Hospice and Palliative Care

Team Building: Involving the Church

February 16th to 18th, 2005
CEDHA
Arusha

Galatians 6:2
"Bear one anothers' burdens, and so fulfill the law of Christ"

Palliative Care Department
Evangelical Lutheran Church of Tanzania

NA.	HOSPITALI	JINA LAKO	NAMNA BORA YA MAWASILIANO – IWE ANWANI YA POSTA , SIMU YA HOSPITALI, SIMU YA MKONO AU E-MAIL
1.	Bulongwa	Tsesiwe Mahenge	P.O. Box 43 Makete Tel: 026 2740147
2.	Bulongwa	Mchg. Mika Mwanyama	P.O. Box 42 Bulongwa, Makete Tel: 026 2740147 – 0745 326042
3.	Nyakahanga	Ev. Gosbert P. Rutashobya	S.L.P. 110 Karagwe – Hospital Tel. 222334 own 0744 619636
5.	Nkoaranga	Grace Sarakikya	P.O. Box 91, Usa River – Tel. 2553598
6.	Nkoaranga	Sarah Swai	P.O. Box 91, Usa River – Tel. 2553598
7.	Machame	Yesaya E. Muro	P.O. Box 3044 Moshi Tel: 0744 – 391828
8.	Machame	Simon E. Mushi	P.O. Box 3044 Moshi Tel: 0744 390313
9.	Bumbuli	Rev. Joyce Temu	P.O. Box 11 Bumbuli E-mail: elterntemu@hotmaol.com Tel – 2640360
10.	Bumbuli	Sr. Betty E. Hozza	ELCT – NED Box 11, Bumbuli Hospital Tel – 2640353
11.	Karatu	Hilari Blasidi	Karatu Luth Hospital P.O. Box 165 – Simu – 272534318
12.	Karatu	Rev. John Safari Mayo	P.O. Box 165, Karatu, Tel. 0744 986496 – E-mail: jmsafari@yahoo.com
13.	Bunda DDH	Rev. Okully J. Mwanga	P.O. Box 424, Bunda Tel. 0744 449164 or 0748 449164 E-mail: okulmwanga@yahoo.com
14.	Bunda DDH	Mr. Christian Kosura	P.O. Box 424, Bunda – Tel. 0748 747887
15.	Marangu Hospital	Eliamani Alpheus Shayo	P.O Box 107 Marnagu – Tel. 0745 651762 / 0745 651396
16.	Marangu Hospital	Laurah Justine Swai	P.O. Box 107, Marangu Tel. 0745 651762 / 0748 778020
17.	Ndolage Hospital	Timothy Kahigi (Mchg.)	P.O. Box 34 Ndolage – Tel. 0748 328754
18.	Ndolage Hospital	Aloysia Emmanuel	P.O. Box 34 Nodlage – Tel. 0748 472004
19.	Iambi Hospital	Rev. Abihudi M. Mgana	P.O. Box 100 Singida E-mail: amgana2005@yahoo.co
20.	Iambi Hospital	Neema Alute	P.O. Box 100, Singida – tEl. 0748 718065
21.	Lugala Hospital	Leah Chogo	P.O. Box 11, Malinyi, Ifakara – Morogonro.
22.	Lugala Hospital	Mwj. Gesto Luhanda	E-mail: shlug.mailbox@elct.org
23.	Ilembula	Aida Mtega	P.O. Box 14, Ilembula – Makambako – Tel: 0262730359
24.	Ilula Luth. H.C.	Mch. Imelda Kissana	P.O. Box 179, Mazombe Iringa – E-mail: revimeldak@yahoo.com
25.	Matema Hospital	Mch. Xaveria Kimbwala	P.O. Box 84, Kyela – Tel. 0744 930113
26.	Ilembula Hospital	Mchg. Jane Mlonganile	P.O. Box 14, Ilembula – Tel. 0748 621547/026 2730359
27.	Gonja Luth Hosp	Endaeli Nimzihiirwa	P.O. Box 607, Gonja – Same

28.	Gonja Luth Hosp	Ev. Herieli Mbwambo	P.O. Box 607, Gonja – Same.
29.	Ilula Luth H.C.	Rhoda Peter Kihwele	P.O. Box 200 Mazombe – Iringa
30.	Itete Hospital	Epiphania D. Michael	P.O. Box 170 Tukuyu – Mbeya Tel: 0744 548044
31.	Itete Luth Hosptal	Ev. Luganga Mwambambale	P.O. Box 170 Tukuyu Mbeya

Mch. John Safari leads the group as Chairperson of the Seminar

Report of February 16th to 18th Palliative Care Meeting at CEDHA 2005

Attended: 2 representatives from every ELCT hospital excepting KCMC (not invited), Lutindi (not invited) and Haydom (excused). Ilula Health Center also sent 2 reps, and Selian Hospital provided 3 facilitators.

Venue: CEDHA, which provided housing, catered food for breakfast, tea, and lunch daily, as well as the meeting room.

Facilitators: Dr. K Hartwig of ELCT, Mch. G. Kimirei, Sr. P. Natema, and Ej. A. Kimani of Selian Lutheran Hospital Hospice Program.

Meeting theme and approach: the general theme was that of "team building" with the idea of strengthening the pastoral component of palliative care in our hospitals. Site visits had revealed a general weakness in this regard, with a tendency for nurses or clinical officers to act on their own. The Scripture verse which was used to support this theme: Galatians 6:2. "Bear one another's burdens and so fulfill the law of Christ."

Please see the program for the daily schedule of events. In general:

Day 1: Devotions and prayer by Mch. Kimirei. Introductions, Coordinator's report, and a lesson on the concept of Teamwork took us until lunch. Hospitals then broke into 4 groups (8 to 10 people/group) to discuss particular aspects of their work that are challenges and that might be helped by shared problem solving. Each group wrote up reports, which were subsequently summarize as general points (about 18 of them) and given back to them on Day 3.

Day 2: Ej. Kimani lead morning devotions, and then lead a session on communication. The rest of the morning, over 2 hours, was Mch. Kimirei discussing various aspects of spiritual care in dealing with terminal disease and, particularly, HIV/AIDS. After lunch we broke into separate groups. The pastoral group met with Kimirei/Kimani and the clinical group met with Natema/Hartwig. Pastoral discussions went into greater detail from the morning lessons. Clinical teaching was lead by Hartwig with lessons on Pain Management Without Morphine and Home Based Care and HIV/AIDS. The lesson on pain seemed especially well received, as many programs had seemed demoralized after last June's African Palliative Care Association meeting with its overriding emphasis on oral morphine. Minutes of the separate group meetings are available.

Day 3: After morning prayer we again broke into groups, this time individual hospital groups of 2 people each. The summarized points from Day 1 were reviewed and each hospital team developed a plan for furthering services over the next 6 months time. The emphasis was on putting in those plans that are within our current capacity to accomplish. We then heard from each program their detailed plans, which took us to lunch time. Natema then lead a lesson on networking, with the major point being that, without successful networking, effective referrals, and good teamwork, this work will not succeed! Hartwig then spoke on the necessity of record keeping as being one part of "the

way forward." He emphasized both material oriented records i.e. time, transport, and medicine use and client oriented records i.e. each patient having a page summarizing their medical evaluation and subsequent visits/interventions. Hartwig closed by laying out his own 6 month plan including office work goals and the goal to visit every hospital again beginning in May of this year. Facilitation of communications to churches and hospices outside of Tanzania is also part of the work plan.

We closed with a review of evaluations and plans for the future. In general evaluations were very favorable with the one consistent observation being that 3 days was perhaps too short for the participants. Accommodations, logistics, and food were all said to be satisfactory.

Summary: a very positive time with lots of interaction and clearly the joining of the pastoral and clinical is off to a good start. This is also building on the true strengths of the Selian Hospice. Special thanks to Lutheran World Federation for funding this resource intensive time, which we hope will bear special fruit.

Kristopher Hartwig MD
Palliative Care Coordinator ELCT
February 2005

MUHTASARI WA SEMINA YA PALLIATIVE CARE CEDHA – ARUSHA
TAREHE 16/2/2005 HADI 18/2/2005

"MCHUKULIANE MIZIGO NA KUITIMIZA HIVYO SHERIA YA KRISTO"

UTANGULIZI

1.0 UFUNGUZI WA SEMINA TAREHE 16/02/2005

Semina ilifunguliwa na Mch. Kimirei kwa wimbo No. 84 MB. Na Neno la Mungu kutoka Yohana 10:10 alituasa na kukazia zaidi umuhimu wa kumhudumia mwanadamu kikamilifu ambaye Yesu Kristo amekusudia awe na uzima kisha nao tele.

1.1 UTAMBULISHO WA WAWEZESHAJI WA SEMINA

Mwezeshaji Mkuu wa semina na Mkurugenzi wa Palliative Care Dr. Kristopher Hartwig aliwasalimu washiriki wa semina, kisha alimkaribisha Dr. Mark Jacobson wa Selian Hospital kueleza machache. Dr. Mark Jacobson ambaye ni Dr. Incharge Seliani Hospital alitueleza historia fupi jinsi alivyopata shauku ya huduma ya wagonjwa nyumbani baada ya ndugu aliyekuwa na hymphoma kutunzwa nyumbani chini ya uangalizi/usimamizi wa watumishi wa hospitali hadi kifo chake kwa AMANI BILA MAUMIVU.

Baada ya maelezo hayo Dr. Kristopher alimkaribisha Dr. P. Kopwe ambaye alijitambulisha na kutoa maelezo kuhusu huduma hii, aidha alilisisitiza, umuhimu a kuweka bajeti ya Palliative Care ili huduma iwe endelevu. Pia katika utendaji pawepo na mawasiliano kuhusu utekelezaji wa malengo kwa kipindi maalum. Vile vile Dayosisi zetu zielewe umuhimu wa kusaidia huduma ya wagonjwa majumbani.

Aidha Dr. Jacobson wa Selian Hospital aliwatambulisha watumishi viongozi wa Hospice ambao ni Sr. Paulina G. Natema – Mratibu wa Hospice – Selian Hospital, Mch. Kimirei – Chaplain na Mwinj. Kimani. Nao walieleza juu ya huduma Selian Hospital kwamba ilianza mwaka 1999.

1.2 UTAMBULISHO WA WANASEMINA

Mwezeshaji wa Semina Sr. Paulina Natema aliongoza utambulisho ambapo kila kituo kilieleza shughuli za Palliative Care wanazofanya kwa kifupi kama ifuatavyo:-

1. Marangu Hospital
2. Karatu Hospital
3. Bunda Hospital
4. Machame Hospital
9. Nyakahanga Hospital
10. Matema Hospital
11. Ilula Hospital
12. Ilembula Hospital

5.	Bumbuli Hospital	13.	Itete Hospital
6.	Iambi Hospital	14.	Ndolage Hospital
7.	Bulongwa Hospital	15.	Gonja Hospital
8.	Lugala Hospital	16.	Selian Hospital

Baada ya kujitambulisha ilifahamika kuwa kuna vituo vya huduma ya ushauri nasaha (VCT) 19 kwenye hospitali 12.

WANA-SEMINA NA WAWEZESHAJI WALIPATA CHAI NZURI SAA 4:00 HADI 4:30 ASUBUHI

2.0 UCHAGUZI WA VIONGOZI WA SEMINA

1. Mwenyekiti wa Semina - Mch. John Safari Mayo
2. Katibu wa Semina - Bw. Christian Kosuri
3. Katibu Msaidizi - Bi. Betty Hoza
4. Mtunza Muda - Bi. Gloria Runiyoro
5. Burudani - Mch. Joyce Temu
6. Mtunza Afya - Bi. Epiphania Michael
7. Makatibu wa kutoa taarifa kila siku:
   (a) Jumatano - Bi Eliamani Shayo
   (b) Alhamisi - Bw. Robson Sanga
   (c) Ijuma - Bi Neema Elute

   Watoa taaifa/habari mbalimbali
   Jicho – Mch. Okuli Mwanga
   Sikio – C.O. Hillary Blasydi

2.1 KANUNI ZA SEMINA

(a) Kutunza muda wa vipindi
(b) Kuheshimu vipindi
(c) Kuheshimu uongozi uliopo
(d) Simu zisisikike darasani
(e) Kila wazo liheshimiwe
(f) Lugha 2 zitumike – Kiingereza na Kiswahili

3.0 KIPINDI CHA TATU

Dr. Kristopher alitoa maelezo ya Hospice kuwa ni neno la Kilatini – Hospitality – ukaribu na Palliative Care ni huduma ya faraja. Pia alitoa taarifa ya ziara yake kwenye hospitali za Lutheran isipokuwa Lugala.

- Aliona huduma hii inafanyika kila kituo. Kinachohitajika ni Ushirikishwaji ili kuboresha tena Team work.

- Kiini cha timu ni MGONJWA – Key person ndiye anatafuta msaada ili awe na matumaini. Alieleza serikali imetoa ruhusa Morphine itumike huko Selian. D.D. Muheza na Ocean Road DSM kwa ajili

ya maumivu makali. Tarehe 17/2/2005 tutajifunza kutibu maumivu makali bila kutumia Morphine kwani haipatikani kirahisi. Ni muhimu elimu itolewe kwenye vyuo vya uuguzi na uganga. Kwa juhudi kubwa za Dr. Kristopher amefaulu kupata ufadhili wa Dola 28,000 mwaka 2004 zilizotumika kwa mikutano, usafiri na shughuli za ofisi – kutoka L.W.F.). Dr. Kristopher alisema, pamoja na matatizo mengi ya huduma hii tunawezeshwa na BWANA YESU KRISTO kuitenda kazi hii.

3.1 KIPINDI CHA NNE

Sr. Paulina Natema – alitoa maelezo kwa kina kuwa ufanisi wa kazi kama kikundi – Team work. Lengo kuu ni kufanya kazi kwa vikundi. Vielelezo na michoro ilitolewa ili kufanikisha uelewa wa wana semina. Ushirikishwaji wa jamii, viongozi mbalimbali na wadau tutafanikiwa kwenye huduma ya wagonjwa majumbani. Teamwork itamwezesha mgonjwa kufa kwa amani. Thamini na Logistics ilitolewa.

Jioni saa 11:10 Dr. Kristopher alitoa shukrani na kufunga semina kwa siku ya I.

4.0 SEMINA SIKU YA II:

Ilifunguliwa kwa sala iliyoongozwa na Mwinj. Kimani kwa wimbo Na. 74 na neno: Isaya 58:7-11. Alikazia jinsi ya kuwasaidia wenye njaa kuwagawia chakula chako na kuwaleta maskini waliotupwa nje nyumbani mwako, tena umwonapo mtu aliye uchi umvike nguo. Hii ni sawa na kumhudumia mgonjwa wa Palliative Care - kimwili, kiroho, kiakili na kijamii ili awe na matumaini faraja na AMANI. Ndipo utukufu wa BWANA utakufuata nyuma ukulinde.

4.1 TAARIFA YA SIKU YA I:

Ilitolewa taarifa ya mgomo wa wauguzi huko Congo Kinshasa ulisababisha vifo vya wagonjwa wengi. Mch. Okuli Mwanga alisikia kwenye taarifa ya habari. Sr. E. Shayo alitoa taarifa ya siku ya I ya semina.

4.2 KIPINDI CHA I: MAWASILIANO:

Mwinj. Kimani alieleza na kuelimisha umuhimu wa mawasiliano katika masuala mbalimbali hususan katika Palliative Care. Maswali yaliyoulizwa yalijibiwa ipasavyo:-

5.0 WANASEMINA NA WAWEZESHAJI WALIPATA CHAI NZURI

5.1 KIPINDI CHA II – SPIRITUAL CARE – MAMBO YA KIROHO

Mch. Kimirei alieleza kuwa mambo ya kiroho katika Palliative Care, madaktari wanatumia akili nyingi “but we compliment to each other”. Tunashabiana (tunategemeana) na kila mmoja katika P.C. Daktari na

Mchungaji/Mwinjilisti Dr. asidharau kazi ya Mwinjilisti vivyo hivyo Mwinj. asidharau kazi ya Dr. kushirikiana, uponyaji wa kimwili na kiroho utapatikana kwa wagonjwa Mch. Kimirei alisisitiza kuhusu hospitali zetu za kanisa ziwe kielelezo cha kutangaza Yesu Kristo kuwa ni mponyaji. Tutoe huduma katika JINA LA YESU. Alisoma Maandiko Matakatifu kutoka Luka 6:36 (HURUMA. Pia Mwanzo 28:16 (Hakika hapa pana Mungu) 2Wafalme 5:1-12 (Nabii Elisha alivyomponya ukoma Jemadari Naaman kwa jina la Yesu Kristo. Pia Mch. Kimirei alikazia kwamba sio vizuri kudharau imani ya mgonjwa bali mwelimishe. Pia KUMGUSA MGONJWA anapata faraja.

LAANA NA TAMSHI LA BARAKA: Anayelaaniwa ni mtenda maovu na anayebarikiwa ni mtenda mema Hesabu 6:22-26.

5.2 Kabla ya kufunga kipindi Mwenyekiti aliwakaribisha wanasemina 2 kutoka Nkoaranga Hospital na walieleza shughuli wanazofanya za Palliative Care.

6.0 **WANASEMINA NA WAWEZESHAJI WALIPATA "LUNCH"**

Baada ya lunch nzuri sana wawezeshaji Dr. Kristopher, Sr. Paulina, Mchungaji Kimirei/Mwinj. Kimani walituandaa katika makundi 2. (Mecial Care Personnel & Spriritual Care personnel). Kila kikundi kilijadili masuala yanayohusu huduma yao/taaluma yao. Mwisho tuliunganisha maelezo na mpango mzima wa kuboresha huduma ya PC.

- Tathmini ilifanyika ka kufunga kwa siku ya II 18/2/2005.

7.0 SEMINA SIKU YA III:

Ilifunguliwa kwa sala iliyoongozwa na Mch. toka Iambi Hospital. Alisisitiza kuwa kazi ya PC ni ya kujitolea baada ya kujitambua kwa nini u Mkristo kwa nini Mungu amekuweka katika nafasi uliyonayo. Taarifa ya sikio ilitolewa kwa matukio huko Moshi, DSM, Tanga, Mbeya, USA, Iraq.

- TAARIFA YA SIKU YA II ilitolewa na Bi. Neema Elute kwa makini.
- Kipindi cha I: Kazi ya vikundi: Kila kituo kilipanga mpango wa kazi kwa miezi 6 Machi hadi Agosti 2005. Ukiongozwa na vipengele kwenye namna ya kutatua matatizo.
- Wanasemina na wawezeshaji walipata chai nzuri saa 4.00.
- Vikundi 17 viliwasilisha mpango wa kazi kwa miezi 6 hadi saa 7 mchana.
- Tulipata chakula cha mchana.

KIPINDI CHA II – USHIRIKISHWAJI

Kazi hii ilifanywa na kujadili katika vikundi.

- Vikundi viliwasilisha taarifa yao waliyojadili kwa pamoja.

- Mkurugenzi wa Palliative Care Dr. Kristopher Hartwig alitoa mpango mzima katika huduma hii kwa ajili ya kutunza kumbukumbu za huduma ya wagonjwa majumbani katika vituo vyetu.
- Barua zimetolewa kwa kila kiongozi wa kituo/hospitali zilizotuma wajumbe kuhudhuria semina hii.
- Mikakati ya Dr. Kristopher ya jinsi ya kuboresha huduma ni:
  1. Kuwatafutia elimu wana semina.
  2. Pesa za kuendesha semina nyingine.
  3. Kuwa na mifuko inayojitegemea katika kila kituo kuhusu Palliative Care.
  4. Kutafuta wageni
  5. Uhusiano na marafiki wa Hospice kutoka mataifa mengine ya nje.
  6. Kututafutia dawa ya Morphine ili ipatikane katika vituo vyetu.

- Mkurugenzi alimkaribisha Mwenyekiti wa Semina Mch. Safari kushukuru kwa niaba ya wanasemina wote.
- Mch. Kimirei alifunga kwa neno kutoka Mithali 3:26-29 “Tusiwe mbwa anayezuia ng’ombe kula majani asiyokula yeye maana yake”usiwanyime watu yaliyo mema ambayo yapo katika uwezo wako”.

MWISHO WANASEMINA NA WAWEZESHAJI WALIAGANA KWA SALA YA BWANA “BABA YETU ULIYE MBINGUNI”.

Imetayarishwa na:

Bw. Christian Kosuri
Bi. Betty Hoza

16-2-2005 SEMINA YA PALLIATIVE CARE - CEDHA –ARUSHA

DAY ONE

Ufunguzi

Ufunguzi wa Semina ulifanywa na Mh: Mchungaji Kimirei kwa wimbo No. 84. Baada ya wimbo alisoma neno toka Yohana 10 :10 Mchungaji alitoa mfano wa ng'ombe akasema kwa Wamasai ng'ombe ni kila kitu –kwa maana hiyo alituasa ni muhimu kumhudumia kikamilifu mwanadamu ambaye Yesu amemkusudia awe na uzima kisha awe nao tele.

Baada ya hapo Dr. Christopher Hartwig alitusalimu na kwa neno toka Galatia 6:2 Neno linahusu kuchukuliana mizigo ili kutimiza sheria ya Kristo. Alimkaribisha Dr. Jacobson akatuelezea juu ya wito wa kuwahudumia wenye magonjwa na mateso katika hatua za mwisho wa maisha duniani. Baada ya maelezo hayo Dr. Christopher Hartwig alimkaribisha Dr. Kopwe ambaye alitupa msisitizo juu ya huduma ya Palliative Care akasema; Hospitali, Dayosisi ziweke utaratibu wa kuwa na mafungu (budget) kwa ajili ya shughuli hizo. Alishauri Dr. Kopwe kuwe ni muhimu katika utendaji pawepo na **mawasiliano** kuhusu **utekelezaji** kwa kipindi maalumu.

Kipindi cha Pili: Kujitambulisha

Kipindi hiki kiliongozwa na Mama Paulina Natema, utambulisho huu ulikuwa kwa vituo vyote kama ifuatavyo:-

(1) Marangu Hospital
(2) Karatu Hospital
(3) Bunda Hospital
(4) Machame Hospital
(5) Bumbuli Hospital
(6) Iyambi Hospital
(7) Bulongwa Hospital
(8) Lugala Hospital
(9) Nyakahanga Hospital
(10) Matema Hospital
(11) Ilula Hospital
(12) Ilembula Hospital
(13) Itete Hospital
(14) Gonja Lutheran Hospital
(15) Selian Hospital

Baada ya utambulisho kila mtu alipata kuelewa yale wanayofanya wenzetu kule wanakotoka. Idadi ya huduma ya (V.T.C) Voluntary Counseling and Test zinazoendeshwa na Hospitali 12 ya miongoni mwake kuna wenye vituo 19 vya V.C.T. **kipindi kilimazilika** **tukaenda kwenye chai**: Baada ya chai ulifanyika uchaguzi wa viongozi wa Semina kama ifuatavyo:-

1. Mwenyekiti wa Semina - Mch. John Safari Mayo

2. Katibu wa Semina - Bwana Christian Kosuri
3. Katibu Msaidizi - Bi Betty Hoza
4. Mtunza Muda - Bi Gloria Runiyoro
5. Burudani - Mch. Joyce Temu
6. Mtunza Afya - Bi Epifania Michael
7. Makatibu wakutoa taarifa za kila siku
   (a) Jumatano - Bi. Eliaman Shayo
   (b) Alhamisi - Bw. Robson Sanga
   (c) Ijumaa - Bi. Neema Elute

Watoa taarifa/habari mbalimbali

Jicho Mch. Okuli Mwanga
Sikio C.O. Hillary Blasyi toka Karatu.

Baada ya uchaguzi tulijiwekea kanuni za Semina

1. Kutunza muda wa vipindi
2. Kuheshimu vipindi
3. Kuheshimu uongozi uliopo
4. Simu zisisikike darasani
5. Kila wazo liheshimiwe
6. Lugha 2 zitumike Kiingereza na Kiswahili

Kipindi cha tatu

Kipindi hiki kiliongozwa na Dr. Christopher Hartwig - alianza kwa kutoa ufafanuzi wa HOSPICE -akasema hili ni neno la **(Kilatini**) – Hospitality – Ukarimu, na Palliative Care alisema ni huduma ya faraja.

Mkurugenzi Dr. Hartwig alielezea kuhusu ziara yake aliyotembelea Hospitali zote za Lutherani isipokuwa Hospitali ya Lugala. Mtazamo wake baada ya ziara aliona kuwa kila kituo kinafanya huduma ya faraja. Lengo ni (Intergration) ili kuboresha huduma hii. Alisisitiza kuwa Team work inahitajika. Alieleza kiini cha timu kuwa ni Mgonjwa na ndiye anayehitaji msaada wetu ili apate matumaini.

Alieleza Serikali inaruhusu dawa ya Morphine-kutolewa katika hospitali za Selian, D.D.J Muheza na Ocean Road. Aliahidiwa tarehe 17/02/2005 tutajifunza jinsi ya kutibu maumivu makali bila kutumia Morphine kwa kuwa upatikanaji wake ni mgunu sana kwa maeneo mengi. Alisema ni muhimu Elimu hii itolewe kwenye vyuo vya Uuguzi na Uganga – Kutokana na jitihada mbalimbali za Dr. Hartwig alifaulu vitu mbalimbali pia (L.W.F) Lutheran World Federation walitoa dolla 28,000/= mwaka 2004, zilizotumika kwa mikutano, usafiri na shughuli za ofisi. Alisema maombi yamepelekwa kwa ajili ya V.C.T na Palliative Care. Alisema Dr. Hartwig – pamoja na matatizo mengi yaliyopo tunawezeshwa na Bwana Yesu kuitenda kazi hii.

Baada ya haya – Kilifuata kipindi cha NNE kilichoongozwa na Sr. Paulina Natema:- Kipindi hiki kilikuwa ni ufanisi wa kazi kama kikundi MALENGO: Washiriki waweze kueleza maana ya kikundi, majukumu yao kama kikundi na mipango yao.

Maana ya kikundi ilifafanuliwa kuwa ni idadi ya watu waliojiunga pamoja kwa lengo au malengo maalumu, n.k.

MALENGO:- Washiriki waliweza kutoa ufafanuzi kuwa, malengo yapimike, kuwepo na uongozi imara, kueleza mipango yao kama kikundi pia kuwe na ratiba ya kazi. Ilionelewa kuwa kikundi chochote kinachotaka kufanikiwa ni lazima kiwe na Ushirikiano na Ushirikishwaji. – Muhimu – tutakaporudi tukaunde kikundi cha Palliative Care na ili tufanikiwe ni lazima uongozi ushirikishwe vizuri.
Katika somo tuliona picha/mchoro wa kikundi chenye ufanisi waliokuwa wameshirikishwa ni kama ifuatavyo Bi/Bwana Maendeleo, Ustawi wa Jamii, Mwinjilisti, familia ya mgonjwa kama kiini, Muuguzi, Mchungaji/Shehe/Padre Mshauri Nasaha na Mganga. Timu hii ikishirikishwa vizuri - itamwezesha mgonjwa kufa kwa Amani bila Maumivu na kukata tamaa. Tunapounda kikundi ni muhimu kushirikisha watu mbalimbali kulingana na uwezo/nafasi zao katika jamii. Mnamo saa 9.15 Alasiri – kilifuata kipindi cha 4.

KAZI ZA VIKUNDI – Kiliongozwa na Sr. Paulina Natema.

Hatua za somo:
(a) Tufanye nini ili wagonjwa wetu wapate huduma zaidi majumbani
(b) Orodhesha hatua zitakazofanyika kwa kila kitu
(c) Tuwekeje Kanisa zaidi katika huduma zetu za majumbani?
(d) Chagua tatizo lako kuu (kila kituo) linalopinga shughuli zako za majumbani zisiendelee, elezea kwa kundi lako na watoe ushauri namna ya kutatua hilo tatizo
(e) Tutashirikishaje jamii katika swala zima la huduma majumbani?

Mnamo saa 11. dk. 10 Sr Paulina Natema alimkaribisha Dr. Christopher Hartwig kutoa maelezo mafupi ya kushukuru kikundi kwa ufanisi wa siku nzima.

MWISHO:
Mwisho alimkaribisha Mhe. Mchungaji Kimirei akafunga kwa sala nzuri na kuwatakia kundi zima jioni njema

Mwandishi

Sr. E. A. SHAYO

Palliative Care Office Activities

August 2004 to February 2005

Firstly, I am grateful to God for the opportunity to serve in this position and work. Those who are sharing in this work are inspirational to me.

Activities since our last meeting of June 2004:

1. Establishing the office, arriving August and working full-time to now within ELCT.
2. Visiting each of the Lutheran hospital institutions: except for Lugala Hospital, each one has been visited and a report regarding the hospital and general palliative care activities has been done.
3. Teaching visits: brief teaching visits have been facilitated at Nkoaranga hospital and Machame hospital
4. Morphine availability: there has been no change since a year ago, but all of the hospital leaders are aware of the access problem regarding morphine
5. TPCA: at the June conference I was selected as co-chair of this organization. The key accomplishments here are: good communications with ORCI have been established; a new medical oncologist from ORCI has joined us on the TPCA Steering Committee; we have met once in Dar es Salaam (late Jan 05) as a group of 8, succeeding in finalizing our constitution; the constitution is now undergoing lawyer review; registration should occur within 2 months. The main activity initially for this group will be to advocate for better access to oral morphine. With that will come further education opportunities for everyone. I have made 3 separate trips to Dar es Salaam for these purposes.
6. APCA: this group has been active although there have not been any communications to its members. There are 3 subcommittees which have been formed: advocacy, education, and standards. I have been chosen to sit on the advocacy committee. Thus we have an ELCT voice now in Kampala at the APCA level and also around Africa. For example, I am part of a delegation visiting Rwanda this month in order to push forward the concept of Palliative Care. APCA has just employed a fulltime Administrative Director, so we should see their activities moving forward soon.
7. Communications: there have been many, many communications regarding palliative care services and visitors and requests for

information. I write emails daily in response to these questions and requests.

8. Funding: Lutheran World Federation has been our funder for the past year. That time is over by the end of February 2005 however. The proposal which has been with LWF for 2 years was revised in September. However it remains at LWF and we do not know if it will be approved or not. A short proposal for education opportunities is now with TACAIDS. A proposal to Global Fund will go out in April. The challenge is that all of our Palliative Care proposals are mixed up with other activities relating to HIV/AIDS. It would be easier for us if we were being funded as a separate entity.
9. Comments regarding PC in our church hospitals: poverty, transportation, and human resources are the big challenges for every hospital. In fact they are such huge challenges that it seems impossible. We must use the church as a means of addressing this difficult task. We must build relationships with people and organizations outside our community in order to find the resources to move forward.

Atukuzwe Mungu kwa kila heri, Kristopher Hartwig MD

TAARIFA FUPI YA SIKU YA PILI YA WARSHA 17/2/2005

Mwenyekiti aliwasalimu Wanawarsha na kumkaribisha mtoa Neno Mwinjilisti Kimani, Wimbo No. 74 uliimbwa kifungu kimoja na baadaye neno lilifuata toka Yesaya 58:7-11. Neno lilikazia kuhusu kazi ya kuwahudumia wagonjwa wasiojiweza na masikini, kuwa ni kazi ya Mungu mwenyewe, sala iliisha saa 8:45 asubuhi kwa wimbo Na. 74 fungu la pili.

Baada ya hapo Mwenyekiti alimkaribisha mtoa habari na alielezea mambo mengi kuhusu taarifa za ulimwengu mzima, na lililotugusa sana sisi kama watoa huduma ya afya ni mgomo wa wauguzi uliosababisha vifo vingi kwa wagonjwa Kongo.

Baada ya mtoa habari Mwenyekiti alimkaribisha mtoa taarifa ya siku ya kwanza ya warsha Sister Shayo, na taarifa hiyo ilipokelewa na wanawarsha.

Baada ya taarifa fupi ilifuatia (feedback) mrejesho wa tathmini ya siku ya kwanza iliyotolewa na Dr. Christopher kuhusu Evaluation ya wanawarsha ya day one, baada ya hapo kipindi cha kwanza kilianza na mwezeshaji Mwinjilisti Kimani. Mada kuu ilikuwa ni MAWASILIANO – alifundisha maana ya mawasiliano kuwa ni dhana inayohusisha mtoa ujumbe na mpokea ujumbe akatukumbusha pia kuhusu team work watu muhimu wa kushirikiana ni Afisa Mtendaji wa Kijiji, Balozi, na Mwenyekiti, ni watu muhimu kwa mawasiliano kuhusu mgonjwa pia akawa ametueleza aina za mawasiliano. Vipengele vya mawasiliano, vikwazo vya mawasiliano, vitendo vinavyoonyesha kujali mawasiliano, vitendo vya kutokujali mawasiliano, umuhimu wa mawasiliano bora, faida za mawasiliano bora, stadi (mbinu) bora za mawasiliano, masuala muhimu ya kuzungumzia kama vile dawa, chakula na mazingira ya hapo anakoishi mgonjwa. Pia mambo muhimu ya kukumbuka wakati wa mawasiliano kama vile jinsi ya kutoa ujumbe, ni ujumbe gani unatakiwa kutolewa na ni wakati gani n.k. Baada ya hapo Mwenyekiti alikaribisha wanawarsha kuuliza maswali kuhusu mada ya mawasiliano, wanawarsha walichangia vizuri, na Mwenyekiti Mch. Safari alisummarize jinsi ya kumweleza mgonjwa ukweli kuhusu tatizo lake, kwanza kabisa tumwandae mgonjwa tumwulize mgonjwa kama yupo tayari kujua tatizo lake au hayupo tayari. Usimwambie mpaka siku atakayokuwa tayari, mtoa mada alipongezwa. Mgonjwa awezeshwe kujua na kueleza tatizo lake mwenyewe.

Kipindi cha kupata chochote kilifuata yaani (tea time). Baada ya kipindi cha chai nzito ya maziwa iliyosindikizwa na rafiki yake kababu, donati na matango kwa wingi wanawarsha pamoja na wawezeshaji walikuja na nguvu mpya ya kumsikiliza baba yetu Mch. Kimerei. Mchungaji alianza na neno la kukazia kuwa Mwinjilisti na Dr. ni watu wanaotegemeana haina haja ya mmojawapo kumdharau mwingine, wanahitaji kushirikiana ili kukamilisha kazi ya uponyaji kimwili na kiroho, pia alituonyesha dawa na akasema maana yake, ikifuatiwa na msalaba, na picha ya mikono miwili iliyoshikana na kutueleza maana yake. MADA KUU ya somo alilotoa Mch. Kimerei ilikuwa ni Spirital Care mwezeshaji alieleza maana ya HOSPICE kuwa ni faraja, ukarimu unaotolewa kwa wale wanaostahili kukirimiwa na maana hii iling'arishwa na maandiko matakatifu toka Luka 6:36 "Iweni na huruma kama baba yenu alivyo na huruma,"

alikazia kuwa watoa huduma hii ya Palliative Care washike sehemu anapoumwa mgonjwa ili afarijike. Pia mgonjwa anatakiwa aheshimiwe, kinyume na hapo unamnyanyapaa mgonjwa.
Pia Mchungaji alikazia kuhusu hospitali zetu za Kanisa kila mahali tunapotoa huduma kama vile kwenye dawa, sindano, operation (upasuaji) Jina la Yesu litumike kwa wahudumu kuwaambia wagonjwa ili mtu apone, akatolea mfano wa mtu aliyepewa dawa hospitalini hazikubarikiwa akapitisha kwa mganga wa kienyeji zibarikiwe. Pia mwezeshaji alishauri kuhusu mazingira ya hospitali zetu yaweje. Langoni bawabu na mapokezi ni mahali muhimu sana panatakiwa patengenezwe na kuvutia kwa wateja wetu. Kama maneno ya Mungu yalivyosema Mwanzo 28:16, mgonjwa aseme hakika hapa ni mahali penye Mungu hapo atakuwa na nafuu, bawabu na mtu wa mapokezi wawe kivutio: wasafi, wachangamfu pamoja na sala, isiwe kikwazo kwa wagonjwa, pia alisisitiza vitu (watu/wateja) wetu wanavyotazamia kuona kwa wahudumu, kuwa ni watu wanaomcha Mungu wamwone uso kwa uso kusimama pembeni, ili aone kama wanamjali, siyo kama nabii Elisha alivyofanya kwa Naamani Wafalme 5:1-12.

Pia alisisitiza kumshirikisha mgonjwa kwenye mambo ya kiroho alitoa mfano wa mgonjwa alienda hospitali fulani na hirizi sehemu nyingi za mwili wake Dr. alizikuta na kuzitupa, kuwa si kitendo kizuri kudharau imani ya mtu mwingine bora umshirikishe kama akikubali kubadili imani yake ni vema. Na mwezeshaji wetu aliendelea kutupa mifano mingi kuhusu imani za watu mbalimbali ukiwemo mfano wa watu wawili waliogombania shamba, na mtoto na baba yake kisa baba alichinja mbuzi wa mtoto bila ridhaa ya mtoto, na mtoto hakuonyesha utii kwa babaye kapatwa na balaa. Hivyo ilitufundisha dhahiri jinsi watu walivyo na imani zao na zinastahili kuheshimiwa na pia alitueleza aina ya matamshi yaliyotiwa nguvu kama vile tamshi la LAANA na tamshi la baraka. Mtu anayelaaniwa ni mtenda maovu na anayebarikiwa ni Mtenda Mema. Hesabu 6:22-26. Kipindi hicho cha Mch. Kimerei kiliishia saa 12:30pm. Na kilifuatiwa na kipindi cha maswali na majibu. Wanawarsha na wawezeshaji walichangia mawazo na kuweza kujibu maswali na kufikia muafaka, kama vile mjadala wa mgonjwa kuguswa pendekezo ilikuwa ni mgonjwa aandaliwe na kuhusisha jamii kama wapo pale na pia uangalie mazingira ya pale kuwa yanaruhusu mgonjwa kufanyiwa hivyo.

Baada ya mjadala huo kwisha Mwenyekiti aliwakaribisha wanawarsha wawili waliokuwa wamechelewa toka Hospitali ya Nkoaranga wajitambulishe na walieleza wanafanya nini kuhusu Palliative Care hospitalini kwao na walifanya hivyo, na baada ya utambulisho Mwenyekiti alimkaribisha Bwana Sikio kueleza aliyoona day one na alifanya hivyo. Baada ya hapo Facilitator Dr. Christopher na Paulina Natema, Wachungaji/Wainjilisti. Mch. Kimerei na Mwinjilisti Kimani.

Baada ya Heavy lunch wanawarsha walikaa vikundi vyao kama walivyoelekezwa na mtoa mada Dr. Christopher majadiliano yalianza kama kawaida group la Waganga/Nurses walimchagua Katibu wao Epiphania Michael, na mada kuu ilikuwa kuhusu matumizi ya dawa za maumivu kwa wagonjwa wa chronic illness (magonjwa sugu). Mtoa mada alieleza kwa kipindi hiki Morphine hakuna hatuwezi kuacha kufanya Palliative Care, alituelimisha pia kuhusu aina ya maumivu yasiyoisha – Cancer, maumivu mara kwa mara (maumivu kwa kipindi) HIV/AIDS, maumivu ya kawaida kama kuumia,

maumivu ya mishipa – mkanda wa jeshi (herper zooster) na kuna stage tatu za dawa 1st Stage ASA, PCM, Brufen, Diclofenac, Indocid. 2nd Stage Cordenin, Tramadol. 3rd Stage Pethedine na kuelezea kuhusu dose na muda wa kutoa hizo dawa, pia madhara yake na dawa ya kuongezea kama ingine ikishindwa kuondoa maumivu. Na alisisitiza kutokuacha kumpa dawa za maumivu mpaka mgonjwa afe, kutokuogopa kutibu kwa muda mrefu, kuwa shujaa kwani elimu prescriber tunayo na kumweleza mgonjwa inavyotakiwa, kutumiwa na haraka ya kumbadilishia mgonjwa dawa. Tusisahau njia zingine za kumsaidia mgonjwa kupunguza maumivu kama team work baada ya hapo kipindi cha maswali na majibu mazuri yalitolewa na watoa mada wetu Dr. Christopher na P. Natema. Kipindi kiliishia saa 3:30 pm.

Kipindi kingine kilifuata cha HIVI/AIDS PALLIATIVE CARE lugha ya serikali continuum of care – Huduma endelevu, huduma hii haijali mipaka, Antibiotics inayotumika kwa wagonjwa wa HIV/AIDS ni Septrine 2x2, ambao hawapatani watumie Dapsone tabs, pia tulikumbushwa tunapoenda Home Based Care tuende na ORS packets, Amitrypline & Matuts inasaidia (HIV/AIDS pts) pia kuunda vikundi makanisani, jamii na hospitalini vya kuelimisha kuhusu HIV/AIDS.

Vikundi vyote viwili viliingia darasani na kuanza presentation zao kilianza kikundi cha Wainjilisti/Wachungaji waliwakilishwa na Katibu wao Mch. Temu, walitoa Summary yao kuhusu mada walizojadili kama ifuatavyo. Dhana ya matibabu, sura nzima ya hospitali na huduma zote atakazopewa mgonjwa ziwakilishe jina la Yesu, na ajira ya wafanyakazi kwenye hospitali zetu iangaliwe vizuri, habari ya kugusa mgonjwa, na mapendekezo yao kuwa na vikao vya Chaplain, au semina za mara kwa mara waliomba kwa mwezeshaji Dr. Christopher kufanya hivyo. Baada ya hapo tulisikia taarifa ya mada za Wauguzi na DRS toka kwa Katibu Epiphania kama nilivyoeleza hapo juu. Baada ya hapo tulipewa evaluation form za day two na mnamo saa 4:30 kipindi kilifungwa na Mwenyekiti kwa kuwashukuru wanawarsha na watoa mada kwa ushirikiano, na ilifuatiwa na sala fupi toka Mwinjilisti Heriely Mbwambo.

Imetayarishwa na kusomwa na NEEMA ALUTE.

SEMINAR: PALLIATIVE CARE

MADA: MATUMIZI YA DAWA MAHALI PASIPO NA DAWA NZITO: DR. CHRISTOPHER AT AL

Lengo la kutumia dawa ni maumivu (PAIN). Maumivu haya hayajalishi ni ya aina gani ila ni kujua kitu gani kinamsaidia mteja wetu kutuliza maumivu, japo kuna watu wachache ambao wameugua kwa muda mrefu lakini hawana maumivu yoyote.

Ushirikiano wa Mganga, Muuguzi, Mshauri Nasaha, Mchungaji, Mwinjilisti na Jamii utaweza kumsaidia mteja kutuliza maumivu yake.

- Sisi kama Waganga mchango wetu ni upi katika kutuliza maumivu kwa kuwa MORPHINE bado ni tatizo katika kutuliza maumivu kutokana na upatikanaji wake kuwa mgumu karibu 0%.

- Kwa hiyo Msingi mzuri katika kutuliza maumivu ni huduma ya kiroho kama Wakristo.

AINA ZA MAUMIVU

(a) MAUMIVU YA KIPINDI

Maumivu yanakuwepo kwa kipindi kifupi lakini yanajirudiarudia mfano: Waathirika wa UKIMWI walio na maumivu kutokana na kuathirika kwa mishipa ya fahamu kama H.Zosters (Mkanda wa Jeshi).

(b) MAUMIVU YA KUDUMU

Maumivu hayaishi mfano wagonjwa wa CANCER.

DAWA ZA MAUMIVU

Dawa za maumivu zilizokubalika na kuwekewa utaratibu na Shirika la Afya Ulimwenguni WHO ni kama ifuatavyo:-

STAGE I: ASA, PCM, Brufen, Diclofenac, Indocid (NSAD'S).

STAGE II: Codein, Tramadol – kwa maumivu ya kawaida na zinapatikana. Pethedine – inafanya kazi kwa muda mfupi na ina madhara mengi.

STAGE III: MORPHINE – ina bei rahisi lakini sera ya serikali ni kikwazo.

Inj. Diclofenac
Amitryptilline

Protocol ya Maumivu

1. Paracetamol – 2x4 – kwa muda usiojulikana
2. NSAD'S
3. Analgesics + Amitryptilin ½ - 1 Tab kwa siku (usiku).

KUMBUKA

- Usiache kutibu maumivu mpaka mgonjwa afe.
- Usiogope kutibu maumivu kwa muda mrefu bali uogope maumivu yasiyotibika.
- Tuwe na ushujaa katika kuandika dawa kwa kuwa tuna elimu na tunafahamu matumizi yake.
- Usiwe na haraka kutafuta inayomsaidia mgonjwa wako kutuliza maumivu ili kujua kama inamfaa au la.
- Tumia wasaa – hasa mgonjwa anapokuwa wodini ni rahisi kutambua maumivu ya mgonjwa na hatua ya maumivu.
- Tusisahau kuongeza nguvu za dawa (dose).

HUDUMA ENDELEVU KWA WAATHIRIKA WA UKIMWI

- Ni muhimu kutembea na dawa katika kuwatembelea nyumbani. Angalau za maumivu pia antibiotics Mfano: Cotrinoxale – kama zinamdhuru tumia DAPSON.
- ORS
- M/Vitamin
- Kujenga jamii kwa ajili ya kumsaidia mwathirika mfano kuunda vikundi vya waathirika wanaoishi na VIRUSI.
- Tusipotumia Team work hatutaweza kufanikiwa.

Treating Pain Without Morphine
17 February 2005

1. Know the Pain you are treating
   - Constant; if it is this kind of pain, do not ever stop the pain treatment!
   - Intermittent (as in AIDS cases)
   - Visceral/Somatic (usual pain)
   - Neuropathic

2. Know the drugs you are using, beginning with Step 1 drugs from the Analgesic Ladder:
   - Paracetamol: 4 to 6 hours duration, maximum 4 grams/24 hours. Typical long-term dose would be: 2 tabs 4 times daily
   - Aspirin: also 4 to 6 hours duration. Not as well tolerated as PCM but some people tolerate very well. Same long term dose as PCM: 2 tabs 4 times daily
   - Diclofenic: 8 hours or so. Long-term dose is 1 tab 3 times daily. Not as well-tolerated as PCM, and is more expensive, but works better for some kinds of pain
   - Ibuprofen: 6 hours or so. Long-term dose is 2 tabs 4 times daily.
   - Other NSAIDS: if one does not work well, try another one. But usually pain which is not responsive is asking for a higher potency of drug. Side-effects of all of these drugs except PCM (which is the best tolerated of all) are the same: GI upset is the main one. Kidney damage is the next serious potential side effect.

3. Step 2 drugs from the Analgesic Ladder:
   - Codeine: if it is available, one half tablet 4 times daily is a good starter dose. If no good response in 48 hours, go to one whole tablet 4 times daily. Sedation and constipation are the predictable side-effects.
   - Tramadol: one tab 4 times daily is the usual dose. Side-effects are like codeine: GI upset, constipation, and sedation
   - The main problem with these Step 2 drugs is that they are too expensive, more than 300 shillings per tablet.

4. Step 3 drugs from the Analgesic Ladder:
   - Pethidine: this drug only lasts 3 to 4 hours by injection. It is a terrible drug for constant pain because after 48 hours many people get CNS side effects such as confusion and agitation.
   - Diclofenic injection: lasts for up to 8 hours and is therefore a better hospital drug than pethidine. But it is much LESS potent when given orally. Then it is only a Step 1 drug.
   - Oral Morphine: hopefully this drug will become available to your institution. It is inexpensive, easy to use, and very effective. There is no need for codeine or tramadol is oral morphine is available.

5. Consider adding Amitryptaline to tough pain cases:
   - Amitryptaline is helpful with "neuropathic pain". It will not help ordinary pain, BUT consider other effects of this drug: it helps with sleep; it helps with appetite; it may help with depression.
   - Dose is one half tab (a usual tab is 25 mg) at bedtime, in combination with any one of the Analgesic Ladder drugs such as PCM or Ibuprofen. This can be increased to a whole tab at bedtime after one week if no good effect.
   - Advantage of this drug: it is very inexpensive and very available
   - Disadvantages: none. If it is not helpful, the client can stop it after some time.

6. Protocol for pain without morphine:
   - PCM routinely. If effective, this is the safest long-term drug
   - If PCM ineffective, try an NSAID i.e. Ibuprofen or Diclofenic.
   - If the first NSAID does not work, try one more
   - If still ineffective, add low dose amitryptaline (half tab). Use it in combination with whatever Step 1 drug was best tolerated.
   - If still ineffective, make amitryptaline a whole tab.
   - If still ineffective, look for funds to help with Tramadol.

Remember:
   - Do not stop treating pain unless you think the pain is gone
   - Some pains last for years i.e. cervical cancer
   - Because you spend more time listening to clients and trying to understand their pain, you will know more about their treatment than most prescribers. Be confident!
   - Finding the right combination of pain drugs for a person can take time, but should not take more than 2 weeks.
   - This approach can be used on the hospital wards the same as in the home. Evaluate DAILY if the pain is very severe.
   - Many pains have a spiritual and psychological component which MUST be addressed in order for the medicines to be effective.

KAZI YA KIKUNDI (WATUMISHI WA KANISA)

UTANGULIZI

Huduma za kiroho hospitalini zifufuliwe ama zirudi katika hali yake kama Bwana Yesu alivyoagiza.

Tunapotazama maana ya “Hospice” na “Palliative Care” kwamba ni huduma ya faraja na ukarimu kwa wagonjwa wenye magonjwa ya kusendeka majumbani, hospitalini na mahali popote walipo.

∴ Hivyo basi kwa njia zisizokuwa rasmi kila kabila lilikuwa na huduma hii na makabila mengine yanaendeleza huduma hii.

1. AJIRA NDANI YA HOSPITALI ZETU

Kanisa lijichunguze katika muundo wake, maadili yameporomoka, watu wanajali pesa na kujaza nafasi za kazi zilizo wazi bila kufuata maadili ya Kanisa Mf. kuajiri Waislamu. Watumishi wasio na maadili ya Kanisa n.k. hivyo Kanisa lijirudi/lirudi kwenye nafasi yake.

2. KUGUSA

(a) Baada ya mjadala wa kina, jambo la hekima limesisitizwa sana katika kumhudumia mgonjwa kulingana na mazingira yaliyopo (2Kor: 3).

(b) Kwa wale watumishi wa hospitali (Wachungaji na Wainjilisti) ni vema wakapata elimu ya utunzaji wa wagonjwa ki-uchungaji. Aidha watumishi wajiamini.

(c) Tamko litolewe na uongozi wa juu kwamba kwenye muundo wa utawala hospitalini nafasi ya Chaplain ionekane wazi na itambulike katika umuhimu wake.

(d) Chaplains watambue wajibu wao.

(e) Kuwa na vikao vya mara kwa mara kati ya Chaplain na wakuu wa idara ndani ya hospitali kuhusu kutoa huduma katika misingi ya kiroho mf. Nakupa dawa hizi katika Jina la Yesu chukua na ukatumie.

(f) Ziwepo tracks mbalimbali zenye ujumbe wa Neno la Mungu Hospitalini.

(g) **UKIMWI**

Baada ya mjadala wa kina wajumbe wamependekeza kwamba ni vema ikawepo ridhaa ya mgonjwa juu ya kutambulika ugonjwa wake. Mf. wanandoa kama ni mume au mke ameathirika iwepo ridhaa ya mmoja katika kumfahamisha mwingine na sio mshauri kuwa msemaji wa

mwisho. Ushauri wa jumla na wa kina ufanyike kwa kuzingatia misingi ya washauri nasaha.

3. KUONGEA KICHUNGAJI

Mashauri yote ya kiroho yamhusuyo mgonjwa ni vema yakafanyika mazingira ya hospitali ili kukwepa kutoa mwanya kwa mgonjwa kwenda kutafuta hayo kwa waganga wa kienyeji au kwenye imani nyingine zinazozuka siku hadi siku.

4. UHUSIANO

Madaktari na Chaplains wazingatie sana jambo hili ili huduma hii iende kama Yesu alivyoagiza.

Pendekezo

1. Haki za machaplain zifahamike na wapewe kipaumbele katika hizo:-

   (i) Kwenda shule ili …… ndani ya wakati uliopo katika mazingira yake.

   (ii) Umoja wa Chaplains udumishwe ndani ya ELCT.

   (iii) Chaplains wajue majukumu yao na kuyasimamia.

   (iv) Kwa wale wachungaji ambao wanahudumia vituo na sharika ni vema waka-delegate power kwa wengine mf. Wainjilisti, Wazee wa Kanisa au Mkristo mwaminifu atoe huduma kwa mgonjwa badala yake.

   (v) Viwepo vipaza sauti au namna yeyote ile ya kufikisha ujumbe mawodini. Vifaa hivyo si ghali sana na vinapatikana nchini.

OMBI

Tunamuomba Dr. Christopher tuwe na semina za mara kwa mara kama hizi.

MWISHO

Tunatoa neno la shukrani kwa kila aliyehusika katika kutuandalia semina hii. Aidha katika jitihada hizo hizo tunatoa neno la pole kwa wote waliohusika katika shughuli mbalimbali mpaka hapa tulipofikia.

Mungu awabariki sana.

Pastors/Evangelists and HBC

You are not the primary providers of medical care. But
You are part of the team providing medical care i.e. Palliative Care.

In addition to excellent spiritual counseling and being willing to visit people in their homes,
You will be called upon to give a lot of advice if your medical counterpart is not around.

Such as:

1. Nutritional advice. Understand that PLWHA's need a lot of extra nutrition and care. If they lose weight it is difficult to get it back. A daily Multivitamin is a good supplement. All of the other advertised supplements are mostly trying to make money. But if the problem is cancer, nutrition does not help as much. Just encourage whatever can be tasting good for the client.
2. Medicine advice. If the person is taking ARV's, never stop the drug without first consulting the doctor who prescribed it.
3. Pain advice. Know that medicines should be there for as long as the pain is there. For HIV/AIDS this is variable. But most cancer pain is constant and will not go away. Therefore the medicine also should not go away!
4. Social advice. You should understand all of the community resources available to your client. This will be a lot more than just what your facility is providing.
5. Wound advice. Are you prepared to change a dressing? Have your counterpart in nursing show you how it is done. Get confident. Know when to use gloves and carry some with you.
6. Hopeless situations. You will encounter people and places that seem hopeless. Use all of the elements of teamwork to bring hope and healing back into these circumstances. Be prepared ahead of time to encounter terrible difficulties. It is not every day but they are there.

18/02/2005

TAARIFA YA SIKU YA TATU

Vipindi vya siku ya tatu vilianza kwa sala iliyoongozwa na Mchungaji. Alisisitiza juu ya kazi hii kuwa ni ya kujitolea baada ya kujitambua kuwa kwa nini umekuwa mkristo na Mungu kwa nini amekuweka kwenye nafasi uliyonayo. Pia kama Yesu alivyowaita wanafunzi wake.

Baada ya hapo tulipata taarifa ya sikio kuhusu matukio mbalimbali huko Moshi, Dar, Tanga, Mbeya, New York na Baghdad – Iraq.

Baadaye ilifuatiwa na taarifa au ripoti ya day two baada ya ripoti hiyo kilianza kipindi cha kwanza ambacho kilikuwa ni group work. Kazi ya vikundi topic kila kituo kuandaa mipango ya kazi kwa muda wa miezi sita – kuanzia March hadi August namna ya kutatua matatizo.

Kazi hii iliendelea mpaka saa nne kamili na watu kutawanyika kwenda kupata chai. Baada ya kupata chai nzuri kabisa tuliendelea na kuwasilisha (presentation) mipango ya kazi kutoka katika vituo 17 vya washiriki zoezi hili liliendelea mpaka saa saba na nusu mchana na washiriki kuondoka kwenda kupata chakula cha mchana. Baada ya chakula cha mchana tuliendelea na kipindi cha pili chenye mada ya USHIRIKISHWAJI. Kazi hii ilifanyika kwa kikundi kisha kila kikundi kikawasilisha kila walichojadili kwa pamoja. Baadaye muhtasi wa ushirikishwaji ukatolewa na mwezeshaji.

Baada ya somo hilo kwisha mwezeshaji alimkaribisha Mkurugenzi wa Palliative Care Dr. Christopher Hartwig kutoa mpango mzima katika huduma hii kwa ajili ya kutunza kumbukumbu za huduma za wagonjwa majumbani katika vituo vyetu akisisitiza juu ya mpango alitoa barua kwa kila kiongozi wa Kituo/Hospitali zilizotuma wajumbe kuhudhuria semina hii, na baada ya hapo Dr. Christopher mikakati yake jinsi ya kuboresha huduma hii kwa kueleza yafuatayo:-

1. Kuwatafutia elimu wanawarsha.
2. Pesa za kuendeshea semina nyingine.
3. Kuwa na mifuko inayojitegemea katika kila kituo kuhusu Palliative Care.
4. Kutafuta wageni/marafiki wengine wa Ospice kutoka mataifa mengine ya nje.
5. Kututafutia dawa Morphine iliyopatikana katika vituo vyetu.
6. Baada ya maelezo haya Mkurugenzi huyo alimkaribisha Mwenyekiti wa Semina Mch. Safari kushukuru kwa niaba ya wote. Kisha alimkaribisha Mchungaji Kimerei kufunga kwa sala. Alisoma neno kutoka Meth. 3:26-29. Mkazo tusiwe mbwa anaezuia ng'ombe kula majani asio kula yeye. Yaani usiwanyime watu yaliyo mema ambayo yapo katika uwezo wako.

Mwisho wanawarsha waliagana kwa sala ya Bwana.

DATA COLLECTION

1: Register Book:

- Client name, age, hospital number, diagnosis
- Date of entry to program, date of departure from program

2: Visit Record

- Who visited
- When visited
- Where visited (inpatient, home)
- How visited (on foot, bicycle, vehicle)
- Services provided: counseling/medicine/spiritual
- This can be done in a notebook for example one notebook for a year or a month

3. Patient Record

- A separate paper for each client, so that when they are seen multiple times, the services which you have provided are there for anyone to see
- Front of this paper: client particulars including initial list of problems. These problems include the physical, spiritual, psychological and even social/economic.
- Back of the paper: visit information each time the client is seen

4. Medicine Record

- Special record for which clients are on morphine, showing when medicine started, the dose, and when last visited
- Other special drugs for example free drugs from the government or other programs, which require a written notation of the medicine use.

5. Training: any activities you have done such as training volunteers in your community

These are the bare minimum of records which must be kept if your program is going to be taken very seriously from donors or at the national level.

One or two people, working in isolation with minimal outside support, do not need to keep many records. They each know everything. But if you are showing your work to an outsider, there must be clear records. There is no escape.

Reports should be submitted to your hospital leadership monthly. They should be simple, straightforward, and easily found in your day to day records. For example:

- Number of clients seen (home and in hospital)
- Total number of clients alive on program
- Number of AIDS cases and number of cancer cases
- Comment on amount of medicine used, for example number of clients on pain treatment; number of clients on special medicines for HIV/AIDS such as MVI or co-trimoxazole.

Home Based Care and HIV/AIDS

1. It is part of the 'continuum of care' given by the health facility

2. HBC supports clients, identifies clients, and cares for clients according to their level of need.

3. HBC is a center for referral to other helpful agencies in the community i.e. legal support, food support, hospital referrals according to the economic situation

4. Early identifying of Opportunistic Infections

5. Treatment of pain and other common medical problems i.e. nausea and vomiting, diarrhea

6. Having some basic drugs on hand:
   - Aspirin or Paracetomol
   - Multivitamins (supposedly all PLWHA's should take)
   - Co-trimoxazole (for all Stage 3 and 4 Disease)
   - Amitryptaline
   - ORS packets and/or advice

7. Able to give advice on ARV's if they are in your community. If they are not yet there, get good advice when the medicine arrives. Palliative Care and HBC are taught as part of the program for ARV use by the Tanzanian hospitals.

8. Building up PLWHA support groups, either in homes or at the hospitals or even the churches

9. Teamwork with an Emphasis on Spiritual Care