Malaria Management and Prevention-Perspective from a PNFP health Facility

Dr. Tumwesigye Tonny
Medical Superintendent
COU Kisiizi Hospital
2nd April 2009
www.kisiizihospital.org.ug
• Church of Uganda Kisiizi Hospital is a Church of Uganda Private Not for Profit (PNFP) Health Care Provider
• Rurally situated deep in the mountains (about 4700ft) of North Kigezi in Rukungiri district, South West of Uganda.
• Founded in 1958 by Dr. John Sharp on the site of an old flax factory under the auspices of Rwanda Mission (CMS).
• Later it was handed over fully to the Church of Uganda and it’s currently under direct supervision of the Diocese of North Kigezi.

• From its inception, the aim was to be a place of healing, in body, mind and spirit.

• We have a catchment population of about 200,000 but our patients come from as far as the surrounding districts of Ntungamo, Kabale, Kanungu, and even congo
Mission Statement

• To bring high standard, holistic healthcare to patients/clients and ‘life in all its fullness’ to them and the whole community within and beyond the Hospital.
• We are a general Hospital with a difference
• We Offer Specialised services namely; General Surgery, Obstetrics and Gynaecology, Paediatrics, Internal Medicine/Infectious Diseases, Orthopaedics, Ophthalmology, Physiotherapy, Occupational Therapy, Psychiatry and Dentistry. Also available is a fully functional Laboratory and PHC services
• We are committed to offering these services as it’s a way of giving back to the community that needs them most but can’t access them easily.

• We are open 24 hours a day, 7 days a week, all year round

• We never chase away any patient even if they are not able to pay
Key to our Services

• Generate own Electricity-will be selling soon to the surrounding community
• Water available-Gravity
Malaria Management

• We manage malaria according to the recommended government policy
• On arrival patients are triaged according to severity and there is always a clinician on call
• Once informed, comes and sees the patient
• Blood Smear is a must and the Treatment is then given accordingly. For severe cases treatment is started as we await the BS results.

• NB. We tend to see Severe cases of Malaria most of the time at least >60% of the cases.

• Highland area, very cold in the past but is now warming up-Highland Malaria Zone
• 1st line Simple malaria-Coartem

• 2nd line- Quinine oral

• Severe/Complicated-iv Quinine

• All the supportive investigations and treatments are available-Blood transfusion, fluid corrections, blood glucose tests
Prevention-Outpatient/Community

- PHC program/Outreaches twice a week, Health Education and Distribution of Impregnated Mosquito nets
- ANC-Intermitent Presumptive treatment of malaria.
Prevention-Inpatient

• We noted that we actually had so many Mosquitoes in the Hospital
• Attendants were becoming ill with malaria while taking care of their patients
• Night Nurses were also suffering the same fate
• This was back firing on the hospital running costs
• We thought that we needed to do something that would help us solve this problem but also teach our patients

• Tried Indoor Residual Spraying (Icon) twice a year but it was non sustainable—It actually appeared like after every spray, the mosquitoes were invited back in swarms

• Because of this we seemed to be sending the wrong message. Not only were the patients not happy, the staff were up in the sky
Decission

• We decided to have ITNs in all the whole hospital wards
• We encourage the patients to use them at night
• We have also given ITNs to all our staff and their families
• When the worst comes we also deal with it in the same manner.
• This patient (child) came with grossly distended spleen and with severe malaria. On day two was better and was playing with a colleague on the ward. Got traumatized and ended up in theatre.
• Had Spleenectomy done
Observed Outcome

- Significantly we have observed that the mosquitoes have virtually dissappeared from the wards.
- We are already observed that our staff are no longer coming in with malaria
- The complaints about mosquitoes from the attendants are virtually no more
Challenges

Significantly;
• Very Rural therefore everything is expensive
• Blood running out
• Drugs (Coartem) not being available
• The work load is heavy so our staff are always exhausted
• Salaries-rather low for the work load and in comparison to the government ones for the cadre
• Patients not using the nets
Thank you