and medical students' knowledge and perceptions of and orientation towards Palliative care: A Multi-Institution mixed methods study in Uganda	Germans Natuhwera	Institute of Hospice and Palliative care in Africa
A study to examine outcomes of Seed Global Health's partnerships with medical education and training institutions in Uganda and Zambia	Christina Stellini	Independent Consultant
Early Childhood and Graduation Programming in Refugee Settlements in Uganda	Christine Nabulumba	BRAC Uganda

Evaluating an Alternative, Patient-centered Methodology to Assessing Financial Distress of Cancer Patients	Krsna Kothari	Rays of Hope Hospice Jinja
Profiles of non-cancer patients receiving palliative care at Hospice Africa Uganda	Madelaine Andrews Paterson	University College Dublin
The changes in profiles and patterns of cancer among pediatric patients at HAU	Grace Tiernan	University College Dublin
Understanding the Role of Data in Palliative Care: A Mixed Methods Review of Data Tool Usage	John Reith	University of Notre Dame
Assessing Knowledge, Attitudes, and Behaviours About Gender-Based Violence Through the Lens of Palliative Care Providers in Africa	Emily Karalus	University of Notre Dame
Reasons for Referral, Main Distress and Goals of Care: An Analysis Comparing HIV and Cancer Patients at Hospice Africa Uganda	Isabella Soares	University College Dublin
A study of the profiles of pediatric patients at Hospice Africa Uganda	Sally Vaughan	University College Dublin
Exploring experiences of caregivers for children receiving oncology treatment at New Hope Children's hostel	Atuhaire Kakwara	Institute of Hospice and Palliative Care in Africa
Determinants of psychological well-being among cancer patients attended at Hospice Africa Uganda	Sylvia Dive	Hospice Africa Uganda
What is the survival of cervical cancer patients at Hospice Africa Uganda?	Jennifer Fogarty	University College Dublin
Comparing the Cost of Care for a Home-Based Palliative Care Program in Eastern Uganda for Breast or Cervical Cancer Patients Undergoing Supportive with Curative Treatment Versus Supportive Without Curative treatment	Krsna Kothari	Rays of Hope Jinja Hospice

## Appendix 2: Table Showing publications, work presented for publication and conference presentations during the period July 2022-June 2023

Hospice Author	Title of paper, presentation or poster	Place of publication, presentation and date
<b>Publications</b>		
Germans Natuhwera, Peter Ellis, Stanley 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	Nursing Open Journal, published 20 December 2022, <a href="https://doi.org/10.1002/nop2.1541">https://doi.org/10.1002/nop2.1541</a>
Germans Natuhwera, Doreen Agasha Birungi, Eve Namisango	Delivering Palliative Care Service Amidst The COVID-19 Pandemic At a Hospice In Rural Uganda	World Health Organization, WHO_Uganda_Action Brief: available at <a href="https://hlh.who.int/ab-detail/delivering-palliative-care-services-during-the-covid-19-pandemic">https://hlh.who.int/ab-detail/delivering-palliative-care-services-during-the-covid-19-pandemic</a>
Hospice Africa Uganda	Book titled '30 Years - 30 Stories: Told by Patients, Their Families And The Team Of Hospice Africa Uganda'	Oxford University Press (OUP), Published 27 May 2023: Available at <a href="https://www.amazon.co.uk/30-Years-Stories-Patients-Families/dp/1914938224">https://www.amazon.co.uk/30-Years-Stories-Patients-Families/dp/1914938224</a>
Basirika D, Merriman A, Gumoyesige N, Namisango E, Matthews Emma,	Insights into Advance Care Planning in Africa.	The Journal of Evidence and Quality in Health Care <a href="https://doi.org/10.1016/j.zefq.2023.04.012">https://doi.org/10.1016/j.zefq.2023.04.012</a> Date: 21st June 2023
Guy Schofield, Harriet Nakiganda, Wilson Acuda et al (2023)	Teaching Ethics within palliative care in Uganda.	Supportive and Palliative Care. Vol 13 (supplement) 3 A 35.A36 10.1136/spcare-2023-PCC.94
Eve Namisango, Richard Powel, Wilson Acuda et al (2023)	Depressive symptoms and Palliative Care Concerns among patients with non-communicable disease in Africa	Journal of Pain and Symptom Management 65 (1) 26-27 Depressive Symptoms and Palliative Care Concerns
Natuhwera G, Ellis P, Acuda SW and Namukwaya E (2023)	Psychosocial and Emotional morbidities after diagnosis of cancer: qualitative evidence from health professionals' cancer patients	Nursing Open 20 December (2023) 10 (5) 2697-3436 ; <a href="https://doi.org/10.1002/nop2.1541">https://doi.org/10.1002/nop2.1541</a>
<b>Submitted for publication</b>		
Wilson Acuda and Ruth Were (2023)	Psychosocial Aspects of Palliative Care	Chapter 26 in Global Mental Health in Africa: Towards Inclusivity, Innovations and Opportunities; Editors Ndeti DM and Tarek A Okasha, Cambridge Scholar Publishing (UK)
<b>Papers / Books in preparation</b>		

Conference presentations		
Germans Natuhwera	Leveraging Trained Village Health Teams and Community Volunteer Workers to Improve Access to Cancer Care and Palliative Care in Rural Uganda.	Oral presentation: 2nd Annual Health Promotion and Disease Prevention Conference Speke Resort Hotel Munyonyo, Kampala on 23rd & 24th November, 2022
Germans Natuhwera	Leveraging Trained Village Health Teams and Community Volunteer Workers to Improve Access to Cancer Care and Palliative Care in Rural Uganda.	Oral presentation at the 1st Africa Cancer Test and Treat Initiative Conference, Hotel Africa, Kampala Uganda, February 1st -2nd , 2023.
Germans Natuhwera, Peter Ellis, Eve Namisango E	Undergraduate Nursing and Medical Students' Knowledge and Perceptions of and Orientation towards Palliative Care: Preliminary Findings of a Multicentre Mixed Methods study in Tertiary Institutions in Uganda	Poster paper at the 1st Africa Cancer Test and Treat Initiative Conference, Hotel Africa, Kampala Uganda, February 1st -2nd, 2023.
Germans Natuhwera	Patients-Public Engagement Dissemination Workshop	March 2, 2022. One-day stakeholder engagement workshop organized by Uganda Cancer Society (UCS) & African Palliative Care Association (APCA)
Germans Natuhwera	National stakeholders 'consultative meeting on the development of national guidelines for joint scientific and ethical review of research in Uganda	March 4, 2022. One-day consultative meeting organized by the Uganda National Council of Science & Technology (UNCST)
Prof DR Anne Merriman	Unnecessary Suffering in the Developed World from Cancer and Life Limiting Illnesses for Lack of Adequate Pain Control Training for All and Fear of Opioids Lessons from African Palliative Care	Journal of Immunology. Research & Reports Citation;Anne Merriman (2022) Unnecessary Suffering in the Developed World from Cancer and Life Limiting Illnesses for Lack of Adequate Pain Control Training for All and Fear of Opioids Lessons from African Palliative Care. Journal of Immunology Research & Reports. SRC/JIRR-122. DOI: doi.org/10.47363/JIRR/2022(2)119 Received: December 12, 2022; Accepted: December 19, 2022; Published: December 24, 2022



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