

ROTARY CLUB OF KAMPALA SOUTH



PROJECT CONCEPT

Title	ROTARY DIALYSIS* CENTRE Project
Area of focus	Disease Prevention and Treatment
Project location	Mengo Hospital (Proposed) And Nsambya Hospital (Proposed)
Background & justification	<p>Kidney disease affects people of all calibers and socioeconomic status. Newly born, children, teenagers, mothers as a complication of pregnancy and child birth, the productive youths, middle aged and the seniors; are all equally affected.</p> <p>The prevalence of conditions that predispose to kidney disease is high in Uganda standing at 26.4% for hypertension, 2.9% for diabetes, 18.6% for overweight, 3.9% for obesity (WHO Global report on Diabetes, 2016), sickle cell anaemia in children (3,000,000people). There is a high burden of undiagnosed disease, only 7.7% of hypertensive patients knowing about their condition in one study (Guwatudde, 2015). The distribution of these risk factors is evenly spread out among the urban and rural populations.</p> <p>A recent study screening for Non-Communicable Diseases in Wakiso District revealed an unusually high prevalence of chronic kidney disease*, 21.4% (Kalyesubula, 2017). This high prevalence calls for a readiness of our health system to support the ever growing numbers.</p> <p>While it is important to have dialysis machines to treat kidney disease, it is equally important to have an early diagnosis and most important to lower the kidney disease cases. The solution to mitigating the increasing numbers of kidney cases lies in targeting the people who are not sick and teaching them on the prevention so as not to contract kidney disease.</p> <p>Renal replacement therapy* in the form of hemodialysis* is the most easily feasible option for kidney care in the Ugandan setting as we wait for the transplant* program to begin. Hemodialysis services are currently available at two government health facilities in the country with a total of 22 dialysis machines i.e. Kiruddu (19) and Mbarara (3) Regional Referrals. Both centers combined can only offer maximum output of 441 sessions of hemodialysis per week against the unmet need of 120,000 sessions per week (Kalyesubula, 2017). The estimated number of patients needing Dialysis Services in the country is about 40,000 (Kalyesubula, 2017).</p> <p>Six private hospitals provide hemodialysis services in Kampala namely: Nsambya, Case, Nakasero, Norvik, Panorama Medical Centre and Univic Medical Centre. Only two private centers exist outside Kampala: Mayanja Memorial Hospital and DMA Clinic and Diagnostics, located in Mbarara. The less privileged patients who reside away from the only two urban government centers that provide hemodialysis services are therefore left with no choice when faced with potentially recoverable acute kidney injury or when diagnosed with end stage kidney disease* that requires long-term dialysis and eventual kidney transplant.</p>

The monthly cost of dialysis at the two government facilities averages UGX 760,000 to 3,600,000, varying with the availability of consumables. These figures are way beyond the average Ugandan who earns UGX 416,000 to 703,000 per month. (Uganda Kidney Foundation)

The recommended staffing for a 4-bed Dialysis unit is 1 Renal* Physician, 1 Medical Officer, 7 dialysis nurses, 2 dialysis technicians, 2 nursing assistants, 2 porters, 2 cleaners. The country presently has only 50 dialysis nurses and 8 Doctors specialized in kidney care and teaching. This puts each of the nephrologists* in charge of 5 million Ugandans and the Uganda Kidney Foundation (UKF) has since called upon, private and public players to help close this gap.

*

Dialysis; clinical purification of blood, as a substitute for the normal function of the kidney.

Chronic Kidney Disease; progressive loss of kidney function that occurs over a long time, sometimes years.

Renal Replacement Therapy; process of removing excess water and toxins from the blood of people whose kidneys can no longer perform these functions naturally.

Hemodialysis; process of purifying the blood of a person whose kidneys are not working normally.

Transplant; to take an organ and implant it in another part of the body or in another body.

End stage Kidney disease; the last stage of chronic kidney disease.

Renal; relating to the kidney.

Nephrologist; a physician who deals with the diagnosis and management of kidney disease.

Project objectives

- ✦ To increase awareness on kidney disease with emphasis on what it is, what the causes/risk factors are, the screening methods as well as treatment/management
- ✦ To provide dialysis services for patients with kidney disease
- ✦ To provide training opportunities and/or scholarships for health workers in kidney care
- ✦ To screen people for kidney disease
- ✦ To empower public with information about cancer, so that they can equally empower other members of society
- ✦ To identify and guide the public on myths and misconceptions relating to kidney disease
- ✦ To design and avail reading and graphic materials on kidney disease

Project Beneficiaries

Patients with Kidney Disease
Health workers in Kidney Care
General Public

Project activities

- ✦ Preparatory and sensitization meetings with Rotary leadership to finalize project scope and performance indicators



- ✦ One on One as well as group engagements of people on myths and misconceptions surrounding diagnosis and treatment of kidney disease
- ✦ Training and capacity building
- ✦ Dialysis and Care for kidney patients
- ✦ Designing, printing and distribution of Kidney disease education brochures/fliers
- ✦ Presentations during Rotary club fellowships to create educators and community influencers for kidney disease
- ✦ Screening for Kidney disease, Hypertension, Diabetes
- ✦ TV and Radio interviews/talk shows on kidney disease awareness
- ✦ Regular monitoring and evaluation sessions of the project

Expected Results

- Increased awareness about Kidney disease and its risk factors
- Increased availability and affordability of dialysis services
- Early detection of Kidney disease through continued screening
- Formulation of peer educators and awareness teams
- Identifying myths and conceptions relating to Kidney disease
- Better treatment outcomes of Kidney disease due to improved adherence to care
- Employment opportunities for the dialysis centre teams
- Increased training opportunities for health workers involved in kidney care

Budget Estimates

597,012 US Dollars

Financing Plan

Description	Qty	Unit Cost (USD)	Est. Cost (USD)
EQUIPMENT		-	-
Dialysis Machines (12)		23,000	276,000
Oxygen Concentrator (06)		899	5,394
Nebulizer Ultrasonic		1,050	1,050
Instrument Trolley Stainless steel 2 Compartments (6)		154	924
Electronic Chair Scale Seca 952		812	812
Ward Screens (3)		250	750
Dressing Drums (15)		51	765
LG FRIDGE MODEL GR151/GR161 SIVER (02)		208	208
Air conditioner 24000 BTU Wall split Built in AVS,HS-2465NQ1 (02)		1,384	2,768
TV 32" LG LED DIGITAL 550		285	285
Office Table - Brown Top (4)		95	190
Doctor's Chairs (8)		42	336
ICU type Bed 5-Function Manual (2)		1,530	3,060
Dialysis Chairs (6)		640	3,840
Desk top Computer i5 HP6300 (2)		315	630

Opening stock of medical consumables		41,500	41,500
Engineering works, water plant, plumbing, piped oxygen		20,500	20,500
SUBTOTAL-EQUIPMENT		-	359,012
TRAINING AND CAPACITY BUILDING			181,000
HEALTH AWARENESS CAMPAIGN			46,000
MONITORING AND EVALUATION			11,000
TOTAL (USD)			597,012

Source	Proposed contribution (USD)

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