

SINGIDA MUNICIPALITY- TANZANIA

Interim report from January 2019 to December 2019

Faraja Hospice and Palliative Care Programme



Report version: 4

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FARAJA HOSPICE AND PALLIATIVE CARE PROGRAMME ANNUAL REPORT 2019.

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 2019

- i. Faraja Hospice and Palliative Care Programme has four 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. Rehema Joseph, PC Nurse
 - d. Mrs. Febronia Gwasma, PC Nurse, joined the Programme on 1 May and signed her Contract on 1 August 2019
 - e. 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 and other health facilities; our own PC Volunteers and by word of mouth.
 - v. On 31 October our one year project funded by Misesan Cara Ireland, "Ensuring the Right to Palliative Care Through Advocacy and Sensitisation in Singida, Tanzania", was completed. It concentrated on:

- local government leaders (LGAs) – Total attendances: 176 (Males 97, Females 81)
- religious leaders – Total Attendances: 267 (Males 115, Females 152)
- health care personnel - Total Attendances: 163 (Males 73, Females 90) in 10 Wards of Singida Municipality. The number of new patients during this period increased by 200% over the Target. (see statistics later in this report)

3. PALLIATIVE CARE HEALTH WORKERS (PCHWs).

The 14 PCHWs are 8 women and 6 men who are unsalaried. They were chosen from 10 of the Wards of Singida Municipality. Each PC HW, 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 PCHW 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 2019 the PCHWs brought a total of 18 patients (9 males and 9 females) who were accepted into the PC Programme.
- The PCHW Supervisor is Nurse Amina Kimashalo.

4. CAPACITY BUILDING

The PCHWs 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 a 3 Day Refresher Course for the PCHWs was conducted by the PC Team which included input on: basic nursing skills, important illnesses that the PCHWs encounter in their work, keeping required statistics, Making a Will, etc.

5. STATISTICS 2019

GROUP	MALE	FEMALE	TOTAL
Patients accepted into the Programme	37	61	98
Patients not accepted into the Programme	9	8	17
Current Patients accepted before 2019	43	58	101
Patients who moved or were discharged	2	0	2
Visits:			
By the PC Team			1279
By the PC Volunteers			1452
Total			2731
Patients treated with morphine	7	13	20
Deaths	19	41	60
Bereavement Visits	18	28	46

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

This yearly event was held on 14 November 2019 and was attended by approximately 60 family members of the 60 from the Programme who died between November 2018 and November 2019. The initial prayer was given by a Pentecostal Bishop who referred one of his church members to the Programme, with prayers by a Muslim leader whose wife had been our patient a few years ago, a Muslim Ustadh, whose grandmother was cared for this year until she died, and closed by a Catholic priest. This year there was greater interaction with approximately 20 of the bereaved family members sharing. Many of those who attended said that it helped them in their grieving

process and that they had not realized so many others had suffered loss of a family member as they had themselves.

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 2019, 20 patients were treated with morphine. There was a period of four weeks this year when morphine was out of stock but the hospital did their best to rectify this situation quickly and no patient went without it.
- In 2019, 98 patients were accepted into the Programme, 37 males and 61 females. Out of these 18 patients were brought by the PCHWs. Their ages ranged from 3-101 years. The Team made 1048 visits in 2018 to patients ranging from 1 to 120 visits to a patient before death occurred. The PCHWs made a total of 1452 visits giving a grand total of 2295 visits to patients. Seventeen people, 9 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 2019

NO.	CONDITION	M	F	Total	M	F	Total
					DEATHS		
1.	HIV/AIDS	6	14	20	2	4	6
2.	Cardiovascular condition	18	47	65	0	8	12
3.	Tuberculosis and HIV	2	2	4	1	0	1

	And not HIV	1	0	1	1	0	1
	Total TB	3	2	5	1	0	1
4.	Cancer and HIV+	2	2	4	1	0	1
	Cancer and not HIV+	15	37	52	9	25	34
	Total Cancers	17	39	56	10	25	35
5.	Paraplegia	1	1	2	0	0	0
6.	Neurological conditions	3	1	4	0	0	0
7.	Fracture	1	0	1	0	0	0
8.	Dementia	0	0	0	0	0	0
9.	Epilepsy	13	8	21	0	0	0
10.	Liver Diseases	3	2	5	2	0	2
11.	Renal conditions	2	0	2	2	0	2
12.	Diabetes/Complications	2	2	4	1	0	1
13.	Other conditions	14	14	28	2	2	4
	TOTAL	83	128	211	20	39	59

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 13 adults with an unreliable source of medication. Since using medication the occurrence of seizures has decreased dramatically.

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 Cancer and PC Grant in 2019, 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!

9. 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. In 2019 we learned that success brings its own problems. The success of the Sensitisation and Advocacy Project brought many new patients, more than twice as many as had been targeted and thus the work load was greatly increased. We realize that we need to arrange visits each day of the week instead of only 3 days as at

present. But the Programme will need its own car and a full time driver in order to do this. Thus we are looking for a donor for a Toyota Landcruiser 4WD 10 Seater vehicle.

- f. 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.
- g. 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. But this year the government services have improved and most of our epileptics now get their medications there.
- h. In December 2019 we “officially entered” the remaining 8 Wards and have already completed “Sensitisation and Advocacy” for the LGAs. In 2020 we will reach the health care personnel and the religious leaders. We have already begun receiving patients from these Wards. We have no official contact outside of the Municipality and people there also need Palliative Care.
- i. 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 and especially to God who has always provided for our needs!

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