

PALLIATIVE CARE

ripples

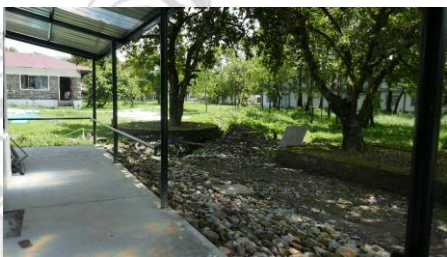
Updates on how INF is supporting Palliative Care development in Nepal

COVID-19 Research Collaborative

We are working in a partnership with Christian Medical College Vellore, Emmanuel Hospitals Association in India and University of Edinburgh to explore the effects of Covid-19 on palliative care provided by mission hospitals in India and Nepal. We plan to map out the different experiences of hospitals with the aim of understanding the barriers to providing palliative care and how these are being addressed. This, we hope, will inform ongoing provision of palliative care as the effects of Covid-19 continue. We are at the planning stage at present with regular Zoom meetings, developing the method for the survey and hope to start the research in the next few weeks.



Green Pastures PC building progress



Great progress in the vision becoming reality



PC Training

PC continues raising a voice through different activities. This has included community training (via Zoom) for 65 participants on the safe care of deceased bodies (see article overleaf). PC facilitated communication training for GPH staff increasing skill for difficult phone conversations.

Nepali PC Toolkit follow up

The postponed planned training from March is delayed until training can again be held COVID-safely. The planned evaluation to ensure the final edition is accurate with appropriate cultural adaptation can hopefully still be completed by 2021.

Networking opportunities

A joint program of Hyderabad Centre for Palliative Care and Two Worlds Cancer Collaborative has provided 10 COVID-related ECHO adult session and now 10 paediatric sessions that have been particularly useful.



Community Zoom Training on Safe Care of Deceased Bodies

One area of concern was for the safety and wellbeing of community members caring for deceased bodies in COVID-19 suspected or confirmed cases. The PC team trained our hospital staff, and offered educational online sessions led by Ms. Manju, PC specialist Nurse and Dr. Ruth. During May-June a total of 100 participants have benefited: 35 hospital staff and 65 community participants from all over Nepal through church connections. In the small interactive sessions, information and useful resources were shared and a follow up informative poster and guidelines were sent to the participants. This topic is new and from initial feedback participants found it both useful and informative as well as comforting due to many prevailing myths and high fear levels. We now plan a formal evaluation.



A video (using a dummy) of how to safely care for deceased bodies is being finalized by INF and we plan to share this resource with participants and other interested parties



Sr Manju was also interviewed for a local YouTube station.



Other staff training facilitated by the PC team included syringe driver training and new sessions, exploring ways to maintain good communication even from behind a mask, with interactive sessions practising initiating difficult conversations over the phone when face-to-face encounters with family not possible.



Indirect COVID-19 impacts

Nepal is not free from the pandemic effect of COVID-19, but initially was an outlier in South Asia and the world for its low numbers and the slow rise of confirmed cases. The country went into strict lockdown from March 24 and cases remained under 1,000 until late May. Socio-economic effects of strict lockdown have been significant, and lockdown was eased a bit enabling thousands of migrant workers to return from India and other countries, but quarantine and isolation have been problematic. Nepal's tally at 21 July is nearly 18,000, although the death rate remains anomalously low with 40 deaths.

The ongoing lockdown has meant disruption to the supply chain of essential medicines including morphine, increasing the number of people with underlying non-communicable chronic diseases dying in pain. Using telemedicine to contact those we could not visit due distance, we found many were having difficulties obtaining basic things like dressing materials and some cancer patients were no longer able to continue chemotherapy. The poor and marginalized always suffer most in every disaster, and daily wage work has almost stopped for 4 months.

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Prayer and Praise Points:

Give thanks for :

- Ongoing PC training opportunities during lockdown including meeting a community need for education re care of deceased bodies.
- Fast tracking of many PC activities due COVID-19 preparation at GPH, and amazing progress on new building despite strict lockdown and nearly all construction being stopped for many months
- Opportunity for collaboration between Edinburgh, Vellore and GPH for research discussions
- New networking opportunities in paediatric PC through ECHO in India and Nepal

Please pray for :

- God's hand on our world that leaders will respond to the global pandemic wisely, and particularly for the poor and vulnerable most affected by the economic fallout.
- Wisdom for our Green Pastures Hospital leadership team providing a dual system of care mitigating COVID-19 risk while meeting the needs of those who have disabilities and/or chronic diseases
- Wisdom as we review our current and future PC plans in light of the short- and long-term implications of COVID-19, with potential increased level of PC needs.
- Supplies of medication to be maintained and morphine available for patients who need it.