



With God's Mercy and Love We Thrive

KASENSERO MEDICAL CAMP REPORT 2014

VENUE: KASENSERO LANDING SITE, KYEBE SUBCOUNTY-RAKAI
DISTRICT

DATES: 19th JUNE 2013 – 22nd JUNE 2014

THEME: CARING FOR THE COMMUNITY

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CARING HANDS INTERNATIONAL MINISTRIES AND MEDICAL MISSIONS

1. LIST OF ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
ART:	Antiretroviral therapy
CBS:	Central Broadcasting Service.
CHIMAMM:	Caring Hands International Ministries and Medical Missions
DHO:	District Health Officer
H/C:	Health Center
HDU:	High Dependency Unit
HIV:	Human Immunodeficiency Virus
HTC:	Hematocrit Test
LEEP:	Loop Electro Excision Procedure
PA:	Public address system
RBS:	Random Blood Sugar
RDC:	Resident District Council
RDT:	Rapid Diagnostic Test
Sputum ZN:	Sputum Ziehl- Neelsen
TPHA:	Treponema Pallidum Haemagglutination Assay
USA:	United States of America
VHT:	Village Health Team
VIA:	Visualized Interactive Analysis

2. EXECUTIVE SUMMARY

Like many other remote areas in Uganda, the village of Kasensero suffers from poverty, migrating populations, prostitution, high crime rates as well as the specter of infectious diseases predominately, HIV/AIDS. Although the Ugandan government and nongovernmental organizations have waged an ongoing fight against HIV/AIDS and other diseases, there's still a lot to be accomplished. To help fill this healthcare gap, in 2012, Caring Hands decided to extend its commitment to Kasensero by instituting free health care services to the people of this infamous community where HIV exploded on the world scene.

Various staff members of Caring Hands have been working with the community of Kasensero for the past eight years resulting in a land purchase and completed architectural plans for a primary school project. We are waiting on God's timetable for needed finances and donors to move ahead with this much needed project.

Working together, CHIMAMM, 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 last two camps held in 2012 and 2013. This year we registered over 1610 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 medical camp effort attracted a number of organizational bodies, individuals, and pharmaceutical companies who wholeheartedly supported the event. This medical camp was the biggest ever held in this district and included a wide range of specialized and general medical services. The social and spiritual aspects of care were provided as well through personal counseling sessions and an evangelical crusade. The camp was honored by the presence of gynecological specialists from the USA.

This report provides a detailed account of the events during the medical camp, and outlines the future plans for CHIMAMM for the people of Kasensero.

3. INTRODUCTION AND BACKGROUND

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, 85kms away from the district headquarters in Kyotera. To the southwest, Kasensero shares a border with the country of Tanzania. The village is almost exclusively a fishing community, and is a major revenue source for both Rakai district and Uganda as a whole. It follows that the number one occupation for locals revolves around 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. Young men spend their nights casting these nets in Lake Victoria. Many women are seen preparing the catch for sale and others are involved in prostitution centered on these young fishermen returning home every morning with cash in their pockets.

Local common diseases plaguing the adult community include malaria, tuberculosis, HIV-AIDS, sexually transmitted diseases and typhoid. 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. The average yearly income for the typical Ugandan is \$300.00. And one has to pay 4,000 shillings (\$1.65 US) for transportation to Kyebe Health Center which is 18kms from Kasensero. People with complications are usually referred to Kalisizo hospital, which is 76kms 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 19th to 22nd of June 2014.

4. 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 President, Ms. Nalugo Susan as Project

Administrator, Dr. Kalyesubula Robert M.D. as the Medical Director, Dr. Mundaka John M.D. as the Medical Camp Coordinator, Ms. Namutebi Winnie Administrative assistant & Mawanda John Social Worker, Ms. Kadde Norah as the Team Nurse, Ms. Sesanga Ruth HIV as Counselor, Mr. Nyanzi John, in-charge of Kyebe Health Centre (iii) and Coordinator of Rakai medical team, Mr. Kato Francis representing the Kasensero Clinic, Mr. Mayombwe Moses as a local community mobilizer along with many other community members.

The organizing committees (for both medical camp and evangelical crusade) were overseen by Ms. Nalugo Susan. Medical camp meetings were chaired by Dr. Mundaka John chief medical officer of CHF. These meetings were held every Thursday of the week beginning of March 2014. Ms. Nalugo Susan along with Ms. Namutebi Winnie and Mr. Mawanda John journeyed to Kasensero to plan the venue, hold meetings with the local participants and stakeholders for their opinions, make arrangements for the entire teams' welfare, and negotiated with several local service providers.

Costs for the event included purchasing drugs, medical supplies, food, lodging, facilitation of health care workers and other logistical expenses. Although CHIMAMM funded the largest percentage of the event, the contributions from US supporters, Ugandan individuals, and various entities provided a major incentive towards the success of the camp.

5. PROCEEDINGS FOR THE CAMP

On the morning of June 19th 2014, the team departed from Kampala. Along the way to Kasensero, the Kampala team was joined by other team members from Gombe Hospital team and Rakai District. We reached Kasensero later that afternoon. A formal meeting for introductions was held followed by instructions from various Caring Hands leadership team members. Accommodations were assigned and team members were informed of scheduled meal times and the location of our catering restaurant.

Day one of the camp commenced at 6 AM with prayers followed by the creation of different medical stations. Although the local HIV clinic served as the central point where most activities took place, other specialty stations within close proximity of the HIV clinic were created; one at the local government Health Center II for dentistry, audiology, ophthalmology, and pediatrics, and another at a small church serving as an emergency

center. Unlike in the past, this year we enjoyed the luxury of privacy due to the structural expansion of the HIV clinic that had taken place since our last camp. This new arrangement provided for private examination rooms, a spacious pharmaceutical dispensing room, a medical storage supply room, and freed up other rooms for cervical screening, HIV counseling and laboratory testing.

All patients were registered and assigned numbers when they arrived. Most of them carried small paper booklets detailing their personal medical history, and these were stamped with the CHF stamp after being registered. For the few that lacked these books, stamped medical forms were provided.

- i. Triage was performed at two stations, one manned by five (5) nurses and the other manned by a nurse and two (2) medical students. These team members recorded the patient's 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 appropriate clinical stations for evaluations.
- ii. Nine (9) clinical stations were created and each was manned by a medical officer or clinical officer.
- iii. The dental station was manned by three (3) dental officers and dental procedures were performed.
- iv. The eye station was manned by two (2) well experienced ophthalmological officers. Eye examinations were performed.
- v. The hearing evaluation station was manned by three (3) hearing specialists who examined ears and made ear impressions for those who needed hearing aids.
- vi. Cervical screening was done (VIA) and the patients testing positive were treated with LEEP and biopsies taken for histopathology. This station was supervised by US volunteers Prof. Lee and Dr. Karina Haber, and manned by six midwives.
- vii. The Laboratory station was manned by 2 attendants running basic lab tests including HIV, malaria test (RDT), blood sugar test (RBS), urine HCG, and urinalysis.

- viii. All supplies were housed in a store room manned by two CHF nurses who monitored and accounted for all stock items moving in and out.
- ix. Two (2) drug dispensing and administration stations were created and manned by 8 nurses and pharmaceutical dispensers.
- x. 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.
- xi. Mothers and children were seen at the local government health center II by doctors and clinical officers. This arrangement decongested the main camp site.
- xii. The high dependency unit was located at a local church and manned by Dr. Charles Holt D.O. All intravenous drugs and fluids were administered from there. Minor surgical procedures were performed and arrangements for hospital transfers were organized. Critical cases were stabilized at the high dependency unit before their transfer.
- xiii. A central patient waiting area within the HIV clinic enclave was provided. Patients were protected from the elements and entertained 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:

- a. HIV/AIDS
- b. Epilepsy
- c. Opportunistic infection mostly PTB, pneumonias, skin diseases, and Kaposi sarcoma.
- d. Syphilis
- e. Candidiasis
- f. PID (Pelvic Inflammatory Disease).
- g. General eye and dental pathology
- h. 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 4 PM. Speeches from the local leaders, and CHIMAMM team leaders were made. Certificates to all the participants were handed out and CHIMAMM concluded our efforts by donating most of the remaining drugs and medical supplies to the local Health Center II, Kyebe HC III, and Nangoma HC II. CH 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. CH also provided glucometers 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, and several minor operations were performed.

SUMMARY REPORT OF THE DIFFERENT STATIONS

	Station	Number of patients	Recommendations	Comments
1.	Dental section	251	CHF to acquire full set of dental instruments Incorporate dental health education in the camp.	Good patient turnout. Children received toothbrushes and soap. Generally the camp was a success.
2.	Pediatrics section	576	· Health education and first aid awareness should be included in the camp. · There's need for more clinicians.	➤ Drugs were readily available. ➤ The camp was a success despite the overwhelming numbers of children.

3.	Hearing section	76	<ul style="list-style-type: none"> · There's need for more ear drops and wax removal drugs. · Transportation should be provided to the 50 patients coming for Phase 2 exercise in March last year. 	<ul style="list-style-type: none"> ➤ The camp was a success and Starkey Hearing Foundation wishes to work with Caring Hands again.
4.	HIV Counseling and Testing section	403	<ul style="list-style-type: none"> · Let us promote KNOW YOUR CHILD STATUS (KYCS) · Strengthening the follow-up and counseling system for positive clients. 	<ul style="list-style-type: none"> ➤ There was high number of discordant couples. ➤ 70% of the suspected people with VIA positive were sero positive clients. ➤ There was a good turnout of patients
5.	Cancer Screening section	121	<ul style="list-style-type: none"> · The number of patients was overwhelming, so there's need for more days for the camp. 	<ul style="list-style-type: none"> ➤ Gombe Hospital is thankful to Dr. Lee and Dr. Karina for training nurses in this area. ➤ The biopsies taken were sent for histopathology to Mulago Hospital Kampala. The findings; 3 had low grade dysplasia and the two had inflammatory cervicitis. ➤ The camp was a big success.

6.	Ophthalmology section	171	<ul style="list-style-type: none"> · Provision of about 100 reading glasses in the next camp. · Enough stock of steroid and antibiotic eye drops. 	<ul style="list-style-type: none"> ➤ More opticians needed otherwise the camp was a big success.
7.	Logistics	75	<ul style="list-style-type: none"> · Motels to provide clean water and bathroom facilities. · Team members to keep time. 	<ul style="list-style-type: none"> ➤ Meals were provided on time. ➤ Camp was generally a big success.
8	Laboratory	450	<ul style="list-style-type: none"> · There's need for another lab station. · To get reagents for Sputum ZN and some other tests. 	<ul style="list-style-type: none"> ➤ Tests done included: Malaria test, RBS, Urinalysis, TPHA, HIV tests and pregnancy test.

6. GENERAL REMARKS FROM THE KASENSERO COMMUNITY LEADERS

Mr. Charles Njuba the Councilor LCV Rakai was the key representative for the community of Kasensero and he made the following observations;

- i. Thousands of people appreciated the medical camp in Kasensero, for it has been both a blessing of physical and spiritual treatment. Though not all patients were treated due to the limited duration of the camp, many still benefited.
- ii. The community of Kasensero and the entire S/C of Kyebe are grateful to Dr. Charles Holt and the Caring Hands team for the tremendous work done.
- iii. We therefore ask the CHIMAMM 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.

7. FINANCIAL REPORT

As mentioned earlier, the organizing team drew up a budget for the activities to be carried out. We are thankful for all the donations (cash and physical supplies) received. Physical supply donations greatly minimized

the cash out flow. Expenditures totaled 43,039,550 Ugandan shillings or close to \$17,000.00. In this section, a summarized expenditure report is presented in the table below:

BUDGET AGAINST ACTUAL EXPENDITURE FOR THE MEDICAL CAMP

Activity	Budget in UGX	Actual in UGX	Balance in UGX
Human Resource	5,750,000	6,590,000	-840,000
Supplies	7,010,000	5,423,250	1,586,750
Publicity	20,550,000	18,590,000	1,960,000
Transport	4,700,000	6,507,800	-1,807,800
Accommodation	1,950,000	1,791,000	159,000
Stationery	1,040,000	477,600	562,400
Feeding	4,680,000	3,659,900	1,020,100
Grand Total	45,680,000	43,039,550	2,640,450

TOTAL AMOUNT OF DONATIONS RECEIVED IN KIND.

Donor	Amount
Sino Africa	2,300,000
Abacus Pharma	1,000,000
Wide spectrum	500,000
Gombe Hospital	1,500,000
Kyebe H/C 1V	400,000
Saraya East Africa Ltd.	4,480,000
Total	10,180,000

8. MAJOR ACHIEVEMENTS

The camp was very successful. Over 1600 patients were 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 600 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 specialty health care including dental, audiology, ophthalmology, emergency and critical care, cancer screening, general medicine, surgery, pediatric care, social work and spiritual health. A big thanks to our visiting US medical staff, Professor Lee and Dr. Karina Haber, who trained and carried out VIA screening for patients and participating staff members.

9. 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:

- i. Many organizations were approached prior to the camp requesting their support, but only a few responded.
- ii. There was delay in securing our supplies as most of our supporters made their donations just days before we headed to Kasensero camp. This situation delayed the purchase of the other required supplies and did not give us time to pack the drugs in an orderly manner and as a result, patient lines at the dispensing station were quite long and we had to travel to Masaka at the end of the first day to purchase more drugs.
- iii. The bus could not reach the camp site and so we had to transfer and organize the supplies by hand before the start of the camp.
- iv. It was difficult to find decent motels with running water and bathrooms facilities.
- v. A number of patients required surgeries which we could not do at the site due to lack of the required resources. However some minor surgeries like biopsies were done.

- vi. The patients referred to hospitals could not afford transportation costs.

10. RECOMMENDATIONS

- a. Due to the camp's success, the Rakai government officials, and the Kasensero community, requested another camp be organized in June of next year (2015). They are requesting a 3-4 day medical camp.
- b. 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.
- c. Ensure timely feedback from all stakeholders so to avoid last minute preparations. Open communication and "timely" feedback from Rakai District Health officials is needed to insure a smooth working relationship with the CHIMAMM team members.
- d. Supplies should be stockpiled earlier and estimated projections should be dependent on this past camp experience and expected patient turn out.
- e. 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.
- f. Possible use of a government vehicle to be used as an ambulance transport for critical patients needs to be considered.
- g. All regional hospitals should be contacted prior to the event to inform them of possible transfers.
- h. The challenges experienced in this camp should be reviewed and solutions identified prior to next year's event.
- i. Bring a hygiene team with specific projects in mind to begin impacting local community members about lifestyle changes.
- j. CHIMAMM staff to visit all potential businesses and organizations to request donations in person and the earlier the better.
- k. The booked motels should have a written agreement with us and should improve on their facilities.
- l. More time should be dedicated to training the local medical team to continue offering continuity of care.
- m. Obtain a local truck to transport the supplies from the bus to the camp site the day before the camp.

- n. Have the bus loaded and leave Kampala promptly at 7AM giving the team time to perform a “walk-through” at the camp site the day of arrival.
- o. Organize the stockroom the day before the camp so we know what drugs are available and where they are to be found.
- p. Sit with the physicians and clinical officers beforehand and brief them on what drugs are available, how to write prescriptions, and develop the concept of teamwork and consultation as there is a wide variation in clinical expertise.
- q. Increase the number of Pediatricians we bring!
- r. All other supporting team organizations should present their drug requests to us and verify they have all the materials and instruments they require three months in advance of the next camp.
- s. Consider using a local Kampala tent supplier so we do not have to stop in Kyotera for an additional delay.
- t. Mandate a CHIMAMM staff member to pick up the bus driver the day of travel, have the bus filled with gas the night before we leave and loaded with the tent supplies.
- u. Spend SERIOUS time in prayer together while we are organizing the next camp.
- v. Find alternative catering food services or think about bringing our own cooks. We might ask the Redeemed Church to help us in this. They have lots of women who could cook for us. This would encourage our spiritual teamwork efforts.
- w. Create a psychological and spiritual counseling station next year.

11. 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.

- a. All our financial and material donors
- b. ABACUS PHARMA LTD Uganda

- c. Ajanta Pharma
- d. Wide spectrum Enterprises (U) Ltd
- e. Sino Africa
- f. CBS management
- g. Prof. Lee Sung M.D.
- h. Dr. Karina Haber M.D.
- i. Office of the DHO and LCV Chairman's office Rakai District Dental Missions Africa
- j. Starkey Hearing Foundation
- k. Saraya East Africa Co. LTD
- l. Gombe Hospital
- m. The staffs of Kakuuto, Kyebe, and Kasensero Health Centers
- n. The local leaders of Kasensero and the community as a whole
- o. Rakai Health Science Program.
- p. Ms. Susan Byekwaso
- q. Ms. Marge Ahrhenholtz
- r. Dr. Robert Roof D.O.
- s. Mr. Steven Biggs
- t. Mr. Fred Stecker
- u. Mr. Larry Kinsey
- v. Members of the Waukee Iowa Methodist Church.
- w. Precision Embroidery
- x. Makerere University Nursing School
- y. Special thanks to our drivers, Mr. Mugarura Patrick, Chairman of Mulago Special Hire Association, who does not only provide transport services, but is invaluable as a team member filling gaps wherever he sees them. We also thank Ssekandi Joseph the bus driver and his conductor. It was a great ride!

12. CONCLUSION

We can happily say that the event was a success, but we attribute its success to God's blessing, the supporters, participants and the organizing committee. Since this is an annual event, we continue to call upon everybody's continued contributions. We welcome whatever is given towards extending a "Caring Hand" to the disadvantaged. The arrangements for next year's medical camp have already started. Please check out our website at: **.www.chimamm.org.** and consider joining us on the front lines of service next June.



1. Group picture of the entire team in Kasensero



2. The Ophthalmology station



3. One of our medical personnel attending to a patient



4. The dispensing station



5. The registration station. From here patients went on to see a doctor



6. The pediatric station



7. The Cancer screening station



8. The Laboratory