

**Special Article**

# The Zimbabwe Rural Palliative Care Initiative: PCI-Z

Philip G. Di Sorbo, MA, Dickson D. Chifamba, MB ChB, Dip Pall Med, John Mastrojohn III, RN, MSN, MBA, Chenjerai N. Sisimayi, MSc Clin Epi (Candidate), and S.H. Williams, MB ChB, Dip Pall Med

Foundation for Hospices in Sub-Saharan Africa (P.G.D.S., J.M.), Alexandria, Virginia, USA; and Island Hospice and Bereavement Service (D.D.C., C.N.S., S.H.W.), Harare, Zimbabwe

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**Abstract**

*The Zimbabwe Rural Palliative Care Initiative is a program to increase access and expand palliative care in rural Zimbabwe. The goal was to add palliative care to existing home-based care teams comprising indigenous rural volunteers. Palliative care expertise is being developed through training and ongoing mentorship provided by Island Hospice Service, headquartered in the capital city of Harare. Specific outcomes relative to palliative care are reported, using the African Palliative Care Association African Palliative Outcome Scale, the Karnofsky Performance Scale, and a Supervision and Mentorship Checklist. Positive impact is documented, and there is significant opportunity for similar outcomes on a national scale. J Pain Symptom Manage 2010;40:19–22. © 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

**Key Words**

*Palliative care, Zimbabwe, Foundation for Hospices in Sub-Saharan Africa, FHSSA, Island Hospice and Bereavement Service, home-based care, rural, youth, hospice, HIV, AIDS, Africa*

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**Introduction to the Setting and Problem**

Zimbabwe is a landlocked country, just north of South Africa. Historically, Zimbabwe played a leadership role in the development of palliative care in Africa. Founded in 1979 as Africa's first hospice, Island Hospice remains a center of excellence in palliative care but has been challenged by severe economic depression and the HIV/AIDS pandemic. There is limited access to palliative care in the rural areas, where 68% of Zimbabweans currently live.<sup>1</sup> The need for palliative care

throughout the country is urgent and immense. With new adult HIV infections increasing in 2009,<sup>2</sup> the average life expectancy at birth is 34 years for women and 37 for men.<sup>3</sup> There are now more than one million AIDS orphans.<sup>4</sup>

In both urban and rural areas, there are abundant volunteers, most of whom have basic training in home-based care. These teams have largely been under-resourced and work with little or no clinical supervision. All are eager for additional training and support that can assist to relieve the suffering of individuals they see on a regular basis.

**Description of the Intervention**

The Zimbabwe Rural Palliative Care Initiative (PCI-Z) is a program to integrate palliative

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*Address correspondence to:* Philip G. Di Sorbo, MA, Foundation for Hospices in Sub-Saharan Africa, 1731 King Street, Suite 300, Alexandria, VA 22314, USA. E-mail: [pdisorbo@fhssa.org](mailto:pdisorbo@fhssa.org)

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care in rural communities by expanding the services of existing home-based care teams. This involves training, mentorship, capacity building, medication supply chain strengthening, and programmatic inputs. Being trained and mentored are physicians, health professionals, program officers, volunteers, pastors, and youth.

The lead agency for PCI-Z is the Foundation for Hospices in Sub-Saharan Africa (FHSSA), a nonprofit affiliate of the U.S. National Hospice and Palliative Care Organization. FHSSA has been active in Zimbabwe since 1999, when it arranged a U.S. partnership for Island Hospice. In 2006, FHSSA's Zimbabwe partners asked for assistance in the procurement of grants and technical assistance needed to mount PCI-Z as a regional effort to expand access to palliative care.

Palliative care training is conducted by Island Hospice, an organization experienced in regional training and mentorship related to clinical skills in palliative care. To enhance long-term sustainability, an academic program to prepare clinical leaders in palliative care was developed and long-term partnerships with U.S. hospice programs were established at PCI-Z sites. The rural home-based care teams developed with initial funding include United Methodist Church Mutambara Hospital, Seke Rural Home-Based Care, and Chikwaka Home-Based Care. PCI-Z also has arranged for Direct Relief International (DRI) to provide various medicines and medical supplies to PCI-Z partners. Although the long-term focus is on the Zimbabwean infrastructure for maintaining a supply of palliative medicines, the DRI medications are a significant humanitarian contribution to relieve the current needs.

PCI-Z supports programs by providing and finding resources for vehicles, bicycles, home-based care kits, medications, and food parcels. PCI-Z also provides services for vulnerable youth and assistance in integrating palliative home-based care with local clinics and hospitals. Health professionals from local facilities are included in training and mentorship exercises.

### ***Experience with Implementation***

Despite formidable challenges during the first year because of the worsening economic

environment, crop failures, and water and electricity shortages, training sessions were held for physicians, volunteers, health professionals, pastors, and youth. Coordinators for palliative home care and for Youth Care Clubs were recruited and oriented. At the request of the U.K.-based Department for International Development (DFID), PCI-Z began providing training and mentorship in palliative care to nine DFID partner agencies that deliver home-based care. Table 1 provides a summary of the project's first-year activity.

Developing an effective model of mentorship and supervision for rural areas has been challenging. It became evident that more frequent supervision and more efficient means of communication were necessary. Adjustments were made, including retention of an additional physician mentor, an expanded training department at Island Hospice, and more frequent supervision visits.

Underutilization of morphine in HIV/AIDS was another challenge. There are a number of AIDS-related pain syndromes (e.g., HIV neuropathy and postherpetic neuralgia) that are highly responsive to morphine if used appropriately and after adequate assessment. This includes AIDS-related malignancies such as Kaposi's sarcoma, which is the most common tumor in the country for men and the second (to cervical cancer) most common in women.<sup>5</sup> However, morphine use is limited by short supplies and nonavailability outside of main centers.

A Zimbabwe Essential Palliative Medicines List was compiled by Island Hospice, intended for use in the government's supply chain. The list can be accessed at [www.fhssa.org](http://www.fhssa.org). Efforts are also underway with the University of

*Table 1*  
**First-Year Activity Summary**

Category	Cohort	Unduplicated Count
Patient care	Households receiving palliative care	1,013
Youth	Youth actively participating in Youth Care Clubs	896
Trainees	Home-based care volunteers	453
	Health professionals	194
	Physicians	8
	Pastors	19

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