

# “TRANSFORMATION – addressing the underlying causes of disease and illness”

Sadly many of our UPMB units are faced with avoidable diseases and health problems. Part of our testimony as Christian health workers is to not only treat these challenges with compassion and quality care but also to seek to eliminate the root causes of the problems. But, someone will say “that’s all very well but we can’t eradicate poverty! What can we do in practice?”

Happily at an international level the Millennium Development Goals included targets to reduce childhood mortality in the under -5 year age group and we thank God for the very positive progress that has been made. In fact the focus has now moved to neonatal care where less improvement has been made than with the older children.

In Kisiizi we have introduced a number of interventions to try and avoid serious health problems. We share some ideas with colleagues in other UPMB units in the hope they may spur others to introduce changes that may impact on

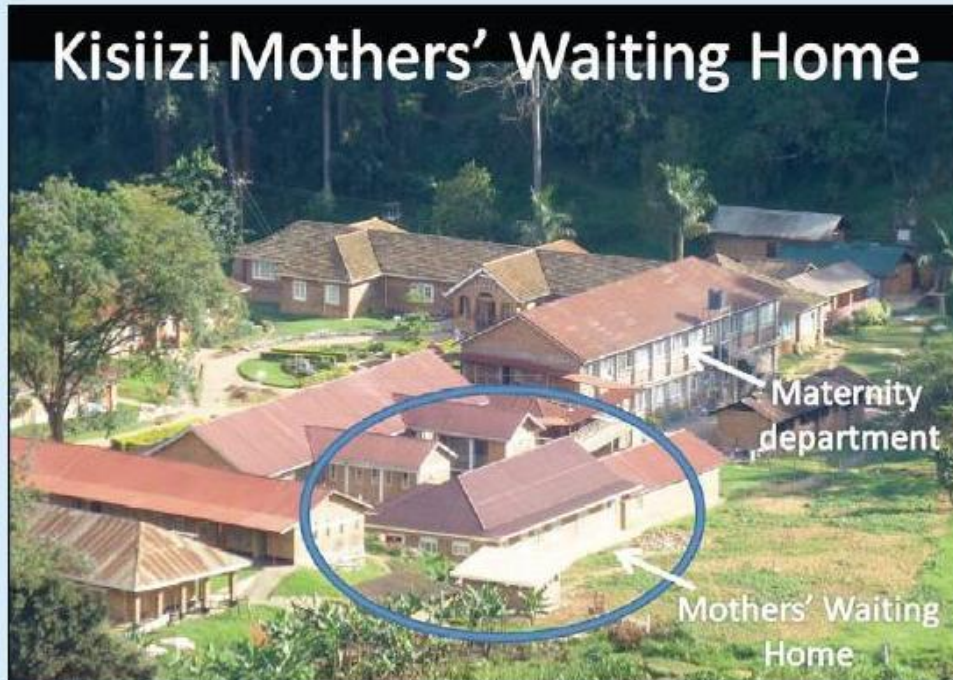


future health.

## **Mothers' Waiting Home**

Following the terrible tragedy in the past couple of years of seeing two mothers arrive in Kisiizi already dead due to obstetric

## Kisiizi Mothers' Waiting Home



haemorrhage simply because they could not get to the hospital in time, we have constructed a Mothers' Waiting Home with 24 beds. For a flat fee of 5,000 UGX the mother can wait for however long it takes until she goes into labour. This might be a day or a month. A midwife reviews the mothers daily and a medical officer or specialist sees them once a week. There are sessions on health education. The facility has proved extremely popular and is running with high occupancy. We have noted how many of these mothers are finding time to rest while if they had still been at home they might well be out digging on the hillside. We hope that this practical intervention will reduce morbidity and mortality in both mothers and babies. We wish the idea from our sister hospital at



project and keep the other kid and the mother goat. This allows them the chance to make a future, to get out of the rut into which they had

babies. We picked the idea from our sister hospital at Bwindi who had an established waiting home. Such interaction and sharing of good ideas is something we in the UPMB network should do more.

### Malnutrition

Some of the families who have malnourished children are able to implement these changes to improve their child's diet that we teach them. However others are just so poor that however well we educate them it won't make any difference as they don't have any spare resource. This led to our Goat Project where such destitute families are given a pregnant goat. When the goat delivers the family return one kid to the

fallen and in which they were trapped. (When we had a visiting team from Ndola Hospital in Zambia visit Kisiizi, sent by WHO to learn about our Patient Safety Programmes, the thing that struck them forcibly was that they treated malnutrition children very well back in Ndola but sent them back to the same situation at home where it was likely the child would just tip back into malnutrition again. They appreciated in the goat project an example of root-cause analysis and intervention to prevent recurrence.)

More recently we have started to manufacture Ready-to-use Therapeutic Feeds (RUTF) using a



base of groundnuts to a WHO recipe which we call KisiiziNut. This is allowing us to discharge children more rapidly.

We hope to survey members of our insurance scheme groups to identify children with borderline malnutrition and start them on KisiiziNut and hence avoid them needing admission and becoming highly vulnerable to infections.

There is also a demonstration garden to show families how they can improve yields of food from their land or use bags of earth to grow food if they have no land or very little. Kisiizi has also set up a chicken project to provide eggs for the children.

### **Pneumonia**

Thankfully very few of our rural population currently smoke cigarettes. It is clear in studies worldwide that children with passive smoking exposure have a much higher incidence of pneumonia and other respiratory problems and a significantly raised risk of cot-death. We have found in Kisiizi that our top reason for admission in children under 5 is normally pneumonia. We suspect that one factor underlying this is that many infants are strapped on their mother's back and she spends a few hours in each day cooking in a kitchen with open fires and a lot of wood smoke.

## Health Promotion

The scandal of  
avoidable disease



Local language  
videos for health  
promotion

We have therefore experimented with more efficient wood-burning stoves which are cheaper to run and produce about a third of the amount of smoke compared to standard cooking. This is a potential win-win situation as the savings in fuel costs will pay back the capital cost of the stove and we hope will reduce the incidence of pneumonia.

### **Health Insurance**

Our community based Health Insurance Scheme is the oldest in Uganda and we now have over 36,000 members in about 200 groups in 4 districts up to 60km from Kisiizi. We believe that when people are covered by the scheme they are far less likely to wait at home hoping an illness will go away or resorting to traditional remedies that may prove detrimental. They will usually present at an earlier stage of the illness when interventions will be more effective and recovery speedier. The Scheme currently charges a premium of 10,000 – 14,000 UGX a year for acute cover, then a co-payment of 1,000 is paid for a clinic appointment and 20,000 for an admission. This will cover the consultation, treatment including surgery and anaesthesia, medicines, dressings and hospital stay for acute illness.

The key features that make the Scheme successful are:

- Trust in the Health Provider by the community
- Not-for-Profit basis
- Community involvement

We are making videos in our local language to support health promotion, both in general messages such as dental hygiene, use of impregnated nets, family planning etc. and also for specific conditions such as for diabetes. Other public health messages such as the use of helmets by boda-boda riders will follow.

We hope to use our Insurance Group network and Church parishes to facilitate this health promotion and pray that all these interventions will greatly reduce the incidence of avoidable disease.

**Dr. Ian Spillman**  
**Medical Superintendent**  
[www.kisiizihospital.org.ug](http://www.kisiizihospital.org.ug)  
[khmedsup@gmail.com](mailto:khmedsup@gmail.com)  
<https://spillmanuganda2.blogspot.com>

