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PALLIATIVE CARE NURSE SPECILIST UGANDA
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**DEVELOPMENT,IMPLEMETATION AND
EVALUATION OF PC FOR HEALTH
WORKERS/VHT/CAREGIVERS PROVIDING
HEALTH CARE FOR SOUTH SUDANSE REFUGEES
IN ADJUMANI DISTRICT UGANDA**

AIM

- To equip the VHT's /Health workers with Palliative Care knowledge to enable appropriate identification and referral of patients with palliative care Needs.

Rational

- The scale of challenge affecting South Sudanese fleeing to Uganda is well documented.
- Over 1m are in Uganda, 85% are women and children (UNHCR).
- Chronic disease and palliative care challenges are less well evaluated and models of implementation/support unclear.
- Humanitarian organisations are not always well informed about the need to include palliative care in implementation frameworks.

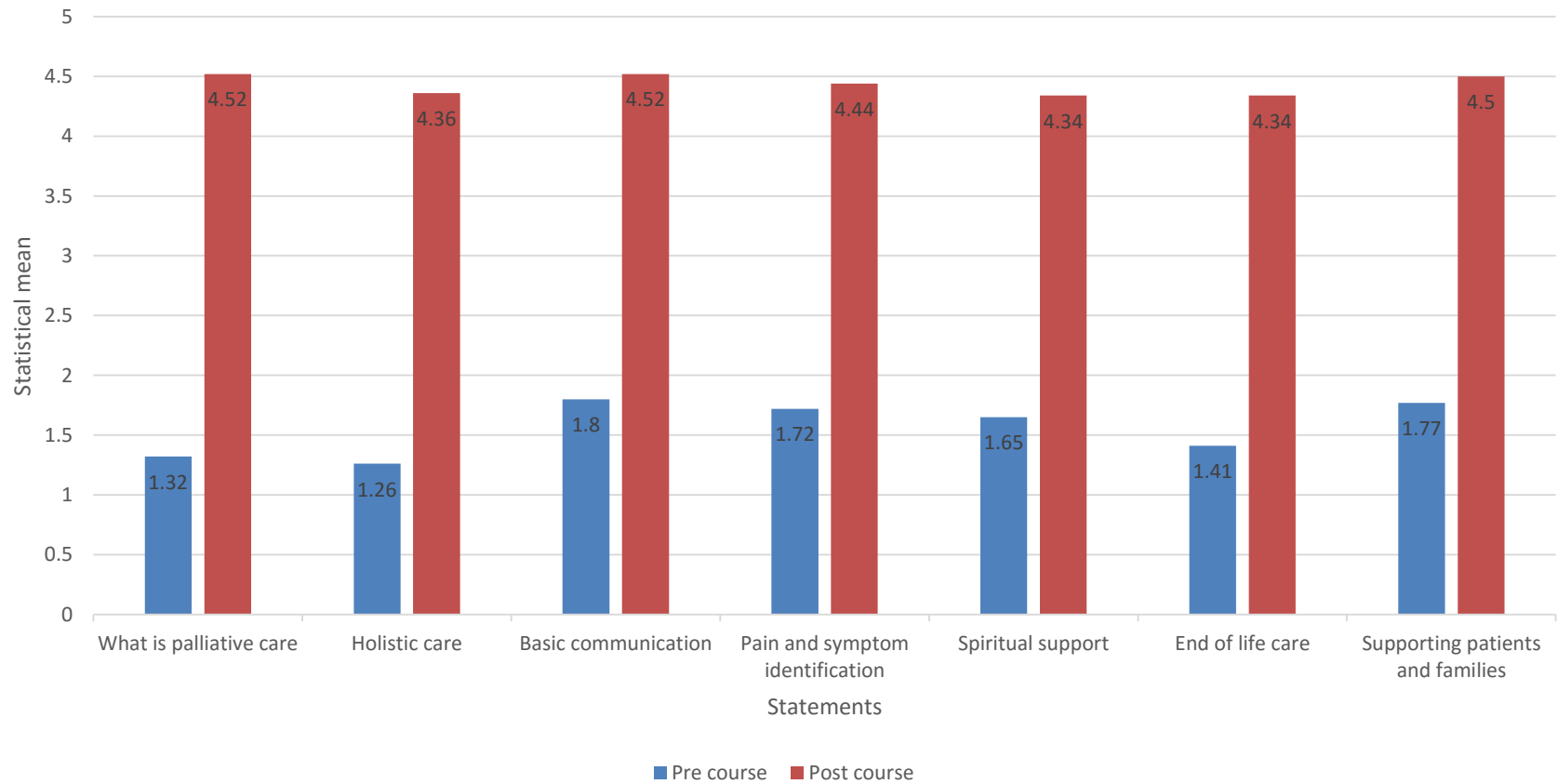
Methods

- Quick rapid appraisal system
- Radio talk show once every month
- Training of 30 health workers on basic palliative
- Training 75 VHT across 15 refugees settlements/equiped with bicycles to easy transport
- Training of 150 caregivers across 15 refugees settlements for patients basic management



Results

Pre and post confidence mean rating summary



Testimony.1

“Oh how I wish this training came before I lost my mother in 2006,” he then kept quit for a while. Mam was diagnosed with advanced cancer of cervix after we visited more than ten hospitals and clinics while in south Sudan. Because of failure in knowing the truth we also seek help from home doctors (watch doctors) to whom we spend lots of money and sold animals in finding out my mother’s miseries. Mums would carry for pain though out the night, her body smiles even after bathing several times, her friends and relative abandons her due to the suffering and also wasting a lot money on her without cure. We could join her in carrying, stopped going to school even at times fail to eat.

Am the first born in the family of six children, whom the sibling lean on for support and care, but am helpless. My father like the relatives abandons due to mums ill health.

My mum died within six months after knowing she had cancer, she had a very painful death and miserable death, which makes me have a flesh back of how people suffer without palliative care.

What I learnt today shall help me be able to care for the many who suffer from this conditions which does not cure in memory of my mother, today I can stand up and talk about her with confidence because of the knowledge I acquired in this training, am also requesting for more training not only for VHT but religious leaders and other refugee welfare council (RWC).

Testimony.2

- Our community is suffering, with many unknown sickness that we attach cultural issues on. Like in my community when one becomes old, he/she becomes valueless, useless and he/she is used to trap animals/or animals prey on. Animals particularly the lion is a treasure in community. I very well remainder our grandmother at 83 years who had a stroke was eaten by the lion. No child was allowed to step in her compound because such illness is associated with a curse in our community.
- Today this wonderful training has come as an eye opener to us and the community at large, we must reject such bad cultures. Yes I know it's a process, this must start with us who are in this room because a VHT we need to be exemplary such that our patients and older people will leave in peace and happiness which shall continue from generations to generation.

Training out -come

- Increased awareness and involvement of the community on issues related to Palliative care.
- Appropriate referrals made to various health facilities
- Increased access to pain medication/
morphine prescribers
- More health facilities offering palliative care

Testimony 2

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Limitations

- High turn up for training with limited funds
- Geographical location of the health facilities
- Language barrier

RECOMMENDATION

- In order to improve quality of life for patients and families, all health care workers /VHT and caregivers should have the basic knowledge and skills on the management of patients with palliative care needs.

- *“Palliative care must be as available as air”*

Dr. Jacinta Amandua:- Commissioner
for Health Ministry of Health Uganda