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**HOSPICE JINJA  
QUARTERLY REPORT**

**April 2007 – June 2007**

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## **ADMINISTRATION, Staff:**

Hospice Jinja has had a lot of positive changes and transition in staffing and Administration. Three fulltime staff was recruited. The Board made the resolutions in April 2007, to cut off four staff until organization funding is stable. We are currently in **a critical need of two (2) more Nurses** (a nurse requires \$350 monthly in salary), a fulltime Social Worker, a Bereavement & Volunteer Manger, a doctor and a Clinical medical officer to alleviate our current staff per patient overload and maintain quality patient care. Currently, the Board is carrying on all the daily Administrative function of the Organization. We were so privileged to receive one volunteer nurse from Netherlands, Rinty Plukkle, who worked with us for two weeks and one student Mr. Shem Mutala; a medical assistant (Physician Practitioner) who was on placement studies for Eight (8) weeks at Hospice Jinja.

The current staffs are gracefully dedicated in rendering their services to endless needs and activities at the hospice. They continue carrying out the daily activities of Hospice Jinja; i.e. home visits two days a week, hospital Visits twice a week and out patient care five days in a week. We would like to thank *the Board* members for their dedicated time to hospice monthly meetings in implementing and planning for Hospice Jinja Activities. Furthermore, we would like to extend our appreciation to the local community, churches, community volunteers NGOs, hospitals, health centres for the tremendous support, collaboration in management and services to our Patients.

The following activities took place

- Monthly Board meetings and the Journal Club a staff weekly meeting
- Patient spiritual outreaches and bereavement support groups
- PCAU Update and Education
- Sensitisation lecture
- Training Session and

## **VISITORS / VOLUNTEERS TO HOSPICE JINJA**

Many visitors and volunteers both from overseas and within Uganda were received at Hospice during the period,

- ❖ On the 5<sup>th</sup> May 2007, Hospice Jinja received CCPC Student on placement from Hospice Africa Uganda, Mr. Mutala Shem for Eight weeks study case
- ❖ On 11th June 2007 Hospice Jinja Received a Volunteer Nurse from Netherlands, Ms. Rinty Plukkle who worked jointly with Hospice Jinja Team till she went back on 30th June 2007. She informed Hospice Jinja that she will be working very hard to promote Hospice Jinja needs in Netherlands. She and friends have formed a group in helping Hospice Jinja. She presented to us her personal gift of a wheel chair and A canon Photocopier from Her Association "Okusubira (Hope) Organization".
- ❖ On 14th June, 2007 we received the coordinator from Foundation of Hospice in Sub Saharan Africa, Jennifer Tymon with Dr. Mike Mark from Direct Relief International, with a team of Visitors from APCA and PCAU, Denis Kidde, Abby Baguma and Rose Kiwanuka. We thank them for visiting Hospice Jinja and visiting the three patients with our team in their Homes
- ❖ On the 27th June, 2007 Hospice Jinja received a group of 20 pastors from California, USA brought in some gift for children, Toys, gloves, and assorted items for children. Among them was the Executive Director Water for Children Africa, Vickie Butcher.

## **Other Development**

- ❖ We increased collaboration and other agencies i.e. Hospitals/ NGOs; that include Jinja Regional Referral Hospital, Nyenga Hospital Mobile Care Unit, Kakira Hospital, Buwenge Hospital, Mpumudde Health Care, Bugembe Health care, Walukuba Health Care, and St. Francis Health Care. The organizations included The AIDS Support Organization (TASO- Jinja), AIDS Information Centre, (AIC) Jinja Joint Clinical Research Centre, Jinja Network with People Living with AIDS. (JNPLWHS) The District Directorate of Health Services Jinja, the Churches and the Community.
- ❖ We increased days of Home visits. The team increased the number of Home visits and Hospital care from 2 to 5days in a week due means of transport donated by Hospice African Uganda last December. This helped us increase services to a radius to 20km. The Map shown shows the Region Covered. We are still desperately need another vehicle to meet more patients needs

- ❖ Improved services continue to be provided at the main off clinic, these include Pain and symptom control due to the availability of the essential drugs and psychosocial support done by the volunteer chaplains and social worker.
- ❖ Hospice Africa Uganda sent a student for placement in Hospice Jinja, this period we had Mr. Shem Mutala who had supervision on teaching practice by Nurse Trainer Harriet Kebirungi on 18th June, 2007.

## EVENTS

- ❖ PCAU Update meeting held on 25th May 2007 in Held at Kampala one staff Ms Sekidde Christine Represented Hospice Jinja.
- ❖ Journal Club by the Hospice Staff every Thursday. This provides a continued education among members; members come to share idea and experience together for proper management of Hospice and Palliative care. Different topics are presented according to ones capability.
- ❖ I/2 Day talk on Hospice Services at Mpumudde Health centre a group of 20 people living with HIV/AIDS were sensitised on the needs of palliative care and Hospice services to the terminally ill. The community volunteer Mpumudde Zone, Ms Gonza Harriet, invited two members from Hospice Jinja.

### **Below a group California Pastors visited Hospice Jinja**



### PATIENT CARE AND PATIENT'S STATISTICS.

A total of 40 new patients were admitted of which 19 are female, 21 are Male 165 reviewed both at Hospice and Home visitation between the months of April 2007 – June 2007; these included Cancer, HIV/AIDS. The total number of death is 11 and altogether 205 patients were seen both new admissions and reviews as indicated in the distribution as shown in Tables below:

	April 2007		May 2007		June 2007		Total		Total Male & Female
	Male	Female	Male	Female	Male	Female	Male	Female	
Diagnosis									
Cancer	5	3	2	5	5	0	12	8	20
HIV/AIDS	4	3	1	6	0	1	5	10	15
HIV/Cancer	2	0	1	0	0	2	3	2	5
<b>Total</b>	<b>11</b>	<b>6</b>	<b>4</b>	<b>11</b>	<b>5</b>	<b>3</b>	<b>20</b>	<b>20</b>	<b>40</b>
Site									
Home	2	0	1	3	4	1	7	4	11
Hospital	4	1	1	3	3	0	8	4	12
Hospice	4	6	2	5	0	0	6	11	17
<b>Total</b>	<b>10</b>	<b>7</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>19</b>	<b>40</b>
ART									
ON	0	1	0	0	2	0	0	0	0
NOT ON	3	5	1	6	-	1	4	12	16
<b>Total</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>12</b>	<b>16</b>
Reviews									
Home	6	12	6	8	12	18	24	38	62
Hospital	0	1	1	3	2	2	3	6	9
Hospice	16	13	13	12	18	15	47	40	87
<b>Total</b>									
OUTSIDE CATCHMENTS AREA									
HIV/AIDS	1	0	1	0	0	5	2	5	7
Cancer	0	0	0	0	0	0	0	0	0
Death	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>11</b>

#### Summary of the Patient's statistics by month

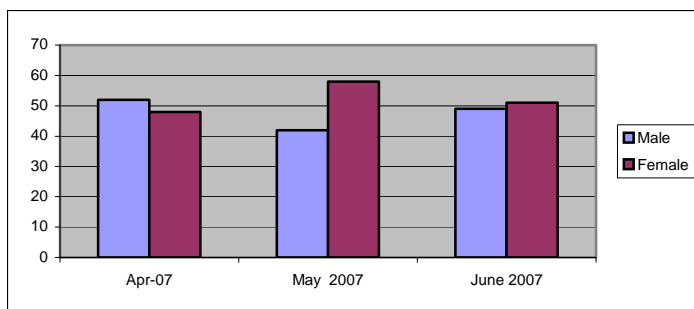
Month	April	May	June	Total
New Admissions	17	15	8	40
Reviews	48	43	67	158
Outside catchments Area	1	1	5	7
<b>Total</b>	<b>66</b>	<b>59</b>	<b>80</b>	<b>205</b>

Hospice Jinja cares for patients who are already diagnosed and our Target are the Cancer and HIV/AIDS Patients at the terminal stage. From the above report, between the new admissions ( April 2007- June 200) 50% are patients with a diagnosis of Cancer alone, 38% are patient with HIV/AIDS referred for pain management and symptom control, and 12% are both cancer and HIV/AIDS.

#### Gender Distributions for both New Admissions and reviews April 2007- June 2007

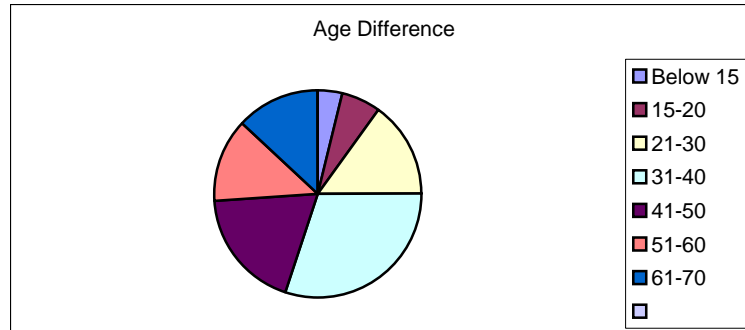
Gender	Male	Female	Total
April 2007	34(52%)	32(48%)	66
May 2007	25(42%)	34(58%)	59
June 2007	39(49%)	41(51%)	80

The age range among the new admissions patients April 2007- June 2007 is shown in table below.



Age range (years)	Total	Female	Male	Percentage
0-15	2	1	1	4%
15 – 20	3	1	2	6%
21 – 30	7	4	3	15%
31 – 40	14	7	7	30%
41- 50	9	5	4	19%
51 - 60	6	3	3	13%
61 – 70	6	2	4	13%
Total	47	23	24	100%

**(30%) among the admitted patients are between 31 and 40 years of age**



## FINANCE

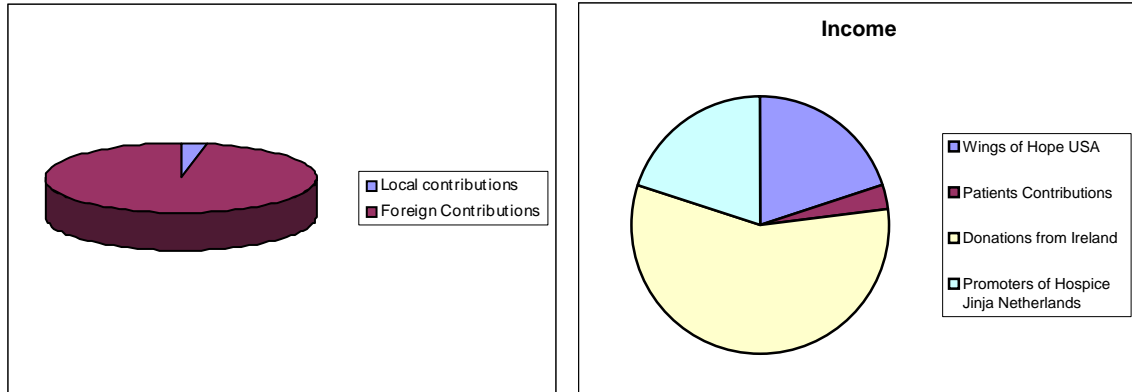
Hospice Jinja wish to thank everyone who has contributed/donated to the success of its running of day to day activities and towards the needs of the organization in order to continue with palliative care services.

- ❖ In a special way, we wish to pass our sincerer gratitude towards all friends and well-wishers both here locally at home and abroad. Continuous financial support for the maintenance of the Day to Day running of Hospice Jinja by the Volunteer Doctors, Dr. Frank and Dr. Patricia, VITAS (through FHSSA), Wings of Hope, The Board members and the staff. Rinty Plukell



## INCOME

The total income for this period of three months is 8,770,381 Uganda shillings from the period of April 2007 to June 2007 the funds came from donation abroad as well as from the local community as seen in the Statement below, having 3% from local contributions and 97% from the donors abroad.



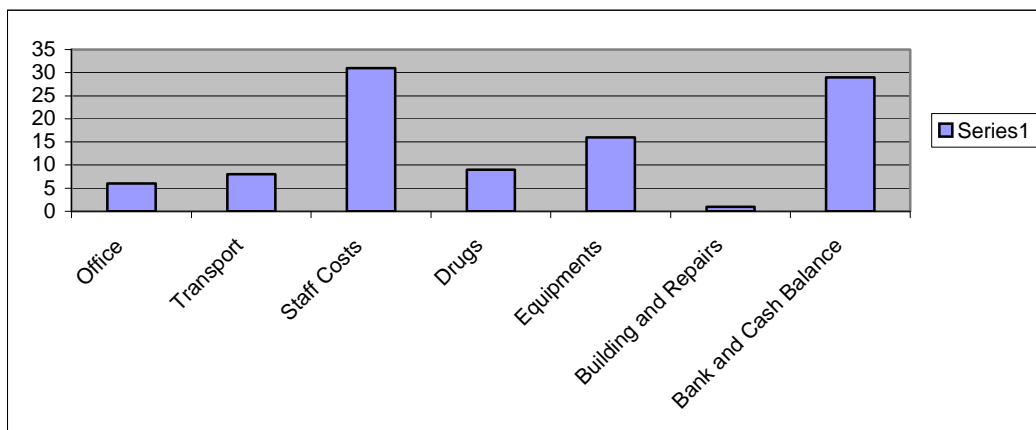
Special thanks go to the following: -

- The volunteer Doctors, Dr. Frank Hassett and Dr. Patricia Hassett from Ireland for their continuous program operation costs support.
- Sovereign Wings of Hope Ministries Inc, for funding towards the immediate needs.
- Promoters of Hospice Jinja Netherlands, Ms Rinty Plukell and Nathalia Boiler and Vanessa Van der Kleij
- Friends and Well-wishers especially those who visited Hospice
- Cooperation from patients who contribute users surcharge to help supplement the costs of the organizations activities.
- District Directorate of Health services for office space.
- All the Board members and the staff for the services rendered
- Hospice Africa Uganda, Palliative Care Association of Uganda (PCAU) Africa Palliative Care Association and Palliative Care Association (APCA), International palliative care Association, VITAS Health care and FHSSA technical and financial support.
- The Community Volunteers who identify patients to Hospice Jinja.

## EXPENDITURE

The funds is directly spent on patient care to cater for the following i.e. medicine, transportation (fuel/gas) used for home care services, staff allowances and salaries, office Expenses, stationary for patients charts, photocopies, bank charges. We are grateful that we managed to clear a half way of the drugs debt and we hope to clear the balance by July 2007. Our challenge is that the international money currency keeps fluctuating as regards to exchange rate and there are unnecessary delays in money transactions.

The graph below shows Hospice Jinja expenses April 2007- June 2007



**HOSPICE JINJA QUARTERLY FINANCIAL REPORT FOR THE MONTH OF APRIL 2007 - JUNE 2007  
PREPARED IN UGANDA SHILLINGS**

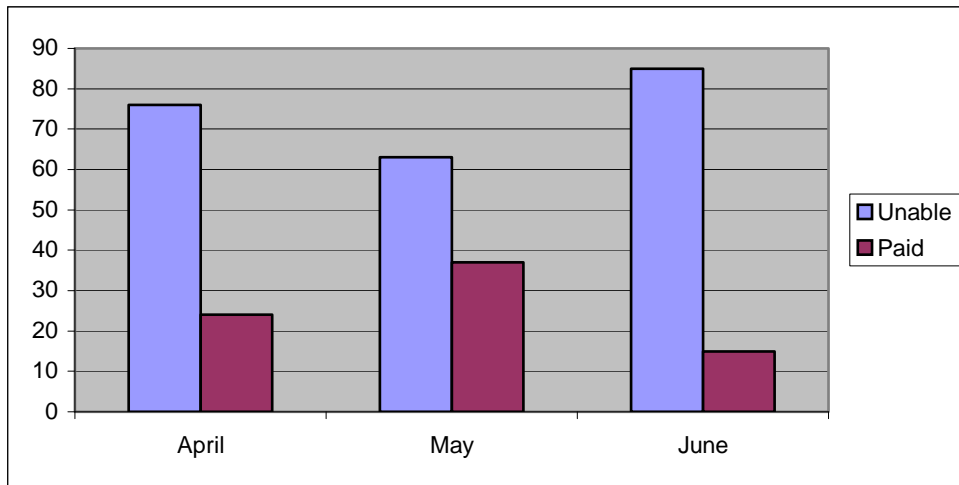
<b>Particulars</b>	<b>Apr 07</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Totals</b>
<b>Balance B/f as at 31.March 2007</b>	<b>Amount(UGS)</b>	<b>Amount(UGS)</b>	<b>Amount(UGS)</b>	<b>Ugshs.</b>
Bank of Africa Jinja Branch A/C No.	1.946.474			1.946.474
Cash as at 30th September, 2006	167.200			167.200
<b>INCOME</b>				
Patients contributions	80.000	105.500	58.000	243.500
Wings of Hope USA Transfer	-	1.803.950	-	1.803.950
Transfer from Dr. Frank and Dr. Patricia Donations	-	2.522.475	2.433.675	4.956.150
Rinty Plukkle Hospice Promoter Netherlands Okusubira Org.			1.753.000	1.753.000
Bank Interest	3.240	3.559	6.982	13.781
<b>Total Income</b>	<b>2.196.914</b>	<b>4.435.484</b>	<b>4.251.657</b>	<b>10.884.055</b>
<b>EXPENSES:</b>				
<b>Direct charitable Expenses</b>				
<b>Patient care</b>				
Office	198.000	219.000	233.000	650.000
Transport	200.000	200.000	508.000	908.000
Staff Costs	240.000	1.450.000	1.637.100	3.327.100
Drugs	-	1.000.000	-	1.000.000
Equipments	-	-	1.753.000	1.753.000
Building and Repairs	-	-	65.000	65.000
Bank Charges	486	2534	1047	4.067
Bank Deposit			58.000	58.000
<b>Total expenditure</b>	<b>638.486</b>	<b>2.871.534</b>	<b>4.255.147</b>	<b>7.765.167</b>
<b>Cash on Hand and Bank 30.06.2007</b>				
Bank of Africa Jinja Branch A/C No. 5204223019				2.837.488
Cash at hand				281.400
<b>Total</b>				<b>10.884.055</b>

**COMPUTATION OF PATEINT CONTRIBUTION**

Month	Patients contributions per month	ADC.	No. of patients seen who are able to contribute	No. of Patients seen who are not able to contribute
April 2007	80.000	66	16	50
May 2007	105.500	59	22	37
June 2007	58.000	80	12	68
<b>TOTAL:</b>	<b>243.500</b>	<b>205</b>	<b>50</b>	<b>155</b>

Most patients who come to Hospice normally present many social and financial constraints which need special attention and care in the context of the holistic care setting and that why's Hospice Jinja is able to give medication to these patients who can not make this contribution towards their medication and other services given. This period most of our patients were bed ridden and were seen at their home and Hospitals. On Humanitarian basis can you ask for patient contribution to a patient you find grounded on bed? So these are some of the challenges we face.

The graph showing the ability of patients cared in Hospice Jinja in contributing the cost-sharing fee towards their medication 76% were Unable to contribute between the periods of April - June 2007.



An example of patients we care with a social problem, Kanifa Nabifo 10 years old is an orphan living with her grand mother.



Nabifo was referred to Hospice Jinja by a community volunteer on 29 March 2007, she had been in Mulago cancer institute for investigation and was told that she had skin cancer, by the time she came to Hospice Jinja she had severe pain and septic offensive wounds in the whole face as you may see. (This is one of the patients the coordinator for FHSSA Jennifer Tymon and Dr. Mike Marks Medical Advisor Direct Relief International saw and gave some medical consultations which is helping the girl to cope up with, but still she needs help.

*A patient's story.....*

*I was referred to Hospice Jinja in March 7<sup>th</sup> 2007 after completing the eight doses of chemotherapy from Mulago. My eye started oozing tears and then followed by developing a swelling in 2003, I visited a near by Hospital, Nyenga Hospital and was referred to Jinja regional referral Hospital where I was then referred to Mulago Hospital, the biopsy was carried out and the results reflected cancer, I Was then started on Radiotherapy in August 2004, and followed by Chemotherapy I received a slight improvement but the pain was still there. By the time I was referred to Hospice Jinja I had a lot of pain but now after been attended by Hospice, my pains are controlled though I still have a major distress because of the headache and a swollen right eye, I can still cope up with the pain because I am taking Morphine with other pain relief given to me.*

*I stay in Nyenga Village near the Hospital, I find very difficult to make a contribution because I am not able, because of the disability of my sick eye and the constant headache I get, I did not go to school and I can not dig to sustain my living and My parents are old despite, my father is also sick suffering from hernia and we are seven children being looked after. For the living, our mother goes digging together with my other sisters and brothers.*

*I would like to thank the Hospice Team for visiting me at home when I am not able to come to Hospice, the Administration for allowing me get medication and this services without contribution!!*

## Challenges

**Drugs:** Most of our patients cannot afford to make a US \$ 3 contribution towards their medication and visitation, so we need financial assistance to meet the costs on drugs. The only free drug is morphine, which is prescribed freely the rest, we purchase locally.

**Petrol:** The team travels 5 days in a week at a radius of 20kms for home and hospital visits to follow-up patients that are too ill to come to our premises, Hospice meets the staff transport expenses and sometimes other charges, which we do not make from our patients, meet this cost.

**Need for a part-time Doctor** to deal with critical difficult cases especially suspected cancer patients who cannot access confirmatory services from Mulago. Your contribution can help ease this burden.

**Nursing Staff:** We are still staff short handed; we have a critical need of two to three more fulltime nurses. If you have a gift working with terminal ill patients or retired and desire to make a difference please come to our rescue.

**Patient's family costs:** Food for the patient's families is another big challenge in that as some of the patient that we are caring for were the bread winner of the family. When they are too sick to produce, they cannot afford foods or leave behind a number of orphaned children that may need!

**We still lack essential equipments** like office supplies and equipments i.e. computers, Scanner, Digital camera, printers, and internet services

**Transport:** The means of transport we have can not cover all the area we cover, so there is need for a new vehicle to help in the home visit when seeing the patients

**Public Awareness:** The local community is still having very little knowledge about hospice services. We need to increase awareness and publicity is needed through the press, and local media

**Orphans:** There is a big challenge in dealing with psycho social problems of patients. So far we have registered 230 orphans that desperately need help but we don't have resources to assistance them. It is a major challenge in doing bereavement and monthly follow-ups.

Our next quarter goals:

1. To increase local funding and increase from 3% to 10 % by end of 2008
2. To improve quality services to our patients on program and scaling up services through establishing day care services, 3 mobile clinics and increase operations area and number of visits.
3. To create public awareness through radio talk show, Television Talk Public lectures and establishing memorandum with other stakeholders.
4. To increase community volunteer involvement by 5% and maintain that we are already trained.
5. To collaborate and network with sister organizations here locally at home and aboard
6. To train and recruit the more personnel on efficiency and expertise in the services
7. To acquire and own premises for Ray of Hope Hospice Jinja

Below is our patient Fred Balikowa a 26 years with a diagnosis of cancer lachrymal sarcomas, lives in Nyenga, his distress is constant headache and financial constrains to meet the chemo treatment costs and transport to hospice Jinja..



Above is Shannon, an eight years child, suffers with cancer lymphoma. Marceline Anyng, a nurse in hospice Jinja visits with Sanon and his father. Sanon faces a critical financial need of approximately \$800 to complete his demo at Mulago.