

ANNUAL REPORT 2023



School girls lining up for HPV vaccination which will protect them from cervical cancer – the most common cancer in Uganda.



Rays of Hope Hospice Jinja

Executive Summary

As Rays of Hope Hospice Jinja (RHHJ) concludes its inaugural five-year plan, 2019-2023, we celebrate significant achievements. The holistic palliative care program has doubled its reach, thus in 2023 the team successfully provided care for 1,301 patients, offering pain relief, symptom management, and treatment support. Employing a carefully defined care model, all patients underwent a comprehensive assessment leading to the creation of personalized treatment plans tailored to address their unique needs, encompassing pain and symptom management, diagnosis, and treatment. Actively involving families and caregivers, the team provided counselling and guidance to ensure optimal care for the patients, emphasizing the importance of avoiding burnout among caregivers themselves.

Since 2018 preventive initiatives, screening over 8200 women for cervical and breast cancer, have contributed to early-stage treatment of these two serious cancer killers for more than 500 women. In these five years 828 patients have been supported to get the treatment they need, contributing to 972 patients have improved and no longer need palliative care services. Our psychosocial support has expanded, aiding patients and their children in navigating the challenges of serious illness.

Rays of Hope Hospice Jinja's new vision for 2024-2028 centers on cancer prevention, early detection, and palliative care in Busoga Region and beyond. The mission is to advance cancer prevention, early detection, and enhance the quality of life for patients and families affected by severe illness. The 2024-2028 Strategic Plan prioritizes improving access to palliative care through field offices, capacity-building, and cancer education. HPV vaccination and combined cancer screening will be instrumental in prevention.

In light of limited cancer awareness in Busoga Region, RHHJ emphasizes awareness creation, community education, and advocacy. A robust monitoring and evaluation system, established in the past, will be strengthened for accountability and learning. Research will be pivotal for understanding key questions in cancer prevention and palliative care in a rural setting, positioning RHHJ as a rural palliative care center of excellence.

Acknowledging the scarcity of palliative care access, especially in rural Africa, RHHJ is committed to refining a low-cost care model for replication. The journey ahead is challenging, but with exciting prospects, as RHHJ strives to make a lasting impact on the lives of those served.

We are grateful for all our partners for walking with us this far. We pray that we shall continue to move forward together, and that many others will join us.

Mr. Balikomyeeyo Sebastian

Chairperson of the Board

Ms. Nakami Sylvia

Executive Director



Patients in Focus

CLINICAL TEAM 2023 at a glance

1301 patients cared
avg. 648 patients on programme/month
64% female 36% male 7% children

64 % Cancer
8 % Cancer & HIV
8 % Severe HIV/AIDS
20% Other

651 new patients enrolled – avg 54 new patients per month
7926 patient contacts
233 patients improved and were discharged
401 patients passed away – RIP
11 patients were lost to follow-up

Clinical palliative care services aim to alleviate pain and address symptoms of life-threatening conditions. While focusing on patients, care teams ensure caregivers understand necessary information for the well-being of patients between visits.

RHHJ conducts regular home visits to enrolled patients, with stable patients visited monthly and sicker patients every two weeks. Four daily teams, each seeing around 10 patients, start their day with morning prayers and a review of the previous day's cases. Clinical palliative care services aim to alleviate pain and address symptoms of life-threatening conditions. While focusing on patients, care teams ensure caregivers understand necessary information for the well-being of patients between visits.

The successful Buyende Field Office, established in March 2022, reaches patients in remote Kamuli and Buyende districts, now caring for 23% of enrolled patients. Due to deep poverty, these patients require extensive support. Biweekly outreaches to distant areas continue, with plans to establish a field office in Namayingo District in 2024, covering Mayuge, Namayingo, and Bugiri districts..



Cancer Disease Pattern of Enrolled Patients

Most common in 2023	Female	Male	Total	% of total
Ca.Cervix	227	0	227	26
Ca. Breast	129	11	140	16
Ca Prostate	0	80	80	9
Ca Oesophagus	23	49	72	8
Kaposi Sarcoma	2	36	38	4
Other Cancers	201	146	347	40
Total Cancers	588	287	875	

Ca.Cervix: 39% of all women w. cancer
Ca.Breast: 23% of all women w. cancer
Male breast cancer: 8% of all breast cancers
Ca.Prostate: 28% of all male cancer

Towards elimination of Cervical Cancer through vaccination, screening and treatment

In 2023, RHHJ has fully embraced the WHO strategy for accelerated elimination of cervical cancer, actively engaging in all three pillars: vaccination, screening, and treatment.

2741 women screened for cervical cancer at 46 health center outreaches

**106 women had precancerous cells / suspected cancer
95% of VIA pos. were treated on-site**

During the year 2,741 women underwent cervical cancer screening at four government clinics established in 2022 and 42 community outreaches across Busoga Region and neighboring districts. Screenings targeted sexually active women and those with HIV/AIDS. Thermo-coagulation on-site treated women with precancerous lesions, and individuals with suspicious cervical lesions and breast lumps were referred to diagnostic centers, ensuring follow-up and providing necessary financial support. Recognizing the importance of comprehensive care, screening is always coupled with assistance for further investigations and treatment.

To ensure high-quality screenings, refresher training sessions in screening were conducted twice, benefiting 29 participants, including ten new screeners in Buikwe District and at RHHJ to enhance accessibility to screening services.

In Buikwe district, 115 teachers from 40 schools received HPV vaccination sensitization during campaigns, significantly boosting interest and uptake. Facilitated by RHHJ, 2,977 girls from 22 primary schools were vaccinated, marking a successful pilot program. The initiative will expand to more districts in 2024 to improve HPV vaccine uptake.

Women attending screening are also offered manual examination of breasts. In 2023 1173 women were examined and 42 (3.7%) were found with suspicious breast lumps. All in need of support were helped with further diagnosis and treatment as needed.



Training & Capacity Building

IRHHJ continues to prioritize training & capacity Building to improve the quality of care provided by RHHJ staff as well as health care providers and stakeholders in Busoga Region and neighbouring districts. In 2023 RHHJ :

- Conducted 11 external Continuing Medical Education (CME) sessions at regional health centers, engaging 312 participants.
- Internally provided 17 CMEs for RHHJ staff for continuous professional development.
- Delivered a 2-day refresher training for health workers in Luuka and Jinja, training 44 professionals from 24 health facilities, significantly increasing palliative care referrals.
- Organized quarterly refresher training for 73 community volunteers with incentives and support.
- Conducted sensitization meetings in Jinja and Bugiri districts with 337 participants.
- Held stakeholders' meetings in Buikwe and Mayuge districts with 61 participants to foster collaboration.
- Elevated community awareness on cancer and palliative care through various channels, including radio and TV shows, brochures, and distribution of materials during stakeholders' meetings and screening camps.

Capacity building for RHHJ staff included ongoing education pursuits: one in Masters in Public Health and one in Bachelor of Science in Palliative Care. Three staff members completed their training in financial management, Bachelor of Science in Palliative Care, and Higher Diploma in Palliative Care. The M&E officer graduated with a Bachelor of Information Technology from Ndejje University.

Treatment Support

Rays of Hope Hospice Jinja consistently aids financially challenged cancer patients, providing essential treatments like chemotherapy, radiotherapy, surgery, and diagnostic investigations.

In 2023, 231 patients received treatment support—193 newly supported, and 38 continuing from 2022. Of these 34.8% are male, 65.2% female and 10.2% children. The most common diagnosis for treatment is cervical and breast cancer. RHHJ covers investigation and treatment costs as well as support for upkeep and travel for the poorest. Uganda Cancer Institute (UCI) patients are met and helped throughout their stay by a patient navigator, who is facilitated by Rays of Hope Hospice Jinja, so that the patients and their caregivers are not lost through the maze of diagnostic and treatment appointments.

Rebecca gets back to work after treatment of cervical cancer



Rebecca a 47 years old female a mother of 3 was enrolled with Rays of Hope in April 2021, referred by a fellow patient. She presented with excessive abnormal bleeding and a foul smelling discharge per vagina since July 2020. Rebecca had sought treatment from private clinics and herbalists without improvement. In April 2021, she was diagnosed with cancer of the cervix and referred to Uganda Cancer Institute, but she did not want to go because of lack of money and fear to die from side effects of treatment.

Following enrollment, intensive counselling was done to her until she finally reconsidered treatment at UCI. RHHJ paid for her diagnostic tests and treatment of chemotherapy and radiation. Rebecca' treatment resulted in complete resolution of her symptoms, and she is now back working at the landing site in Mayuge District selling silver fish to support herself and the children. She is very grateful for the support and the ray of hope shone by RHHJ staff. 😊

Emotional and Material Support for Patients and their Families

Daily home-based patient care in the field deepens our awareness of how illness profoundly affects individuals and families across psychological, social, economic, and medical dimensions. These aspects intricately influence one another, creating a challenging landscape for those affected. Driven by this understanding, we aim to alleviate some of the burdens posed by these challenges for patients and their families.

COUNSELLING

Counseling is integral in helping patients cope with illness-related challenges. The RHHJ team ensures all patients receive counseling to address psychological, mental, and social concerns. Bereavement visits are also conducted, providing sympathy, counseling, and a condolence of UGX 10,000 (\$2.75) per family to signify togetherness amid the challenges of loss.

FOOD SUPPORT

On a monthly basis RHHJ provided 120 patients a food pack containing 3kgs of rice, 2kgs of beans, 1kg of sugar, and a bar of soap for hygiene. Other 90 patients per month with difficulty eating received nutritious porridge. A Christmas package of 10 kg rice, 2 kg sugar, a bar of soap and UGX 20,000 (\$ 5) for meat was given to 340 of the most needy families and 140 children on school fee programme.



SCHOOL FEE SUPPORT

The school support program aids families with education expenses. In 2023, 140 beneficiaries (92 primary, 36 secondary, 12 vocational) received support. Social workers visited once per term to address challenges, provide academic support, and offer guidance on life matters, including navigating challenges like early relationships.

DAY CARES

RHHJ organized 24 day care activities with 644 participants, providing meals, discussions, hope and encouragement in the face of a critical disease.



OTHER SUPPORT GIVEN

33 mattresses, 30 blankets and 34 bedsheets to the very poor, 80 reusable diapers and 44 mattress covers for incontinent patients, 52 patients were supplied with colostomy bags 62 families were given clothing. 1 two room shelter was built for family of 11 living in dilapidated hut.

INCOME GENERATING ACTIVITIES

The lack of income combined with extra expenses in relation to severe disease often brings the very poor patients and their families into a poverty, very difficult to get out of. , which is very difficult to get out of even after they have been treated and regained health. Eight patients received support (average \$100) to start a small business so as to start a life after disease.



WHEELCHAIRS

10 wheelchairs and 2 pairs of crutches to patients in need. This not only allows patients to enjoy outdoor activities like sun exposure but also provides relief to family caregivers. These aids enable patients to move, exercise, visit friends, attend church, and interact with peers and passersby near their homes.

Research and Internal Capacity Building

- Following a successful pilot study on Effects of a Group Peer Advocacy Intervention on Cervical Cancer Screening done in collaboration with Makerere University SPH, African Palliative Care Assoc., and RAND (California) a 5 year multi-site study to follow up these results was initiated.
- A retrospective study conducted in collaboration with the University of Aarhus, Denmark, addressing the fight against cervical cancer in Uganda was finalized and published.
- A financial distress study involving 179 families was done in collaboration with a Mt.Sinai, USA medical student. Final results not yet available.
- A KAP study on cervical cancer, HPV vaccination and breast cancer with 585 women was carried in collaboration with University of Aarhus, Denmark. Final results not yet available.
- 11 staff participated in the PCAU Conference with 5 oral and 1 poster presentation
- 12 staff participated in the KEHPCA conference with 5 presentation

Fight Against Women's Cancer



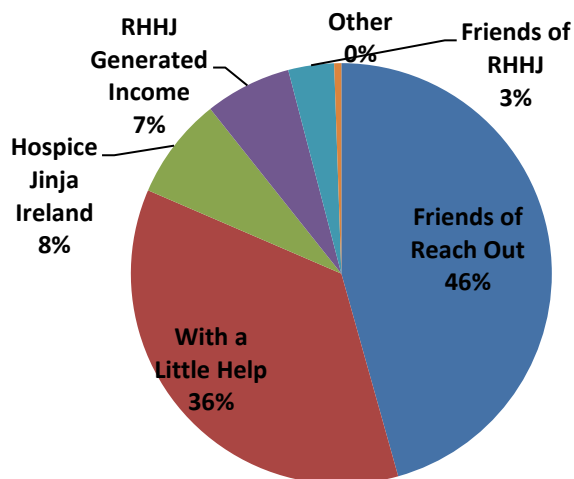
Throughout October, for the fifth year in a row, RHHJ launched an awareness campaign for breast and cervical cancer, targeting communities and stakeholders. Media programs, educational materials, and free screening services were promoted, along with encouraging HPV vaccination for girls aged 9-14.

The activities climaxed on October 28th, where Jinja town turned pink as around 750 people, aged 3 to 88, gathered at Jinja Club to express solidarity in the Fight Against Women's Cancer. The vibrant day featured a dancing warm-up, a 15km bicycle ride, a 10km run, and a 5km walk. Many local businesses supported the cause generously and took the opportunity to give their female staff a chance to get screened.



What does it cost?

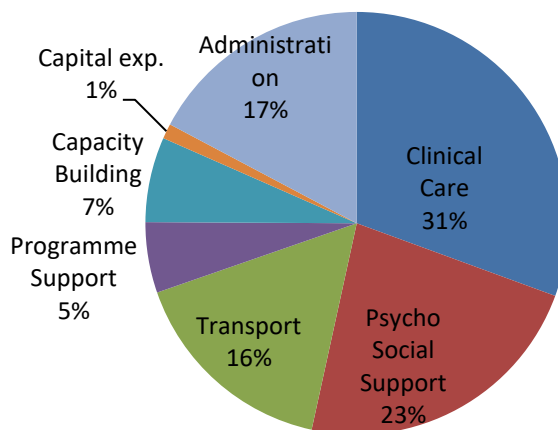
Sources of Income - 2023



Total income: UGX: 1,649,391,464

US\$ 432,000 / € 397,000 / DKK 2,964,000

Expenditure by Programme Category



Total expenditure: UGX: 1,537,751,932

US\$ 402,891 / € 370,598 / DKK 2,761,802

All Included:

Cost/patient/year:

UGX 1,181,976 / US\$ 310 / € 285 / DKK 2,122

Cost/patient/month:

UGX 98,498 / US\$ 26 / € 24 / DKK 176

Thank you to our partners in Uganda:

African Palliative Care Association, Afri-Egypt Health Services Center, Busoga Forestry Company Ltd, Busoga Health Forum, Kawempe Home Care, Global Surgical Initiatives, Life Giving Stream Tabernacle Church, Lugazi Sugar, Makerere University School of Public Health, Ministry of Health, Palliative Care Association of Uganda, NBS Radio, Rene Pharmacy, St. Francis Health Care, Smart Radio, Transport for Uganda Sick Children, Uganda Bikers, Uganda Cancer Institute, Uganda Cancer Society, and many individual partners.

Thank you to our international donors:

Coloplast, Friends of Reach Out, Global Partners in Care, Hospice Jinja Ireland Project, Int, Women's Club Copenhagen, Love4Uganda, PJ Broderick Memorial Foundation, Ragnhild Bruuns Fond, ROSE, University of Aarhus, Topsoe Holding Family Foundation, With a Little Help and many individual donors.

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