



# NEWSLETTER

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Hope for Malawi

Dear Friends,

Hospice continues to be very busy but the patients and families are receiving best care and our work is expanding within Uganda and without. This could not happen without the prayers and support of so many of you. Thank you so much.

You will remember that in the last Newsletter we welcomed Nina Shalita as our new CED (Chief Executive Director). Nina has now been in post for one month and we have had a month of sharing as Nina brings in new skills and ideas and at the same time learns more about our own work. We thank God for her and ask him to continue to give her the love and joy she has demonstrated to our patients and families and the team.

Nina's induction programme has taken her to Mobile Hospice Mbarara and Little Hospice Hoima and she has now met all our teams.



Nina (second left) and Nurse Jerith (right) meet with volunteers at a Government Health Centre in Hoima District.

**The Annual General meeting in Kampala**, covering the work of the three Hospices for the year 2005-6, was very special. **The Strategic Plan 2006-11** was launched by the Minister of State for health. This is a Document that has

been in preparation for 2 years with the assistance of the Board of Directors, the Hospice teams experts outside of HAU. This is a user friendly version of our plans for the next five years, and we will be presenting it to donors with a view to "basket" funding to allay our constant worries over funding for core costs. This fear has haunted us for the last 13 years and we are now asking our donors to come forward and assist us to spend more time with our work for the patients and families, who need us so much.

*Dr. Richard Nduhuru, State Minister for Health, holds up the HAU Strategic Plan as the launch at the Kampala AGM on August 5<sup>th</sup>.*

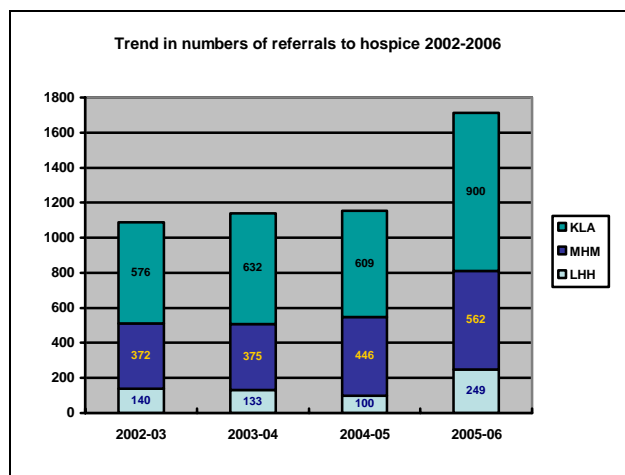


*Also in the picture are (L-R) Mr John Nagenda, Board Member, Mrs Angela Kiryabwire, Chair of the Board and Dr Amandua Jacinto, Commissioner for Health Services.*

This year's **Annual Report** raises some interesting observations, on the year's work.

1,711 Patients were referred to Hospice Africa Uganda, from April 1st 2005 to 31st March 2006. Overall this represents a 48% increase compared with previous years. Numbers have increased at each of three hospice sites. LHH has seen the greatest increase with almost 150% increase in their numbers. The increased referrals were across all diagnoses.

However, we hope in the future that the increase will level off as more of those we are training take up their care (see below).

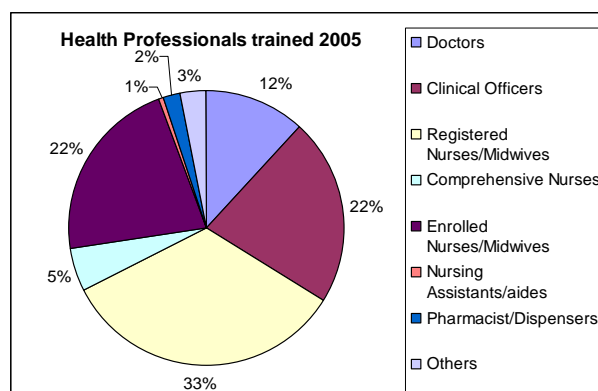


We are glad to increase our numbers who are cared for, but our main priority is the quality of care given to patients. So our main concern is the cascading of care, through those we train, so that affordable palliative care can be available to all in need throughout Uganda.

The picture below shows two of the children who have benefited from the chemotherapy and child support programmes this year. This funding was initiated by a group in Ireland and helps the poorest children who would not otherwise have a chance to receive food never mind chemotherapy!



Palliative Care can be compared to an intensive care unit, where time and special care takes time. Taking time and reaching large numbers of patients cannot be equalized unless we train others. So the work of the education department is essential in reaching our objectives. This chart shows the profiles of health professionals trained in 2005-06:



However the increase in referrals this year is also due to the increased training of non-health professionals, particularly the Community Volunteer Workers, chosen by their own communities and trained at all three Hospice sites. This year, Hospice trained a further 89 new Community Volunteer Workers (Males=31, 35%; Females= 58, 65%) to work with the clinical teams in all three sites, and re-trained 34 existing Community Volunteer Workers. The Hospice volunteers are given home care kits, which are replenished regularly, and they are given bicycles to facilitate their work. Since this training began there has been a marked rise in referrals to Hospice from the community. The three sites are also networking with support organizations and Government Health Centres, so that they too can provide palliative care.

The Districts of Soroti, Kumi, Paliasa, Kapchorwa, Tororo, Mbale, Katakwi and Moroto were sensitised in the use of morphine during this year and will be followed up by the Palliative Care Association of Uganda (PCAU).



This brings the total districts in Uganda with morphine available to their patients to 30. In practical

terms this means that suffering can be controlled and peace brought to many more patients and their families at this special time of life.

The fourth intake of Distance Learning Diploma (DLD) students arrived from a variety of African countries for the face to face 3 weeks, on August 15th. They were a happy group who interacted freely and gave of themselves as well as receiving their first introductions to palliative care, affordable and culturally acceptable to Africa. We learn a lot from them as well as giving.

Then on September 1st, we welcomed the Amery family, Karen, Justin and their four children. Justin is taking on DLD coordination as well as Paediatric coordination while he is here. He comes from Helen House, the first Children's Hospice in Oxford, where he has been the Medical Director. Karen who is also a doctor is volunteering with us in our clinical department. Welcome on Board!



Meanwhile, great news for DLD and HAU when Karen Frame delivered her lovely baby boy, Aidan on August 26th, a little brother for Luke.

Indeed this delivery completes a great baby boom, at hospice in the last few months. We will have our own football team in 2020!! Congratulations to all!!

**Morphine advocacy:** This year has seen Dr Jack Jagwe, our Senior National Advisor for Policy, recognised in the wider world for his advocacy for the importation of affordable oral morphine for the peoples of Africa. He has been appointed

a Fellow on the panel of International Expert Collaboration for morphine availability. Dr Jagwe has been in great demand internationally this year, sharing his experience of working with governments in Africa. Earlier this year he was an invited speaker in Korea and the US and then here in Uganda he spoke at an advocacy conference, organized by the African Palliative Care Association (APCA) in June. This conference allowed people, from all over the world, to learn from the experiences of a small Hospice in Uganda working with the Government of Uganda. This partnership has resulted in palliative care becoming more widely available, through the changing of laws on prescribing and thus widening the prescribers to include nurses and clinical officers, specially trained by Hospice. With the support of the Ministry of Health, morphine is now available to patients in their own homes, with all the international safeguards in place. The conference delegates were particularly interested in the presentation by our Dispenser, Peter Mikajjo, demonstrating the making up of oral morphine in the Hospice pharmacy.



This model is being exported to even the poorest of African countries. We thank God for our blessings that allowed Government support in Uganda to play such a

large part in bringing palliative care to other African countries, according to our third objective. We also recognize the role of APCA in expanding this work.

**Malawi:** Palliative care projects in three countries, Malawi, Cameroon and Nigeria, have been given a kick-start, with funding from Hospice Africa UK and expertise from Hospice Africa Uganda. In Malawi, Hospice Africa UK is currently funding three projects in Malawi: Ndi Moyo Project in Salima, Umodzi Clinic in Blantyre and the Mulanje Mission Hospital, as well as providing the first year's funding for the newly formed the Palliative Care Association of Malawi.



Lucy visiting one of the families she cares for.



The picture above shows Nurse Catherine, Clinical Coordinator from Hospice Africa Uganda, who gave up

her leave to go to Malawi to work with Lucy Finch at her project in Salima. Lucy and her small team are just opening the first permanent home for the Ndi Moyo Project. Catherine was able to take part in formal training of health workers as well as teaching "on the job". It is wonderful to hear of the growth of the services Lucy, who used to be our Volunteer Coordinator in Kampala, is providing. She is truly an inspiration to other African initiators through her selfless generosity and loving care to those in need.

Hospice Africa is now expanding on the third objective by assisting small ventures to commence new services in the poorest of countries. In these poorer countries, the suffering of patients and families is increased by hunger and poverty. Uganda, which was so poor in 1993, has moved up in the economic band of the world. We who know how difficult it can be to attract donors to start, are assisting, thanks to you the Well wishers, through prayers and tangible assistance.

### A Car with the Hospice Spirit!



This car has been the rounds!! In the true spirit of sharing it was originally based in LHH, then in Kampala and now moves to assist Hospice Jinja, a newly registered NGO, in the early beginnings of service to Jinja District. Here Nina is with Rose Kiwanuka, Country Director of Palliative Care Association of Uganda (PCAU) handing over the car to Father Peter Mubiru, Chair of the Board for Hospice Jinja.

*Greetings, prayers and gratitude from Nina, Anne and all at Hospice*

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