



## PALLIATIVE CARE DURING THE COVID-19 PANDEMIC AND TOTAL LOCK–DOWN **IN UGANDA 31 MARCH – 26 MAY, 2020 Rays of Hope Hospice Jinja** Mutaasa Allan

#### 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





# The 3<sup>rd</sup> Uganda Conference On Cancer and Palliative Care

Cancer and Palliative Care in Covid-19 and Other Challenging Situations

#### 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
- Regular phone calls to less sick At the end of the lock-down a survey including 60 patients was carried out to evaluate the interventions.



#### 🕞 conference@uci.or.ug | conference@pcau.org.ug 🛛 🕓 +256 392 080713 | +256 414 540410 🛞 www.conference.uci.or.ug

Continuing home visits to the very sick outcome the Of

#### RESULTS

# Worries at beginning of lock down compared with what came through Transport Worries Before Worries came through

No problems

Getting more sick

Missing appointment

Lack of Food

Being forgotten

Running out of medicines

Getting Infected

## CONCLUSIONS

Creative interventions to support the lessprivileged 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.





#### mutaasaallan4@gmail.com