

ANNUAL REPORT

HOSPICE ETHIOPIA

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1. Introduction:

Palliative care aims to improve the quality of life of patients with life threatening illnesses and their families through caring, relieving their suffering and supporting them through difficult times. Hospice Ethiopia provides symptoms relief and care and support for those suffering with life threatening illnesses through home care and out-patient care settings. Furthermore, HE provides palliative day care, comfort fund support and training for health care providers and community volunteers.

This report will cover activities carried out, achievements and describes major challenges encountered in the reporting period.

2. Patient care:

The total number of patients we have provided care are 231. These patients were seen in their home and as out-patients (walk in) care. The service delivery models are home based care 99 and out-patient care 132. The number of patients rest in peace is 25, 26 discharged and 13 lost to follow up. All of these patients lost from follow up are from out-patient care service and lost because some are from village and some of their telephone contact is nonfunctional.

2.1. Outpatient programme

Along with the HBC we do care patients who can walk in and come to our clinic. Hence, 132 patients have been seen as stated above. The aim is to reach the community and see more patients.

2.2. New patients

The proportion of new patients amongst the total patients seen in 2017 is 93 and the proportion of new patients with cancer is 26, with HIV/AIDS 17 and other incurable illness with need of pain and symptom; DM, arthritis and hypertension are 50 in number. The number of new referral in 2017 is higher compared to 2016 which was 29. Furthermore, we trust in 2018 our capacity to offer the services will be developed and the number of patients we receive will be doubled. This will be possible due to the fact we have received funding from Diocese to purchase a vehicle.

2.3. Commonly used medicines:

Morphine, Tramadol, NSAIDS, paracetamol, amitriptyline, prednisolone, bisacodyl, metoclopramide, metronidazole, omeprazole, ketoconazole, and some other symptom controlling drugs are apparently used for pain and symptoms management. Furthermore, we provided antiypertension and antidiabetes medicines according to patient need. These medicines are included in or list depending on the ear maked funding obtained from help age international.

3. Psycho-social Supports

3.1. Day Care:

A total of 29 patients have attended the palliative day care programme. Day Care especially offers the opportunity for more able-bodied patients to have psychosocial support and reintegrate with other patients while giving exhausted relatives rest from caring. Patients also learn new practical skills, like craft making, and strengthen their financial management competences to be able to re-enter the employment market and be self-reliant.

3.2. Comfort fund:

The purpose of financial support is to alleviate the financial burden of socioeconomically disadvantaged patients. We contribute for house rent or food for needy patients and 26 patients have received this support.

3.3. Medical supplies:

Medical supplies such as colostomy bag, gauze, roll bandage, hydrogen peroxide, adult diaper and disposable gloves are given for 42 patients according to the patient's need.

3.4. Sanitary material support:

Soap support for personal hygiene is given for 80 cancer and HIV/AIDS patients

3.5. Dress support:

Different types of clothing are provided for 10 cancer and HIV/AIDS patients.

4. Family support:

We include patient family in our care. Hence, 249 patient families are given psychosocial support.

5. Training, awareness raising and staff development:

Hospice Ethiopia has offered a two days palliative care training for 31 health care providers (please see details of the training attached). Moreover, HE provided various training for social workers, and health care providers in collaboration with Ministry of Health in palliative care.

One clinical officer from hospice Ethiopia is studding his diploma in higher education.

40 community volunteers are trained in palliative care.

Interview on national broad casting corporate with executive director of Hospice Ethiopia has been done. Moreover, a documentary film including patient interview was done in collaboration with ministry of health. The purpose was to raise the awareness, and increase palliative care demand.

6. Major challenges and solutions taken

6.1. Challenges:

- Lack of sustainable funding
- Hard governing rules of NGOs
- Poor level of awareness amongst the health care providers and community regarding palliative care
- Poor access for strong opioid, especially morphine.

6.2. Solution taken:

As mentioned above we have done some activities of awareness raising utilizing television. We have taken effort to bring the issue of strong opioid access to ministry of health. Regarding funding issue, we have been striving to write proposal for different global donors against grant calls and mobilize the endogenous resources.

7. Appreciation

We are grateful to all our funders who supported us. All of our funders give a unique component of our program which enables us to offer a complete package to our patients. We therefore deeply show appreciation for each of them and acknowledge their contribution.