Faraja Palliative Care

Sr. Dr. Marian Scena is the coordinator of the Faraja Palliative Care Programme in Singida. The programme provides holistic home-based hospice and palliative care (PC) services for people with terminal and chronic diseases in Singida Municipality. Marian described the COVID-19 situation in Singida in early April 2020.

In the country, schools have been closed but few restrictions have been put on travel, work, business, etc. Frequent hand washing has been encouraged and most shops, banks, etc. have a bucket, soap and basin for patrons to use before entering and upon leaving the premises.

The MMM community in Singida now consists of three MMMs and two postulants - from Uganda and Malawi. Sr. Margaret Hogan arrived when the university where she teaches closed down. As far as possible everyone is working from home and the MMMs are self-isolating.

As of 2 April there were no known cases in Singida Municipality. In late March, Marian and one of the PC nurses attended a three-day seminar on COVID-19. There are plans for testing and a ‘highly infectious disease treatment unit’ has been set up at Singida Regional Referral Hospital for proven cases. ‘Staff are being trained but I don’t think the personal protective equipment (PPE) has arrived yet although we have been taught how and when to use it.’

For Faraja Centre, from mid-March all non-emergency work was stopped, such as voluntary counselling and testing for HIV and awareness-raising on human trafficking at Faraja Centre Community-based Health Care. Meeting in groups with care workers was also stopped. While initially palliative care visits continued some staff members were worried that the PC Team would bring back infection with COVID-19, so home visits were discontinued.

At the end of March the palliative care workers in the community were asked to bring each patient a two-month supply of medications and then stop visiting. This has been very hard for everyone because the programme accepted to care for these very ill people, but spreading the virus among care workers would be terrible too. Nevertheless, with today’s availability of phones and social media, visits are being done by phone. This wouldn’t have been possible even ten years ago. Most families have at least one cell phone.

Dr. Marian and the palliative care nurses go to Faraja Centre each day. They are using the time to prepare for a training course, hopefully to be held in September. When they are able to resume home visiting there will be a huge backlog of visits. Health care personnel and religious leaders will still need to be visited as part of the current 3-year Misean Cara project.
While there is concern about infection in Singida, local people are used to going to the market each day after work to buy food for the next day. Most don't have a fridge or money to buy a supply of food. They can’t imagine being told to stay home and not go out!

As Easter approaches, the MMM community continues attend Mass at a community of about fifty Sisters nearby. There will not be a Palm Sunday procession or washing of the feet at the Easter liturgy but attending Mass is still allowed.

Marian said, ‘We MMMs feel our place is here with the people but it is uncertain how we will be able to help them in a crisis.’