

ANNUAL REPORT 2022

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PRESENTED TO WITH A LITTLE HELP



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INTRODUCTION

2022 has been a year which has seen a great expansion of the services of Rays of Hope Hospice Jinja (RHHJ). Following the lock-downs and all the restrictions of COVID-19, the year opened up for many patients who have been waiting to be able to access services. The opening of our first field office in March 2022 is another contributor to the increase in patients. Overall, in 2022 RHHJ was able to care for 1244 patients, which is a 16% increase from last year. We have enrolled 667 new patients, a 30 % increase from last year.

RHHJ continues to put all efforts into following up of patients with regular 2 weekly or 1 monthly visit according to need. In 2022 we had a total of 8027 patient's contacts, an increase of 28% from the previous year. During the year 245 patients have been taken off our programme as they have improved. 368 patients have died – may they rest in peace.



Although we are ever reaching more patients, the new patients enrolled are found very sick on the first contact and they have already suffered too long – an indication of the size of the need – we are still only working with the tip of the iceberg.

The big influx of patients is of course means additional costs, and we are very grateful for all the support WaLH has extended to us. Your help allows us to keep our doors open and not turn away any patient in need of care. We would wish to also extend the joy and appreciation of the clients that we receive daily during the care visits– we are given a lot of blessings every day – and we send them all on to you.

TREATMENT SUPPORT

The third UN Development Goal calls for 'access to health, when you need it, where you need it and without financial hardship'. This goal, which is to be reached by 2030, is very far away from the reality seen by the RHHJ in the rural parts of Busoga Region. Access to health care has very many obstacles on the way – one of them is the financial costs. Rays of Hope Hospice Jinja team members find many patients who have either never gone for investigations and treatment of they have failed to complete the treatment maily due to economic constraints. After a thorough assessment and evaluation, such patients are supported to access treatment for purposes of resolving the illness/cure or palliative treatment for relief of pain and distressing symptoms..

The treatment support programme started in 2016 have developed a very strong and important network of good treatment providers, starting with the diagnostic tests and ending in actually treatment particularly at Uganda Cancer Institute at Mulago National Referral Hospital. The maze of getting cancer treatment is not easy, so we have also developed a support system with a patient navigator to help when the patients reach Uganda Cancer Institute. In 2022, Rays of Hope Hospice Jinja supported 189 patients to access diagnosis and treatment, 33.3% men and 66.7% women. 11.1 % were children. Many of them are now no longer on programme as they have improved and don't need palliative care anymore.

Behind each number there is a human being – a mother, a wife, a father, a son. In most cases the treatment of a person is not only the individual, but the whole family which benefits.

No More Pain, and Smiling Again



Mary is one of our new patients, whom we met in July 2022 a few months after the opening of the new field office in Buyende. Mary, a 48 year old widow with 4 children, had a tumour in her mouth which had kept growing over the past 10 years. The tumour was now very painful, oozing foul tasting discharge and so big that she had difficulty breathing. Moreover, her face had become so disfigured that she had chosen to use a veil to hide her face.

Mary had been to many health facilities for treatment, but finally she was referred to Mulago National Hospital in Kampala. However, she had no money for transport, so she just went back home.

The RHHJ team enrolled Mary on our programme helping with the pain and symptoms but she was also helped to get the investigations and surgery she needed at Mulago National Hospital. The surgery was successful and wonderfully it revealed a benign tumour (myoepitelioma). Mary is now waiting for a plate to cover where the palate was infiltrated and excised. But right now she is very happy, back in her community and smiling again.

Mary is very grateful and sends all her blessings and appreciations to the entire RHHJ team – and we pass them all on to you with thanks to you for your support.



CERVICAL CANCER SCREENING

Given the very high prevalence of cervical and breast cancer and inadequate access to free quality screening RHHJ has this year intensified our efforts towards eliminating cervical cancer in the Busoga Region.

Since 2020, RHHJ has helped establish 4 screening clinics where screening is now part of the routine service at the health centers. Two of these centers were established in 2022. Screenings were carried out in collaboration with 31 local health facilities in Busoga Region, Buikwe and Kayunga Districts in Central part of Uganda. A total of 2906 women were screened, 1,759 at RHHJ outreach screenings in collaboration with government health centers and 1147 from the four established screening centers. 137 or 4.7% of the women ladies tested positive for either pre-cancerous cells or suspected cancer. 108 were treated with thermo coagulation on site, the remaining 29 with suspected cancer were referred – and if needed supported - for further investigations and treatment.

GETTING SCREENING INTO THE COMMUNITIES

Training in Screening for Cervical and Breast Cancer

- This year two screening clinics at Kakira Health Center IV and Butagaya Health Centre III in Jinja District were established and equipped. These facilities have enabled more ladies in the rural parts to have consistent access to screening services. All screening services also include manual breast examination for each of the ladies screened.



- Eight women from communities of the two newly established screening facilities in Jinja District were trained as screening and treatment advocates among other women in their neighbourhood.
- Eight nurses and midwives from three health centers in Buyende District were trained in cervical and breast cancer screening. After two days theoretical training, a two day screening camp was carried out where the trainees got plenty practical experience in screening and treatment of precancerous cells.
- Quarterly support supervision for the established screening clinics were conducted to evaluate the performance of the screening centers as well as assessing any areas that need support and further improvement.
- One day get-together for refresher of skills and motivational inspiration were held on quarterly basis for all RHHJ trained screeners. Experiences and strategies to overcome different barriers to screening in established clinics were discussed and good ideas exchanged.

This year the cervical cancer screening activities have taken off with a 220% increase in number of women screened at RHHJ outreaches compared with last year. The establishment of four permanent screening centers is another very important result for improvement of access to screening in Busoga Region. The work of RHHJ was commended in the April 2022 publication of the Union for International Cancer Control and the World Health Organization - Cervical Cancer Elimination in Africa". In terms of cervical cancer screening as part of palliative care programmes, RHHJ has become a pathfinder.



DISTANT DISTRICT OUTREACH

The Buyende field office was opened in March 2022 in order to provide better access to our services for people living in this far district. From its inception, the Buyende Field Office received very strong support from the Buyende Local Government, politicians and the health officers and the District Health Officer. A small building which houses our Buyende Field Offices was provided by the District Local Government. Rays



of Hope Hospice Jinja was able to renovate and furnish the office which is now a beautiful place for our field staff. . Our movement to Buyende, closer to the rural based patients has proven very successful by giving better access to services for the people in that poor, distant district. By the end of September 2021, this route only had 62 patients compared with 177 at the end of September 2022. The Buyende Field Office now takes care of 25% of all patients on enrolled with RHHJ.



We are planning to improve access to care in other corners of Busoga Region where access to health services are difficult. In 2023 a similar field office will be established in Namayingo District, another peripheral rural area where the need for palliative care is equally very high. Meanwhile, we still support the peripheral areas with overnight home-visit routes (Namayingo and Namutumba)

where a team of clinician, social worker and driver go out to the far areas and stay overnight for 3 days. This makes it possible to see more patients and to save fuel as you are staying close and avoid the long trips from Jinja.

PSYCHOSOCIAL SUPPORT

All life-threatening diseases come with social, psychological, emotional and spiritual problems – but as our patients belong to the most poor, we must also cater for their social needs.

Our social workers provide excellent support to the patients with counselling and advice - they work carefully with the clients to find out where the help is most needed.

Food and Comfort Fund



'Food is the first medicine' – and without food our patients cannot take their medicines whether it is pain treatment for cancer or the life- saving AIDS medicine, which cannot be interrupted. On a monthly basis 120 families received a food basket of 3 kg rice, 2 beans, 1 kg sugar and a 1 kg bar of soap. 100 patients, who have difficulty swallowing, also get 1 kg porridge mix. 140 patients receive UGX 10,000 / \$ 2.75 in monthly support to make them able to provide basic items and transport to health center to collect AIDS medicine.

This year food has been a bigger problem than ever for many of our patients as prices have increased to a forbidding level. The

basic food basket RHHJ provides for the 120 most needy families cost \$ 6 in February – the price now is \$ 9.35 for the exact same items of 3 kg rice, 2 kg beans, 1 kg sugar and a bar of soap. It was wonderful to deliver a Christmas packet for 300 of our most poor patients. Their expression of happiness on receiving the gift of 10 kg rice, 2 kg sugar and a 1 kg bar of soap together with \$5.30 for meat for Christmas was nothing but humbling.



Income Generating Activities



The lack of income combined with extra expenses in relation to severe disease often brings the very poor patients into a deep hole of poverty, which is very difficult to get out of even after they have been treated and regained health. Seven patients that stabilized from the illness received support (average \$100) to enable them start up a small business such as charcoal selling, piggery, chicken raising, vegetable selling. This helps them to be able to sustain themselves and their families and start a life after disease.



Transport



With the increasing number of patients the distances covered have also increased this year. Every day 3-4 teams go out on home visits and on monthly basis our cars drive 13,700 km (8,562 miles) per month. There is no home based care without transport, so even as fuel prices have increased we have to make sure that the patients get the care they need. The long distances on bad roads takes its toll on the tires and maintenance of the cars are crucial and continuing – we are grateful for the WaLH support in this area as well.

COMMUNICATION

All too often when the RHHJ meets a very sick patient, we have to ask ourselves, "Why didn't we meet before?" During this year, RHHJ has worked extra hard on communication and advocacy – making our services known widely in the community and among special stakeholders. We have been using a wide range of media – radio messages, talk shows posters, flyers, booklets, advertisements etc.



During the Fight Women's Cancer awareness campaign during the month of October communication played a major role in raising awareness on especially cervical cancer. Jinja was painted pink with posters, flyers, and banners everywhere – and the result was excellent. Not only did we have more



participants than ever in the walk/ride/run event, where 500 people from Jinja participated, but we also had a major increase after this month in people coming to our office with other cancers – having learnt about RHHJ, they knew now where to go.

The social media has continued to bring information and knowledge about RHHJ out in Uganda and

abroad. Our communication person facilitated by WaLH has really helped to give RHHJ a face to the outside world. This has helped immensely in making contacts with relevant partners and possible funders.



INTERNAL CAPACITY BUILDING

Formal and informal training and education strengthens the confidence, skills and knowledge of our team members and enhances their ability to envision and take action on ever changing needs and challenges.

In 2022 five clinical staff members were enrolled in further palliative care studies – two for Diploma in Pediatric Palliative Care, Two in Bachelor of Science in Palliative Care. Of these two, one graduated during the year.

From the social support team two staff members are enrolled for further studies – one a post-graduate diploma in social work, one diploma in social work and administration.

Three of our administrative staff were also doing further studies, one a degree in Information Technology, one a Master of Public Health and one a postgraduate diploma in Financial Management. Continued medical education sessions are held on average twice per month for the whole staff.

FINANCIAL REPORT

WalH donated in 2022 a total of UGX 341,441,992/ USD 94,140/ Dkk 648,742

The first amount of DKK 355,192 was given in February 2022, the second of DKK 293,550 given in November 2022.

The funds have been used as follows:

BUDGET AND EXPENDITURE FROM WALH

Budget lines	TOTAL FUNDING			EXPENDITURE			BALANCE		
	UGX	USD	DKK	UGX	USD	DKK	UGX	USD	DKK
4111 · Medicines & supplies	15,000,000	4,111	28,500	15,170,196	4,273	28,823	(170,196)	(48)	(323)
4112 · Treatment support	50,000,000	13,742	95,000	55,652,750	15,677	105,740	(5,652,750)	(1,592)	(10,740)
4113 · Cervical and Breast screen	38,500,000	10,445	73,150	21,380,200	6,023	40,622	17,119,800	4,822	32,528
4111. Nursing/Clinical officers (4.5)	20,000,000	5,470	38,000	23,679,993	6,670	44,992	(3,679,993)	(1,037)	(6,992)
4125 · Food & nutrition support	33,000,000	9,049	62,700	27,174,500	7,655	51,632	5,825,500	1,641	11,068
4134- Income Generating Activities	827,707	233	1,573	558,000	157	1,060	269,707	76	512
4361.2 Soc.Work Ass (intern)	12,155,000	3,424	23,095	10,022,763	2,823	19,043	2,132,237	601	4,051
4141 · Fuel	50,000,000	13,756	95,000	50,650,800	14,268	96,237	(650,800)	(183)	(1,237)
4143. Vehicle maintenance and repairs	20,000,000	5,470	38,000	26,782,500	7,544	50,887	(6,782,500)	(1,911)	(12,887)
4144. Drivers (3)	12,935,533	3,644	24,578	15,083,016	4,249	28,658	(2,147,483)	(605)	(4,080)
4145. Replacement driver	3,000,000	845	5,700	2,650,000	746	5,035	350,000	99	665
4188. IT equipment maintenance	2,000,000	563	3,800	2,008,000	566	3,815	(8,000)	(2)	(15)
4189. Monitoring and evaluation, Data Officer	18,040,880	5,082	34,278	20,468,457	5,766	38,890	(2,427,577)	(684)	(4,612)
4194. Communication, advocacy, and publicity	15,000,000	4,225	28,500	15,038,500	4,236	28,573	(38,500)	(11)	(73)
4306. HR and Admin. Officer	18,040,880	5,082	34,278	20,468,457	5,766	38,890	(2,427,577)	(684)	(4,612)
4308. Admin. Compound supervisor	8,441,992	2,378	16,040	9,578,414	2,698	18,199	(1,136,422)	(320)	(2,159)
Housing (from Rotary Holstebro)	24,500,000	6,622	46,550	24,964,000	7,032	47,432	(464,000)	(131)	(882)
TOTAL	341,441,992	94,140	648,742	341,330,545	96,149	648,528	111,447	31	212

ACKNOWLEDGEMENTS

For the past five years WaLH has been an incredible supporter for the work at Rays of Hope Hospice Jinja. Thousands of patients have been helped to get a peaceful and dignified life until they died. Hundreds have been treated and have been given the possibility to continue life with their families and friends. Other hundreds have through cervical cancer screening been treated from early signs of precancerous cancer hence prevented from a disease with horrible symptoms and stigma.

The excellent staff at Rays of Hope Hospice Jinja are committed to continue the work and efforts towards a world where all have access to care when and where it is needed and for an affordable cost. There is still a long way to go, but we are grateful for what is done so far and also thankful that WaLH is walking with us along this great course. THANK YOU.

