

# VOICES IN PALLIATIVE CARE: ENSURING QUALITY; CREATING SOLUTIONS. HUMANITARIAN ISSUES-UGANDA

OPIA VICKY

PALLIATIVE CARE NURSE SPECILIST UGANDA

ICT PALLIATIVE CARE FOCAL PERSON –ADJUMANI

EXECUTIVE DIRECTOR PEACE HOSPICE

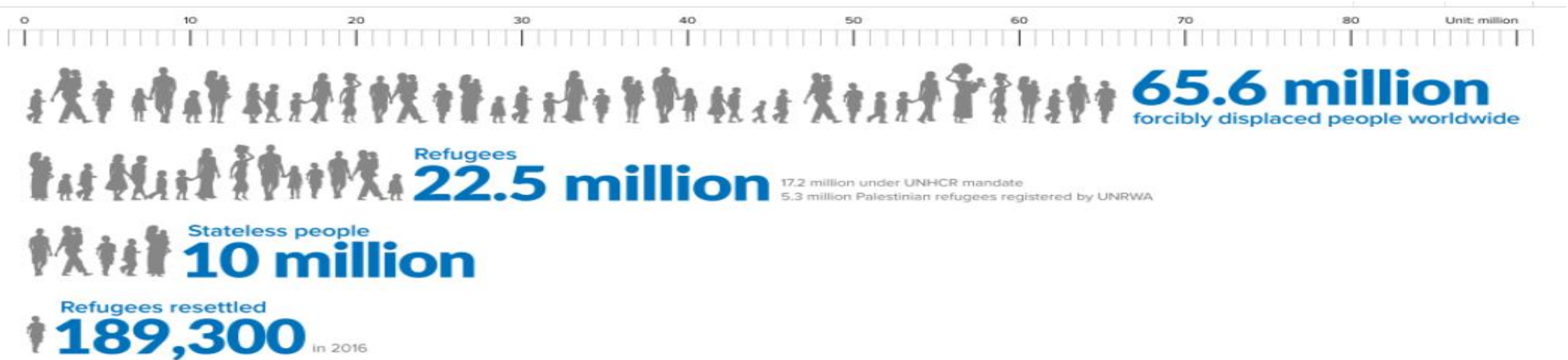
[www.peacehospice.org](http://www.peacehospice.org)

[peacehospice@gmail.com](mailto:peacehospice@gmail.com)

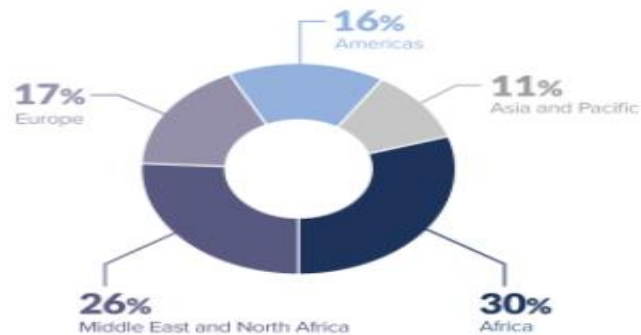
+256 772 869 981/039



# THE WORLD'S REFUGEE POPULATION



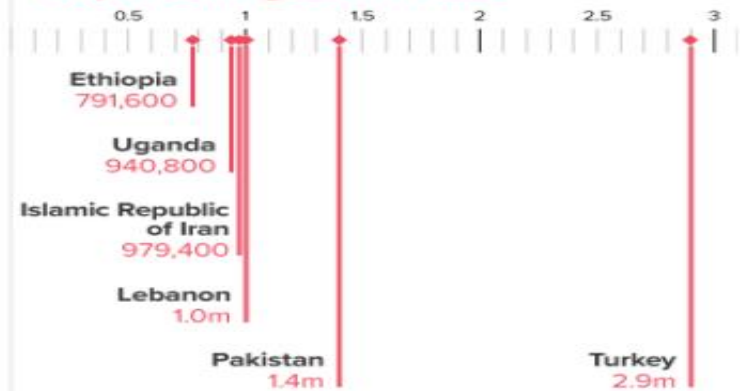
## Where the world's displaced people are being hosted



## 55% of refugees worldwide came from three countries



## Top hosting countries



**28,300 people**  
a day forced to flee their homes  
because of conflict and persecution

**10,966 staff**  
UNHCR employs 10,966 staff  
(as of 30 June 2017)

**130 countries**  
We work in 130 countries  
(as of 30 June 2017)

We are funded almost entirely by  
voluntary contributions, with 87 per  
cent from governments and the  
European Union.

# REFUGEES IN UGANDA/ADJUMANI

- Uganda has been hosting refugees and asylum seekers since independence in 1962.
- The country has been praised for the most progressive and generous refugee laws and policy regimes in the world.
- 2006 Refugee Act and 2010 Refugee Regulations allow for integration of refugees within host communities with refugees having access to the same public services as nationals.
- 2016 United Nations Summit for Refugees declared Uganda's refugee policy a model.

## cont

- Uganda is currently hosting 1,252,470 refugees and asylum seekers.
- it's the highest refugees hosting country in Africa and 3<sup>rd</sup> largest in the world.(GoU UNHCR 2017).
- The typical journey of a refugee in Uganda is characterized by an entry phase, settlement and integration phases.

# HUMANITARIAN RESPONSE

- life –saving and protections
- Establishment of health and educational facilities
- Livelihood support to reduce the dependency and to fulfil Uganda's good the potential of good practice refugee
- Environmental protection and mitigation measures., through Refugee Response Framework (CRRF).
- .

# What were the available services

- Primary health care
- Curative services
- Maternal and child health care services
- Educating refugees on healthy living to prevent malnutrition and illness such as malaria
- Water and sanitation facilities

# Gaps /challenges Uganda faced in relationship to health services

- Refugees health issues were not planned therefore it affected quality of health service provision in terms of:
- Drug Stock out of essential medicines
- Inadequate Manpower to provide the services
- Pc not prioritized in district /UNHCR plan
- Congestion at facilities e.g. health facilities, schools, water service points
- The refugees came with chronic condition and their situation, plan to address it.
- The lifestyle before and during the forced migration of 2013 had exposure for PC during emergency intervention ,operating and ,implementing partner had not prioritized PC





# The partnership support by cairdeas/PcRC/Peachoa

- Information of Partnership came as a result of:
- Inadequate information about palliative care by operating and implementing partners
- Omitting Palliative care in our development priority
- Inadequate knowledge and skills on PC among policy makers and health worker.
- Lack of palliative care services in the refugee health facilities
- PC is one of the neglected areas in health services due to its big burden





# ENSURING QUALITY

- Quick Rapid appraisal system
- Record review
- Interface with patients while at work place
- Training of VHT / caregivers on basic knowledge and skills in Palliative care
- Mobilise local capacity and leadership
- Advocate and model integrated palliative care services



# CREATING SOLUTIONS

- Collaboration, networking and partnership
- Working with committed volunteers
- Training of nurse leaders to speak for voiceless refugees through locally available platforms.
- Training of health workers /VHT/ Caregivers to act as the frontline service point in the refugee settlements
- Integration of palliative care services in refugee settlements
- Engaging leaders in discussing palliative care issues

# Acknowledgement

- THET
- CARIDEAS INTERNATIOL/PcERC/Dr. Mhoira
- APCA
- UG GOVRNMENT/ADLG
- TEAM OF VOLUNTEERS FROM UK-Dr.Gurrs



Dr Chitren  
Dr Natalie  
Dr Polly  
Roise

