

The 3rd Uganda Conference On Cancer and Palliative Care

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

EXPERIENCE OF PROVIDING PALLIATIVE CARE IN A RURAL DISTRICT IN UGANDA - A case of Kyankwanzi District By: Muwanguzi K. Davis

MCO - KYANKWANZI District Local Government

BACKGROUND

Palliative care (PC) development made significant progress Uganda especially in health facilities. However, in many rural areas, it is still difficult to have continuity of care after discharge of patients.

This is led to a gap in full provision and utilization of home based care options. Butemba Health Centre which is 160 kilometres from Kampala the capital city of Uganda started to meet this need to ensure a full continuum of care and quality of life for its patients.

OBJECTIVES

To develop a palliative care service based at a rural health centre to include home based care

METHODS

- Starting in the HIV clinic, the lead clinician followed up patients to their homes
- PC specialist/leadership Following training, the PC services were fully integrated into the HIV clinic to respond to an increasing number of PC referrals from the community

- Negotiation with the district supervisor led to a sustainable plan. Home visits were supported with a motorbike and follow up by phone
- 12 health workers were trained in basic PC services



A lead clinician providing PC home-based care

RESULTS

- There was a reduction in over-crowding at OPD from an average of 1040 in 2017 to 156 patients in 2020
- The number of patients seen at the HIV clinic reduced from a weekly average of 360 in 2017 to 60 in 2020

- This coordinated model of home care has ensured that bedbound patients receive Palliative Care.
- The number of home visits increased from 52 in 2017 to 208 in 2020
- It has provided a good referral system between the facility and the community.
- Staff and patients with their family members have a clear understanding of Palliative care.

CONCLUSION

Model of care which combines facility based PC services with home-based care services ensures continuity of care

Effective use of available resources is important in a resource limited setting like Uganda

Home-based care has ensured the equality of care for both mobile and bedbound patients