

SWAZILAND HOSPICE AT HOME

“SIKHONELA KUSITA”
“HERE TO HELP:”

ANNUAL REPORT 2007/2008

BANKERS: Nedbank Swaziland

INTERNAL AUDITORS: Affordable Consulting Practitioners
(Proprietary) LTD

EXTERNAL AUDITORS; Kobla Quashie

P. O. Box 23
MATSAPHA
SWAZILAND

TEL: +268 51 84485

TEL/FAX: +268 51 86405

+ 268 51 86737

E-mail: hospice@swazi.net

CONTENTS

1. Introduction
2. Preamble and Acknowledgements
3. Definition of Palliative Care
4. Members of the Board
5. The Patron's Remarks
6. The Chairperson's Remarks
7. Introductory Remarks by the Director
8. SHAH's Mission Statement, Vision, Goals and Objectives
9. Key Operating Principles
10. SHAH's Organisational Structure
11. Overview of Activities
 - 11.1 Service Delivery
 - 11.2 IEC
 - 11.3 VCT
12. Staffing
13. Friends of Swaziland Hospice At Home
14. Achievements
15. Challenges
16. Financial Report
17. Annual Financial Statements

DEFINITION OF PALLIATIVE CARE

According to World Health Organization (WHO) Palliative care is an approach that:

- Improve the quality of life of patients and families facing the problem of life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psycho-social and spiritual.
- Will enhance quality of life, and may also positively influence the course of illness.
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, or antiretroviral/OI therapy and includes those investigations needed to better understanding and manage distressing clinical complications.

ACKNOWLEDGEMENTS

I want to acknowledge the following people for their role in assisting Hospice for the benefit of the Swazi people.

Firstly, is Inkhosikati Make LaNgangaza, for forgetting patronage and being deeply involved in all Hospice activities with her willing guidance. Secondly, is Senator Ngomuyayona Gamedze, for assisting us to establish a Soup-kitchen for the patients, and his continuous support of the organization. Not forgetting my family, Prince Mahlaba, sisters, all my friends and relatives for their support and unconditional love.

I also want to record my appreciation to the Principal Secretary in the Ministry of Health and Social Welfare, Miss Khangezile Mabuza in the Ministry of Finance for her continuous support and expertise in assisting the organization. I would also like to acknowledge Ms Sibongile Mndzebele from the Ministry of Health and Social Welfare, without her support for the Home Base care and Palliative Care: Hospice wouldn't have made it alone. Her commitment in the care and support of our people is immense.

Furthermore, I would like to thank my chairperson Ms Christabel Motsa for her commitment to the organization, and being there to listen to problems encountered by the organization, not forgetting all other Board Members for his support and dedication towards helping the organization. Lastly, I would like to thank Sikhumbuzo Dlamini from Nedbank

PREAMBLE

Quality Palliative Care (PC) is of interest to everyone who is receiving or providing palliative care. The quality of the care that is provided depends on everyone's understanding of the underlying model that is quality guiding the patient/family care. The organization's mission and vision and the consistency of the language, practice and treatment guidelines, outcome assessment, performance and improved strategies that everyone is using from day to day. Implementation of quality palliative care within an organization starts with careful strategic planning followed by systematic guidelines outcome measures indicators and standards.

Swaziland Hospice At Home (SHAH) conducted a small study on palliative care in Swaziland, and this study indicated that there were gaps in the provision of palliative care with very little knowledge on the term itself and pain management. This study assisted the organization to map out a strategic plan and activities to address these issues in order to provide quality palliative care and upscale the palliative care activities.

SHAH is now advocating for a review of H.B.C. standards and formulation of Palliative care in the country. (APCA) African Palliative Care Association is an organization that SHAH has partnered with. The benefits of this partnering are immense. Technical support will be provided to hospice in order to upscale capacity on palliative care through training of diverse groups.

SHAH believes that integrating palliative care into existing home based care structures and teaming up with other NGOs would assist in facilitating the availability of essential medicine and opioids to all deserving patients. Furthermore, we at Hospice would like to see an increase base of opioids prescribers.

MEMBERS OF THE EXECUTIVE COMMITTEE



H.R.H. Inkhosikatio Langangaza
PATRON



Ms. Christabel Motsa
CHAIRPERSON



Mr. Stephen Motsa
VICE CHAIRPERSON



Ms. Gugu Phungwayo
TREASURER



Ms Thulile Dlamini – Msane
DIRECTOR



Ms Busisiwe Ndlela
Member



Ms. Gcinile Buthelezi
MEMBER

FROM THE PATRON



Inkhosikati Make Langangaza

The year under review has been a challenging period for Swaziland Hospice At Home (SHAH). The organization's resources are still the most impacting factor in its quest to serve the Swazi terminally ill and poverty stricken segment of our society. This is evident when considering the organization's difficulties in meeting requests from its constituencies fully. These requests range from alleviating pain and suffering, home based care and bereavement support to mention but a few. I am quite aware of the fact that some drugs continue to be indispensable for the relief of pain and suffering and may I assure you that we are doing everything in our power to ensure that adequate provision is made available.

A multi-centre study by health professionals on pain in AIDS asserts that pain is a common and debilitating symptom of HIV disease, present in 62% of HIV inpatients and its severity decreases their quality of life. Since palliative care is still a new phenomenon, problems like lack of national policies and coordination amongst all service providers and ignorance are some of the obstacles to effective palliative care in the country. I so much wish that all health professionals and relevant stakeholders can come together and make sure that palliative care is improved. I would be very much pleased to hear that it has been included in the national HIV/AIDS policy, and also be mentioned in the government of Swaziland health sector policy. I have noted that these challenges are really a threat to the organization's efforts in fighting HIV/AIDS in the country.

Massive investment on human resource development is also a must for an organization to progress. Even though it has proved to be the most expensive but imperative factor to any organization regardless of its mandate. Thus, though SHAH is a non-profit organization, but its mandate requires recruitment of a dedicated staff. This is due to the nature of the job as mentioned that it can be emotionally effecting to the organization's workers as well. Above all the organization has to retain this key human resource staff for efficiency in the execution of its mandate.

Moreover, the country's infrastructure makes it even more expensive and difficult to reach

the organization's constituencies, particularly in the rural areas where the effects of the HIV/AIDS and poverty scourges are mostly felt. Scholars and researchers have declared this era as an information age. This as meaning, a difficult life for one if ignored by such transformations which predominate technologically in nature. However, it's very disheartening that most of our constituencies in rural areas are victims of such unevenness, while access to information can be helpful in this war. This is where palliative care plays an important role.

I don't mean to undervalue government's efforts in bridging the gap between urban living standards and rural living standards in the promotion of sustainable development and poverty alleviation.

The organization sees itself as a partner to the Swazi government fight against these national disasters.

Ladies and gentlemen this country is at war against the most venomous deadly enemy ever experienced by human kind. HIV/AIDS, cancer and poverty are our overt enemies; they are a threat even to our existence. Therefore, I urge each and every Swazi, regardless of gender, age, to be patriotic and join the fight.

In conclusion, I want to thank the Director of hospice for her continuous sharing of information on the progress of hospice challenges and her innovative approach in dealing with hospice activities. May I also request His Majesties government, Friends of SHAH, Business Community to continue offering support to hospice as it is for a good course.

Regards,



H.R.H. Mkhosikati Langangaza
THE PATRON

FROM THE CHAIRPERSON



Ms Christabel Motsa

Palliative and Hospice care remains key to the management of terminal ill patients. Swaziland Hospice At Home (SHAH) has a mandate of providing palliative care to deserving clients. Over and above that, SHAH 's objective is to improve the caring of professionals and therefore the organization has trained two more palliative care givers which brings the number of trained nurses in Swaziland to four.

In line with the Abuja Declaration and the Poverty Reduction Strategies of the country, the organization has committed itself to providing equity of care to the poor and the pro-poor by providing Palliative Home Based care. It is important to note that even the statistic depicts that the HIV/AIDS prevalence has seen a slight decrease.

The number of patients who need Hospice care has continued to increase, posing a huge challenge to Hospice service delivery. The donor fatigue continues to make the running costs of Palliative Care to be very expensive, however despite all these challenges the organization is working very hard to meet the needs of the patients.

As chairperson of the organization I would like to record the contribution made by the Global fund through the National Emergency Response Council on HIV/AIDS (NERCHA) to Hospice. May I clearly state that the funding has greatly helped the organization in up-scaling Palliative Care and also in providing training of health professionals and care-givers.

Furthermore, I would like to applaud the friends of Hospice locally and abroad for continuing to support Hospice as it faces the mammoth task of caring for the terminal ill patients. It is my singular honor to thank His Majesty's Government for its valuable subvention to the organization. I would also like to extend my many thanks to the Hospice Executive Committee and staff for their continued dedication to Hospice challenging activities. May I also record my appreciation of the Director's performance during the challenging times of looking for funding.

Many Regards

A handwritten signature in black ink, appearing to read 'Christabel Motsa', written in a cursive style.

**CHRISTABEL MOTSA (Mrs.)
CHAIRPERSON**

FROM THE DIRECTOR



Senator Thulile
Dlamini - Msane

The HIV/AIDS prevalence has indicated that the National prevalence rate is 26% of which this is encouraging to note. However it is worth noting that the disease burden to the health system is still increasing due to various factors. Swaziland Hospice At Home (SHAH) has experienced the burden, especially in the rural areas and peri-urban areas who are hit hard by the diseases and extreme poverty due to unemployment. The most unfortunate part about the disease is that it affects the breadwinners in the families.

The government of Swaziland has played a pivotal role in providing ART and OI for free to all deserving clients. Notable, this important achievement is constantly watered down by poverty and ignorance on the management of minor ailments. Hence, a lot of clients start and stop treatment, which causes

deterioration leading to increased mobility and mortality. Hospice has managed to cope with this mammoth task of caring for these people. Cancer has been seen to be emerging and competing with HIV/AIDS. The organization sees more women who are at full blown stage, suffering from different cancers, especially cancer of the cervix and breast, Kaposi's sarcoma is also visible and these worsen the patient's coping with the disease.

Poverty comes into play, most of the infected and affected patients are impoverished and this makes the management of the disease progression difficult. We also noted that Patients cannot afford to go to VCT centers more often due to lack of money for transport; hence the adherence is broken and causing problems for the patients.

The organization's performance was strained for the reporting period of 2007 to 2008. This was due to inadequate funding especially for maintenance and fuel. These two areas made it very difficult for the organization to adequately provide services as mandated by our constitution. This was a set back on home visiting and it decreased hospice visibility on the ground. However, during this time the organization engaged in capacity building, several trainings were conducted to try and roll out palliative care, assisting hospice to reach as many people with the limited resources. I want to put on record the assistance that we received from government through the Ministry of Finance and the Ministry of Health and Social Welfare who intervened by providing finances which saw the organization on course once more.

SHAH has experienced a turn-over in professional staff, this was evident when government improved nurses' salaries and being a small organization we could not cope, two nurses moved to government. One was already trained on palliative care, he obtained a diploma and the other was trained in program management. However, the organization has made replacement.

I want to record my most profound gratitude to Inkhosikati Make LaNgangaza for her continuous support during the difficult times. The hospice board, for being there for the Director and being supportive. I also want to record my appreciation to the hospice staff for their support at all-times, especially those who went without salaries, but continued to work tirelessly.

Furthermore, I want to record my appreciation to all the business community for their continuous support when ever approached to support the organization and those that voluntarily support us. The Government of Swaziland, NERCHA, FOSH U.K, and all partners in Palliative Care movement.

Many Regards

SENATOR THULILE D. DLAMINI – MSANE

A handwritten signature in blue ink, appearing to read 'D. Dlamini'.

DIRECTOR

THE MISSION STATEMENT

THE MISSION STATEMENT OF SWAZILAND HOPSICE AT HOME WILL BE AS FOLLOWS;

“To improve the quality of life of all clients with life limiting diseases, including HIV/AIDS”.

THE VISION, GOAL, AND OBJECTIVES

THE VISION:

The Swaziland Hospice At Home (SHAH) aspires to become the centre of excellence in palliative and home based care in the Kingdom of Swaziland.

GOAL

“To alleviate pain and suffering, hence improve the quality of life of the affected patients, their families and their communities”

STRATEGIC OBJECTIVES

1. To improve the health of people living with terminal illness diseases including HIV/AIDS
2. To improve the coping mechanism of the people affected by HIV/AIDS
3. To strengthen and provide professional palliative and home based care at SHAH
4. To improve the standard of living of the targeted groups:
 - People affected and infected by Aids
 - Cancer patients
 - TB patients
 - Community volunteer
 - Youth, men and boys

OPERATIONAL OBJECTIVES

- Institutional Development Objective
- To establish an appropriate management and information system (MIS) that enables hospice to manage its activities effectively and efficiently.
- To imbue a culture of professionalism among hospice staff at all levels to adequately meet client needs.
- To improve the image of hospice in societies, amongst clients, the donor community and government.
- To develop an organizational structure that supports the strategic requirement of hospice and enables the institution to be managed effectively and efficiently.
- Instigate a programme of income generation activities, which will include, rent of hospice properties, counseling and expertise rendered on both palliative and home based care

KEY OPERATING PRINCIPLES

Hospice agrees to operate under the principle of:

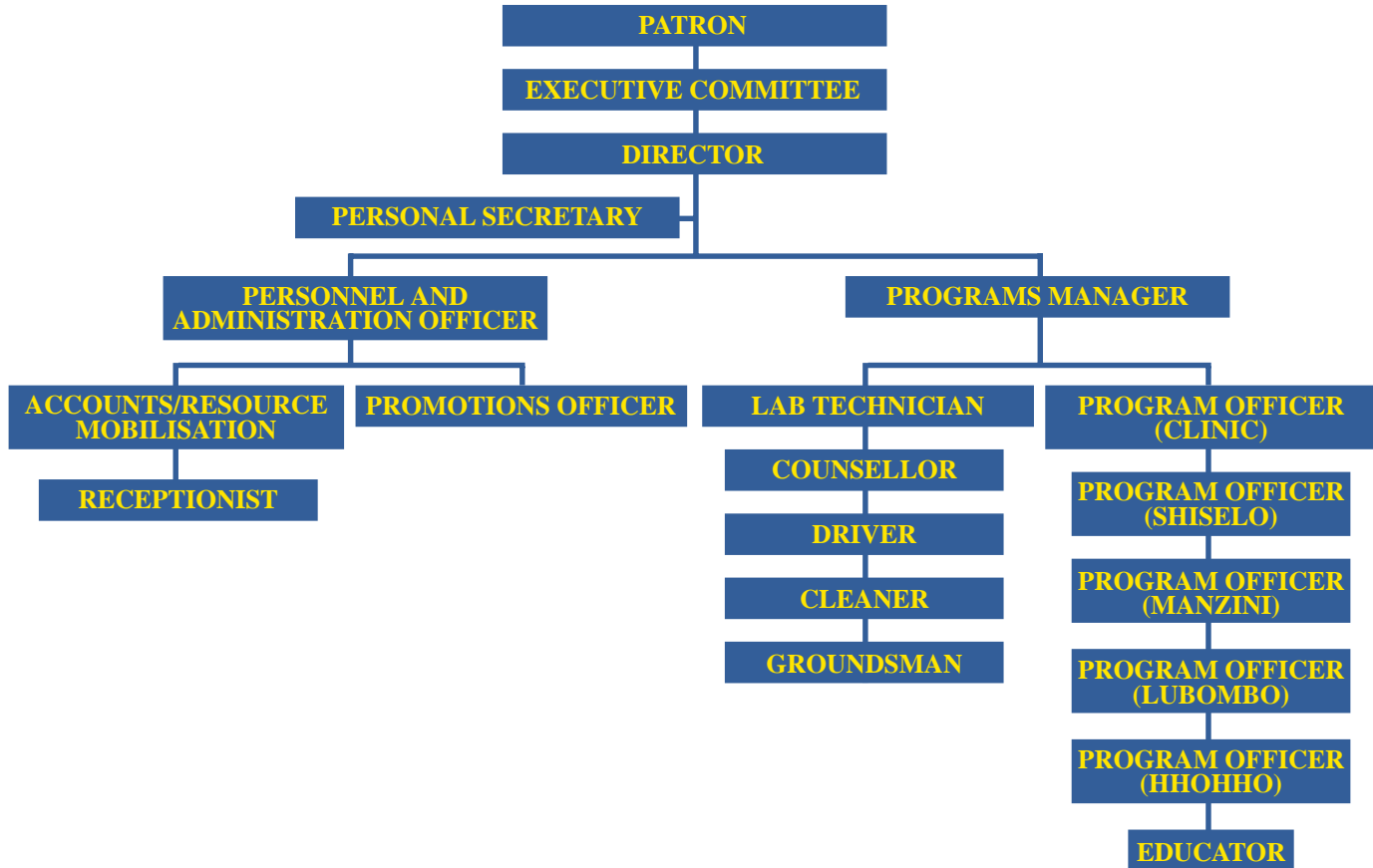
- Professionalism
- Service quality and excellence
- Fairness, consistency and equity
- Transparency and accountability
- Integrity and honesty
- Diligence
- Accessibility
- Ensure good health – ethics
- Deliver professional programmes, which address client needs
- Undertake continuous staff development

CONTROLS

Hospice agrees to control by:

- Establishing and monitoring key performance
- Developing and implementing a monitoring and evaluation system
- A yearly audit of accounts

SHAH'S ORGANISATIONAL STRUCTURE



SERVICE DELIVERY

TABLE 1: Total number of Terminally Ill Patients by Disease and Year

| DISEASE | 04/05 | 05/06 | 06/07 | 07/08 | TOTAL |
|----------|-------|-------|-------|-------|--------|
| HIV/AIDS | 18819 | 19684 | 20336 | 28674 | 87513 |
| CANCER | 1714 | 1475 | 1330 | 2027 | 6546 |
| OTHER | 2325 | 2358 | 11574 | 11860 | 28117 |
| TOTAL | 22858 | 23517 | 33240 | 42561 | 122176 |

AIDS still remains a major leading single diagnosis among patients referred to SHAH and the number of referrals continues to increase in an alarming rate as shown in the Table 1. The table shows that the total number of patients increases year after year and it is evident that HIV/AIDS contributes the highest number of patients followed by other forms of illnesses and lastly cancer. Over the years cancer has recorded a fewer number of patients as years progress but for the year 2007/08 cancer patients increased having a record high of 2027 patients as compared to 1330 patients in 2006/07. For the year 2007/08, out of 42561 terminally-ill patients were attended by SHAH nurses, 28674 patients had HIV/AIDS which constitutes a proportion of 67.3% of all patients. 2027 patients were treated for cancer constituting only 4.76% whilst patients with other forms of illnesses had a proportion of 27.87% after recording a total number of 11860 patients. With the ever-increasing number of terminally ill patients, especially those affected by HIV/AIDS, mounts too much pressure on the limited resources of SHAH making it difficult to carry-out its (SHAH) duties and to reach its (SHAH) goals and objectives. This confirms that the demand of service we provide alluded to earlier is undermining the good efforts of this noble organization.

HOME BASED PALLIATIVE CARE

This activity is on-going, we have tried to improve the strategy, and we are decentralized as follows. Four nurses visit each region per day and the regions have been divided into four zones to capture a lot of patients. At the beginning of the reporting year we had a lot of problems reaching our clients because of fuel shortage and maintenance of vehicles which

Table 2: Terminally Ill Patients by Region and Disease, 2007/08

| Region | Cancer | HIV/AIDS | Other | Total |
|------------|--------|----------|-------|-------|
| Hhohho | 609 | 6090 | 407 | 7106 |
| Manzini | 704 | 8720 | 498 | 9922 |
| Shiselweni | 433 | 4903 | 371 | 5707 |
| Lubombo | 167 | 3579 | 310 | 4056 |
| Clinic | 114 | 5382 | 10274 | 15770 |
| Total | 2027 | 28674 | 11860 | 42561 |

takes a major part of our budget. The adopted strategy is friendlier on fuel because of the reduced number of trips made and the fact that ambulant clients are seen at the Tinkhundla centers and Home visits.

Poverty is one of the elements that makes the disease burden very difficult to manage as the majority of our clients are impoverished with nothing to eat. The organization continue to provide food parcels to the deserving clients

Table 2 shows the total number of terminally-ill patients by region for the year 2007/08. The Manzini region has recorded a high proportion of terminally ill patients as compared to the other three regions of Swaziland with 9922 patients amounting to a proportion of 23.31%. The Manzini region was followed by the Hhohho region with 7106 patients constituting 16.70%, and then the Lubombo region with 5707 patients making up 13.41%. Lastly the Shiselweni region recorded a total number of 4056 patients which constitutes a low of 9.53%. The remaining 37.05% of patients were recorded at the clinic and this will be dealt with later in the section for clinic statistics. For the Manzini region having recorded the highest proportion of terminally-ill patients as compared to the other regions of the country is due to that this region (Manzini) receives a lot of people from the other regions. The influx of people to the Manzini region can be attributed to the fact that the Manzini city is a commercial capital and situated next to it is the Matsapha Industrial Town where a lot of people are employed in the factories. The rate at which people flock to the Manzini city has put so much pressure on employment and other services offered in the city and has resulted in poverty taking a toll amongst the people. With the Shiselweni region recording a low proportion of terminally-ill patients is due to the fact that this is the least developed region in the country with little or no infrastructure and a lot of impoverished people. Lacking the basic infrastructure such as roads and health facilities makes it hard for people to access health care and this has caused difficulties for SHAH Nurses on fieldwork in the Shiselweni region to access patients and arrive on time to give them medical attention.

Table 3: Total Deaths by Disease and Year

| Disease | 05/06 | 06/07 | 07/08 | Total |
|----------------|--------------|--------------|--------------|--------------|
| HIV/AIDS | 608 | 342 | 413 | 1363 |
| CANCER | 208 | 88 | 72 | 368 |
| OTHER | 232 | 117 | 253 | 602 |
| Total | 1048 | 547 | 738 | 2333 |

As shown in Table 3, the total number of deaths by diseases differ according to the different types of illnesses with HIV/AIDS contributing the largest number of deaths followed by other forms of illnesses and lastly cancer. For the year 2007/08, out of 738 deaths that occurred, 55.96% deaths were due to HIV/AIDS, 9.76% due to cancer and 34.28% due to other forms of illnesses. With these figures it is evident that HIV/AIDS is the highest ranked cause of death among terminally ill patients receiving home based palliative care from SHAH.

This is attributable to several factors of significant importance such as;

- The HIV/AIDS pandemic
- The publicity hospice has received from our friends and the local media houses, thus creating national awareness of what the organisation is all about and what it can offer
- The healthy relationship that exist between hospice and the Ministry of Health and Social Welfare.
- The educational training programme for health professionals which has enhanced referral to hospice.

FIGURE 1: AIDS PATIENTS

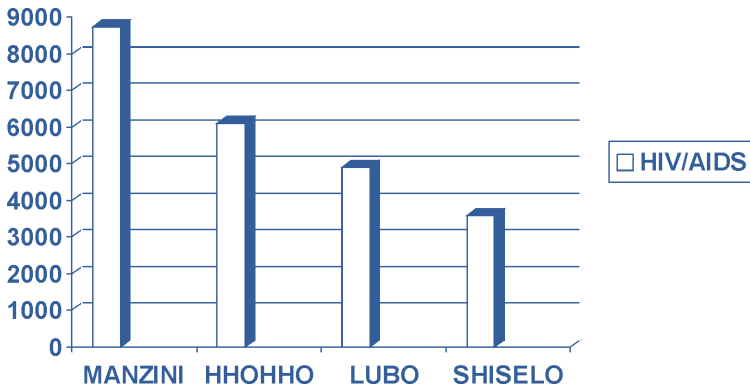


FIGURE 2: CANCER PATIENTS

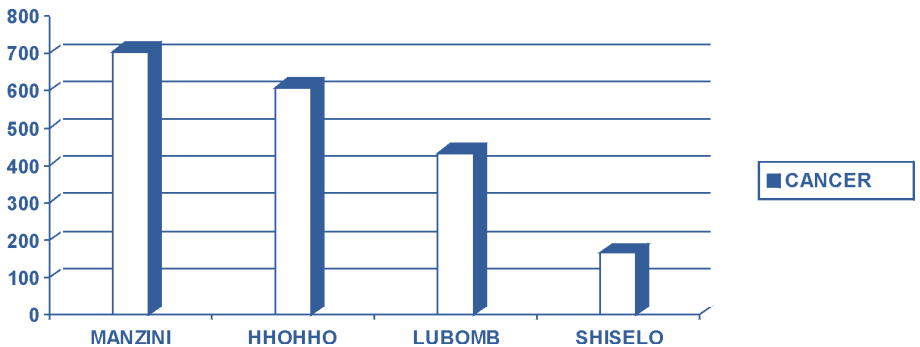


FIGURE 3: OTHER

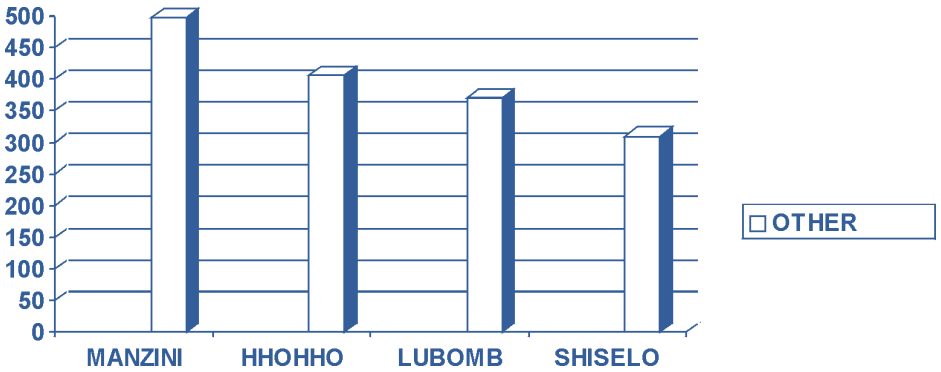
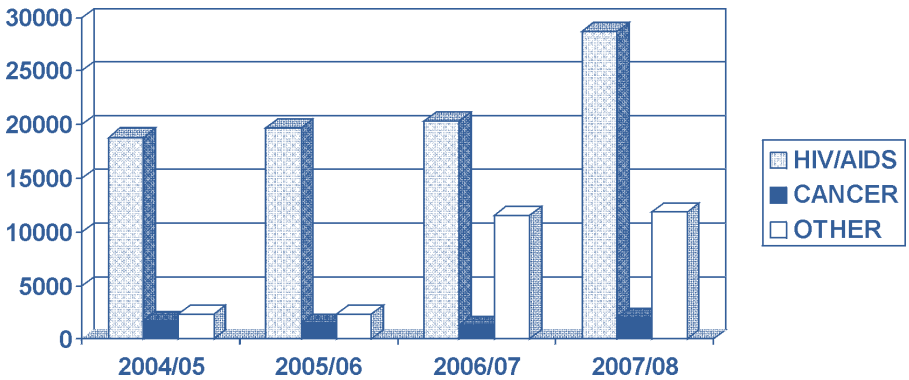


FIGURE 4: TERMINALLY ILL PATIENTS DIAGNOSIS (HIV, CA, OTHER)



CLINIC

Clients visiting hospice clinic have increased tremendously as the pandemic matures as shown in table 4. The majority are brought in stretchers at terminal stage needing immediate alleviation of symptoms such as diarrhoea, vomiting. Relatives refer these patients after they have been denied treatment in hospitals for a continuation of Home Based Palliative Care. We have experienced deaths in the clinic of patients that are brought out at gasping stage. Out of 42561 patients for the year 2007/08, the proportion of patients attended by SHAH nurses was 37.05% making a total of 15770 patients. Patients with other forms of illnesses were the highest with 10274 patients encompassing 65.15% followed by HIV/AIDS patients with a proportion of 34.13%. Cancer patients accounted for only 0.72% of the patients who got medical attention at the SHAH clinic. It is evident that the highest numbers of patients receiving medical attention from SHAH are those treated at the clinic and they are mainly affected by other forms of illnesses. The flooding of patients to the

clinic has mounted pressure on SHAH resources. The increase in Hospice patients mainly in the clinic can be attributed to the fact that SHAH services are for free and patients only make a contribution of E10.00 at the clinic for those who have it and can afford it. For this reason SHAH patients will always increase yearly.

STATISTICS

Table 4: Terminally-ill Patients

| | HIV/AIDS | CANCER | OTHER | TOTAL |
|--------|----------|--------|-------|-------|
| CLINIC | 5382 | 114 | 10274 | 15770 |

DAY CARE CENTRE

World wide Nursing homes and other long term facilities are increasingly becoming the principal place of care and the site of death for older adults in the developed world. The boom of aging adults is not limited to the developed countries, it is limited to the undeveloped countries, and it is also seen in developing countries like Swaziland. This aging group in Swaziland is particular stressed with disease burden that of caring for their children who are suffering from AIDS related disease.

The day care centre at Hospice has seen an alarming increase in the number of patients coming for help, in alleviating distressing symptoms, in the last three years clients were ambulant and we see more and more clients that come in stretches with serious distressing symptoms that are HIV/AIDS related.

Furthermore, the number of clients coming in at near exit and cancer are in an increase. This relates to ignorance on the side effect of ART at the initial stage. Misconceptions that are widely published about ART's poverty leading to failure to honor appointments and when situations are grave, clients came to hospice for help. Tuberculosis (T.B) is also a problem; despite the Dot system that we have in the country. Clients do not have the motivation to take treatment, citing hunger as a problem. One cannot over emphasize the poverty and hunger that these clients experience.

To this end the organization has established a Soup-kitchen for clients, so that they can at least have a meal while they wait for treatment. The task of caring is a mammoth one especially at Hospice where we endeavor to provide quality care. More than 50 clients pass through our clinic with distressing symptoms and we have had few exits in our premises.

Voluntary Counseling and Testing (VCT/HTC)

On its inception this program targeted clients in the rural settings where the rapid test is taken to the people, as many care givers and families get the motivation to test. This small Unit sees a sizeable number of clients at the Hospice clinic and in the rural areas.

The organization is looking forward to up scale these services and attempt to provide

adherence to treatment. H.T.C strategy is working well for Hospice. Service providers are able to reach a lot of clients (cares) for this program and some for treatment.

There has been a tremendous increase of patients referred to and seen by this organisation, this confirms the ever-increasing demand for the services we provide

VCT STATISTICS APRIL 2007 – MARCH 2008

TABLE 5: HIV STATUS BY SEX,

| MONTH | HIV POSITIVE | | | HIV NEGATIVE | | |
|--------------|--------------|------------|------------|--------------|------------|------------|
| | MALE | FEMALE | TOTAL | MALE | FEMALE | TOTAL |
| APRIL | 16 | 46 | 62 | 11 | 27 | 38 |
| MAY | 10 | 27 | 37 | 30 | 48 | 78 |
| JUNE | 16 | 45 | 61 | 7 | 20 | 27 |
| JULY | 13 | 36 | 49 | 4 | 23 | 27 |
| AUGUST | 18 | 25 | 43 | 12 | 21 | 33 |
| SEPTEMBER | 15 | 31 | 46 | 6 | 14 | 20 |
| OCTOBER | 30 | 37 | 67 | 9 | 11 | 20 |
| NOVEMBER | 20 | 28 | 48 | 7 | 11 | 18 |
| DECEMBER | 19 | 20 | 39 | 13 | 18 | 31 |
| JANUARY | 25 | 40 | 65 | 11 | 17 | 28 |
| FEBRUARY | 20 | 33 | 53 | 8 | 9 | 17 |
| TOTAL | 202 | 368 | 570 | 118 | 219 | 337 |

GRAND TOTAL - 907

HIV+ - 62.85%

HIV- - 37.15%

From the table it can be observed that a total of 907 people had an HIV test from April 2007 to March 2008. 62.85% of the people tested positive for the HIV virus and 37.15% tested negative, and this shows that the HIV/AIDS pandemic is becoming more serious on public health. There is a high proportion of females among people who tested HIV positive with the 64.56%. Females testing positive compared to 35.44% males who tested positive. Also among those who tested negative for HIV, females had a high proportion than males.

CD 4 COUNT STATISTICS, APRIL 2007-MARCH 2008

For the year 2007/08, a total of 1525 patients took the CD 4 count. A total of 185 patients took the CD 4 count in November which was the highest recorded number. The next highest number of patients who took the CD 4 count was 170 in September followed by October

with 155 patients. The month of May had the least number of patients taking a CD 4 count with only 13 patients. Patients make the CD 4 count to determine the number of their blood cells. Knowing the number of blood cells helps HIV positive patients to know when they are ready to begin ARV therapy. Table 6 below shows CD 4 count statistics undertaken at SHAH for the year 2007/08.

Table 6: CD 4 Count Statistics, 2007/08

| Month | Number of Patients | Rank |
|-----------|--------------------|------|
| APRIL | 96 | 10 |
| MAY | 13 | 12 |
| JUNE | 102 | 8 |
| JULY | 98 | 9 |
| AUGUST | 147 | 5 |
| SEPTEMBER | 170 | 2 |
| OCTOBER | 155 | 3 |
| NOVEMBER | 185 | 1 |
| DECEMBER | 53 | 11 |
| JANUARY | 128 | 6 |
| FEBRUARY | 151 | 4 |
| MARCH | 127 | 7 |

INFORMATION, EDUCATION AND COMMUNICATION (I.E.C)

Capacity building is key for the provision of quality Palliative Care and rolling out the services to all eligible clients. One of Hospice objective is to imbue the culture of professionalism amongst staff, it is in this vain that the organization has been able to train two more nurses on Palliative Care Diploma which brought the number to three qualified nurses. One nurse received a certificate course on Palliative Care. The Unit has further trained other disciplines, in their various expertise.

Contributions made to the country are trainings of nurses on Palliative Care, Introducing Palliative Care to all nurse managers in the country, trainings for care givers, trainings of the army care givers and nurses. Training of peer groups on Palliative Care include, daily health talks on HIV/AIDS, VCT, HCT, adherence and diet amongst our clients.

Furthermore, nurses at Hospice have regular in-service training on various topics of Palliative care. The organization is currently engaging the Ministry of Health and Social Welfare in the formulation of a Palliative Care policy and up-scaling Palliative Care across the board of our medical practitioners, which spread emphasis to pain management. The project is on-going and very important to integrate in all health services

HUMANTARIAN WING

In line with the Poverty Reduction strategy of the Swazi government and the Decentralization System which seeks to reduce poverty amongst the pro-poor and addressing the Millennium Development Goals (MDGs) as the Abuja Declaration asserts. Hospice seeks to assist government in that regard by strengthening its existing program of alleviating psychosocial pain and hunger through the development of a soup-kitchen.

The estimated 69% of our population living below the poverty line has caused a major constraint in fostering Hospice mandate, in particular drug administration. Our field staff has come across many cases where a significant number of patients live below the poverty line especially in the Lubombo and Shiselweni regions. The below poverty line refers to those patients who lack the basic needs in life like food which is very important for proper drug administration. As a result, the organisation has had some difficulties in its efforts of providing quality palliative and home based care. The organisation has embarked on poverty alleviation strategies for the infected and affected members of our society by soliciting support and assistance from local business and farming community for the provision of foodstuff. They in turn have responded positively to our plight.

ACTIVITY:

- Hospice had to come up with a strategic approach in delivering Palliative Care, hence the birth of a kitchen. A fully fledged kitchen has been structured at our office headquarters in Matsapha.
- Since some drugs continue to be indispensable for the relief of pain and suffering, hospice assures that means are made to ensure the adequate provision of light opioids.
- Patients are offered a meal every morning.
- A full meal, both breakfast and lunch is provided for patients on Tuesdays and Thursdays.
- Furthermore, patients will continue to receive food parcels as needed.

On another note, we continue to receive help from our friends' locally and abroad, in the form of funding. We would like to record the entire contribution made by our friends towards this project, especially, Shop-rite Manzini who provide us with food hampers on weekly basis. Farmers donate with fruits and vegetables, and there are also individuals, in the likes of Senator Ngom'yayona Gamedze who pledged to support this program throughout. The First National Bank (FNB), helped by putting up the structure of a Soup-kitchen, where we cook for our patients.

Swaziland Hospice At Home endeavors to improve the welfare of its patients, hence, we have made it our habit to organize a Christmas party for our patients at the end of the year and provide them with food hampers. This project caters for the poor who are terminally-ill and cannot afford to buy Christmas gifts for themselves.

DISBURSEMENT PROJECT

Swaziland Hospice At Home continues to be entrusted with medical supplies and Palliative medication. These are regularly distributed to clients care givers and organizations that provide Home based care. It is a well monitored project and equity of distribution is our main objective. I want to show appreciation to the Ministry of Health and Social Welfare for making these readily available to other NGO's on the ground.

Furthermore, the organization continues to be custodians of opioids and these can only be prescribed by the licensed prescribed (Morphine) other opioids are made available to NGO's through this project, they are traceable from Hospice to the patients.

FRIENDS OF SWAZILAND HOSPICE AT HOME

Friends of Swaziland Hospice at Home:

- Mbabane Friends
- Manzini Friends
- Mhlambanyatsi Friends
- Light for the Nation Manzini
- Luyengo Friends
- Madlangempisi Friends
- Big-Bend Friends
- United Kingdom Friends
- Friends of Hospice (Ubuntu, for their technical support)
- Continuum Hospice Care(New York)

Swaziland Hospice at Home would like to thank all Friends of the organisation both locally and abroad for the valuable support extended to the organisation not only through fund-raising but by also providing voluntary services and awareness campaigns the organisation desperately needs. Friends hosted the following events:

1. Valentine's Day (Mbabane Friends)

To all our friends we say thank you for your tireless support and voluntary work

Fund-raising is the cornerstone for the existence of Swaziland Hospice at Home because currently the organisation depends on government subventions, friends(both local and overseas)and companies. Donor fatigue continues to cause a major challenge for the organisation. It is in this vein that we would like to thank the following companies and institutions for the generous donations made to our organisation:

- Swazi Boy Entertainment
- Swaziland Building Society
- Swaziland Sugar Association
- First National Bank
- Swaki Investment
- RSSC

- NEDBANK
- Shoprite
- Milady's
- Metro Cash 'n' Carry
- Peckers Matsapha
- Trupep
- Royal Swazi Spa

Friends of Hospice:

- Mbabane friends
- Canadians Friends (Charity organization of Canada)
- Project for Africa (doctors)
- Friends of Hospice (Ubuntu)
- Continuum Hospice care (New York)

Schools and churches:

- Swazi Diocesan Trust Board
- Transworld radio

Individuals:

- Phumlile Khoza
- Mrs. Antonia D. Mcleod
- Senator Ngomu'yayona Gamedze
- Mr. Samuels
- Mr. Matimakhulu
- Mrs. Khangezile Mabuza - Masuku

ANNUAL FINANCIAL STATEMENTS

