

Integrating volunteers from faith based settings to support palliative care: experience of Naguru Regional Referral Hospital and Lugogo Baptist Church, Kampala

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AIM

To train volunteers to provide practical social and spiritual support to patients with palliative care needs using a model developed in Mulago National Referral Hospital (MNRH) and mobilising the PC strengthening linkages between Makerere Palliative Care Unit (MPCU) and Naguru Regional Referral Hospital (NRRH) through forming a partnership with a local FBO, Lugogo Baptist Church (LBC). They have a mandate to care for the needy in their community.

PROBLEM STATEMENT

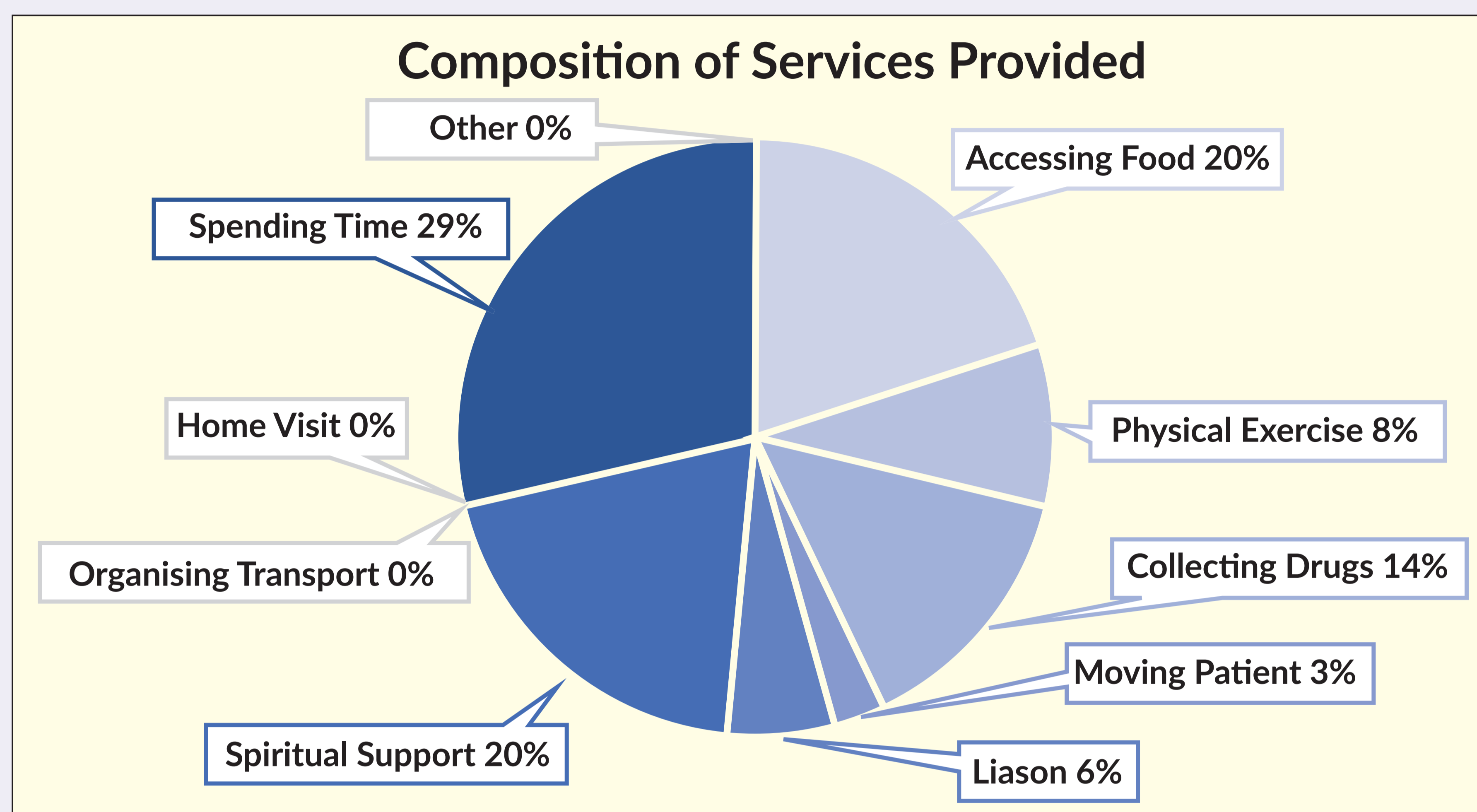
Volunteers have a recognised role in supporting palliative care (PC) in hospital settings in particular meeting practical, social and pastoral needs. Faith based organisations (FBO) lead and support communities but few are actively involved in health promotion or PC. There have also been challenges in volunteers working in a government hospitals settings that have discouraged linkages.

METHODOLOGY

- Planning and formal agreements were made between NRRH and LBC with technical support from MPCU.
- 9 volunteers from LBC were recruited and trained for 22 hours including shadowing with experienced MNRH volunteers.
- Two more update trainings carried out for existing volunteers
- Filled in activity forms during volunteer visits to patients

RESULTS

Volunteers visit the patients 4 times a week and about 40 visits were made in the first month. The volunteers were able to provide a total of 35 services to 12 patients, the median number of visits for each patient being 3, and the median number of services provided per patient being 2.5. The most common service accessed was spending time with the patient (83%), followed by accessing food (58%) as well as offering spiritual support (58%).



Volunteers report benefit from the training and personal reward from implementing skills and supporting patients and families.

A formal launch with feedback from volunteers has resulted in 15 new volunteers willing to be trained and an invitation from a church network to consider expansion of the programme.

Patient story

A 38yr male from Kamokya a suburb in Kampala was very grateful for the support the team offered him through visiting him and bringing him breakfast and food he did not have any relative to be able to support him with feeding. He said

“you are my family now God has brought you to me continue with this work.”

Volunteer Quote

*‘I have been praying for just such an opportunity’
 ‘I have learned to listen’
 ‘I was scared to visit the hospital and nearly ran away but now feel more confident*

CONCLUSION AND LESSONS LEARNT

PC in hospital settings can be supported through partnerships with FBO. This benefits the FBO in the provision of pastoral care and health promotion. PC continues across the continuum of care and must include empowered compassionate communities who have access to training and expertise.

RECOMMENDATIONS FOR RESEARCH

Evaluate the importance of this support to patients and their families and how it can be improved.

RECOMMENDATIONS FOR PRACTICE

The model should be scaled up to other FBO.



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