

Project description

❖ Origin and History of the Project

After years spent in Uganda, we realized that there are many good ongoing projects, but nothing seems to be close to the elderly. There are actually no formal governmental elderly care services and no specified geriatric medicine or schools.

This is why we thought about ways of helping the old ones. In collaboration with some local congregations, we started by trying to improve the situation of their old Sisters and decided to widen the service to the old people in their vicinity.

It became our vision to initiate a professional health service. We begun by giving courses in basic elderly care to lay people and started a Community Based Elderly Care in different regions.

❖ Community Based Elderly Care

In short, this project consists in training a group of people and the Community Health Workers on basic elderly care. With the collaboration of the Community Health Workers of the different cells, it is possible to provide an organized service to the old ones. This is done by gathering the elderly on a monthly basis and visiting them in their cells. Each of them initially needs an assessment and is then monitored through basic health check-up and is given counseling on every visit. Patients who require treatment have the possibility to buy drugs at stock prices. The ones who cannot afford medication have the opportunity get it for free.

❖ Advantages of this project

This project has many great aspects:

First of all it can be of help to a **wide spectrum of people**: most importantly to the old ones, but also to their families and caretakers, and as a consequence to their whole community or village. Also the Community Health Workers and whoever receives the training will benefit by getting knowledge and skills, as aging is a fact of life.

What is important is that it does **not require many human resources**. A leading team of two or three people to run the project is enough.

The best aspect for the old ones is that this project provides a **community based health care**, so they can receive minor health services directly in their cells without the need of walking long distances. The same for what concerns the drugs, instead of reaching the dispensaries they can get their **drugs on the spot** and pay them at retail/stock price.

Another advantage consists in the cost the project. Not many materials are needed and most of the funds are needed for the initiation of the project, while the running cost is very low. You will later find detailed information on the average initial costs and the average monthly running costs. This is a **low cost project!**

The cost is not the only sustainable aspect about it. The project in fact finds its sustainability in the fact that it can easily be extended to wider areas through the simple teaching of basic elderly care to two or three people who can themselves transfer the knowledge to others. Through this simple project description it will be possible for everyone to have an idea on how to implement it.

❖ Info packet

Many people got interested to the project and asked for material for reference and teaching.

Unfortunately our resources are very limited and don't allow us to meet everyone's requests.

Therefore we created an information packet that includes what is needed in order to run the project so that interested people have something to start with.

This packet includes:

- **Project Description** (this document)

- **Poster**

This poster give simple advices to the elderly on how to conduct a healthy life. It could be hung in health centres or in any place where old people gather.

We included one in English version and one in Runyankore/Rukiga.

- **Leaflets**

There are two leaflets. One gives general advices for the elderly and can be handed out directly to them as a reminder. The second one is specific for the people having dementia and can be useful for caretakers or people who deal with this problem.

- **Hard copies for charts**

- These are the charts needed to make the assessments and keep monitoring the elderly.

Each old person should have a file with these **four charts**:

- Assessment chart
- Observation chart
- Drug chart
- Course chart

- **Book: *Lessons in Basic Elderly Care: A guide for lay health workers***

This book is a reference for learning and teaching others basic knowledge and skills in elderly care.

It provides prepared lessons in order to train others who are also involved in this kind of service. Some parts can be interesting for trained nurses as well.

- **Book: *Let's keep active!: Guidelines for activation and exercises for the elderly***

This booklet gives ideas and instructions on how to plan attractive and effective exercises, both physical and mental. It makes the planning and implementation of exercises much easier.

- **CD for digital form and music**

The packet also includes a digital version of all the material included in the packet.

If you do not have a way to use it, make sure you keep an original of every document for further copies!

The CD also includes some rhythmic music for the physical exercises of the Booklet, four songs (needed for chapter 1.3 of the Booklet) and some meditative music useful for both the Book and the Booklet.

- ❖ **What to do to start**

- Make yourself an expert through the Book
- Find someone to work with - Create a leading team
- It is advisable to have at least one person with a medical background in the team
- Train the team using the Book
- Get in touch with the Community Health Workers and the Chairmen of the parish you want to cover

Community Health Workers

- Propose a collaboration
- Present the project
- Motivate them in order to ensure a successful cooperation.

You can do this either by giving them sitting allowance (if you can afford it) or convince them to participate voluntarily.

Motivating aspects to encourage them to volunteer:

- receiving free education
- acknowledging skills that benefit themselves and their own family
- investing in building their community (moral motivation)
- Arrange schedule and place for training (two meetings per week are suggested)
- Find how to use lessons for teaching from the Book
- Suggested teaching topics from the Book:
 - The world grows old
 - First Aid
 - Professional care
 - Hygiene and safety
 - The basic health check
 - Pain and pain treatment
 - Wound care
 - Looking after your own health and safety
 - Introduction to elderly care
 - Dementia
 - Prophylactics and prevention
 - Activities of daily living
 - End of life care
 - any topic of your own interest

Initial material needed for teaching

- Files
- Pens
- Exercise books
- Copies of worksheets (from the Book)
- (Markers)

Organize visits in the cells

• The first time you need to arrange a day to meet each Community Health Worker in his cell and tell him to gather the old ones of their cell in a place.

By elderly we consider the people over 70 years of age. Anyone younger with health problems can obviously be taken into account. The ones that have difficulties in moving will need to be visited in their homes.

- Ask for an overview of the number of elderly in order to get organized with the necessary number of files and charts.
- Arrange for monthly visit or for visits once every two months.

Material needed in the cell

- Files
- Copies of charts
- Pens
- Clock (to take Pulse and Respiration)
- BP machine
- Blood sugar machine
- Drugs

How to make files

Every file should include 4 charts:

1. Assessment chart: document to fill in the first time you visit the person.

2. Observation chart: to keep record of Pulse, BP, Respiration, Blood Sugar (if needed), etc.
3. Drug chart: to keep record of the drugs taken by the patient.
4. Course chart: to keep record of how the patient is doing (improvements, degenerations, etc.) and what you do or advice during your visits.

First time in the cell

It is advisable for two people to go with the community health worker to make the work faster.

- Introduce yourself and the project to the old ones
- Start by making the assessments for each old one (the first time it takes long)
- Give exercises (see the Booklet), while one or two people make the assessments
- Once you have finished, leave the file to the old people so that they can keep their basic check-up and drug information with them and bring the file to the hospital or to the doctor in case of need

Visits include:

- Monitoring
- Exercises
- Advises on:
 - Nutrition
 - Hygiene
 - How to conduct a healthy lifestyle, etc.
- Counselling
- Sale of drugs: drugs should be sold at the same price of purchase to the people who can afford them, ask the Community Health Workers to advise you on the financial situation of the people you visit. The poorest ones can get them for free. You can make the drugs slightly more expensive to compensate the fact that some are given for free, but they still have to be cheaper than hospital price.
- If caretakers are present you can train them on basic elderly care:
 - how to give bed bath
 - how to observe the conditions
 - how to prevent bed sores
 - how to deal with people who have dementia, etc.
- Prayers

Once the people in the cell have been visited, use one of the exercise books as a **registration book** to keep record of how many old ones you are monitoring in each cell. We suggest you divide the cells in different pages and include name, age and gender or any other detail you consider as important.

❖ Sustainability

Make sure you are not the only one responsible. This is the reason why we suggest to create a leading team. It is important that as many people as possible people are trained in order to ensure continuity and increase the chances of spreading and implementing the project in other parishes/villages. A weekly meeting should be enough in order to train other people in 4 or 5 weeks.

❖ Budgeting

This is a list of the material needed.

The stock quantities have been counted on the basis of an average of 180 old people to be monitored and treated and for about 20 people to be trained,

❖ Initial costs

QUANTITY	ITEM	RATE	AMOUNT UGX
200	Files for students and each old person	2,000	400,000
3	Ream of paper for charts and worksheets	12,000	36,000
30	Exercise books for students	400	12,000
30	Pens	400	12,000
3	Marker pens (to name the files)	1,000	3,000
			DRUGS
200	Mentho plus	1,000	200,000
20	Vitamin B Complex	1,400	28,000
20	Multivitamins	2,200	44,000
20	Mebendazol	2,200	44,000
50	Diclofenac gel	1,300	65,000
20	Hydrocortison cream	1,200	24,000
20	Clotrimoxazol cream	800	16,000
20	Panadol	1,500	30,000
20	Ibuprofen	2,100	42,000
10	Omeprazol	3,800	38,000
20	Cough expectorant	900	18,000
10	Magnesium	2,000	20,000
10	Piriton (100)	1,000	10,000
10	Salbutamol Inh	6,000	60,000
5	Metformin (100)	5,000	25,000
MEDICAL EQUIPMENT			
2	Examination gloves (100)	14,000	28,000
40	Medical envelopes	700	28,000
10	Surgical spirit	1,500	15,000
10	Hydrogene peroxide	1,200	12,000
10	Iodine	1,000	10,000
50	Bandages	1,000	50,000
2	Cotton	4,000	8,000
3	Tape	2,000	6,000
5	Blades	200	1,000
1	BP machine	25,000	25,000
1	Stethoscope	20,000	20,000
1	Glucometer	70,000	70,000
50	Glucometer sticks	400	20,000
1	Bag (to carry drugs)	10,000	10,000
TOTAL COSTS			1,456,000

❖ Running costs

The running costs for this project are very low. An average amount of **100.000 UGX per month** has been calculated for the care of about 180 people.

The only things that could need to be purchased after the project has already been implemented are:

- Necessary drugs to replace drugs given out for free
- Necessary copies of charts