



INTERNATIONAL PROGRAMMES-HOSPICE AFRICA UGANDA

NEWS LETTER-ISSUE 3-MAY 2010.

Dear Friends,

Warm greetings from Hospice Africa Uganda. This 3rd issue of the news letter shares with you the major highlights of the key events at HAU.

With your support this reporting period has been full of actions and great results. We had the second initiators course in the months of October-November 2008, the team visited one of the Franco-phone countries-Rwanda for a feasibility study. Sudan (North and Southern) is progressively coming on board with palliative care service initiatives- thanks to the proactive team led by, Sr. Rosario, Esther Walker and Dr Nahla.

The first ever Bachelor of Science in palliative care for Africa Commenced in January 2010, with 21 students from 6

Second Course for Palliative Care Initiators from Sub Saharan Africa 2009

Fourteen (14) health workers (2 pharmacists) from 5 countries attended the 5 weeks initiators course held at Hospice Africa Uganda from 26th Oct-27th Nov 2009. Countries represented were; Congo, Malawi, Nigeria, Sierra Leone, Sudan and Uganda. The highest number (5) of participants came from Nigeria. 11 health facilities from above listed countries were represented, 3 facilities managed to send two (2) participants each these were Ministry of Health Nigeria, Tianjane at Queens in Blantyre and University College

Stop Press! "Audacity to Love" the story of Hospice Africa by Anne Merriman. Price is £11.99, Euros 12.99, US\$ 18.99

African countries enrolling for diploma level intake and year two students expected to start in August 2010. Feedback from Malawi indicates positive out come of Palliative care course you supported in one way or the other. More people are looking forward to the next palliative care initiators course slated for October-November 2010.



The Initiators Group November 2009 celebrate the end of the programme at Anne's home. Here seen cutting their cake!

Hospital, the rest of the facilities sent one participant each.

All participants developed good action plans that they intend to use to guide them in roll out of palliative care services in the respective countries.

Malawi is already reaping the benefits of the Palliative care initiators course; *"Your initiators course has given our excellent nurses confidence and competence they needed to practice independently and makes a great difference to our service"* says Jane Bates-Malawi.

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Palliative care Initiatives in Southern Sudan

Hospice Africa Uganda was invited by Sister Giovanna Rosario-a Comboni Missionary running Rainbow HIV/AIDS support group In Yambio-Southern Sudan to conduct training for community volunteers and spiritual leaders in palliative care in the month of December 2009 in Nzara. Twenty community Volunteers and spiritual leaders were trained by HAU trainer –Hajat Mwazi Batuli and International Programme trainer- Cathy Nawangi.



Sister Giovanna a social worker training with her community volunteers in PC- South- Sudan

82 % of the participants reported having acquired Palliative Care knowledge and skills which will help them to counsel patients and their family members. Some members being new volunteers, they were able to appreciate their role in caring for the patients and their families. It was during the training that volunteers were able to appreciate the why it was very important to include the family members while caring for patient. It was also during the training the they were able to identify their role as spirituality and CVW in Palliative Care.

However trainers experienced some difficulties in teaching the group as most of the participants had difficulties in

expressing themselves using English language and this put a lot of strain on the trainers as they needed a lot of time, checking understanding and use of different teaching methods to achieve what was required

Palliative care Progress in Northern Sudan (Khartoum)

Dr Anne and Dr Jack Jagwe visited Northern Sudan in January 2010 to advocate for palliative care services. Several palliative care stakeholders were met. The federal Ministry of Health is very supportive of



HPC participants after their HPC- North Sudan

palliative care services and the MoH officials acknowledge the need for nurses to be trained since they are the “backbone” of any palliative care services. The dean of Al Fawad University is yet to disseminate curriculum for the development of palliative care in pre-graduation training for doctors and nurses.

At RICK, the “WE GROUP” are very committed to palliative care services and have volunteers who support patients in their respective homes. RICK intends to send their pharmacists for training at HAU in the future.

HAU team also visited SOBA University Hospital. The hospital wishes to establish a well structured palliative care Programme with a dedicated multidisciplinary team, they acknowledged the need to bring together a working group at SOBA of key professionals, led by Dr Nahla Gaffer and Dr El Tayeb. Group to include a pharmacist, psychologist and social worker

Novartis – Dr. Raid Mutti intends to translate HAU blue book into Arabic for use in education initiatives. He also offered to support other events promoting palliative care.

The national medicine and Poison Board (NMPB) is supports the recommendation of importation of oral morphine powder and it's reconstitution at RICK. They encourage free provision of liquid oral morphine and other essential palliative care drugs to palliative care patients. The NMPB will facilitate the adding of oral morphine powder to the Central Medical Supplies list.



Catherine with Dr Nahla share clinical notes in RICK

NMPB is yet to provide a license so that RICK can directly import oral morphine powder.

In March, Catherine spent a month with Dr Nahla, Esther walker and the teams in Khartoum sharing experiences with the infant palliative care services and education programmes.

Getting Rwanda on board for Palliative Care

Hospice Africa traveled to Rwanda to assess the possibility of it being a model for a Hospice service for Francophone Africa.

Rwanda is a beautiful country. Rolling hills are the hall mark of the scenery and there are many opportunities for tourism.

President Kigame was voted in with an 90% majority in 2000. Next elections are due in 2010. He has taken the country forward from one of divisions and disaster to one of growth. He has done this through ruling with a firm hand. He is basing his ideals for the country on the rapid growth of Singapore and Malaysia which have pulled themselves out of poverty very rapidly with the strength of strong leaders.

Kigali is so clean that one would doubt you are in Africa. Beautiful roundabouts, with flowers and water falls are seen and the buildings are bright and clean. Early in the morning uniformed street sweepers are out ensuring that the streets are clean.

This visit was part of a feasibility study to see the most suitable country for a model for Francophone Africa. This was the first country visited of the possible countries for the model: Rwanda, Congo Brazzaville, Cote d'Ivoire and Cameroon.

There is a great hope to Rwanda for the following reasons: Rwanda is recently become Anglophone and so this generation will be bilingual for French and English allowing training in English from the Anglophone model in Uganda. The country is part of East African community and a neighbor to Uganda which is now accepted as a model for Anglophone Africa so support would be readily available and affordable.

Rwanda has been investigating palliative care since 2005. However the reason for non performing with a service was given as the Government awaiting the policy of palliative care to be agreed. We are looking forward to the resolution of the government officials in the course of 2010.

There is not one oncology service in the country. There is no radiotherapy machine. Only those who can afford it can move to other countries for treatment. Most go to Nairobi and some even to Uganda and Tanzania. The other has to lie and wait for death while the tumours and disease advance bringing severe pain to all. The strongest analgesic is codeine and the private doctors are using Tramadol which is expensive and has a ceiling with side effects. Morphine by injection or tablet can only be prescribed by doctors in the four Referral Hospitals.

Presently the only oral morphine is found in King Faisal hospital. It is in tablet form (about 30 times as expensive as the liquid) and is sold to patients. Doctor David Lazaro, the cancer doctor there, thought that they could also buy them outside as he gives them prescriptions. In order to make a solution suitable for children they have to crush the tablets and make it into solution.

Oral affordable morphine is not yet available and this is the only way that pain in cancer and AIDS can be controlled in the poorer homes in Rwanda. Oral morphine availability is an urgent prerequisite before commencement of palliative care. (Refer to the Four Foundation Requirements or Measures of WHO).

Rwanda is poised to commence palliative care services. It has a network of services reaching 98% of the people and a budget with the highest percent for health for any country in Africa.

There is already a support network for patients with HIV/AIDS and most can access ARVs. Cancer has the largest need for palliative care.

Government and NGOs are ready to welcome this service for the patients and families.

Stop Press: Dr Jagwe attended a review of the National Policy in March 2010 and the Policy was accepted and now poised to go. The small group is ready to commence with funding raised in UK by Ruth Wooldridge who has been supporting them for many years. Grace Mukankuranga, who holds a Diploma in Palliative care from Nairobi Hospice with Oxford Brookes University, came to Uganda, for a refresher month in January, funded by our Irish Volunteers. She will lead the team. The first Hospice Rwanda hopes to commence in August 2010 with a small grant through Ruth Wooldridge.

Assessment visit to Hospice Ethiopia

In February, Catherine joined Professor Dan Hinshaw in Ethiopia to re assess and support Tsigereda, through the Orthodox Churches in US.

Hospice Ethiopia is not self sustaining and without stable

sponsors at present and the little funds available is primarily for staff salary support and does not support

medications, supplies, or other patient needs. 15-20% of hospice patients have had a primary diagnosis of cancer (this



includes children receiving chemotherapy purchased and delivered through hospice at Black Lion Hospital. Significant opportunities for improving and enhancing the process of medical record keeping were identified. Some records were missing or not in the proper order. From direct observation of patient care

during home visits, evaluation of the documentation within the medical record, and questioning of HE staff, it is clear that patient care would benefit significantly from a greater level of Organization of the basic processes of care and improvements in the training and knowledge base of staff.

Mulanje, Presbyterian Mission Hospital, Malawi:

You will remember that when we last visited the home care team at this hospital in 2008, we were saddened that the team had to rely on the use of the hospital car or public transport, which meant they sometime, could not visit the really sick. We have been looking for funding for a car for them since. This year, Mike Basler of Glasgow took this project on and raised money from various sources, including approach Celtic Football club, a sponsored weight loss (and he looked really good after this) with a friend and a fund raising dinner. This raised £8000, allowing them to buy their first home care car. The team are really delighted and here you seen them with the car before it went out on its first visit.



Special thanks to all our friends, donors, volunteers and well wishers. With your support there is a lot more we need to do. If you would like to assist one of these projects please log onto www.justgiving.com/hospiceafrica

Congratulations to the team at Mulanje and well done Mike!

Greetings & gratitude from the International Hospice Team

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