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**HOSPICE JINJA  
QUARTERLY REPORT**

**January 2007 – March. 2007**

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## ADMINISTRATION

Staff:

Hospice Jinja in this period has been very blessed with having entrusted experienced and dedicated volunteers right from Ireland, who have made a great difference in the community. Dr. Frank Hassett and his wife Dr. Patricia Hassett visited Hospice Jinja in October 2006 and stayed for two weeks. In their resolution they pledged to come back to volunteer with Hospice Jinja as they saw a critical a need in the community. We are privileged that the two doctors fulfilled their promise and came back on the 8<sup>th</sup> of January 2007 and worked jointly with volunteers staff Hospice Jinja to improve the patient care and to equip the staff with palliative care skills. This increased our number of patients tremendously. We greatly appreciate their valuable contribution to Hospice Jinja. We also got back Mrs. Christine Sekidde, a nurse who has successfully completed her course in Clinical Palliative Care, has come back fully to work jointly in Hospice Jinja we welcome her greatly. The volunteer's staff dedicatedly continued to render their services to endless activities to Hospice Jinja. We would like to thank the Board members for the time they have dedicated to Hospice to get involved through their monthly meetings in implementing and planning for Hospice Jinja Activities. The Board consists of the following 12 members;

1. Mr. S.J. Mugulusi - Chairman
2. Dr. Byakika, Sarah MD - Treasurer
3. Ms Catherine Iwollu RN - \_Secretary
4. Mrs Janet Kyemba - Member
- 5 Ms Rose Kiwanuka RN, BSN - Member
5. Dr. Wanume, Benon MD -Member
6. Mr. Segawa Ronald -Member
7. Dr. Namuyuga , Mirioce MD -Member
8. Dr.Frank Hassett -\_Member
9. Dr. Anne Merriman MD --Advisory

Furthermore, we would like to extend our appreciation to the public, Churches around, NGOs, and Volunteers for the tremendous support they accorded to Hospice during the world day of the sick, through the announcements and publication of Hospice and Palliative care services.

Administration has always continued to carry on with the day to day of the running of Hospice Jinja, planning, documentation, control of assets and publicity.

### Meetings:

From the beginning of the year, the following meeting took place,

- Monthly Board meetings
- Staff meetings
- PCAU Jinja Update meeting of which Hospice Jinja took part in it.

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

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

- ❖ On the 9<sup>th</sup> January 2007, Hospice Jinja received volunteer Doctors from Ireland Dr. Frank Hassett and his wife Dr. Patricia been escorted by Ms Rose Kiwanuka the National coordinator Palliative Care Association of Uganda (PCAU).
- ❖ Other Visitors include, St. Camillus missionary Fathers who promote Ecumenical approach in pastoral health care of the sick persons in Hospitals, Homes and in Hospices, they are Fr. Francis X. Nkalubo, Fr. Fideli Mushi, Fr. Joseph Sserugga and Fr. Ocona we welcome you gratefully.
- ❖ Many more visitors who call in, include, Rotary Club of Jinja, the Diocesan Priests, Pastors, Reverends, Volunteers from different organization within but are from abroad i.e. Holland, USA, are, Tana Moore, Famke Hekkenberg, Klazien Iwert, Hillary Haverkamp. The Visitors/volunteers have supported the patients and families as well as contributing to the patient care and the administrative activities at Hospice.

### **Other Development**

- ❖ Through Dr. Frank and Dr. Patricia Hospice we acquired some furniture a donation from their family Members, Valerie Hassett and Late Rosemary Griffin. May her soul rest in peace.
- ❖ We increased collaboration between Hospice and Hospitals/ NGOs around
- ❖ Partnerships relationship between Hospice Houston VITAS and Hospice Jinja were achieved.
- ❖ We increased days of Home visits. The team increased the number of Home Visit/Hospital care from 2 to 5days in a week. This is because of availability of means of transport donated by Hospice African Uganda and this also increased the radius to 20km.
- ❖ There was a great maintenance of the staff welfare by Dr. Frank and Dr. Patricia especially in terms of the Staff lunch, Utilities and office maintenance.

## **EVENTS**

- ❖ During this period, the public was sensitised through radio talk show in the initiative of PCAU Jinja sponsored by District Directorate of Health Services, Mr. Wakaisuka Moses presented over the radio the health zone and Hospice and palliative care concept
- ❖ Community Volunteer training which took place in March 5<sup>th</sup> –9<sup>th</sup> 2007. Thirty (30) community volunteers were trained to identify patients to Hospice and Palliative care. Palliative Care Association of Uganda sponsored this programme.
- ❖ Brochures were distributed to partners, NGOs Churches, Hospitals, Health Units and Clinics, and many other places before World day of the sick.
- ❖ On the world day of the sick, Dr Frank gave a presentation on Hospice and Palliative care concept in Nyenga Hospital and some in schools around Jinja.
- ❖ On the 7<sup>th</sup> March, Dr. Frank gave a talk on Hospice /palliative care to Rotary Club of Jinja; he was invited to be the host for the prayer meeting to the Rotary Club.
- ❖ On 12<sup>th</sup> March, the Diocese of Jinja commemorated the world day of the sick and the celebrations were held in Buswale, the Bishop of Jinja Diocese, Bishop Joseph Willigers, the main celebrant, in His Homily educated the public on the need for services of Hospice and Palliative care this gave an impact to the community and some patients were referred to Hospice Jinja

**PATIENT CARE AND PATIENT'S STATISTICS.**

A total of 53 new patients were admitted of which 23 are female, 30 are Male and 214 reviewed both at Hospice and Home visitation between the months of January – March 2007, these included Cancer, HIV/AIDS. The distribution is as shown in Tables below:

	January 2007		February 2007		March 2007		Total		Total Male &Female
	Male	Female	Male	Female	Male	Female	Male	Female	
<b>Diagnosis</b>									
<b>Cancer</b>	7	1	2	6	5	3	14	10	24
<b>HIV/AIDS</b>	3	4	4	5	4	3	11	12	23
<b>HIV/Cancer</b>	1	1	2	0	2	0	5	1	6
<b>Total</b>	<b>11</b>	<b>6</b>	<b>8</b>	<b>11</b>	<b>11</b>	<b>6</b>	<b>30</b>	<b>23</b>	<b>53</b>
<b>Site</b>									
<b>Home</b>	1	0	1	3	2	0	4	3	7
<b>Hospital</b>	1	3	2	4	4	1	7	8	15
<b>Hospice</b>	4	8	5	4	4	6	13	18	31
<b>Total</b>	<b>6</b>	<b>11</b>	<b>8</b>	<b>11</b>	<b>10</b>	<b>7</b>	<b>24</b>	<b>29</b>	<b>53</b>
<b>ART</b>									
<b>ON</b>	6	3	2	1	0	1	8	5	13
<b>NOT ON</b>	6	11	3	4	3	5	12	20	32
<b>Total</b>	<b>12</b>	<b>14</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>6</b>	<b>20</b>	<b>25</b>	<b>45</b>
<b>Reviews</b>									
<b>Home</b>	14	8	4	12	6	12	24	32	56
<b>Hospital</b>	5	2	5	12	0	1	10	15	25
<b>Hospice</b>	13	9	10	11	16	13	39	33	72
<b>Total</b>	<b>32</b>	<b>19</b>	<b>19</b>	<b>35</b>	<b>22</b>	<b>26</b>	<b>73</b>	<b>80</b>	<b>153</b>
<b>OUTSIDE CATCHMENTS AREA</b>									
<b>HIV/AIDS</b>	6	4	7	14	1	1	14	19	13
<b>Cancer</b>	1	2	0	6	2	5	3	13	16
<b>Total</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>20</b>	<b>3</b>	<b>6</b>	<b>17</b>	<b>32</b>	<b>49</b>
<b>Reviews</b>									
<b>Hospice</b>			9	21	3	1	11	22	33
<b>Hospital</b>									
<b>Death</b>	3	3	4	6	2	1	9	10	19

**CANCERS AS SEEN AT HOSPICE JINJA**  
**Commonest types of cancer seen among the referrals to Hospice Jinja**

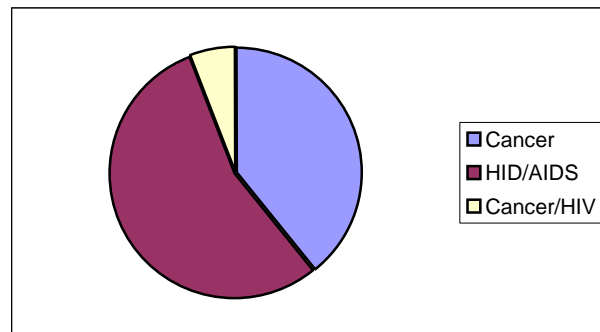
Men
1. Cancer prostate
2. Cancer Penis

Women
1. Cancer cervix
2. Cancer breast
3. Cancer uterus
4. Cancer ovary

**Commonest Cancers seen in total both sexes**

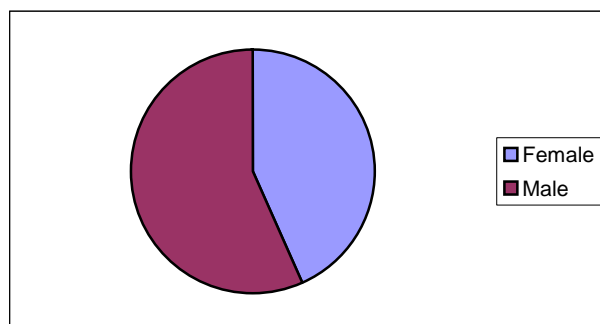
1. Cancer Breast
2. Cancer Rectum
3. Cancer Liver
4. Cancer Lachrymal
5. Cancer Oesophagus
6. Kaposi`s Sarcoma
7. Fibro Sarcoma
8. Burkett`s Lymphoma (childhood)
9. Hodgkin Lymphoma

**Diagnosis among the referrals to Hospice Jinja Jan. 07 – March 2007**



**39% are patients with a diagnosis of Cancer alone, 55% are patient with HIV/AIDS referred for pain management and symptom control, and 6% are both cancer and HIV/AIDS.**

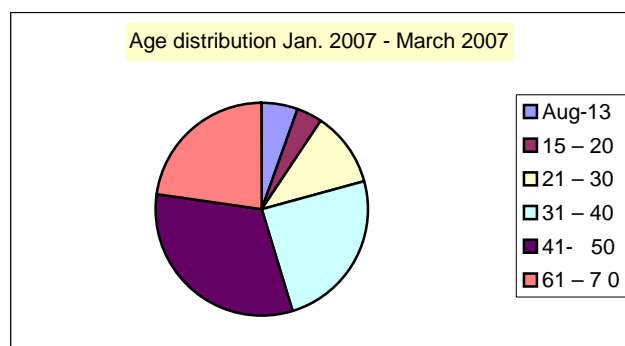
Figure below is the Gender distribution of the new admits Jan.2007-March 2007



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

Age range (years)	Total	Female	Male	Percentage
08 - 13	3	2	1	6%
15 – 20	2	2	0	4%
21 – 30	6	3	3	11%
31 – 40	13	7	6	26%
41- 50	17	9	8	32%
61 – 7 0	12	5	7	23%
<b>Total</b>	<b>53</b>	<b>28</b>	<b>25</b>	<b>100%</b>

58%) among the admitted patients are between 31 and 50 years of age.



### Hospice Jinja Daily census January to June

*Table 1: Number of new patients seen at Hospice Jinja July 05 to March 07*

Period	Number of New patients			
	Cancer	HIV/AIDS	Cancer + HIV/AIDS	Total
July 05 – June 06	52	68	11	131
July 06 – December 06	20	22	2	46
Jan 07 – March 07	30	36	6	72
<b>Total</b>	<b>102</b>	<b>126</b>	<b>19</b>	<b>249</b>

## FINANCE

### INTRODUCTION

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.

### INCOME

The total income for this period of three months is 10.426.160 UG SHS 9.81% from local contributions and 90.18% from abroad. Special thanks go to the following: -

- Wings of Hope USA for the assistance in terms of funds towards the immediate needs.
- The volunteer Doctors Dr. Frank Hassett and Dr. Patricia Hassett came to volunteer working and even gave in their contribution from their personal and family contributions they have greatly assisted the running of the organization financially as we can see from the report.
- Friends and Well-wishers especially those who visited Hospice and the Canadian Friends of Dr. Frank Hassett, Chris and Taylor who contributed towards the grandmother orphans.
- Cooperation from patients who contribute users charge to help supplement the costs of the organizations activities.
- Rev. Daniel Situka the founder/ funder through fundraising abroad.
- District Directorate of Health services for the building Rays of Hope Hospice Jinja is occupying without any cost.
- Rev. Fr. Mubiru Peter who is on the grand doing all the needy for the running of day to day activities.
- Hospice Africa Uganda, together with PCAU for all the assistance rendered.
- The volunteer staff and the Community Volunteers for their dedication towards Palliative care services in Rays of Hope Hospice Jinja with or without payment.

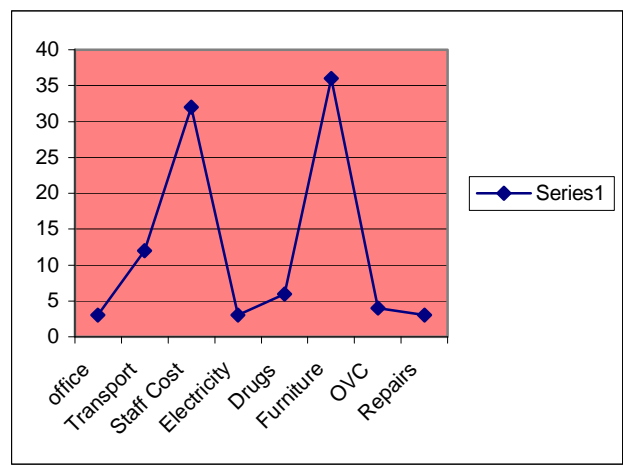
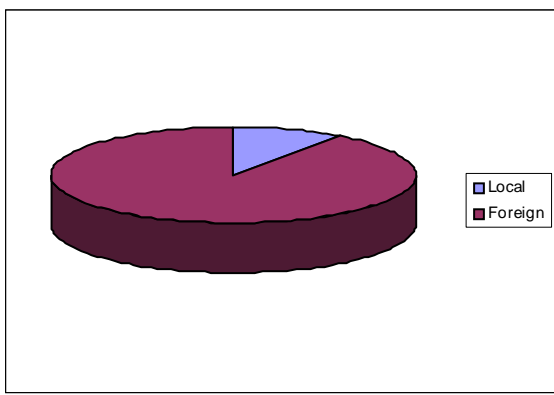
### EXPENDITURE

The funds received from the above sources is directly spent on patient care to cater for the following i.e. Transport, Fuel/Gas used for Home care services, staff costs or allowances, Drugs, Office Expenses, stationary for patients charts, photocopies, documentation and records of patients statistics

**HOSPICE JINJA QUARTERLY FINANCIAL REPORT FOR THE MONTH OF JANUARY – MARCH 2007**

<b>Particulars</b>	<b>Jan 07</b>	<b>Feb 07</b>	<b>Mar.07</b>	<b>Totals</b>
<b>INCOME:</b>				
Allied Bank Jinja Branch A/C No.	147.247			147.247
Cash as at 30th September, 2006	125.090			125.090
Rev. Daniel Situka –Wings of Hope US	1.040.750	1.020.180	-	2.060.930
Fr. Mubiru Peter	110.000	-	-	110.000
Creditors- Drugs HAU	-	500.530	-	500.530
Patients contributions	150.000	100.000	135.000	385.000
Friends and well-wishers	-	465.000	20.000	485.000
Dr. Frank Hassett and Dr. Patricia Hassett	2.250.000	1.094.500	789.000	4.133.500
Transfer from Ireland -Dr. Frank and Dr. Patricia	-	-	2.478.075	2.478.075
Bank Interest	319	469		788
<b>Total Income</b>	<b>3.823.406</b>	<b>3.180.679</b>	<b>3.422.075</b>	<b>10.426.160</b>
<b>EXPENSES:</b>				
<b>Direct charitable Expenses</b>				
<b>Patient care</b>				
Office	136.700	104.000	47.700	288.400
Transport	233.900	497.300	233.600	964.800
Staff Costs	799.600	892.000	955.550	2.647.150
Electricity Bills	286.000	-	-	286.000
Drugs	-	500.530	-	500.530
Furniture	1.700.000	800.000	500.000	3.000.000
Support Fund-Orphans	-	360.000	-	360.000
Building and Repairs	135.000	130.500		265.500
Bank Charges				
<b>Total expenditure</b>	<b>3.291.200</b>	<b>3.284.330</b>	<b>1.736.850</b>	<b>8.312.380</b>
<b>Cash on Hand and Bank 31.3.07</b>				
Bank of Africa JinjaBranch A/C No. 5204223019			1.946.474	1.946.474
Cash at hand			167.200	167.200
<b>Total</b>				<b>10.426.054</b>

Interoperation Notes: All moneys reported are in UG shillings: Hospice Jinja 2007 Budget is \$27,500.00 (UG 50 million shillings. at a current rate \$1 = Ush 1650.). Therefore our balance need to meet this year is about \$2300 (UG sh. 40.5Milion)



Income and expenditure representation

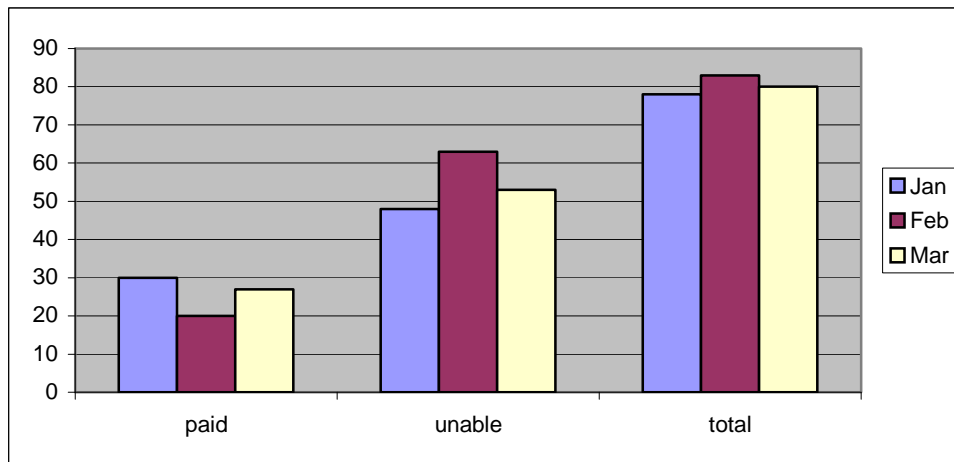
**COMPUTATION OF PATIENT CONTRIBUTION**

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
Jan 2007	150.000	78	30	48
Feb 2007	100.000	83	20	63
March 2007	135.000	80	27	53
<b>TOTAL:</b>	<b>385.000</b>	<b>241</b>	<b>77</b>	<b>164</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 Hospice Jinja is able to give medication to these patients who can not make this contribution towards their medication and other services given

*The graph showing the ability of patients cared in Hospice Jinja in contributing the cost-sharing fee towards their medication 68% Unable to contribute between the periods of Jan- March 2007.*

Here below is a live story of one of the patients Hospice Jinja is caring and having a lot of social and financial constraints.





THE PHOTO PROFILE



*The volunteer staff welcoming Dr. Frank and Dr. Patricia to Hospice Jinja on the 9<sup>th</sup> Jan. 2007. Escorted by the National coordinator Palliative care Association of Uganda (PCAU) Ms Rose Kiwanuka*



- ❖ *A volunteer from USA Hillary visiting patients with Hospice team*
- ❖ *The poor state of our patients whom we care this is the nature of the accommodation*



*The grand mother Margaret with the orphans she cares whom their parents passed a way to AIDS/HIV and her husband Amisi having cancer of,*

Balikowa, Fred is a 26years with diagnosis cancer lachrymal sarcomas is happy with the services Hospice is rendering to Him as you can read from the story he tells below.

*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!!*

## **Our current challenges**

**Drugs:** Many of our patients cannot afford to make a contribution of US \$ 2.6 towards the medication visitation, so we need assistance from donors and well wishers to meet the costs on drugs. The only drug 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 Visitations to see those patients, who are too ill to come to our premises, Hospice meets the Petrol/gas and other charges, which we do not make our patients, meet these costs.

**Volunteer staff:** The staff is made up of 3 nurse volunteers, 2 administrative staff, one social worker, a driver and also 2 volunteer doctors all need basic needs in terms of allowances, to meet their daily up keep. We also trained 30 community outreach volunteers.

**Office Expense:** We need three computers, stationary and office supplies

**Patient's family costs:** Food for the patient's families is another big challenge in that as a patient we are caring is the bread winner of the family, you find that at the end of life of this patient, behind is left with a number of dependants-orphans who need help say children.

**Public Awareness:** To educate the local community we desire to increase awareness and publicity is needed through the press, and local media

### **Future Plans**

1. We have embarked on a local fundraise for the running of the program. Below is our plan for 2007/8. Our goal for local funding: To raise locally \$3000 in 2007 and \$10,000 in 2008. Our local funding base continues be from donations (in kind, of skills, time and monetary) and to continue the patient \$3 contributions.
  - a) Our first target is to develop a donor data base from our Local daily acquaintances, the Basoga in Diaspora, Local community churches and well wishers.
  - b) Secondly we plan to develop a membership drive of annual \$10. Each Board Member is expected to recruit 20 members (That is 260 member targets for 2007/8).
  - c) Thirdly, we will plan a massive public education about the NEED through public awareness campaign like public speaking, sell of T-shirts, hold annual walk for a life, hold car wash, Flee Market, 2 fund-raise dancing and bake sales and a soccer tournament for the Hospice Jinja benefit
  - d) Fourth, we plan to hold an annual Fund-raising Dinner in December with the help of Public figures, like the area MPs and the Kyabazinga.
  - e) Fifth: we plan to utilize and recruit volunteers from public, private institutions, schools and churches.
  - f) Sixth: We intend to contact/involve Madhivani group of companies, Rotarian's, Nile breweries, Nile Bank, Bank of Africa, BAT, Backlay's Bank, Water & Swage company and prominent singers like Fargo band to dedicate a show to Hospice Jinja and all proceedings will go to HJ.
- 1 Foundations, in the developed countries, government, cities etc
2. To improve care of patients on program by opening ups two mobile units
3. To follow up the already trained community volunteers.
4. To collaborate and network with sister organizations here locally at home and aboard
5. To train and recruit the personnel on efficiency and expertise in the services
6. To establish three mobile hospice clinics within 3 years, namely at Nyenga, Kamuli and Iganga.

Appeal: we desperately need your support for \$23,000 for the 7 staff support and purchase medicine Send all your support

Contact Stephen Isabirye Project Coordinator

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