



## Strategic Plan 2017 -2021

# Palliative Care for all in need in Uganda



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## ACRONYMS

<b>ACS:</b>	American Cancer Society
<b>AHSPR:</b>	Annual Health Sector Performance Review
<b>APCA:</b>	African Palliative Care Association
<b>CDC:</b>	Centre for Disease Control
<b>CHC:</b>	Centre for Hospice Care
<b>CPD:</b>	Continuous Professional Development
<b>DHO:</b>	District Health Officer
<b>GDP:</b>	Gross Domestic Product
<b>JMS:</b>	Joint Medical Store
<b>HAU:</b>	Hospice Africa Uganda
<b>HIV:</b>	Human Immunodeficiency Virus
<b>HMIS:</b>	Health Management Information System
<b>HSDP:</b>	Health Sector Development Plan
<b>IEC:</b>	Information Education Communication
<b>Km:</b>	Kilometre
<b>M &amp; E:</b>	Monitoring and Evaluation
<b>MO:</b>	Medical Officer
<b>MoH:</b>	Ministry of Health
<b>MOU:</b>	Memorandum of Understanding
<b>NGO:</b>	Non-Government Organisation
<b>NMS:</b>	National Medical Store
<b>NRH:</b>	National Referral Hospital
<b>OSIEA:</b>	Open Society Initiative for Eastern Africa
<b>PCAU:</b>	Palliative Care Association of Uganda
<b>PC:</b>	Palliative Care
<b>PCCT:</b>	Palliative Care Country Team

<b>PCSO:</b>	Palliative Care Service Organisation
<b>PFP:</b>	Private for Profit
<b>PNFP:</b>	Private Not for Profit
<b>RRH:</b>	Regional Referral Hospital
<b>RTH:</b>	Road to Hope Program
<b>SNO:</b>	Senior Nursing Officer
<b>SP:</b>	Strategic Plan
<b>TOT:</b>	Training of Trainers
<b>TASO:</b>	The AIDS Support Organisation
<b>THET:</b>	Tropical Health & Education Trust
<b>UNMHCP:</b>	Uganda National Minimum Health Care Package
<b>MoF:</b>	Ministry of Finance
<b>MoPS:</b>	Ministry of Public Service
<b>WB:</b>	World Bank
<b>UN:</b>	United Nations
<b>UNHCR:</b>	United Nations High Commissioner for Refugees
<b>UGANET:</b>	Uganda Network on Law Ethics and HIV/AIDS
<b>UNAD:</b>	Uganda National Association of the Deaf

## FOREWORD

Palliative Care Association of Uganda (PCAU) is pleased to release another five year strategic plan (2017-2021), describing its current approaches of contributing towards the scaling up of palliative care throughout Uganda. PCAU has the vision of seeing “Palliative Care for all in need in Uganda” and the mission of “To accelerate the integration of palliative care in the Uganda health care system through capacity building, advocacy, research and resources mobilisation.” In this strategic period of 2017-2021, PCAU with its stake holders and supporters, will pursue its mission through four focus areas:

1. **Capacity Building** that is directed towards integrating palliative care services in every district of Uganda by 2021 through a system of focused training, mentorship and support supervision.
2. **Advocacy and Awareness Creation** aimed at increasing the awareness and understanding of PC issues among stakeholders and thus leading to a supportive environment for the providers and the services.
3. **Palliative Care Research and Information**, aimed at making PCAU a hub of PC research and information, by undertaking PC research and/or hosting relevant research and leading the collection, storing, analysis of data and by regularly disseminating information to improve PC services.
4. **Governance and Financial Resource Mobilisation for Palliative Care.**

This is an area in which PCAU hopes to strengthen its governance and resource mobilisation capacity and establish adequate financing and related resources for scaling up and integrating PC in the Uganda, and enhancing the sustainability and relevancy of PCAU.

We thank the Uganda Ministry of health and all our key stakeholders for your support and look forward to serving with you in the above venture.

**Rose Kiwanuka**  
Country Director

**Dr Samuel Guma**  
Board President

## ABSTRACT

Palliative Care Association of Uganda (PCAU) is a civil society organisation established since 1999 to support and promote the development of palliative care and palliative care providers in Uganda. The Vision of PCAU is to see: “Palliative Care for all in need in Uganda” and the Mission is “To accelerate the integration of palliative care in the Uganda health care system through capacity building, advocacy, research and resources mobilisation”. PCAU believes in the following ideals: Service Provider Focus, Collaboration and Networking, Integrity, Volunteerism, Professionalism. PCAU’s Goal of Palliative Care in 2017-2021 is: “To increase access to culturally appropriate palliative care through strengthening health care systems in Uganda in collaboration with partners”.

Palliative care is one of the components of the Uganda National Minimum Health Care Package (UNMHCP). The direct beneficiaries of the work of PCAU are any child or adult, with a life-limiting illness such as cancer, HIV/AIDS, cardiovascular disease, diabetes and other such conditions. Health workers are also treated as direct beneficiaries and most of the previous work of PCAU targeted them. According to the Uganda MoH in the HSPR (2015), only about 10% of Ugandans who need palliative care can access it. The PC need in the country makes the work of PCAU very relevant.

The process of developing the SP consisted of: reviewing relevant documents, conducting field visits to PCAU operation areas and conducting consultative workshops with key stakeholders. Also a SWOT Analysis and a Stakeholder Analysis and Mapping were conducted to obtain information for developing a PCAU theory of change and formulating PCAU emphases, referred to as focus areas, for the next five years (2017-2021). PCAU focus areas are stated to be: Capacity Building, PC Advocacy and Awareness Creation, Palliative Care Research and Information, Governance and Financial Resource Mobilisation for Palliative Care. The main strategy of PCAU will be the strengthening partnerships and collaboration. The estimated costs of implementing the strategic plan is about 3.8 billion shillings equivalent to approximately 1.05 million dollars.

## 1.0 INTRODUCTION

### 1.1 Background

Palliative Care Association of Uganda (PCAU) has been in existence since 1999 and the organisation has gone through the chaos stage of organisational development and it is now at the stability stage (Allen, 2015). PCAU currently has a Board of Directors, a Country Director who is the Chief Executive Officer leading a team of employees with documented job descriptions. PCAU is a civil society organisation established to support and promote the development of palliative care and palliative care providers in Uganda. PCAU completed a five year (2012-2016) strategic plan activities and has now developed a new SP for 2017-2021. The direct beneficiaries of the work of PCAU are any child or adult, with a life-limiting illness such as cancer, HIV/AIDS, cardiovascular disease, diabetes and other such conditions. Health workers are also treated as direct beneficiaries and most of the previous work of PCAU targeted them.

### 1.2 Context of PCAU

According to the Global Atlas for Palliative Care (2014), globally, on average only 14% of the people in need of palliative care die while receiving it. The ideal situation, based on the PCAU vision, is 100% of all the people in need able to access palliative care services. According to the 2014 national census, Uganda had a population of 34.6 million, growing at about 3% annually and with about 75% of the population living in rural areas. According to the Worldwide Palliative Care Alliance (WPCA, 1014), Uganda is classified as group 4b countries where there is advanced integration of PC into the main stream service provision. According to the Uganda Health Sector Development Plan [HSDP] (2015/16- 2020/21), palliative care is a one of the five components of the Uganda National Minimum Health Care Package (UNMHCP), the other four being promotive, preventive, curative and rehabilitative services.

### 1.3 Problem statement

The need for palliative care in Uganda, like in many other developing countries, is big. According to the Uganda Health Sector Performance Review (HSPR), 2015, only about 10% of Ugandans who need palliative care can access it. In the Uganda Health Sector Development Plan, it is stated that “palliative care services are being offered in only about 4.8% of the hospitals” indicating a large gap in the palliative care services in Uganda (HSDP, 2015/16- 2020/21:5). These statistics validate the mandate of PCAU which is to support the development of PC and palliative care professionals in Uganda.

The poor access to PC in Uganda calls for overcoming the barriers which are stated in the Universal Periodic Review (UPR) of PC (2016), and validated by the end term evaluation of the 2012-2016 SP, as being: inadequate numbers and inadequate recognition of palliative care professionals and non-professional providers and prescribers; a lack of any pre-payment schemes covering PC services; insufficient data on PC services, as well

as insufficient data on providers and size of need; a PC National policy which is not yet passed; the fact that most essential PC medicines, other than morphine, are not readily available. In addition, there is very limited funding for PC. The barriers to PC in Uganda must be overcome in order for the country to contribute to SDG 3, target 8 which focuses on improvements in the health services coverage; access to essential medicines; human resources for health density; health financing as well as research and development on health issues that primarily affect developing countries. PCAU realises the need to be proactive in dealing with the above context for PC in the period 2017-2021 hence the value of this SP.

## 2.0 METHODOLOGY OF PREPARING THE STRATEGIC PLAN

### 2.1 The Process

The process of developing the main frame of the plan was participatory, with PCAU enabling the raw data collection exercise and a consultant guiding the planning process and documentation of the SP. The process consisted of:

1. A summative evaluation of the 2012-2016 SP which informed the new SP 2017-2021.
2. Reviewing documents: Various documents were reviewed, including: Periodic reports of PCAU and other relevant literature as listed in the Bibliography.
3. Field Visits: Field visits were conducted to PCAU operation sites to collect information useful for the proposed strategic plan from relevant stakeholders and to evaluate the achievements.
4. Consultative workshops: Two separate one day consultative workshops were held with key stakeholders and personnel identified by PCAU.
5. A stakeholder Analysis and Mapping: Using the methodology of brain storming the PCAU stakeholders were identified analysed, organised and mapped.
6. A Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis: The information was used as a basis for formulating the way forward for PCAU.
7. Creation of PCAU theory of change: By examining the context in which PCAU works, the mission and vision of PCAU, the planned focus areas as well as the available resources, a theory of change for PCAU was proposed.
8. A validation meeting: where the Board of PCAU and other stakeholders reviewed the strategic plan before the final document was produced by the consultant.



## 2.2 PCAU stakeholder analysis and mapping

The following table I shows a summary of analysis and mapping of some of PCAU's current stakeholders grouped according to the interaction of stakeholders' interest in and influence on the mission of PCAU.

**Table I: Analysis of PCAU Stakeholders:**

No	Category of Stakeholder	Stakeholder	Stakeholder Expectations	PCAU Expectations
1	<b>Highly influential and highly interested stakeholders</b>	<ul style="list-style-type: none"> <li>MoH and line departments and institutions, UCI</li> <li>Staff and Board Members</li> <li>PCAU Individual members and Organisations</li> <li>Service provider organisations</li> <li>Donors and financiers</li> <li>Training organisations</li> </ul>	<ul style="list-style-type: none"> <li>Follow national policies and standards in service provision</li> <li>Accountability</li> <li>Capacity building, grants writing</li> <li>Support with morphine provision</li> <li>Partnership and collaboration, researched information</li> <li>Collaboration in research and publications</li> </ul>	<ul style="list-style-type: none"> <li>Pass PC Policies and guidelines</li> <li>Provide budget line for PC Services</li> <li>Support and commitment to PC work</li> <li>Pay membership fees and attend PCAU Activities</li> <li>Collaborate in Research and dissemination of Information</li> <li>Collaborate to Support PC trainings</li> <li>Support the Morphine Supply Chain</li> <li>Participate in PCAU conferences</li> <li>Provide quality PC Services</li> <li>Avail information and Reports on PC Services</li> </ul>
2	<b>Highly influential but with moderate interest</b>	Central Government Ministries and Institutions: <ul style="list-style-type: none"> <li>Line ministries – Ministry of Gender and Social Development, Ministry of Internal Affairs, Ministry of Justice etc</li> <li>NMS</li> <li>NDA</li> <li>The professional Councils</li> <li>Uganda Human Rights Commission</li> </ul>	<ul style="list-style-type: none"> <li>Follow national policies and standards in service provision</li> </ul>	<ul style="list-style-type: none"> <li>Recognise PC in their plans</li> <li>Support the Morphine supply chain and other essential PC Medicines</li> <li>Support training and CPD for PC by Councils</li> <li>Advocate for the rights of PC providers and Patients</li> <li>Report on PC related activities</li> <li>Report on Morphine consumption to INCB by NDA</li> </ul>
		International agencies: <ul style="list-style-type: none"> <li>APCA</li> <li>WHO, WHA, WB &amp; Other UN, UNHCR agencies</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration</li> <li>Membership</li> <li>Reporting and sharing periodic update on PC work in Uganda</li> <li>PC is a human right and should be accessible to all</li> <li>Researched Information</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration, Partnerships and Financial support</li> <li>Hold governments accountable to commitments made on PC at international level</li> <li>Share information on PC</li> <li>Advocate for PC</li> </ul>
		Civil Society Partners (UGANET, JMS, UNAD, etc) Religious organisations, Cultural Institutions	<ul style="list-style-type: none"> <li>Collaboration, Partnership, Financial Support</li> <li>Partnerships in expanding PC work to lower levels</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for the rights of PC patients and PC Providers</li> <li>Collaboration, Partnerships, support PC Services</li> <li>Support PC awareness raising</li> <li>Fundraise for PC activities</li> <li>Support the Morphine supply chain</li> </ul>
		Health Governing Boards <ul style="list-style-type: none"> <li>The Uganda Medical and Dental Council</li> <li>The Nurses and Midwives Council</li> <li>The Pharmacists Council</li> </ul>	<ul style="list-style-type: none"> <li>Following national standards in training recruitment and HR management</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for the Rights of PC Providers</li> <li>Support CPD on PC</li> <li>Support training for PC</li> </ul>
		Local suppliers <ul style="list-style-type: none"> <li>JMS, NMS and Pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Following standards and policies</li> </ul>	
3	<b>Highly interested but with little influence</b>	<ul style="list-style-type: none"> <li>Beneficiaries</li> <li>Health workers in general</li> <li>National Associations in other countries</li> <li>Regional government institutions like RRHs</li> <li>PC National Associations in the region</li> </ul>	<ul style="list-style-type: none"> <li>Quality, accessible affordable, acceptable &amp; equitable PC services</li> <li>Following national policies, capacity building</li> <li>Lobbying towards recognition of PC as a specialty</li> <li>Partnerships, sharing of experiences and sharing PC researched information</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration, Partnerships</li> <li>Sharing of information and Research on PC</li> <li>Budget for PC</li> <li>Seek PC training</li> <li>Support dissemination of PC information</li> <li>Provide quality PC services</li> <li>Advocate for PC services</li> <li>Experiential learning</li> </ul>
4	<b>Stakeholders who may have little interest and little influence</b>	General Community Members	<ul style="list-style-type: none"> <li>Information on PC services</li> <li>PC service provision</li> <li>Advocacy of PC</li> <li>Employment opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Utilise the PC services</li> <li>Support the referral of PC Patients</li> <li>Volunteering</li> </ul>

### **Implications of PCAU Stakeholders' Analysis and Mapping Results:**

In the 2017-2021 strategic plan, PCAU intends to relate with the mapped stakeholders in the following manner:

a. Category 1 Stakeholders:

Those with high influence and high interest in PCAU (Referred to as Key Stakeholders)

**Action:**

PCAU will continue to engage them, consult them and involve them in governance and decision making.

b. Category 2 Stakeholders:

Those with high influence but low interest in PCAU

**Action:**

PCAU will engage and consult them to increase their interest in PC work.

c. Category 3 Stakeholders:

Those with low influence and low interest in PCAU

**Action:**

PCAU will endeavour to increase their interest in PC work.

d. Category 4 Stakeholders:

Those with low influence but high interest in PCAU

**Action:**

PCAU will consider them as potential partners and will keep them informed and try to involve them in activities

## 2.3 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

The following analysis of strengths, weaknesses, opportunities and threats of PCAU was generated by participants in a consultative workshop.

**Table 2: Showing a Summary of the SWOT Analysis of PCAU**

	These will help PCAU achieve its objectives.	These hinder the process of working towards the objectives
Strength and Weakness are related to the internal attributes PCAU	<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Knowledgeable and committed staff</li> <li>• Wide PC coverage (90/112) In the country</li> <li>• Ownership of permanent home (premises)</li> <li>• Proven track record</li> <li>• Capacity for dissemination of PCAU information                             <ul style="list-style-type: none"> <li>- conferences</li> <li>-Quarterly Update and</li> <li>-AGM</li> </ul> </li> <li>• Efficiency</li> <li>• Gender sensitivity</li> <li>• Potential for resource mobilization</li> <li>• Advocacy skills</li> <li>• Diverse membership</li> <li>• Well positioned and supportive board</li> <li>• Expert members on the board</li> <li>• Close relationship with MOH</li> <li>• Teamwork</li> <li>• Hospitality</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Limited resources- HR</li> <li>• Limited other resources</li> <li>• Understaffing leading to failure to meet deadlines</li> <li>• Low pay</li> <li>• M and E is weak</li> <li>• Inadequate data base</li> <li>• Financial funding that is donor based</li> <li>• Limited research done by PCAU- mostly stories reflected in our journal</li> <li>• Limited supervision of established PCAU centres and accredited facilities</li> <li>• Limited international partnerships</li> <li>• Lack of national PC policy</li> <li>• Lack of MOU with MOH</li> <li>• Weak HR function</li> <li>• Dependency on volunteers</li> <li>• Lack of volunteer motivation strategy</li> </ul>
Opportunities and Threats are relevant to the external environment's Attributes	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Established avenues for collaboration and networking- MOH, Member organisation</li> <li>• Recognition by MOH and MOES in their vital documents</li> <li>• Good political will</li> <li>• Greater awareness of cancer burden and terminal non-communicable conditions creating an avenue for more advocacy of PC</li> <li>• Availability of PC fund raising opportunities locally and globally</li> <li>• High demand for PC services</li> <li>• Political stability</li> <li>• Increasing uptake of PC services</li> <li>• Vibrant and active social media platform</li> <li>• Training institutions taking on PC training</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Restrictive anti narcotic law especially in the area of distribution, storage and transportation of Morphine</li> <li>• Lack of guideline on deployment of palliative care trained HR</li> <li>• Weak/insufficient support supervision by MOH</li> <li>• Changing donor priorities</li> <li>• Political uncertainties</li> <li>• Opioid phobia among health workers</li> <li>• Knowledge deficiency among the health workers and population about PC</li> <li>• Competition from other peer organizations</li> <li>• Shift from passion driven to reward driven</li> <li>• Donor fatigue</li> <li>• Unrecognized PC practitioners- No official position for PC practitioners</li> <li>• Conflicting National PC regulations (narcotics)</li> </ul>

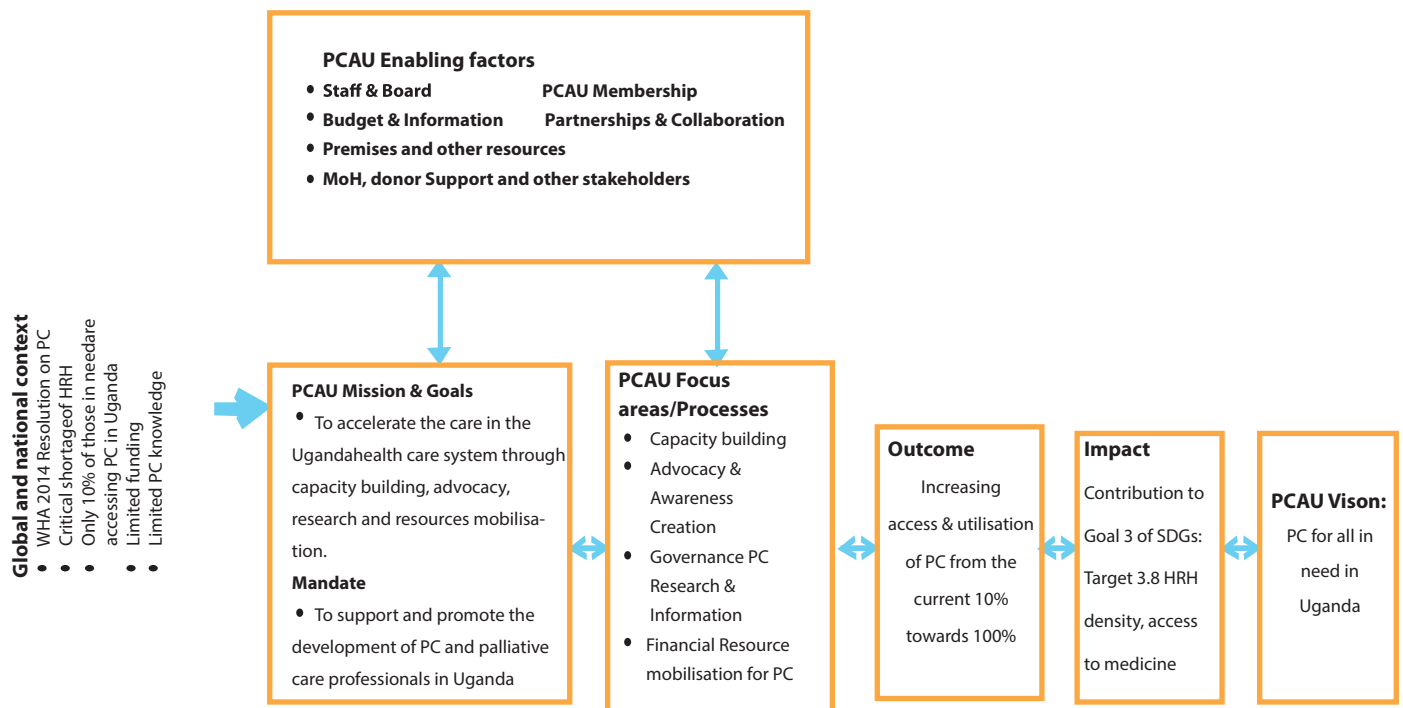
## 2.4 PCAU Theory of Change

The following PCAU theory of change communicates the changes it desires to make and the relevant steps in making the change during 2017-2021 and the planned path from what needs to be addressed (current unwanted context) to planned actions, outcomes and impact (which is the desired or preferred future). PCAU aims to improve access to PC from the current 10% towards the vision of ‘PC for all in need in Uganda’. The planned PCAU’s action for making the change from 10% access towards the desired vision, are represented by the four focus areas. Enabling factors represent what PCAU has or needs in order to effect change. Achieving the vision of PCAU will contribute to SDG 3 target 3.8 and 3b as well as 3c.

The elements of PCAU theory of change are:

- 1- The context of PCAU which consists of both global and national variables as in the model.
- 2- The culture of PCAU which consists of philosophy/mission and mandate
- 3- Enabling factors of PCAU which are the resources available and/or needed for PCAU to fulfil its mission
- 4- The PCAU focus areas which are what PCAU is doing to move towards the preferred future
- 5- The impact is the vision of PCAU and its contribution to SDG3 target 3.8, 3b & 3c

**Figure Two: PCAU theory of change**



## 3.0 PCAU THROUGH THE NEXT YEARS, 2017-2021

### 3.1 Culture of PCAU:

The PCAU culture was summarised by the consultation workshop to be as follows:

**Vision:** “Palliative Care for all in need in Uganda”.

**Mission:** “To accelerate the integration of palliative care in the Uganda health care system through capacity building, advocacy, research and resources mobilisation”.

**Core Values:** PCAU believes in the following ideals:

#### Service Provider Focus:

Commitment to the development and empowerment of Palliative Care providers to their highest professional potential. Service providers are the principle target of PCAU work since the organisation is not a service provider.

#### Collaboration and Networking:

PCAU seeks to use its limited resources to maximum advantage through partnerships and collaborations, pursuing networks and harnessing the potential of all its partners and members for the common good

#### Integrity:

PCAU carries out its duties in a responsible, honest and accountable manner to all stakeholders including donor, government, members as well as patients and their families

#### Volunteerism:

PCAU recognises the support and commitment of volunteers as an essential element in scaling-up of PC work and empowering service providers.

#### Professionalism:

PCAU strictly observes the highest ethical and professional quality standards in providing training, mentorship, supervision and support. PCAU collaborates with the MoH and other key stakeholders to ensure quality and align its activities with national policies.

#### PCAU's Goal of Palliative Care is:

*“To increase access to culturally appropriate palliative care through strengthening health care systems in Uganda in collaboration with partners”.*

### 3.2 PCAU Focus Areas in the Next Five Years (2017-2021)

Four PCAU focus areas have been designed to capitalize on its strengths and opportunities and to manage its weaknesses and threats. The focus areas will contribute to increase PCAU effectiveness and efficiency in promoting access and utilization of palliative care through integration in the Uganda health care system.

#### Focus area 1: Capacity Building

**Strategic Objective:** To strengthen the integration of palliative care services in every district of Uganda by 2021 through a system of focused training, continuous professional education, mentorship and support supervision.

**Description:** Capacity building will be a fundamental function and enabler in achieving the overall goal in 2017-2021. So far PCAU has been effective in terms of capacity building at national and regional level in the scaling-up of culturally appropriate services across Uganda. For sustainability, PCAU will educate, mentor and support health care practitioners, so that the provision of palliative care is not dependent on individuals, but embedded within health care services.

**Table 4: Emphases of Focus Area 1.**

Focus Area 1: Capacity Building				
	Key Result	Baseline level of Indicator	Target	Indicators
1	Empowering tutors to teach PC. This will entail seeking collaboration with Mulago Tutors' School and the Institute of Hospice and PC in Africa to train lecturers who train tutors for nurses, so they can teach the PC module completely.	30 distributed across the country.	8 Tutors per year for the 2 <sup>nd</sup> and 3 <sup>rd</sup> years (16 by 2021)	Number of tutors across the country
2	Strengthening the PC units in all 13 RRH to become practicum sites for PC training. Also strengthening PNFPs (Virika, Mvara, Vira Maria, Ngora) to develop additional strong practicum sites and conducting quarterly PC update meetings at headquarters and all PCAU branches.	15 sites	5 additional Practicum sites (checklist for practicum sites to be developed )	Number of strong practicum sites available
3	Building capacity and integrating PC at district levels: Following up those trained (by PCAU, HAU and Mildmay), carrying out mentorship and supervision in the districts within which they operate, developing teams, and ensuring availability of palliative care medications, including morphine.	90 districts	22 new districts followed up and empowered	Number of districts offering palliative care services including morphine prescription and other palliative care medications

Focus Area I: Capacity Building

4	Strengthening PCSOs with community outreaches to improve quality of PC. (Pain management, Morphine logistics management, establishment of PC teams, short courses for volunteers, bereavement and spiritual support). In these, PCAU will use APCA standards as it waits for the national standards.	Do a baseline to establish how many PCSOs with community outreaches are implementing the standards.	PCSOs implementing APCA standards are identified and engaged with to offer support, supervision and training.	Number of PCSOs in the community using PC standards
5	Supporting nursing schools which are offering specialised courses to also offer a diploma in clinical PC.	0	Support Mulago and Jinja Nursing Schools in the next 5 years	Diploma in PC offered at Jinja and Mulago Nursing Schools.
6	Supporting PCSOs to provide legal services to PC facilities	6	7 PCOs providing legal services	-Number -Proportion of PCOs offering legal services
7	Training hospitals in and introducing the American Cancer Society (ACS) "Pain Free Hospital" Initiative.	2	11 of Hospitals having the ACS Pain free Hospital initiative.	-Number -Proportion of hospitals implementing the ACS Pain-free Hospital initiative
8	Short Course training for Health and allied health professionals on PC at Regional level. Work with PCAU Branches and DHOS to advertise and offer 5 days trainings for 4 regions. The training to be paid for by the participants.	0	100 Participants	Number of Health Workers and allied health professionals trained.

## Focus area 2: Advocacy and Awareness Creation

**Strategic Objective:** To increase awareness and understanding of PC issues among stakeholders and to create a supportive environment for the providers and the services

**Description:** PCAU will continue a sustained advocacy effort by creating partnerships, networking, conducting monitoring and evaluation and sharing results with stakeholders. PCAU will pursue any necessary policy changes, the raising of awareness at the international, national, district and grass-root levels as well lobbying for material support.

PCAU will seek to place Palliative Care into the Universal Health Coverage (UHC) agenda.

**Table 5: Emphases of Focus Area 2.**

Focus Area 2: Advocacy And Awareness Creation				
	Key result areas	Baseline level of Indicator	Target	Indicators
<b>A</b>	<b>At the National and International levels PCAU will:</b>			
1	Advocate for the passing of the national PC Policy	Draft at Senior Management level of MoH	By the end of 2018	Policy passed
2	Advocate for the finalising of the National Advocacy Strategy for PC	Draft at Senior Management level of MoH	By the end of 2018	Strategy adopted
3	Compose the Technical Working group for PC advocacy	0	By the end of 2018	Group in place
4	Advocate for each health care institution to have a share of the national health budget assigned to PC. In this, PCAU will continue to lobby for increase of the national budget for palliative care each year through collaboration with the MoH in the budgeting process.	0	At least each RRH and all district hospitals to have a PC line budget line by the end of 5 years.	Number of PC Budget line items in each RRH and district hospitals
5	Advocate for Government recognition of PC health workers in the Ministry of Health scheme of work. PCAU will encourage senior MoH personnel to talk with the MOF and MOPS to seek for the creation of official PC positions.	0	By end of the 2 years	Number of PC specialised workers recognised
<b>B</b>	<b>At the District level PCAU advocacy will focus on:</b>			
6	Conducting at least 10 district Advocacy Workshops, to cover all 112 districts. Districts which do not yet have PC services will be prioritised over those with established services. The workshops will target district and hospital senior managers and will include study visits to established model sites.	32	At least 112 district advocacy workshops	Number of district advocacy workshops



C	At Beneficiary level PCAU advocacy will focus on:			
7	<ul style="list-style-type: none"> <li>i-Translating PC IEC materials and messages</li> <li>ii-Disseminating them nationwide</li> <li>iii-Engaging the media to increase awareness (e.g. through radio talks, newspaper articles, on-line tools)</li> </ul>	<ul style="list-style-type: none"> <li>-Will making -PC as a Human Right</li> <li>5 languages done</li> </ul>	<p>At least 2 (two) contact persons in each of the 4 RRH and 2 in each of the (all) district hospitals as well as in all private hospitals.</p> <ul style="list-style-type: none"> <li>-Large turnover of PC IEC Messages reported in HMIS</li> </ul>	<ul style="list-style-type: none"> <li>-Number of entities with PC IEC contact services</li> <li>-Number of IEC contact persons in entities</li> <li>-Turnover/Number and type of IEC messages disseminated</li> <li>-IEC materials/messages in local languages.</li> </ul>
8	Carrying out activities which increase PC access to the following special vulnerable groups: Prisoners, refugees, drug users through the Uganda Harm reduction network, people with disabilities e.g. the deaf.	<ul style="list-style-type: none"> <li>-Done sensitisation with the Uganda national association of the Deaf (UNAD)</li> </ul>	<p>Sensitization meetings at 8 Civil Society Organisations</p>	Number of Sensitization meetings held
9	Carrying out Human Rights support by: <ul style="list-style-type: none"> <li>i- Conducting awareness creation activities among human rights organisations</li> <li>ii-Offering technical support to human rights organisations which offer legal services to PC patients</li> <li>iii- Following up human rights commission for the purpose of monitoring the rights of PC in Uganda</li> </ul>	<ul style="list-style-type: none"> <li>Training of PC already accomplished for UHRC</li> </ul>	<ul style="list-style-type: none"> <li>-Four (2) meetings per year with human rights organisations beginning 2018</li> </ul>	<ul style="list-style-type: none"> <li>-Number of awareness meetings</li> <li>-Monitoring reports by the human rights commission</li> </ul>
10	PCAU will sensitise the Inter –Religious Council (IRCU) and related entities about PC. In this PCAU will collaborate with the IRCU to access lower levels of its entities and by working through their structures will increase PC awareness.	<ul style="list-style-type: none"> <li>One Sensitization Meeting for IRCU done for the Board</li> </ul>	<ul style="list-style-type: none"> <li>-3 meetings with IRC members at the national level</li> <li>-5 meetings at regional levels</li> <li>-10 meetings in selected districts</li> </ul>	Number of sensitisation meetings at each level
11	Advocate for Access to Essential Controlled including Morphine availability (Accredited health facilities as proxy) PCAU to continue to monitor in all accredited health facilities and facilitate morphine availability and utilization by coordinating work of the Morphine supply chain. Collaboration with, MoH, HAU to ensure that NDA reports morphine consumption to INCB	<ul style="list-style-type: none"> <li>121 at baseline</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing until plan end</li> </ul>	Lack of stock outs
12	Sensitization on deaf Awareness for health workers at RRH	<ul style="list-style-type: none"> <li>0</li> </ul>	<ul style="list-style-type: none"> <li>4 meetings</li> </ul>	
13	Sensitize Staff of National Union for disabled persons (NUDIPU)	<ul style="list-style-type: none"> <li>0</li> </ul>	<ul style="list-style-type: none"> <li>4 meetings at National and Regional Level</li> </ul>	
14	Support Child Care Givers - Road to hope program for children	<ul style="list-style-type: none"> <li>58</li> </ul>	<ul style="list-style-type: none"> <li>Add 10 children annually on the program</li> </ul>	98 children on the program by end of the SP Period

### Focus area 3: Palliative Care Research and Information

**Strategic Objective:** To be a hub of research and information, through the carrying out and/or hosting relevant PC research and leading the collection, storing, analysis of data and by regularly disseminating information to improve PC services.

**Description:** PCAU will lead the conducting of relevant PC research and, through its network, will conduct effective information gathering and dissemination. PCAU will articulate and publish its research agenda by the end of 2017 and establish an international research collaboration policy, besides conducting and/or hosting specific research projects/activities. PCAU will continue to collaborate with academic organizations nationally and internationally on research.

**Table 6: Emphases of Focus Area 3**

Focus Area 3 :Palliative Care Research and Information				
	Key Result	Baseline level of Indicator	Target	Indicators
1	Deploying one research officer to establish a research desk at the centre and attract students doing PC at Masters and PHD level to do research at PCAU	0	One HR by the end of 2018	Research officer deployed PC research
2	Articulating and publishing the PCAU research policy	0	By the end of 2018	Research agenda published
3	Conducting and/or hosting specific research projects/activities	0	3 minimum	Number of Research reports
4	Establishing an annual peer reviewed journal	0	By the end of 2018	Peer reviewed journal in place
5	Establishing an international research collaboration policy (integrate 2 and 5)	0	By the end of 2018	International research collaboration policy in place
6	Leading the composition of PC Journal Editorial Committee – in collaboration with IHPCA and APCA		By the end of 2018	PC research committee in place
7	Scaling up of the 'm-Health' program to 40 PC sites	10 sites	By the end of 2019	Number of PC sites joining the 'mHealth' program during the project period
8	Promoting improvement of national data collection on PC and promoting the inclusion of PC service indicators in the national Health Management Information System[HMIS]	2	3 More..	All PC indicator statistics captured in HMIS
9	Publishing regularly: (Twice a year newsletters and regular website updates)	Twice a year	Maintain	Number of publication/ editions
10	Responding to information requests. PCAU will be able to respond to information requests from service providers and the public, including information on service provision, contributing to research, advising on locations for research.		On going	Statistical records
11	Organising a Biennial National Conference, to bring together the palliative care community in Uganda and share best practices (400 delegates per conference).		3 conferences in 5 years	Conference proceedings reports
12	Conducting Member and Stakeholder surveys annually and disseminating results.		Annual surveys	Data bases reports

## Focus area 4: Governance and Financial Resource Mobilisation for Palliative Care

**Strategic Objective:** To strengthen the documentation and implementation of sound policies in the areas of human resource, leadership, finance and development of PCAU and ensuring the establishment of adequate financing and related resources, which support the scaling up and integration of PC in the Uganda health care system.

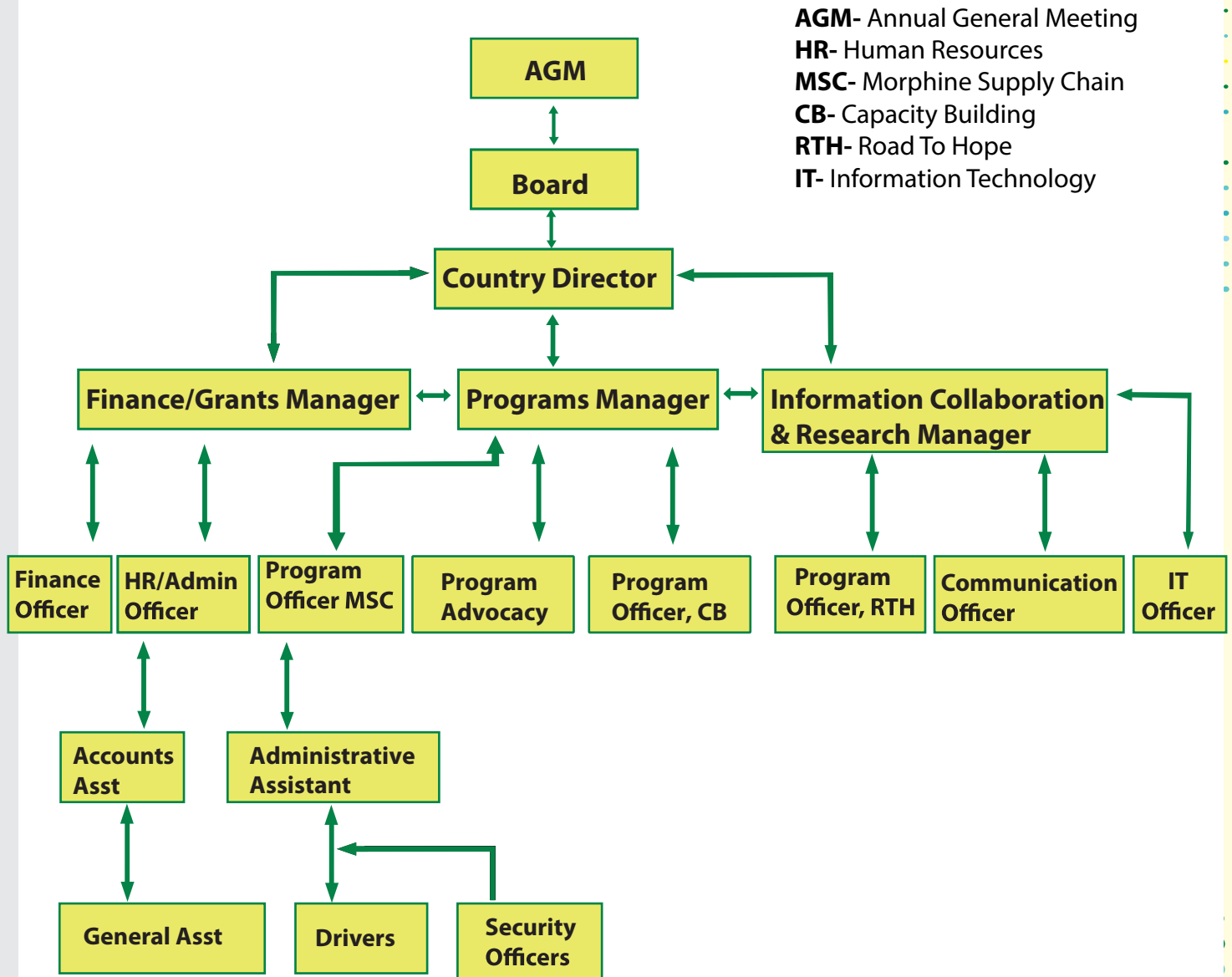
**Table 7: Emphases of Focus Area 4**

Focus Area Four : Financial Resource Mobilisation for Palliative Care				
	Key Result:	Baseline level of indicator	Target	Indicators
1	Designing a realistic and well-articulated 5-year (2017-2021) strategic plan representing all PCAU focus areas for the period and having a strategic budget.	Results of Summative evaluation of Previous SP	By end of March 2017	SP ready and up to date
2	Conduction a midterm and end of term evaluation for the SP Period	0	2019 and 2012	SP Midterm evaluation Report SP Summative evaluation report
3	Maintaining a excellent financial manement system with annual external audits and finance management policies	These are available -Financial manual -Annual audit reports -Quarterly financial statements	Good financial management system in place during 2017	Continue -Financial manual -Annual audit reports -Quarterly financial statements
4	Supporting PCAU Members to develop formal governance and management Structures. Each PCAU Member to encourages to put in place a minimum PC Governance Standard – The Primary Level of APCA Standards	-	20 Member organisations	20 Member Organisations trainings on APCA Primary governance level Standard by end of SP Period.
5	Achieving the Tertiary level of HR Management Standard in the APCA Standards (APCA 2011)	Secondary level	Tertiary level as per indicators	By end of SP period
6	Strengthening the financial resource mobilisation function of PCAU by writing effective grant proposals posals and marketing them well.	4 donors for PCAU	-Ongoing -2 major proposals per year -4 small proposals per year	- Develop Resources Mobilization Strategy -Number of proposals yielding funding -Amount of funding
7	Ensuring accountability to stakeholders and thus maintain the existing donor partners, including the Uganda Government. Seeking additional new do nor partners, such as the Uganda business commu- nity, and interesting them (Advocacy, networking, lobbying, PR and other approaches) to support the PCAU strategic plan.	Good working relationship with MoH 4 donners 20 member organisations 9 associate organisations	-All existing donor partners to sign up for the SP -3 new donor partners signed up	Number of partners
8	Strengthening collaboration with international hospices	1 membership WHPCA 1 Global partners in care	4 international Memberships/ collaborations	Established Number of Memberships/ collaborations international hospices
9	Holding fundraising initiatives and activities so as to extend financial and other resources for supporting PCAU work [e.g. Charity walks, annual dinner, media donation campaigns, charity/dona tion boxes].	1 annual dinner	5 annual diner 5 charity walks Charity/donation boxes in corporate places 3 Corporate breakfast meetings 4 media donation campaigns	Number of fundraising activities
10	Recruiting and working with PC volunteers (e.g. as trainers).	1 volunteer at PCAU 8 Volunteers at PC sites for RTH	20 Volunteers at PCAU and in PC Sites	Number of volunteers engaged
11	Graduate after maturing on all Domains of the ACS Strengthening organization for a united response to the cancer epidemic by providing technical support from SOURCE Program	Maturing in 2 domains	5 domains	By end of 2018
12	Remodelling current premises for more office space and Board room	7 Office spaces	2 more office spaces for 4 staff 1 boardroom	By end of 2018
13	Acquiring larger premises for PCAU (Property or at least 2 acres of Land).	0	Property or 2 acres of land	By end of SP period

### 3.3 Governance and organisation of PCAU

An adjusted organogram which aligns the new strategy to the structure of PCAU is proposed. The adjustment in the organogram introduces the position of Information and Research manager who will be in charge of leading the Information and Research Focus Area. As expected, the Country Director who is the Chief Executive Officer, will provide overall leadership and ensure that the detailed implementation of the four focus areas is efficiently and effectively accomplished through the managers and other officers.

**Figure Three: PCAU Organogram in 2017-2021**



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## PALLIATIVE CARE ASSOCIATION OF UGANDA

STRATEGIC PLAN  
2017 - 2021

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