Lamtaput, Odisha, February 2020

Site

Asha Kiran Society (AKS), Lamtaput, Koraput district, Odisha

- The non-profitable organization was started in 1991 by the vision of a team of young people who desired to work towards holistic development in this needy area of Orissa and is located in one of the most underdeveloped parts of the country.
- AKS covers a land area about 400 sq kms, serving a population of about 51,207 people.
- There are about 247 villages located in this area.
- The vast majority of the population (89.9%) are illiterate and only 0.03% have attained graduate level qualifications.
- About 70% of the population is below the poverty line and approx. 50% of the population is from schedule tribes.
- AKS is involved in a number of projects and is not limited to health care. In the health care setting, they have a secondary level hospital with a 40 bed capacity and cater to about 1500 outpatients monthly.
- AKS initiated a primary health care program in around 220 villages. They have trained about 170 female community health care workers and 16 community development workers. This model's current challenges are that most community health workers are now getting recruited as ASHA workers.

Participants from APLI

Kath Savona- Palliative care nurse, Sydney, Australia
Davinia Seah- Palliative care specialist, Sydney Australia

Team at Lamtaput

Dr Sheba Eicher- Family Health Doctor, AKS, India – She is on call for general medicine, does ward rounds and attends outpatient clinics in the hospital.
Sister Korobi Curtis - Dedicated palliative care nurse, AKS, India - works in the community and is occasionally accompanied by a carer to assist with caring for patients at home.
Kusmal- community carer, AKS, India
Dr Ravi George- Director of hospital, AKS, India

Objectives of visit

- To support and mentor the clinical staff in the palliative care unit by exchanging knowledge and experiences of working within this specialty.

- Specific objectives:
    - Introduce ourselves
    - Understand how the community team works
    - Review availability and use of analgesia
    - Teaching using lectures for nursing and medical staff
    - Discuss processes in change and development

Summary

- The Director of the hospital and medical/surgical staff are supportive of the palliative care team.
- AKS has a standardized patient initial assessment form which contains the body chart, pain scale, psychosocial and spiritual issues of the patient.
- Opioids are unavailable to the community service with the exception of Tramadol.
- Majority of patients suffer from non-malignant conditions as well as die from infectious diseases.
- Though Dr Sheba has attended the 6 weeks palliative care course, she is yet to attend the 10 day course to be eligible for the institution to have access to opioids. She has previously worked in a hospital with opioid access and has experience in prescribing morphine.
- Dr Sheba's responsibilities are broader than palliative care and the 2 days of community health work includes children's health checks, walking around the village to follow up with existing patients including teenagers with mental health problems and also identifying potential palliative care patients via speaking to the villagers and the community health care workers.

- Sister Korobi lives in the hospital campus 3 days a week, and lives in the villages 3 days a week. When she in living in the hospital campus, she does the home visits alone or with Kusmal.
- Kath and Davina accompanied Sister Korobi on her home visits. The visits not only included general patient follow up but also assisting with personal care issues like bathing a patient, cleaning the patients home etc.

- Patients are referred to the palliative care service when the community health workers hold their monthly meetings at AKS
- The villagers' acceptance towards the services of AKS can be seen, as villagers and community health workers regularly inform the AKS team of those who may need palliative care.
- The vast majority of patients die at home because of spiritual beliefs and the fear of leaving their local environment; The elderly and disabled are neglected by the able-bodied family members due to poverty.
- There were two teaching sessions of 1 hour each for junior medical doctors. Over 80% of them had no exposure to palliative care. There were two teaching sessions of one hour each for nurses as well. Topics presented include: Overview of palliative care, Principles of palliative care, Common symptoms of end of life.
- The team has completed the Pallium India Standards Audit tool for palliative care
- The AKS team has been selected by the Indian Council of Medical Research to work on a project to provide psychological care to the community palliative care patients via the Believer's Church Medical College Hospital.

Positive observations

- Growing and developing service despite Dr Sheba only being at AKS for 4 months
- Easy access to affordable services and they do not turn patients away because of lack of finances
- High level of administrative support to the palliative care team
- High levels of commitment and motivation to provide holistic care for this patient population
- Existing networks of community health workers and positive relationships with villagers enabling easy referrals to the palliative care team
- Existing networks with other Christian hospitals who have more established palliative care service delivery in their communities, including a project with IMCR and BCMCH

Recommendations

- Ongoing planning with respect to the work with IMCR and BCMCH
- Training *patient's family and/or community health workers* to assist with personal care to reduce burden on Sister Korobi
- Consider training *non-nursing staff* to assist with personal care
- Consider attending/watching online training lectures to keep up with palliative care developments globally
- Obtain access to opioids

Kate with Sister Korobi on community visits

Female patient with paraplegia lying on a mat on the ground, where she spends her days