

Tanzanian and American hospice united in compassionate care

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From left to right: Dr. Samwel Byabato, Ameila Musikampingo, Cynthia E. Roy, Melchior Rweikiza and Congresswoman Esty.

A Tanzanian and an American hospice learn from each other to enhance end-of-life care. This article was original published on ehospice Africa edition.

What does a hospital caring for dying patients in rural Africa and a nonprofit hospice and palliative care agency in the northeastern United States have in common? More than one might think.

It started with a partnership developed with [Global Partners in Care](#), through which Ndolage Lutheran Hospital in Tanzania received funding and support for two clinical nurses from Regional Hospice and

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Home Care in Danbury, Connecticut in the USA.

But the hospice and palliative caregivers at the two diverse organizations have developed more than a financial relationship. They have formed a strong friendship and professional exchange of ideas that helps both hospices improve compassionate end-of-life care for all their patients.

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Because of their partnership and friendship with Regional Hospice, “I have been happy and motivated to improve services to our needy population with our limited resources,” said Dr. Samwel Byabato, Medical Director of Ndolage. “We have a helping hand our partner in hospice.”

Despite being separated by thousands of miles and cultural differences, the two hospices have found common ground for cooperation and camaraderie.

The friendship took root three years ago, when a team from Regional Hospice, including President and CEO, Cynthia E. Roy, MS, LCSW, CHA, and Director of Nursing and Home Health Aides, Robin Viklund, RN, BSN, CHPN, travelled almost 24 hours and three time zones to spend a week at Ndolage.

Although they had already been financially assisting the Tanzanian caregivers, they wanted to experience first-hand the rural hospital’s crucial palliative care work and to help improve hospice care for the region’s extremely vulnerable and critically ill patients.

“During the days we spent travelling red clay roads through sometimes torrential rainstorms visiting patients and facilities, we learned that although cultural boundaries exist, the Ndolage team desperately yearns for support,” said Roy. “And, like us, they hope to provide the best possible care to patients and their families living with life-limiting illness and loss.”

Most of the patients the Ndolage team sees are AIDS/HIV patients who lack basic care and are dying from the disease. But many other patients are dying from diabetes and other illnesses that would be treatable in the U.S, according to Roy. Patients have no beds, no running water and no sanitation in their homes.

Besides providing end-of-life care, the Ndolage caregivers are also a mobile health unit, traveling the countryside to provide medical services at remote outpost clinics, as many people are unable to get to the hospital for treatment.

“The team is integrative and holistic,” said Roy. “They evaluate both the patient’s needs and address the entire family’s struggle, providing food and emotional support to all.”

The Regional Hospice team accompanied the Ndolage team on several palliative and hospice care home visits while they were in Tanzania.

One of the more inspiring things they saw was the very organized network of volunteers, all of whom undergo extensive training to learn assessment skills, how to identify signs and symptoms, the pain scale, and how to assess the psycho-social needs of families and identify the most vulnerable people in the village. The volunteers have cell phones (there are no dial-up phones) and can communicate directly with the palliative-care team when a member of their community needs a visit or assistance.

“At almost each home we visited, the volunteer would meet us and bring us in to visit with the family and patient,” said Roy. “We were most impressed by this tightly organized network of support. They have a very dynamic hospice program without much means.”

“After they visited our hospital and different hospice centres in our Dioceses, they appreciated what we were doing” said Dr. Byabato. “We learnt that we can do better with their support.”

In her blog from the Tanzania trip, Roy wrote emotionally of the last day:

“We had come to know our Tanzanian colleagues well. They had learned to trust us, we learned to trust their techniques and approach to patient care within their cultural boundaries. It was a process that took time...[the] most moving [moment] was the shirts they gave us that matched their team shirts that say ‘Palliative Care, Ndolage Lutheran Hospital.’ This was their way of telling us we are part of their team...their colleagues, their friends.”

One way to provide further support was to invite the Tanzania team to Connecticut, a trip that was fully funded by donations raised by Regional Hospice. In March, Dr. Byabato, along with Ndolage’s Nurse Coordinator Amelia Musikampingo and Project Clinician Melchior Rweikiza, arrived in Connecticut from Bukoba, Tanzania, to spend two weeks learning crucial clinical practices to bring back to the hospice care they provide their patients in Africa.

While the Ndolage team was in Connecticut, they visited Regional Hospice patients and local hospital facilities and also took a trip with their Regional Hospice friends to Washington, D.C, where they toured the White House and met with a local congresswoman. The goal was for the Tanzania team to bring back ideas and inspiration that they could use in their country.

“I do admire the way the Regional Hospice is organized; I wish Ndolage Hospice looks like that in years to come,” said Dr. Byabato. “We will make sure our partnership survives, and share our success and challenges.”

The team from Tanzania was surprised to learn about the typical American patient on hospice care and the payment method for services. “Most of the cared population ... are above 80 years suffering from old age, dementia, heart failure and stroke. Most of our clients are young, and over three-quarter suffering from HIV/AIDS,” said Dr. Byabato.

“When they came to Connecticut, my hope was that our partners would learn how we care for our community and learn of our interventions for end-of-life care,” said Robin Viklund of Regional Hospice. “I hope they went home to Tanzania with the perspective that the care we provide is based on a holistic team concept ... with compassion, empathy, and love, like they provide.”

“During our visit to Tanzania, we learned that we share the same goals with the Ndolage team to ensure that children and adults do not suffer. We share the same love for our community, the same desire to protect the vulnerable,” said Roy. “We became bonded in a way that can never be untied.”

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