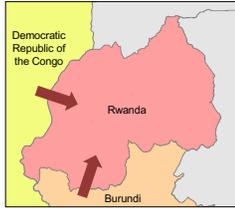


Introduction

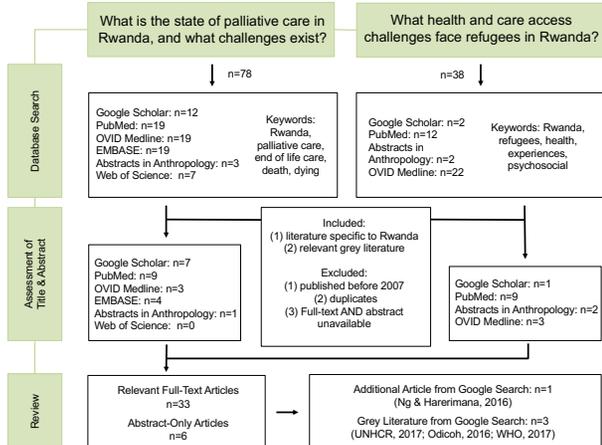
Since the early 1990s, Rwanda has experienced an influx of refugees from Burundi and the Democratic Republic of the Congo¹. Within refugee camps, many find themselves faced with terminal illness and substantial trauma. Despite the obvious need these individuals have for care, many refugee health facilities do not prioritize care for the chronically ill, choosing instead to allocate resources elsewhere.



This study aimed to justify the need for humanitarian palliative care in Rwandan refugee camps.

Methods

Directed Literature Review:

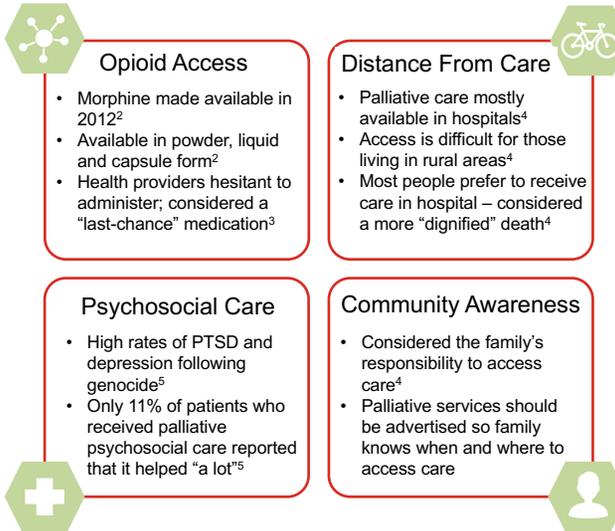


References

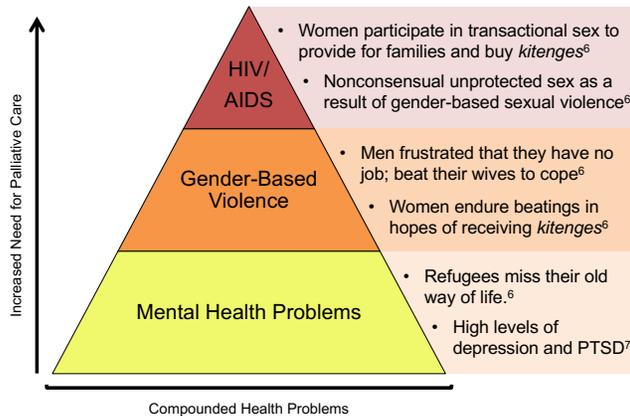
¹Odoi, A.O. (2016). Consolidated report: inter-agency gender assessment of refugee camps in Rwanda. UNHCR. T-Kay Investment Ltd, Kigali, Rwanda.
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³Jogel, L. (2011). Rwanda moving to provide "good deaths" for the terminally ill. *CMAJ*, 183(14), e1053-e1054.
⁴Uwimana, J. & Stuthers, P. (2008b). What is the preferred place of care at the end of life for HIV/AIDS patients in countries affected by civil war and genocide: The case of Rwanda? *Progress in Palliative Care*, 16(3), 129-134.
⁵Uwimana, J. & Stuthers, P. (2008a). Assessment of palliative care needs for people living with HIV/AIDS in Rwanda. *Progress in Palliative Care*, 16(3), 119-128.
⁶Pavlish, C. (2007). Narrative inquiry into life experiences of refugee women and men. *International Nursing Review*, 54(1), 28-34.
⁷Neuner, F., Oryol, P.L., Ertl, V., Odenwald, M., Schauer, E. & Elbert, T. (2009). Treatment of posttraumatic stress disorder by trained lay counsellors in an African refugee settlement: a randomized controlled trial. *Journal of Consulting & Clinical Psychology*, 76, 688-694.

Findings

Rwandan Palliative Care Needs:



Refugee Health Challenges:



Discussion

Assuring Equity:

- Both citizens and refugees in need of palliative care
- palliative care systems must be improved at a national level to benefit citizens and refugees alike – refugees should not be the only focus

Recommendations For Future Services:

- More Psychosocial Services**
 - Needed for addressing traumatic experiences
 - Encourage better coping strategies (Prevent GBV)
- Community-Based Model**
 - CHWs help identify potential patients
 - Make hospital transportation more readily available
- Health Professional Training**
 - Continue educating on opioid use and value
 - Equip staff to offer adequate psychosocial care
- Ethnographic Research on End-of-Life**
 - Identify cultural views on death and dying
 - Tailor services to work within these shared views

Conclusion

There is still much work to be done regarding palliative care provision in Rwanda. For refugees in particular, additional psychosocial services are needed to address feelings of purposelessness in their new lives. Assistance for these feelings could lead to a decrease in gender-based violence incidence, as well as restore the feeling of a fulfilled life in palliative HIV patients.

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