

ANNUAL ACTIVITY REPORT JANUARY TO DECEMBER 2021



TABLE OF CONTENTS

| LIST OF ACRNOYMS | | OF ACRNOYMS | iii |
|------------------|-----|---------------------------------|------|
| Ε> | (EC | UTIVE SUMMARY | 1 |
| 1. | IN | TRODUCTION | 2 |
| 2. | OE | BJECTIVES | 3 |
| 3. | LIS | ST OF PROGRAMS | 3 |
| 4. | PF | ROGRAM DETAILED | 3 |
| | A) | Home Based Care (HBC) | 3 |
| I | В) | Out-Patient Care (OPC) | 4 |
| (| C) | Day Care (DC) | 8 |
| ļ | D) | Bereavement Support | 8 |
| | E) | Training | 4 |
| ļ | F) | Expanding Awareness | 4 |
| (| G) | Patient Financial Support | 7 |
| I | H) | Provision of Food & Supplies | 8 |
| | l) | Expansion of Services | 9 |
| 5. | S1 | TAFFING | 9 |
| 6. | M | AJOR CHALLENGES AND CONSTRAINTS | 9 |
| 7. | C/ | ASE STORY | . 10 |

LIST OF ACRNOYMS

COVID-19 - An infectious disease caused by a newly discovered corona virus

DC - Day Care

HBC - Home Based Care

HCWs - Health Care Workers

HE - Hospice Ethiopia

MOH - Ministry of Health

PC - Palliative Care

PPE - Personal Protective Equipment

ANNUAL ACTIVITY REPORT JANUARY TO DECEMBER 2021

EXECUTIVE SUMMARY

Hospice Ethiopia (HE) is a non-governmental, non-profit organization providing palliative and end-of-life care. The Ethiopian government does not provide support for such services; therefore, Hospice Ethiopia is funded by generous donors that believe in right of every human to have compassionate care and dignity during end of life.



The aim of HE is to relieve the suffering of patients that have incurable diseases whereby improving the quality of

life through various palliative and hospice support services. Currently, HE provides several services including home-based care for those that remain in bed due to their illness; Outpatient care for those who are able to come to the nursing clinic; a daycare program as well as other support services. Ethiopians living with chronic illness and suffering from cancer, HIV/AIDs and other life-limiting diseases have palliative care (PC) needs that are mostly unmet. Hospice Ethiopia has been providing both palliative and hospice programs by trained healthcare professionals in Ethiopia since 2003.

During 2021, Hospice Ethiopia wasn't spared from the impacts of the COVID-19 pandemic that began in 2020. We worked to implement various protection measures for our staff and patients. As a result, we had to temporarily close our inpatient program for few months. The pandemic also contributed to an increased need for financial and sanitary support for our patients. However, even though it was a difficult year to carry on as normal, we continued to spread awareness about the services offered at Hospice Ethiopia including a productive trip to the United States to spread awareness and strengthen partnerships.

Hospice Ethiopia continues to support the strategic vision to expand the care services outside of Addis Ababa. In collaboration with the Hawassa Referral Hospital they saw 60 patients. However, we had to temporary suspend services in Bahir Dar due to staffing changes. In total, we 310 patients were provided care in 2021 (250 patients in Addis Ababa and 60 patients in Hawassa). Additionally, as the public continues to use the internet to search for hospice services, we have received a few requests from Ethiopians outside the country that desired to return to Ethiopia and receive care from Hospice Ethiopia.

1. INTRODUCTION

VISION

To be a centre of excellence in the provision of quality hospice and palliative care services to all people living with life threatening illness in Ethiopia.

MISSION

To provide compassionate, affordable, accessible, and culturally appropriate palliative care to those in need throughout Addis Ababa and the rest of Ethiopia through trained health care professionals.

GEOGRAPHIC LOCATIONS

Hospice Ethiopia's main office is in Addis Ababa, Ethiopia. We support a program in Hawassa thru a partnership with the Hawassa Referral Hospital and recently suspended the program in Bahir Dar.



OBJECTIVES

- 1. To improve the quality of life of patients with incurable diseases particularly cancer, HIV/AIDS, diabetics and hypertension and their families through provision of palliative care and support services.
- 2. To provide compassionate, affordable, and culturally appropriate palliative care services to those in need by trained health care professionals.

2. LIST OF PROGAMS

- a) **Home Based Care (HBC):** Delivered physical, psychological, and spiritual services to housebound patients.
- b) *Out-Patient Care (OPC):* Provision of pain relief and psychosocial support to patients who are able to come to the main HE's office in Addis Ababa.
- c) Day Care (DC): A weekly program at the main HE office in Addis Ababa that provides psychosocial support in a group setting.
- d) Bereavement Support: Support for families who have lost their loved ones.
- e) *Training:* Work to expand hospice and palliative care services by providing training to health care professionals.
- f) Expanding Awareness: Expand awareness thru workshops, mass media, and other networking opportunities to communicate both the need and the benefits of Hospice and palliative care services.
- g) **Patient Financial Support:** Provide limited financial support to destitute patients for basic food supply, utilities, and housing support.
- h) **Provision of Food & Supplies:** Provision of food, sanitary supplies, medicine, and medical supplies.
- i) **Expansion of Services:** Replicate similar services in other hospitals outside of Ethiopia's capital city, Addis Ababa.

3. ABOVE PROGRAMS DETAILED

a) Home Based Care (HBC)

The physical, psychosocial, and spiritual support is the holistic care provided by trained healthcare workers and volunteers/caregivers while patients are in their home as



well as at the main HE office in Addis Ababa. Providing these services was challenged due to the global COVID-19 pandemic. We were very fortunate that these services continued during this difficult time. We made adjustments by prioritizing patient services based on critical needs and we followed some patients using mobile phones to minimize the risk of the virus transmission. During this reporting period comprehensive services were provided to 169 patients through home based care.

b) Out-Patient Care (OPC)

Some patients can come into a clinic to receive support, supplies and medicine for their needs. During this reporting period we serviced 81 patients at the main office in Addis Ababa and 60 patients were seen at the Hawassa referral hospital.

c) Day Care Program (DC)

Hospice Ethiopia (HE) has provided a psychosocial support for 10 beneficiaries via day



care services (a 60% decrease from last year due to the fear of COVID-19 transmission). The day care program is a meaningful gathering and group support for patients that can leave their homes. This program is organized every Thursday at the HE center in Addis Ababa. The patients attend a lunch with a traditional coffee ceremony and have entertainment organized for

them. This program gives patients a forum to share their experiences, social issues and provide emotional support to each other. Due to the COVID-19 pandemic, we had to temporarily discontinue this program but resumed the program in June 2021.

d) Bereavement Support

The aim of the bereavement support is to assist patients' next of kin who lost their loved ones due to illnesses with their grief. This support was given to 18 patients' families.

e) Training

Due to the COVID-19 pandemic training formal training was placed on hold. However, we continued to strengthen our relationships with the Addis Ababa University as well as the Ministry of Health and other training partners.

f) Expanding Awareness

Hospice Ethiopia uses various methods to expand awareness about our services. Our Facebook page now has 795 followers, our website (www.hospiceethiopia.com) has had 130 people subscribed to our online to our newsletter and 160 people have been added to a private Facebook page managed by our HE volunteers in the United States. Hospice Ethiopia also uses FM radio and other media to expand awareness.

At the end of 2021, Executive Director, Ephrem Abathun took a trip to the United States to increase awareness and strengthen partnerships. Below is a brief recap of his visit:

In 2020 discussions begun for Hospice Ethiopia staff to visit the US to strengthen and expand partnerships but the COVID-19 pandemic began and the trip was place on hold until 2021. In November 2021 Ephrem Abathun, Executive Director at Hospice Ethiopia, began his tour in the United States in Boston Massachusetts where he visited Malet



Bejiga, an Ethiopian
Hospice Nurse who
manages a social
media account for
Hospice Ethiopia. He
spoke briefly to a
small group in Boston
(pictured left).

In Las Vegas, Nevada Ephrem and HE volunteer supporter, Stephanie Council, toured Nathan Adelson Hospice facilities (pictured below), spoke at a local church and attended a small gathering one evening to promote Hospice Ethiopia at Jerry & Stephanie Council's home



Ephrem then flew to Sacramento, California where he had a full itinerary meeting the Board of Directors at Snowline Hospice (pictured right). He spent 3 days with Snowline where he was accompanied by Dr. Jeanine Ellinwood, who took him on a tour of the Snowline thrift store that sells items that support the hospice programs.



Ephrem also toured hospice facilities, had evening with local doctors, a dinner with the previous CEO at Snowline, was interviewed by a local newspaper and met many kind and unforgettable staff.

At two Snowline Hospice locations he shared an Ethiopian lunch with staff and gave them a presentation on Hospice Ethiopia (pictured below).



Harriet Andrews, a Hospice Ethiopia supporter from Ireland, and she and Ephrem attended a beautiful luncheon at the home Donna Pineda where Ephrem presented to the parishioners from Donna's church.

The next stop was in Bend Oregon where Ephrem was hosted by Marlis Beier MD, Dean Sharpe MD & Richard Grooves the founding Director at the Sacred Art of Living Center. Ephrem attended professional development training with other participants from Ireland, toured hospice facilities, and met many wonderful people interested in learning more about Hospice Ethiopia (pictured right having lunch).



Finally, Ephrem, Stephanie & Harriet flew to San Fransico where they attended a dinner hosted by professors at Stanford University. During their discussions a proposed training partnership was discussed and will be investigated in 2022.



In summary, it was a wonderful, productive trip. Ephrem and Hospice Ethiopia would like to thank everyone that helped host, coordinate and expressed an interest in learning more about palliative and hospice care needs in Ethiopia.

g) Patient Financial Support

Many of the patients supported by Hospice Ethiopia are poor and do not have the ability to earn income. They struggle to provide basic survival necessities such as food, medication, and housing while battling life-threatening illnesses. Understanding this situation, HE provided 30 of our most destitute patients with financial support.

h) Provision of Food & Supplies



Another area of Hospice Ethiopia's support is the provision of various types of supplies (sanitary supplies, dress support, etc). During the past year we provided these supplies to 50 patients.

This has been an unprecedented year for many. While providing for care for our

patients the HE nurses observed how COVID-19 pandemic affected the food supply for many elderly patients. Thus, HE as part of the provision of holistic palliative care services, provided food items (flour, food, oil, pasta, teff and grains) and sanitary materials to 120 patients ease their burden. We also delivered COVID-19 mitigation supplies (hand sanitizer, facemask, soaps) to 90 patients and their families.

i) Expansion of Services



Launching outreach programs by partnering with other regional hospitals was found to be a sustainable approach to expanding PC services. Hospice Ethiopia established partnerships with Hawassa Referral hospital (pictured to the left) to expand palliative and hospice care services. In collaboration with HE, these hospitals have

appointed a focal point person and have begun providing palliative care services. A room is designated at the hospital which will facilitate palliative care patients to be seen as out-patient. During the reporting period, 60 patients were provided care. However, due to frequent management turnover at the Tibebe Ghion Hospital in Bahir Dar, and resignation of the nurse that was hired by HE to serve as a focal person, the services were not delivered as planned.

4. STAFFING

During 2021 there were 13 staff working at HE (4 clinical staff, 2 support staff and 7 administrative staff).

5. MAJOR CHALLENGES AND CONSTRAINTS

•

6. CASE STORY



Negasi* was a 55-year old man living in a rented house with his wife and 7 year old daughter. He was referred by the Black Lion Hospital to Hospice Ethiopia with a diagnosis of nasopharyngeal (back of the nose and throat) cancer. On the nurse's first visit to Negasi, he was bed bound and in severe pain causing poor sleep; he was also unable to swallow due to the mass and had a huge swollen wound on

his face causing gross disfigurement with accompanying odor. He was unable to work resulting in serious socioeconomic problems. and his wife was unemployed.

The nurse from Hospice Ethiopia arranged for him to receive morphine and other medications for his pain. The team gave him nursing care for example mouth care and wound care, and provided medical supplies, and taught his wife how to care for him. In addition, the team provided him with food support and emotional support.

After this care was put in place, he was able to sleep with his pain and other symptoms controlled. The food support helped to relieve their immediate basic needs. As Negasi approached the end of his life, the input from the team increased providing additional support for his wife as she struggled to cope with her husband's deterioration and care for their daughter. Negasi died three months after the Hospice Ethiopia team became involved in his care. The nurses are providing ongoing bereavement support for the family.

*Not his real name.