# ALLEVIATING AND PREVENTING SUFFERING AND DISEASE AND PROVIDING DIGNITY FOR THE DYING. (HEALTH AND HOSPICE CARE)

LOVE AND HOPE CENTRE (FRANCISCAN MISSIONARY SISTERS FOR AFRICA)
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Dear Mr. Doherty and Team,

On behalf of us all at Love and Hope we wish each one of you a year full of Blessings in 2024.
We all have something to fulfil in our lives this year, maybe we have a dream of New Beginnings.
As we begin this year we thank God for the Blessings we received last year from each one of you.
You gave us all the courage to continue reaching out to the poorest people in need. As a result we, together with yourselves brought so much love, hope and joy into the lives of the suffering.
The financial help received, helped us touch so many people who would otherwise have died without treatment. In turn you helped us Spiritually touch the hearts of the suffering.

Thank you once again for your trust in us and your wonderful generosity.
Together we made a difference.

May God Bless you all in abundance.

Blessings,

Sr. Patricia,
Director,
Love and Hope Centre,
Nakuru,
Kenya.

# PROJECT CONTEXT

There is the increase in the incidence of and deaths caused by Cancer. According to recent statistics, cancer kills 18,000 people annually in Kenya with about 50 people dying daily. It is the third main cause of death in Kenya after infections and cardiovascular diseases. The rising cases of cancer in the country are lung, liver, colon, prostrate and throat cancer amongst men. Cervical, breast and stomach cancers are more prevalent amongst women. In the reporting period, among the 25 cancer clients recruited into the project, 16 were females while nine (9) were males.This shows that cancer incidence is disproportionately high among females than males. The prevalent cancers among the target females were breasts followed closely by cervical. However, there were no predominant cancer recorded among males; and cancers ranged from prostate, Leukemia, ENT and Rectum.

While the government has intensified efforts in cushioning the poor, the scope and coverage of government's social protection remains low leaving a huge proportion of the target poor out of the scheme. Majority of our beneficiaries cannot afford NHIF cover, reducing access to medical treatment and care, increasing suffering and contributing to early death. The project-supported cost sharing in treatment of cancer. However, this was dependant on the client's capability. In some cases, the project settled the entire amount.

Public hospitals in Kenya discharge patients with long-term chronic conditions including cancer for home-based care by relatives. Majority of the family care givers are ill prepared and equipped to provide optimum care and support. In the reporting period, the project through a competent team of nurses, counsellors and social workers; and supported by CHVs/community health promoters conducted home based care in the households of the ill and dying. For pastoral care, the project referred religious leaders that subscribe to the faith of sick and their family to provide the necessary support.

# PROJECT ACTIVITIES

1. HOME BASED CARE SERVICES (HBC) SERVICES

The Project team in collaboration with Community health volunteers, now referenced as Community Health Promoters (CHP), conducted monthly home based care visits, twice a month. The services offered included training families on how to care for the chronically/terminally ill patients in such areas as; Nursing care, providing comfort; alleviating pain; preventing infections; counselling and linking and referral to other services.

**ENHANCED COPING CAPABILITIES OF FAMILY CARE GIVERS AND CARE RECIPIENTS (CANCER PATIENTS)**

In directly reducing caregiver distress and the overall impact on their health and well-being, the project enhanced psychological coping strategies of 18 caregivers and 25 care recipients (cancer patients) through quarterly group therapy facilitated by two counsellors. The counsellors equally provided individual and pastoral counselling to clients in need. A collaborative arrangement between the Ministry of health and LHC afforded Caregivers with limited care giving skills an opportunity to train on Care giving and self-care. The project team offered supplementary care giving support for the households with limited support to counter fatigue and burnout.

**ACCESSED MEDICAL CARE AND TREATMENT**

The cancer clients supported presented with various types of cancers. Apparently, cancers were more prevalent in women than among men, as evidenced by the persons who sought for medical assistance.

| No. | Type of cancer | Male | Female | Total supported |
|---|---|---|---|---|
| 1 | Breast | 0 | 9 | 9 |
| 2 | Cervical | 0 | 5 | 5 |
| 3 | Leukemia | 1 | 2 | 3 |
| 4 | Pancreas | 0 | 2 | 2 |
| 5 | Prostate | 1 | 0 | 1 |
| 6 | Lymphoma | 0 | 1 | 1 |
| 7 | ENT | 1 | 1 | 2 |
| 8 | Rectum | 1 | 0 | 1 |
| 9 | Tongue | 1 | 0 | 1 |
| **Total** | | 5 | 20 | 25 |

Table: types of presented cancers.

Most of the households' resources were strained by the costly cancer treatment and care. On the other hand, approximately 50% of breadwinners could not engage in productive income generation reducing income stream in their households. Therefore, the project supported access to medical care and treatment on cost-sharing basis in surgery, hospital admission, physiotherapy, assistive devices, radiotherapy, chemotherapy services and transport, as highlighted below:

**34 SESSIONS**
Chemotherapy

**81 SESSIONS**
Radiotherapy

**15 CLIENTS**
Supported with Prescription medicinal drugs

**4 CLIENTS**
Supported with Surgeries

**6 CLIENTS**
Transported to and from hospital

**5 CLIENTS**
Provided with diapers

## 2. PSYCHOLOGICAL DEBRIEFING FOR PROJECT STAFFS

Debriefing sessions was conducted to 11 (5 Males and 6 Females) project staff for 2 days. The sessions adopted two approaches:

1. Explored individual personality and experiences and their effect on capacity to function within the given role in light of exposure to stress and trauma. Consequently, identified areas to work on and the necessary skills to ensure optimal functioning.
2. Loss and grief process, following the death of a fellow staff member from cancer complications; and skills to encourage rebuilding after the loss.

The late Staff member , Hannah during an occasion

# CASE STUDIES

## I shall Overcome

Mary's journey of ill health characterized by misdiagnosis, self-medication, conflicting doctors' treatment and financial challenges led to deep insights and learning. Consequently, these issues contributed to upheavals of emotions – pain, suffering, hopeless. Nevertheless, there were instances of light at the end of the tunnel, depicted in Mary's story.

Mary is a 43-year-old female, married and a mother of two. In 2019, she was diagnosed with Pancreatic Cancer. Beforehand, since the year 2005, she received treatment for ulcers. She would develop excruciating pain immediately after completion of a course of treatment. The cycle of hospital visits would begin once more. The diagnosis would be the same – Chronic ulcers.

At some point, Mary declined hospital visits and self-medicated.After all, the doctors always prescribed the same medication, so according to Mary, what harm would it make to buy the same over the counter medication to treat herself. However, months later, the medications stopped working.

"I fed on white porridge (boiled corn-water mixture) without milk and sugar. That is the only food my tummy would tolerate. Any other type of food would trigger intense pain. I lost so much weight and my immunity was so low that I caught any and all opportunistic illnesses.'

A friend referred her to herbalist. Religiously, she adhered to the treatment. However, lo and behold! Her condition deteriorated rapidly.In agony, she sought conventional medical treatment in a private hospital in 2019.

'I was in so much pain, so much that the doctor directed that I was put on IV fluids for pain relief immediately. It took approximately 6 hours of agony before the pain subsided. It was then that I was able to share the sickness history with the doctor'

Mary underwent various tests – Endoscopy, ultrasound, CT-scan and MRI. The results revealed that her pancreas had a mass/tumor. Mary and her husband had mixed feeling following the diagnosis. Relief to know the source of her pain, and at the same time, fear for the worst. All this continued while, Mary and family, would reach out to family members to fundraise for treatment. This intermittent fundraising and wait period affected flow of treatment. A case in point was the wait duration of over 9 months before biopsy of the pancreas.

'I would stay at home, after giving up all hope, asking God to take care of my children. I was convinced I was dying soon.'

Luckily, the extended family managed to mobilize funds over that period. Mary underwent the biopsy and eventually it was disclosed that she had pancreatic cancer but at early stage-one. She was put on oral chemotherapy tablets. Due to financial challenges, she was referred to a public hospital in her hometown in Nakuru. However, despite the highly reduced costs and under medical cover of NHIF (Kenya largest affordable medical cover), Mary and family were unable to pay for the partial payment required to meet monthly blood test and injections. Again, the treatment lapsed for 3-months as the family were doing poorly financially.

Hope comes at dawn. The hospital oncology department contacted me. Apparently, they were concerned in relation to my discontinued treatment. I was asked to visit the hospital. It was then that I was referred to Love and Hope Centre (LHC).'
With the support of LHC, Mary resumed treatment. After 9-months of treatment, she was able to eat all sorts of foodstuffs. Her weight and immunity improved tremendously. Above all, the pancreatic mass has shrunk from 3.5 to 0.6. It was one of the best moments of her life.

'Unfortunately, her happiness was short-lived. In one of the doctors' visits, she was advised by a different doctor to stop treatment and opt for surgery to remove the mass once and for all. However, she sought opinion from three-more surgeons. Majority dissuaded her, as the tumor touched on vital veins, which would make the surgery fatal. She listened and complied. However, the pain she had forgotten reoccurred. Her eating was almost non-existent. Her weight once more, dropped significantly.
'I blame the doctor that discontinued my treatment. Those injections were effective, but this doctor stopped them. Am so sad, and feel that my life is ebbing away.'
Currently, she has started on 6-cycles of chemotherapy treatment.Love and Hope Centre was meeting most of the cost.
'Thank you Love and Hope for giving me and other clients a platform to share our sufferings; a shoulder to lean to, and a reason not to give up. Thank you too for supporting us financial wise in meeting our medical costs.'
Mary is grateful too, to all the donors.
'God bless you for touching God's hands, in one way or another. You are an answered prayer to the clients. The financial resources have been a blessing to us. I will always pray for you. May God stand with you in your time of need.'

# I am Grateful

Love and Hope Centre adopts a non-discriminatory approach in serving persons in need across ages, gender, culture, religion and tribe. As the Director, Sr. Patricia believes and reminds us all.
'Serving the suffering people is responding to the suffering Body of Christ'

This all-encompassing compassionate approach applied to Neema too. Neema is a Muslim woman aged 48 years and diagnosed with Cervical Cancer. In a recent encounter with her, Neema appeared 'healthy' and happy. She carried herself with a mixture of self-assuredness and humility.

'MRI results done in August showed there are no traces of cancer cells remaining. However, there is still the pending confirmatory test in February next year.I believe it will read the same.It's God's doing and I owe Him."

Neema is a recipient of project support in accessing chemotherapy, radiotherapy, blood therapy and various other medical procedures and medications on cost-sharing basis.
'My family had exhausted finances to cater for the ever demanding yet necessary medical costs. On the verge of giving up, I was referred to Love and Hope Centre for support.

Recalling her medical journey, Neema was misdiagnosed several times. A doctor indicated that she had a sexually transmitted illness.Together with the husband, they were put on medication. With no change in symptoms, the diagnosis changed to hormonal imbalance related to perimenopause stage. However, even after treatment, the heavy inter-cycle bleeding intensified. She also experienced bleeding during intimacy.

'I was in lots of agony. Other than physical pain and discomfort, I was psychologically tortured to an extent that I developed insomnia - staying awake the entire nights. I was so tired.'

At this juncture, she sought a second opinion.Pap smear conducted indicated the presence of abnormal cells on her cervix. Biopsy results confirmed that indeed it was cancer of the cervix. Soon after, she started the treatment, five-chemotherapy combined with 25 radiotherapy sessions.

'I feel so much better. Were it not for the support you gave me, I would be worse off, probably dead.

According to Neema, the group therapy sessions with others in similar predicament, was a source of solace and support. In the last two-months, her sleep has normalized.

'I now sleep like a baby, all night through. Thank you for accepting to help in many ways. May Allah (God) bless you all.'