

PEDIATRIC PALLIATIVE CARE OUTREACH SERVICES IN WESTERN KENYA REGION, A MODEL TO IMPROVE QUALITY OF LIFE

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AMPATH- EMBLEM Project

Background:

- More than 80% of children with cancer live in resource limited countries where access to medical care is poor
- Considered a taboo
- Pediatric oncology programs deliver inadequate palliation to children with cancer.
- Major challenges include sporadic availability of narcotic analgesics, strict administration regulations and unskilled HCP
- Parents of children who died on a pediatric oncology expressed inadequate symptoms relief.

The Ideal Team

Team around the child



Objectives:

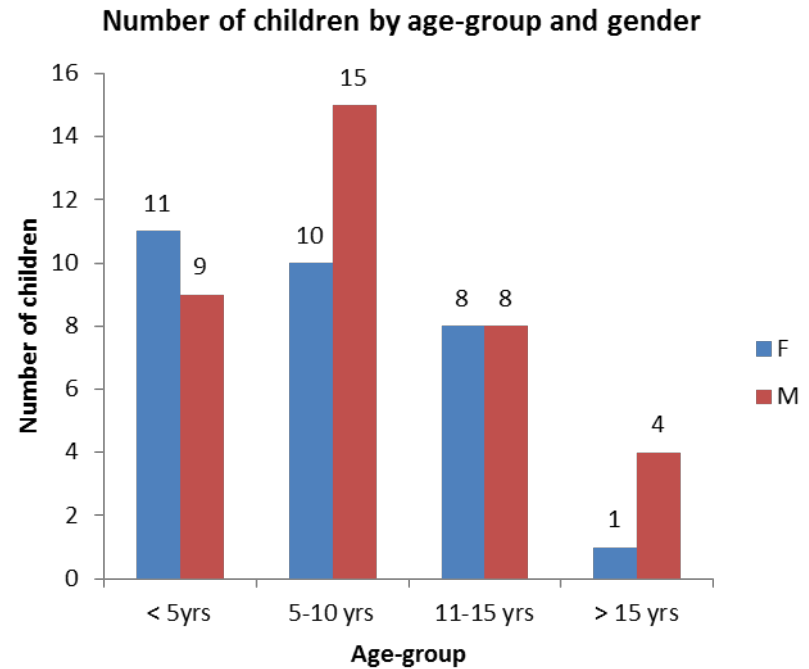
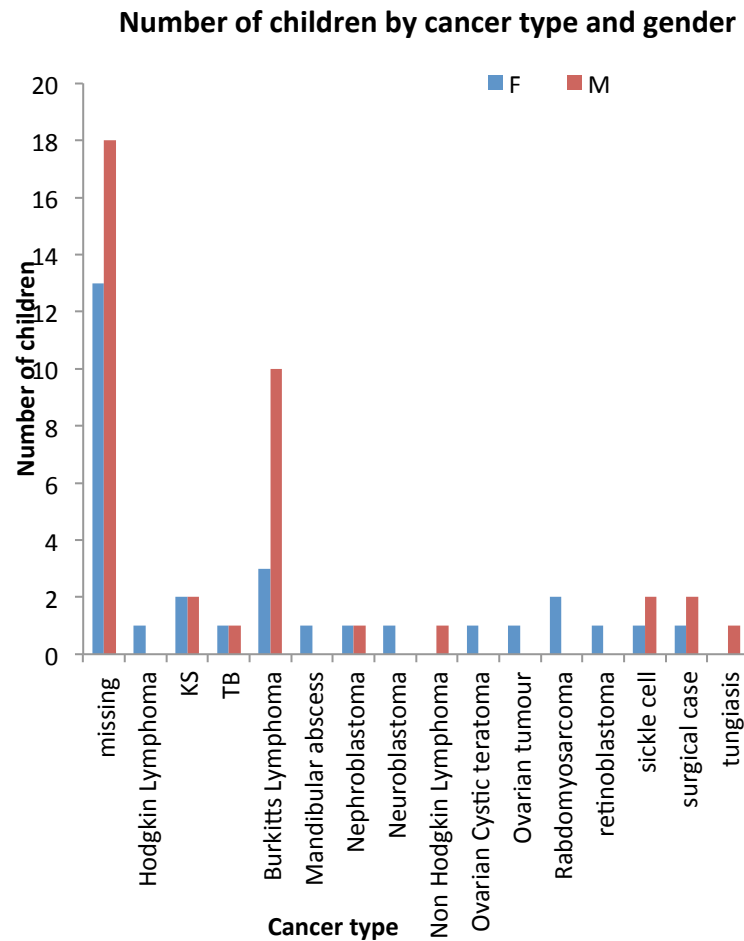
- To highlight the introduction of Pediatric palliative care outreach services as a tool to reach the un reached with the services.
- Provide comprehensive palliative care services to families of children with terminal illnesses or chronic diseases.
- Enhance the palliative care Knowledge Attitude and Practice(KAP) of HCP' s .

Methods:

- Two rural health facilities(Homabay DH and Webuye DH) were selected for pilot study.
- Team comprises PCN, Pediatrician, Pediatric surgeon, pathologist, SW and nutritionist making fortnight visits to these facilities.
- Activities include PROVISION OF CLINICAL SERVICES, TRAINING, MENTORSHIP of (HCP) on the basic skills on cancer prevention at all stages

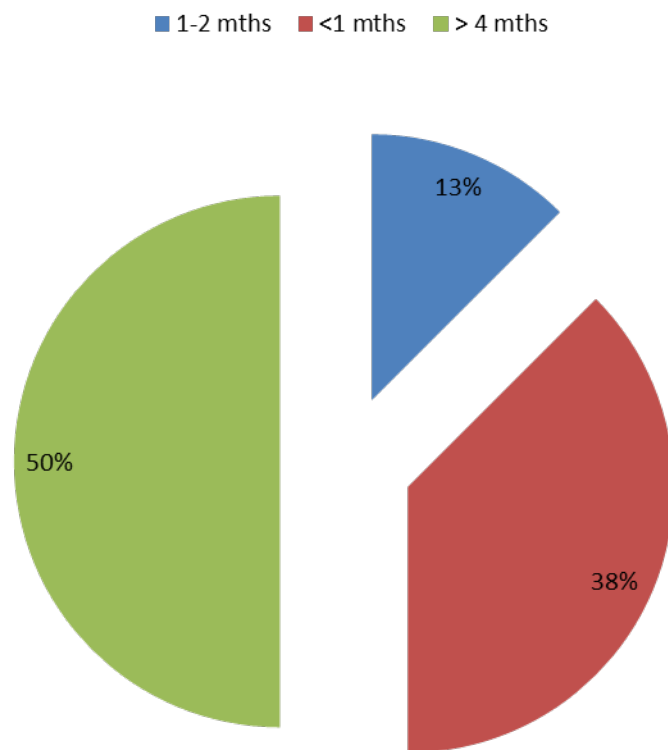
Results:

Patients characteristics at baseline

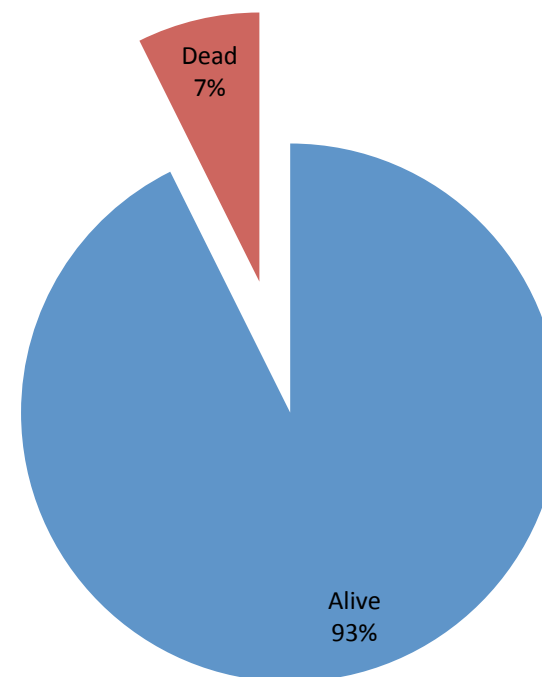


Median age:8(IQR:4-11)
N=68

Proportion of patients by duration of the diseases



Proportion of patients by status



Results

- Clinic visits are carried out at each site every fortnight.
- Average attendance per clinic day of 15 children with their parents or guardians.
- Relief of distressing symptoms reported in about 80% of these patients with significant improvement in their general wellbeing.
- Significant number of children are able to play and resume school despite the life limiting conditions they have.
- Improvement in KAP plus confidence of HCP towards management children diagnosed with cancer

Conclusion

- Introduction of Outreach Palliative Care Services to the medically underserved is feasible.
- Ensuring AVAILABILITY, ACCESSIBILITY and AFFORDABILITY of the services to the patients/clients is crucial.
- On site SERVICE PROVISION, TRAINING and MENTORSHIP of the available HCP is advisable

Recommendations

- A model that incorporates palliative care services into the mainstream of medical therapy should be emphasized as a standard for care of all children with significant life-threatening or life limiting conditions.
- Ensure reliable and sustainable supply of the narcotic analgesics and other requirements to the clients. External support may be necessary since this is a global village- collaborations, research projects that in-cooperate care etc.
- On site Training and Mentorship of HCP is the way to go.

