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

Were Pamela
Moi Teaching & Referral Hospital
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

- Professional nurse
- Teacher
- Occupational therapy
- Social worker
- Volunteer
- Play therapist
- Dietician
- Doctor
- Friends
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

### Number of children by cancer type and gender

- **Hodgkin Lymphoma**
- **KS**
- **TB**
- **Burkitts Lymphoma**
- **Mandibular abscess**
- **Nephroblastoma**
- **Neuroblastoma**
- **Non-Hodgkin Lymphoma**
- **Ovarian Cystic teratoma**
- **Ovarian tumour**
- **Rhabdomyosarcoma**
- **Retinoblastoma**
- **Sickle cell**
- **Surgical case**
- **Tungiasis**

![Number of children by cancer type and gender chart]

### Number of children by age-group and gender

<table>
<thead>
<tr>
<th>Age-group</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 yrs</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>5-10 yrs</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>

**Median age:** 8 (IQR: 4-11)

**N:** 68
Proportion of patients by duration of the diseases

- 1-2 mths: 38%
- <1 mths: 13%
- > 4 mths: 50%

Proportion of patients by status

- Alive: 93%
- Dead: 7%
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.