

SINGIDA MUNICIPALITY- TANZANIA

Interim report from January 2018 to December 2018

Faraja Hospice and Palliative Care Program Report 2018.



Report version: 3

01 January 2019

FARAJA HOSPICE AND PALLIATIVE CARE PROGRAMME REPORT 2018.

The Faraja Hospice & Palliative Care Programme (FHPCP) was started in August 2012 after a modified Needs Assessment showed that people suffering from terminal illnesses in Singida Municipality had no access to treatment that they needed, especially for pain control.

1. AIM OF THE PROGRAMME:

FHPCP provides Home Based Hospice & Palliative Care (PC) to those with terminal and chronic diseases in Singida Municipality. End of Life Care is its priority. The Programme does not refuse treatment, especially to patients needing morphine, to people outside of the Municipality if a family member can come to collect medications.

Key Actions

- To identify patients and provide holistic Home Based Hospice and Palliative Care services, which embrace the physical, psychological, spiritual and social needs of those served.
- To provide these services with a skilled Team which uses oral morphine and other Palliative Care medications where they are needed.
- To educate and support family members and carers of those receiving PC services.
- To educate the larger community starting with local government and religious leaders about chronic diseases and life-threatening illnesses, especially cancer, about what can be done to treat them, how family members can be involved and especially how to obtain quality and appropriate End of Life Care.

2. REVIEW OF 2018

- i. Faraja Hospice and Palliative Care Programme has three staff and a part-time driver:
 - a. Sr. Dr. Marian Scena, MMM, Programme Coordinator,
 - b. Mrs. Amina Kimashalo, PC Nurse and Supervisor of Volunteers,
 - c. Mrs. Matilda Saul, PC Nurse, who retired in September and was replaced by Ms. Rehema Joseph, N/M on 27 November, and

- d. Mr. Shabani Miloho, part-time driver.
- ii. Hospice and PC patients are visited Monday, Wednesday and Friday of each week with occasional emergency visits. The frequency of visits to a patient depends on that patient's condition and needs and/or of the needs of the carers.
- iii. We have found that education of/and support to the carers of our PC patients is almost as important as the care of the patient! They are caring for patients at home, most often without electricity or running water. This complicates the provision of good care and increases the workload of the carers. We demonstrate how to care for the patient and encourage them in their service.

On several occasions we discovered that the Carer had severe medical problems because of the stress of caring for the patient!
- iv. Faraja PC Programme receives patients through referrals from: local government and religious leaders; Ocean Road Cancer Institute (ORCI), Dar es Salaam; hospitals; our own PC Volunteers and by word of mouth.
- v. In November a new project, "Ensuring the Right to Palliative Care Through Advocacy and Sensitisation in Singida, Tanzania", was started with funding from Misesan Cara Ireland. It concentrates on local government leaders (LGAs), religious leaders and health care personnel. By the end of 2018, 51 LGAs from 3 Wards had attended a Seminar and Standard Radio Singida had broadcast 6 radio programmes.

3. PALLIATIVE CARE VOLUNTEERS.

The 14 Volunteers are 8 women and 6 men. They were chosen from 10 out of the then 16 Wards of Singida Municipality. Each PC Volunteer, upon completion of the training course, signed a Contract that is renewed yearly, and received a bicycle, raincoat and PC Kit with basic supplies to be used by them.

- In their Contract with Faraja Centre they have agreed: to spend at least 12 hours every month visiting their patients and looking for new ones, to keep and submit records of the patients they visit, to attend the monthly Volunteers Meeting at Faraja Centre and to receive a stipend of TZS 30,000 per month. They also visit the community and give health education, especially about Palliative Care

- In 2018 the PC Volunteers brought a total of 26 patients (11 males and 15 females) who were accepted into the PC Programme.
- The PC Volunteers Supervisor is Nurse Amina Kimashalo.

4. CAPACITY BUILDING

The Volunteers Monthly Meetings are used to build Capacity. Some months there are inputs on useful topics. The Meetings provide a forum where questions can be asked and difficulties encountered are discussed for the benefit of all. This year the PC Team gave presentations on Cancer, The Seven Stages of Grief and “The Making of a Will”. Its importance was discussed so that the Volunteers can help their patients make a Will.

5. STATISTICS 2018

GROUP	MALE	FEMALE	TOTAL
Patients accepted into the Programme	23	32	55
Patients not accepted into the Programme	8	8	16
Current Patients accepted before 2019	40	44	84
Patients who moved or were discharged	0	6	6
Visits:			
By the PC Team			1048
By the PC Volunteers			951
Total			1999
Patients treated with morphine	12	4	16
Deaths	22	15	37
Bereavement Visits	14	7	21

6. THE FIFTH REMEMBRANCE SERVICE FOR THE DECEASED OF THE FARAJA HOSPICE AND PALLIATIVE CARE PROGRAMME

This yearly event was held on 15 November 2018 and was attended by approximately 40 family members of the 42 from the Programme who died between November 2017 and November 2018. The initial prayer was given by a Muslim imam, whose mother was cared for this year until she died, and closed by a Catholic priest. Many of those who attended said that it helped them in their grieving process.

7. IMPACT OF THE PROGRAMME.

- The Catholic Diocese of Singida and Singida Municipality now have a functioning, high quality PC Team which provides Home-based Hospice and PC with medical, psychological, spiritual and social care to the people of Singida Municipality.
- FHPCP is using oral morphine for the alleviation of pain in those needing it. In 2018 16 patients were treated with morphine. Thank God, there was no time this year that we failed to provide oral morphine for those needing it.
- In 2018 55 patients were accepted into the Programme, 23 males and 32 females. Out of these 26 patients were brought by the PC Volunteers. Their ages ranged from 1-98 years. The Team made 1048 visits in 2018 to patients ranging from 1 to 120 visits to a patient before death occurred. The PC Volunteers made a total of 1282 visits giving a grand total of 2295 visits to patients. Thirteen people, 8 males and 8 females were assessed but not accepted because they did not fit the criteria for Hospice or Palliative Care.

8. DIAGNOSES OF PATIENTS IN FHPCP

MEDICAL CONDITIONS OF THE PATIENTS 2018

NO.	CONDITION	M	F	Total	M	F	Total
					DEATHS		
1.	HIV/AIDS	4	6	10	0	0	0
2.	Cardiovascular condition	17	32	49	1	3	4
3.	Tuberculosis and HIV	2	0	2	0	0	0
	And not HIV	3	0	3	1	0	1
	Total TB	5	0	5	1	0	1
4.	Cancer and HIV+	1	2	3	0	1	1
	Cancer and not HIV+	12	25	37	10	16	26
	Total Cancers	13	27	40	10	17	27
5.	Paraplegia	1	1	2	0	0	0
6.	Neurological conditions	3	3	6	0	0	0
7.	Fracture	0	3	3	0	0	0
8.	Dementia	1	0	1	1	0	1
9.	Epilepsy	12	8	20	2	0	2
10.	Liver Diseases	0	1	1	0	0	0
11.	Renal conditions	0	0	0	0	0	0
12.	Diabetes/Complications	2	2	4	1	0	1
13.	Other conditions	11	9	20	2	2	4

	TOTAL	69	92	161	8	25	33
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It can be seen from the above table that cancer and cardiovascular diseases (CVD) are the most common diagnoses needing hospice or palliative care. CVD includes: hypertension, strokes, rheumatic heart disease, cardiomyopathy and heart failure from whatever cause. But cancer is the most common cause of death. Very few of our patients had a cancer related to HIV/AIDS.

The epileptics are 8 children and 12 adults with an unreliable source of medication. Since using medication the occurrence of seizures has decreased dramatically. One child, with epilepsy and severe mental retardation, died.

9. FHPCP EXPENDITURE 2018

For those interested in the Financial Report of FHPCP please see the Financial Report in this Report on page....

This Programme is currently funded by: Mísean Cara, Ireland; CED (Christlicher Entwicklungsdienst) Germany, J. Homer Butler Foundation, U.S.A.; donations through the Medical Missionaries of Mary, and family and friends of the Palliative Care Team. Oral Morphine Solution is provided without cost by Singida Regional Referral Hospital. "Friends of Faraja" helped by providing food and clothing for needy patients and families on several occasions.

We are very grateful to our Benefactors. Without them there would be no Programme!

10. CHALLENGES

- a. Some useless or harmful local treatments, beliefs and practices.
- b. Patients not realizing the importance of their treatment and stopping their treatment without informing the PC Team or Volunteers.
- c. Poor communication from the patient and the family, for example:
 - To bring a patient to the home village without informing the PC Team

- To move house without informing the PC Team
- d. Some patients aren't open about their illness or the treatment they are using, for example they are using some medicines secretly and don't inform the hospital staff if they are admitted; or they decide to admit themselves to hospital without informing the PC Team.
- e. Many of our patients have potentially curable conditions but they present too late to be cured. There is a great need in Tanzania for Health Education especially about cancer and cardiovascular diseases so that patients will present early when their condition is still curable.
- f. There is an increasing number of patients who come or are even referred for medications, especially for epilepsy, because the medications in the government services are out of stock.
- g. We have no official contact nor Volunteers in 8 of the Wards in Singida Municipality nor any outside of the Municipality and people there also need Palliative Care.
- h. We have instituted a "Visits Book" which is given to each patient. When the Volunteer visits s/he records this in the book and the PC Team checks this book at each visit. This procedure is proving helpful in improving the accuracy of our statistics.

We extend our thanks and gratitude to all who help to provide this service!

Submitted by: Sr. Dr. Marian Scena, MMM, Coordinator, FHPCP.