



With God's Mercy and Love We Thrive

KASENSERO MEDICAL CAMP REPORT 2013

VENUE: KASENSERO LANDING SITE, KYEBE SUBCOUNTY-RAKAI DISTRICT

DATES: 14th JUNE 2013 - 15th JUNE 2013

THEME: CARING FOR THE COMMUNITY

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LIST OF ACRONYMS

CHF: Caringhands Foundation

AIDS: Acquired Immunodeficiency Syndrome

HIV: Human Immunodeficiency Virus

USA: United States of America

RDC: Resident District Council

DHO: District Health Officer

PA: Public address system

VHT: Village Health Team

RDT: Rapid Diagnostic Test

RBS: Random Blood Sugar

HDU: High Dependency Unit

H/C: Health Center

ART: Antiretro therapy

EXECUTIVE SUMMARY

The community of Kasensero is infamous. Located in Rakai District of Uganda, the little village has had the profound misfortune of being the epicenter in the 1980s of social upheaval, poverty, mass migration, smuggling, warfare, disease, and sex trade that lead to the HIV crisis in East Africa and ultimately to the rest of the world. Thirty years later this community is struggling to be more than a forgotten historical footnote in the story of AIDS. Plagued with high numbers of orphans, vulnerable children, and high HIV prevalency rates, with local government health care workers testifying that 75% of all persons they test are HIV positive, urgent intervention is greatly needed for this fishing community located on the shores of Lake Victoria.

Caring Hands Foundation has been working with the community of Kasensero for the past six years. Local land has been purchased and architectural plans have been drawn up for the construction of a

primary school (Hope of Life) and we are anticipating ground breaking very soon. We have hopes to build an orphanage and medical center there as well.

Working together, CHF along with the Rakai District Health Department recently organized a mobile medical camp christened “Caring for the Community”. This medical event follows in the footsteps of our first camp held in 2012 where we treated nearly 1300 patients. This year we registered over 1850 patients, males and females of all ages who presented with a variety of medical conditions. Minor surgeries were performed. Critical care patients were referred to the nearest hospitals. The event was deemed as a huge success by everyone.

The medical camp attracted a number of organizational bodies, individuals, and pharmaceutical companies that wholeheartedly supported the event. This medical camp was the biggest ever held in this district with a wide range of specialized and general medical services. The social aspects of care were implemented as many went back home with basic needs like clothes, utensil, feminine hygiene products, tooth brushes, soap, etc. On the spiritual aspect, an evangelical crusade was sponsored over two nights preceded by several days of house to house evangelism by the Gospel team. Large turnouts resulted witnessing the love of God, and 150 Luganda Bibles were distributed.

This report provides a detailed account of the events for the medical camp and outlines the future plans for caring Hands Foundation for the people of Kasensero.

INTRODUCTION AND BACKGROUND

Created in 2010, Caring Hands Foundation (CHF), is a registered charitable non-profit organization that is officially recognized by the Ugandan and the US governments. We provide basic patient medical care to the underserved at Mulago Hospital under the auspices of the Social Work Department. CHF currently receives its primary funding from Dr. Charles Holt who is an American based medical doctor, and the founder and president of the organization. It is a Christian based organization that is also active in presenting the Gospel of Jesus Christ by sponsoring crusades and Christian discipleship throughout Uganda.

Kasensero is one of the parishes found in Rakai District. Rakai has a population of 471,806 people, 239,544 (50.1%) of whom are female. The Kasensero landing site is located in Kyebe sub-county in Kakuuto county in the southwest corner of the Rakai district, 85 kms away from the district headquarters in Kyotera. To the southwest, Kasensero shares a border with the country of Tanzania, and to the east, one with Kalangala district. The village is almost exclusively a fishing community, and is a major revenue base for both Rakai district and Uganda as a country.

Kasensero is a very historical area because it was the epicenter for worldwide birth of HIV-AIDS where the first verified blood test of HIV was confirmed. The major source of income for people is fishing and the community boasts of many key players in Uganda's fishing industry. Children are mostly involved in mending nets and working in restaurants. Many women are involved in prostitution however some own small businesses.

Local common diseases plaguing the community include malaria, tuberculosis, HIV-AIDS, sexually transmitted diseases and typhoid in adults. The children commonly suffer from malaria, respiratory tract infections, diarrhea, malnutrition and measles. Sanitation in Kasensero is extremely poor, a fact attributed to limited latrines, poor drainage systems, and lack of proper land fill sites.

Community members mostly depend on private clinics for medical care. For the average person, these clinics are expensive. One has to pay 4,000 shillings (\$1.65 US) which is a significant sum for locals for transportation to Kyebe Health Center which is 18 kms from Kasensero. People with complications are usually referred to Kalisizo hospital, which is 76 kms from the village.

Based upon our ongoing relationship with the community, and the urgent medical needs of the people, Caring Hands organized a mobile medical camp. The camp was held from 14th to 15th of June 2013.

PREPARATIONS BEFORE THE CAMP

The medical camp was organized by a skilled team with experience and dedication. This team included the medical arm of Caring Hands headed by Dr. Holt Charles D.O. as the president, Dr. Kalyesubula Robert M.D. as the medical director, Ms. Nalugo Susan as an administrator, Dr. Mundaka John M.D. as the event chairman, Mr. Ntambi Allan as the coordinator, Ms. Celina Onziru as the team nurse, Mrs. Sesanga Ruth as the counselor along with the other CHF staff members.

Our enterprise was supported and assisted by the Rakai District offices of the RDC and DHO. The community leaders from Kasensero included Mr. John Kayumba, Mr. Charles Njuba, and many others who provided local information, assistance, and leadership to the CHF organizing team and the community as a whole.

The camp organizing committee was chaired by Dr. Mundaka John chief medical officer of CHF. Preparation meetings were held every Thursday of the week beginning in March 2013. The committee represented by Ms. Suzan Nalugo and Mrs. Sessanga Ruth, traveled to the Rakai district head quarters and Kasensero for onsite inspections. Many interested parties were interviewed and issues agreed upon among as to the best location for the camp. Local medical records were reviewed to determine the disease burden for the area.

CHF funded most of the activities including drugs and medical supplies as well as the food, lodging, and facilitation of health care workers. The event garnered donations from different interested parties in USA and Uganda from both individuals and businesses alike. The committee designed and delivered letters requesting support from many companies and individuals prior to the event. Although only a few of the recipients responded, we were encouraged from the donations in the form of drug and supplies provided by the following:

- ❖ Americares located in the USA - donated a wide range of medical supplies.
- ❖ ABACUS Pharma Uganda - donated drugs worth over one million Ugandan shillings(Shs) and supplied the rest of the drugs at a subsidized cost.
- ❖ Wide Spectrum Enterprises (U) Ltd - donated drugs and a cash contribution of one hundred fifty thousand Shs.

- ❖ Sino Africa - donated five glucometers, 500 pieces of glucose testing strips and 100 pieces of surgical gloves.
- ❖ Mild May - donated HIV testing kits, sample collecting tubes and bottles for lab use.
- ❖ Mrs. Kyomuhangi Joan - donated clothes, shoes, and some utensils.
- ❖ Ms. Namayanja Joe of Rita Healthcare - provided some supplies, clothing, and shoes.
- ❖ Mrs. Sempebwa Jane - donated drugs.

A number of organizations actively participated and made a wide range of donations. These included:

- ❖ **Gombe Hospital team** - this was a group of five professionals that carried out HIV testing and cancer screening during the event. The Hospital donated all the required necessities including the HIV testing kits and equipment for the cervical cancer screening and HIV testing. It also provided a vehicle that transported this team to and from Mpigi where they joined the team from Kampala to Kasnsero.
- ❖ **Medical and Dental Missionaries Africa** - This was a team of eight (8) professionals that included a medical officer, nurses, dental officers and a lab tech. The organization provided most of the equipments they used and enough man power to staff an entire dental section which was solely run by this group. This team traveled far to join us for this camp and they really demonstrated true missionary spirit.
- ❖ **Saraya Africa** - Through their Ugandan coordinator, Mr. Serwanja, provided 10 boxes of hand sanitizer and antiseptics towards our efforts. He traveled with the team to the camp and did a tremendous job with public health education focusing on hygiene and as well as supplying the camp staff with hand sanitizer.
- ❖ **Starkey Hearing Foundation** - This was a group of three dedicated professionals that traveled to Kasensero targeting hearing assessment. They carried out a massive health educational program while also performing hearing exam and fitting patients for hearing aids to be delivered later.
- ❖ **World Born Again Medical Ministries** - This organization was represented by Mr. Mugisha, a health professional who did a wonderful job at the triage station and the pharmacy.
- ❖ **Rakai District team** - This was a group of over 26 health professionals that included clinical officers, nurses, lab techs, and notably an ophthalmological nurse. Mr. Masero was extremely adept at his specialty that he effectively managed the eye evaluation station on his own. This team was a defining key to the success of the camp since they were familiar with the local people and regional health care hierarchy. They provided the bulk of our man power and force during the camp. Well done Rakai team!
- ❖ **Central Broadcasting Station(CBS)** - This public radio service was represented by Ms. Nabbumba who traveled with the team and headed up the patient registration station. Their radio station also provided weeks of free announcements on air advertising the medical camp.

- ❖ **NTV Uganda** - This was a team of three individuals that traveled to Kasensero and covered the events of the medical camp on camera. The camp report was broadcast on NTV the same weekend.
- ❖ **Makerere University College of Health Sciences** - The University provided us with a large comfortable bus at a bargain rate that we used to transport a bulk of our team to Kasensero. Special thanks to James the driver and his staff. It was a great ride!

The medical camp was widely publicized. A local CBS radio station aired three weeks of free public announcements advertising the event prior to our arrival. Local announcements during the camp were made over a PA system organized by the VHT. Two large banners with information about the camp were printed and placed within the city limits of Kasensero.

A working budget was drawn up and priorities were identified, and expenses allocated. The human resources included medical doctors, clinical officers, nurses, social workers, dispensers, counselors and laboratory technicians. The team made use of the visiting health professionals from USA, medical students, VHT, and community leaders all leading to the successful outcome of the camp.

PROCEEDINGS FOR THE CAMP

The team traveled to Kasensero on the 13th June to set up the camp for the following day. Our team was comprised of over 56 members coming from Kampala, the USA, and the Rakai district. Accommodations were obtained in the local lodges and meals were catered by a local restaurant. On the day of arrival, the team met for the first briefing where introductions were made, allocation of different tasks and responsibilities discussed, and members shared experiences from the past medical camp.

Day one of the camp commenced at 6 AM with the creation of different stations. The local HIV clinic served as the central building site, however other structures located close to the main camp site were utilized, one at the local government health center II, as well as a small church that was converted into an emergency center. Unfortunately, our clinician tables were delayed in arriving, but when they did show up later in the morning, more stations were created.

- All patients were registered and given numbers at registration. Most of the patients were provided with small exercise books and these were stamped with the CHF stamp after being registered. For the few that lacked these books, stamped medical forms were provided.
- Triage was done from two different stations, one manned by five(5) nurses and the other manned by a nurse and two(2) medical students. These team members recorded vitals that included blood pressure, temperature, weight, respiratory and pulse rates. Patients who were triaged red were taken for critical care and attended to first. Those triaged blue and yellow were directed to the clinical stations for evaluations.
- Eight (8) clinical stations were created and each was manned by a medical officer or clinical officer.

- The dental station was manned by three(3) dental officers and tooth extractions were done.
- The eye station was manned by one (1) well experienced ophthalmological nurse. Eye examinations were performed and over 60 pairs of reading glasses were given out.
- The hearing evaluation station was manned by three(3) hearing specialists who examined ears and made ear impressions for those who needed hearing aids.
- The cervical and breast cancer screening station located in the privacy of the HIV clinic was manned by two(2) well experienced nurses trained in pelvic exams and cervical screening.
- Two laboratory stations were created with 5 attendants running basic lab tests including HIV, malaria test(RDT), blood sugar test(RBS), urine HCG, and urinalysis.
- All supplies were housed in a storeroom manned by two CHF members who monitored and accounted for all stock moving in and out.
- Three(3) drug dispensing and administration stations were created and manned by 7 nurses and pharmaceutical dispensers.
- An HIV testing and counseling station was created within the confines of the local HIV clinic for privacy and accuracy, and was staffed by specialized HIV counselors, a lab tech, and nurses.
- Mothers and children were seen at the local government health center II by doctors and clinical officers. This arrangement decongested the main camp site.
- The high dependency unit was located at a local church and manned by Dr. Charles Holt D.O. and Steve Spurlin, a specialized emergency care nurse from USA. All IV drugs and fluids were administered from there. Minor surgical procedures were performed and arrangements for hospital transfers were organized. Critical cases were stabilized before transfer.
- A central waiting area was provided with music from the PA system interspersed with intervals of public health education.

Many disease conditions were seen and treated however some of the commonest conditions observed during the camp included;

- HIV/AIDS
- Opportunistic infection mostly PTB, pneumonias, skin diseases, and Kaposi sarcoma.
- Syphilis
- Candidiasis
- PID (Pelvic Inflammatory Disease).
- General eye and dental pathology
- Upper respiratory infections, diarrheal diseases, and malnutrition among the children

After the first day, a debriefing meeting was held with all participants to evaluate the performances. Appraisals and adjustments were made and the team was congratulated for their efforts and hard work.

The second day flowed better since adjustments were put into place and greater numbers of patients were seen as compared to the first day. The camp was closed at around 3 PM. Speeches from the local leaders, and CHF team leaders were made. Certificates to all the participants were handed out and CHF concluded our efforts by donating most of the remaining drugs and medical supplies to the local health center II, Kyebe h/c III, and Nangoma h/c II for continuity of care. CHF also donated a wide range of medical supplies to the medical missionaries who assisted us during the camp in order to provide support with the monthly medical camps they organize around the country. CHF also provided medical books and a glucometer to the different organizations that participated in the camp.

Our main points of referral were Kakuto Health Center IV in Rakai, Masaka Hospital and Mulago Hospital Kampala. Two very sick patients resuscitated in our HDU were referred, one to Kakuto H/CIV who on follow up was admitted and is undergoing care, one child with severe malnutrition was referred to Mulago Hospital but unfortunately the parents decided to manage the child from home.

STATION REPORTS

1. Dental department report (medical and dental missionaries)

- Number of patients seen on 14th June - **90**
- Number of teeth extracted - **79**
- Number of patients seen 15th June - **148**
- Number of teeth extracted - **134**
- Total number of patients seen – **234**
- Total number of teeth extracted – **213**

Achievements

Most of the patients who attended the Dental Clinic received treatment and dental health education. Children received tooth brushes and soap.

Challenges

Adrenaline supplies ran out towards the end of the camp so a few patients could not undergo tooth extraction.

Recommendations

In the next camp we will need to check that all the required supplies and sundries are checked prior to setting off.

Submitted by Mr. Mwebesa Ernest group leader

2. Hearing Station (Starkey Hearing Foundation)

In general, we evaluated 75 patients and 45 patients required medication due to minor infections. These patients received probeta and ampiclox.

30 patients demonstrated conduction hearing loss and were then measured using Ear Impression materials to obtain the shape of the ear canal and the pinna. These molds will then be used to design the individual hearing devices. Some of the patients demonstrated total hearing loss and others only partial loss. It is our goal that each of these patients is provided with the opportunity to be fitted with a hearing aid in order to attain the joy of that first sound to those who have never heard before and to restore the sense to those who have lost it.

Challenges

Since these devices arrive in Uganda unassembled, every patient requires an individual fitting and this is usually performed annually from one central place in Kampala.

The patients informed us that due to transport costs they could not travel to the scheduled fitting sessions which would be held at the Serena Hotel in Kampala in March 2014.

Recommendation

Organizing general transportation means for all the patients needing hearing aids, or organizing a specialized team to travel to Kasensero for the fitting session.

Starkey team wishes to work with CHF in the next medical camp.

Submitted by Ms. Nakabuubi and Ms. Natukunda of Starkey Hearing Foundation

3. HCT Activities (Gombe Hospital Team)

- Number of patients tested 14th June - **218**
- Number of patients tested HIV positive - **37**
- Number of patients tested 15th June - **221**
- Number of patients tested HIV positive - **27**
- Total number of patients Tested – **437**
- Total number of patients tested HIV positive – **64**

Other services provided included septrin prophylaxis, health education, and condom distribution. 25 pregnant mothers received maama kits.

Observations

- Positive attitudes towards HCT services
- Many discordant couples
- Disease incidence is high

Challenges

- Knowledge deficit related to HIV/AIDS prevention
- Distance to Health centers
- Lack of community out reaches.

Recommendations

- Health education and promotion within the community
- Introduce a linkage system for all the positive clients for enrollment into care and access treatment to reduce the risk of transmission
- Promote condom use and disclosure
- Strengthening of the health unit in regard to ART services
- Use of VHT system
- Enhancing the community/ social mobilization to utilize the ART services to full capacity
- Promote community out reaches
- Schedule regular follow up of clients
- Obtain a CD4 count machine at the site.
- Initiation of farming support groups
- Recruiting more staff at the site
- Promote the use of long term patients to ease staff workload and reduce stigma
- District health teams should be brought on board to supervise the program.
- BMU through Chairman Mr. Kayumba to mobilize the fishing community in preventive measures.
- Regular support supervision (DHT) and ongoing trainings.
- Radio programs related to HIV/AIDS prevention and service provision.

Submitted by: Ms. Nabakooza Susan (group leader Gombe Hospital)

4. Report from the Ophthalmology Station (Rakai District representative)

In total we attended to over 234 clients most of these patients had eye infections and they received antibiotic eye drops. Those who had major chronic conditions were referred.

Over 80 cases of poor vision with refractive errors were noted and many especially the elderly were evaluated and treated.

We provided over 57 reading glasses and also carried out health education to our patients on eye care.

Challenges

- I lacked enough man power to handle effectively the overwhelming patients that needed attention.
- I required more Drugs than was available in the store
- The reading glasses were not enough for all that required them.

- We lacked corrective refractive lenses for those that had major refractive errors.
Submitted by Mr. Masero Ophthalmology Nurse Rakai district

5. Report from the Cancer screening station(Gombe Hospital)

- Number of patients screened 14th June - **36**
- Number of patients tested HPV positive - **8**
- Number of patients screened 15th June - **44**
- Number of patients tested HPV positive - **4**
- Total number of patients screened – **80**
- Total number of patients tested HPV positive – **12**

Challenges

The numbers of clients that turned up for screening were overwhelming given the limited space, man power, and swabs

It was difficult to further assess those patients that tested positive since we lacked pap smear kits and onsite gynecologists.

Submitted by: Ms.Nabukenya Peninah (Gombe Hospital)

6. General remarks from the community leaders (Kasensero)

Thousands of people appreciated the medical camp in Kasensero, for it has been both a blessing of physical and spiritual treatment. A large number of patients received medicine and the efficiency of the Caring Hands team is to be commended.

Children and adults were treated for various illnesses. The community of Kasensero and the entire S/C of Kyebe really thank Dr. Charles Holt and the Caring Hands team for the tremendous work done.

Though not all patients were treated due to the limited duration of the camp, many still benefited. We therefore ask the CHF leadership team to consider increasing the number of days for the event so as to include the large number of people traveling from distant islands.

God bless you all.

Submitted on the behalf of the whole community of Kasensero by: Mr. Charles Njuba Naibe (Councilor LCV-Rakai).

MAJOR ACHIEVEMENTS

The camp was very successful with over 1850 patients seen during the two day event. Over 400 people were tested for HIV. These individuals were counseled with results and follow up instructions were provided. District schools brought over 80 children for assessment and care, and these were examined and provided with vitamin supplements in addition to the medicines received individually.

This camp was blessed with the availability of all the required drugs for the two day event. We provided multiple speciality health care including dental, audiology, ophthalmology, emergency and critical care, cancer screening, general medicine, surgery, pediatric care, social work and spiritual health.

CHALLENGES

Many challenges were faced during the event, however the team overcame most of these ensuring the success of the camp. Some of the challenges included:

- Many organizations were approached prior to the camp requesting their support, but only a few responded.
- There was delay in securing our supplies as most of our supporters made their donations just days before the camp commenced. This situation delayed the purchase of the other required supplies.
- The tables for the camp were late in arriving onsite and this led to fewer stations the first morning.
- On the first day, the food caterer arrived late with the meals and some complained that the quality of the food was substandard.
- We had limited private examination rooms since most rooms were already in use for other purposes.
- We lacked oxygen in the HDU for some of the critical cases that we treated.
- The patients referred to hospitals could not afford transportation costs.

RECOMMENDATIONS

- Due to the camp's success, the Rakai government officials, and the Kasensero community, requested another camp be organized in June of next year (2014).
- There is a need for organizational planning to begin earlier with close communication with all local interested parties onsite to begin a minimum of 6 months prior to the event for optimum efficiency. Monthly goals should be set and met to reduce "last minute" stress.
- Straight forward communication and "timely" cooperation with the Rakai District Health officials is needed to insure a smooth working relationship with the Kampala CHF team members.

- More medical specialists need to be included in the next team including surgery.
- Supplies should be stockpiled earlier and estimated projections should be dependent on this past camp experience and expected patient turn out.
- Advance team members should be onsite 24 hours before the event to ensure all local logistic needs are completely set up prior to commencing patient care.
- Possible use of a government vehicle to be used as an ambulance transport for critical patients needs to be considered.
- Alternative food catering services need to be considered as well as the cost for food transport itself.
- All regional hospitals should be contacted prior to the event to inform them of possible transfers.
- Increase the number of pharmaceutical dispensaries and locate them at various sites throughout the camp to reduce patient congestion.
- Increase the number of tents due to probable increase of projected patient volume next time.
- Contingency plans for heavy rains during the camp should be developed.
- Gain permission of the local nearby church to set up private exam rooms and Urgent Care Unit within the building for IVs, genital exams, and other "invasive" situations.
- The challenges experienced in this camp should be reviewed and solutions identified prior to next year's event.
- Bring a hygiene team with specific projects in mind to begin impacting local community members about lifestyle changes.
- Agricultural teams for seminars and possibly engaging the community in actual tree planting campaign.
- HIV counselors targeting the fishermen per testing and counseling. CD4 count machine.
- Marriage seminars and family counseling teams.
- Need to find patient coverage at Mulago while the CHF medical team is away.

ACKNOWLEDGEMENTS/ APPRECIATIONS

The organizing committee together with Caring Hands wishes to recognize and appreciate the support and guidance given by all those who participated in this camp. We wish to highlight a few companies and individuals who made this camp a success.

✚ All our financial donors, in particular:

Dr. Robert Roof D.O.

Marge Ahrenholtz

Dr. Joseph Kinskey M.D.

Tyler Witmer,

Windy Lovett,

Christine Franzen

Dr. Garry De Voss

Andrew Kleis

Wheaton/ Covenant Hospital

Steve Biggs

Fred Stecker

✚ Ms. Kabugho Grace Social Worker CHF

✚ Mr. Mawanda John volunteer Social Worker CHF

✚ Ms.Celina Oziru Nurse CHF

✚ Mr. Allan Ntambi Coordinator CHF

✚ Ms. Ruth Sessanga CHF counselor

✚ Steven Spurlin Visiting Nursing Officer

✚ Nicole Miller Volunteer

✚ Claudia Roen Medical Student

✚ Dr. Mukisa John Intern Doctor

- ✚ Office of the DHO and RDC Rakai District
- ✚ Staffs and the administration of Medical & Dental Missionaries Africa
- ✚ Staffs and the administration of Starkey Hearing Foundation
- ✚ Saraya East Africa Co. LTD
- ✚ World Born Again Medical Ministries - Mr.Mugisha
- ✚ Staffs and the administration of Gombe Hospital
- ✚ The staffs of Kakuto, Kyebe, and Kasensero Health Center
- ✚ The local leaders of Kasensero and the community as a whole
- ✚ Mr. Charles Njuba Counselor Kyebe
- ✚ Mr. John Kayumba Chairman BMU
- ✚ Ms. Nabukenya Village Health Leader
- ✚ ABACUS Pharma LDT Uganda
- ✚ Ajanta Pharma
- ✚ Wide spectrum Enterprises (U)Ltd.
- ✚ Sino Africa
- ✚ MildMay Uganda
- ✚ Staffs and the administration of CBS
- ✚ Staffs and the administration of NTV
- ✚ Mrs.Sempebwa Jane
- ✚ Mr. Namayanja Joe

CONCLUSION

The camp was well organized despite some miscalculations on patient turn out. The donations received were greatly helpful since the original budget estimate totaled over 45 million Ugandan Shillings or roughly \$17,000.00. All patients who arrived at the camp were evaluated and treated while a few were referred. All team members and interested parties who contributed to the success of this camp were awarded with certificates and letters of appreciation. The organizing committee for this event wishes to

extend our appreciation and sincere gratitude to everyone who participated in this camp. May the Good Lord reward you all.