

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: Rheumatic Heart Disease Education and Awareness in Nakivale Refugee Settlement, Uganda

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Background & Aims: Uganda hosts one of the biggest number of refugees worldwide. The living conditions within the refugee settlements increase the risk of Rheumatic heart disease (RHD). RHD is a significant public health problem influenced by social and environmental factors. It is the most vulnerable and disadvantaged populations that suffer this preventable disease. Lack of public awareness hinders any prevention measures resulting in late diagnosis and worse disease outcomes. We set out pilot an awareness campaign in Nakivale refugee settlement in Uganda that could be adopted in other refugee settlement areas

Methods: With the help of RHD Action small grants programme, we designed and piloted an awareness campaign that targeted health workers (48 primary health workers) and 428 parents and care takers in Nakivale refugee settlement. The campaign involved pre and post workshop evaluation of knowledge and skill of diagnosis, management and prevention of rheumatic fever and RHD. We created education material in the different languages to represent the different nationalities in the settlement. This was presented as leaflets, calendars and posters that were taken by individuals and displayed in the health center and schools. We extended the program to 1000 primary school children representing Uganda, DR Congo, Rwanda, Burundi and South Sudan, where we emphasized RHD prevention.

Results: An awareness campaign was successfully executed with limited resources but with high impact. Awareness and sensitization about rheumatic fever and RHD among health workers, school children, parents and caretakers in a refugee settlement camp. Educational material about acute rheumatic fever and rheumatic heart disease prevention and management that is culturally appropriate in the different languages used within the camp that can be reproduced and used in different settlement camps was produced and is available for use by all people charged with taking care of children

Conclusions: Meaningful global ARF and RHD awareness campaigns are possible amongst under privileged displaced people in refugee camps with minimal resources. This pilot RHD awareness project can be replicated in limited resource areas with refugee settlement camps.