

The Palliative Care Unit at Khartoum Oncology Hospital

- It started in 2010 as an in-patient consultation service, and later had its out-patient clinic.
- In 2011, from funding from APCA, it opened its 9 bedded ward, where demonstration of hands-on care and good palliative care practices was done.
- More than 6,000 patients passed through the unit since its inception. Likewise, the team members increased, most of them are volunteers.
- In 2021, seven members received on-line and practical training on hospice@home, in Beirut. Although the hospital administration did not provide the car or pay for the extra hours; the unit provided the services in Khartoum by its volunteering staff or by collection of contribution to cover transport.



Dr Nahla Gafer and Sr Mahasin Ibrahim in one of the visits to the Ministry of Health, advocating for palliative care.

2023



2022



2021



The unit had
oncology
residents rotate
as part of their
training in
clinical oncology

The core palliative care team throughout the years



Dr Duaa
Dr Nahla
Sr Mahasin
Sr Wafa
Sr Manal
Nurse A/Aziz
Ms. Eman
Dr Tarig
(psychologist)



Support for the Palliative Care Team on-ground

Some of the palliative care team members remained in Khartoum. They are bombarded daily, staying at home trying to survive. When they reach the point of absolute need to go out; they venture to buy some food. Shops are closed. Prices skyrocketed. Internet and telecommunication are very limited. A lot of security issues underway.

Others travelled to villages and cities in Sudan but away from the shootings. Rents in those areas increased suddenly , e.g., about 800 USD/month is needed for a one-room house, no fan, no tap water. Prices of petrol, food, and all commodities are multiplied 4 times the original (pre-war) price. No possibility to resume work.

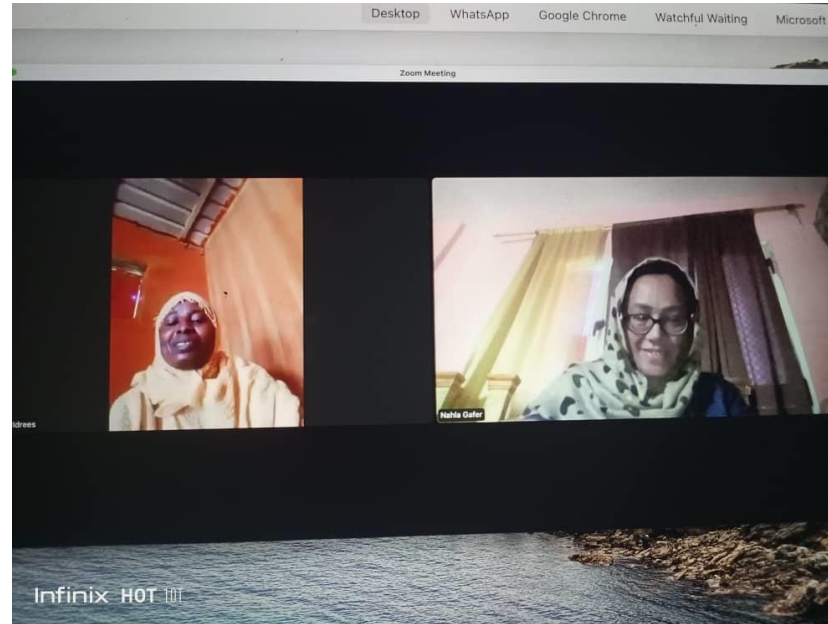
Help is needed to support six team members still in Sudan. Needed: 5,000 USD/month. Any help received will be divided among them equally.

Please comment on this post (yes), in order to receive details of how to contribute. An NGO will be involved for clear honest financial transactions.

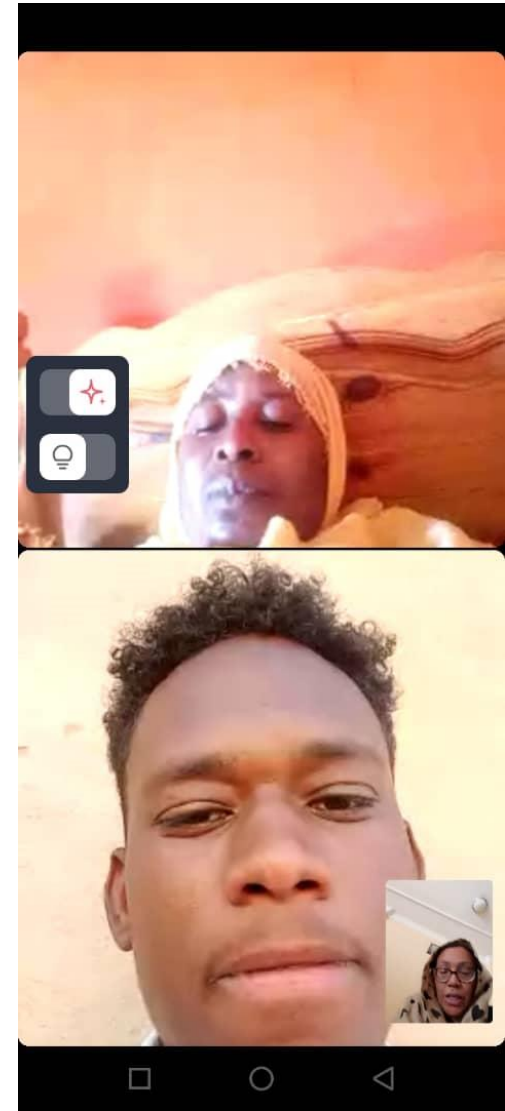
Support for Conducting distant homecare and other needs

As all work and sources of income in Khartoum are in a stand still; the Palliative Unit Team members need assistance in terms of:

- cover internet fees for care providers and patients for distant care;
- Travel expenses to conduct face-to-face homecare, wherever it is possible (Damar, Medani, outskirts of Khartoum)
- Provide supplies for flagyl dressing, and essential medications for patients with huge needs
- And later on, after the war, refurbish the unit ... (at Khartoum Oncology Hospital).



Home care conducted remotely, after the war, whenever the internet allows. The doctor and the nurse on video call with the patient and family.



Osama, our first palliative care nurse, conducting one of first home visits to a pancreatic cancer patient in Khartoum (pre-war).

After a week under the care of the team, the patient said, “it is as if I was wearing a jacket of fire and was able to take it off”.



On the left, one of the last home visits conducted in Khartoum, before the war. Here nurse Wafa was visiting the patients regularly, even unaccompanied by a doctor, after her training through SANAD organization.

On the right, here she is proudly holding her certificate.



Nurse Wafa and Psychologist Tarig in front of a patient's house in Omdurman

Khadiga was followed for almost a year, managing her pain issues, and panic attacks, supporting the family, especially the husband up to her death and even after.

The husband was contributing with 5,000 SDG for transport for each visit. It took almost an hour to reach them, and another hour back.



Continuation of Services during war

An estimated 400 patients are currently under the care of the unit.

- The palliative care team members used to meet every Saturday at this beautiful garden in Menshia and from there they conducted the visits, and later entered the information in the computer (a summary of who went, where was the patient seen, what was the diagnosis, what were the problem, what was done, and when is the next visit).
- The telephones of three staff members are distributed to a large number of our patients. A doctor receives whatsapp written messages all the day. The nurse and psychologists receive in addition phone calls.
- Joint video calls are scheduled, when there is need, especially to examine the patient, or discuss with the family.
- Patients and family members receive advice to what needs to be done; medications are prescribed. They are directed to do tests, and even to go for certain facilities (e.g. palliative radiotherapy) at the cities it is safe to travel to.

