

PALLIATIVE CARE DURING THE COVID-19 PANDEMIC AND TOTAL LOCK-DOWN IN UGANDA 31 MARCH –26 MAY,2020

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BACKGROUND

- The strict March- May lock-down 2020 challenged the RHHJ home-based care programme
- Priorly a 3-month stock of medicines and personal protective equipment for staff and volunteers was purchased
- All activities (e.g., training, screening, day cares) involving crowds were cancelled

OBJECTIVES

- Protect the staff and ensure:
- Sufficient medicines
- Uninterrupted cancer treatment services
- Basic food supply for the most poor
- Continuing patient contact
- Ease patients' many worries for impact of restrictions on them and their families



METHODS

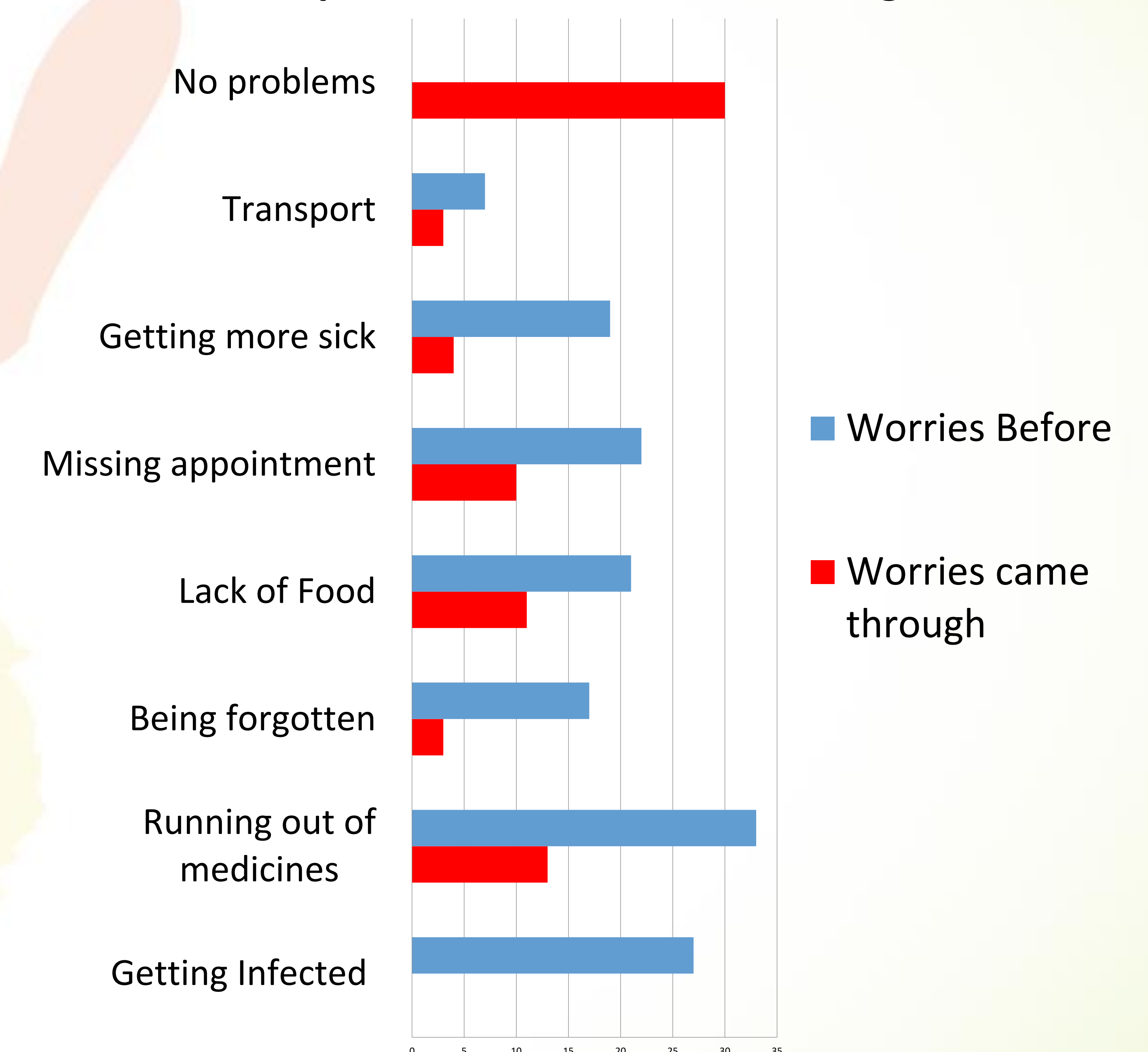
A comprehensive plan was made to ensure continuity of services

- Patients were stocked with two months worth of medication
- Transport programme to and from UCI for treatment put in place
- Increased food supply provided
- A hotline established
- Continuing home visits to the very sick
- Regular phone calls to less sick
- At the end of the lock-down a survey including 60 patients was carried out to evaluate the outcome of the interventions.



RESULTS

Worries at beginning of lock down compared with what came through



CONCLUSIONS

Creative interventions to support the less-privileged patients are needed to minimize suffering caused by the COVID restrictions. Deep poverty continues to be an enormous challenge in the fight for improved palliative care in the rural areas.