



With God's Mercy and Love We Thrive

8TH ANNUAL MEDICAL CAMP REPORT 2019

VENUE: BUDUDA GENERAL HOSPITAL - BUDUDA DISTRICT

DATES: 20TH – 22ND JUNE, 2019

THEME: RESTORING HOPE IN LIFE

COMPILED BY: CHIMAMM TEAM OF MEDICAL CAMP VOLUNTEERS

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
B/S	Blood Slide
CBC	Complete Blood Count
CHIMAMM	Caring Hands International Ministries and Medical Missions
CME	Continuous Medical Education
DHO:	District Health Officer
HCG	Human Chorionic Gonadotropin
HITS	HIV Testing Services
HIV	Human Immunodeficiency Virus
LIC	Low Income Countries
MAM	Moderate Acute Malnutrition
MS	Medical Superintendent
PA	Public Address System
RBS	Random Blood Sugar
RBS	Random Blood Sugar
RDC	Resident District Council
RDT	Rapid Diagnostic Test
RRH	Regional Referral Hospital
SAM	Severe Acute Malnutrition
UMDPC	Uganda Medical and Dental Practitioners Council
USA	United States of America
VIA:	Visual Inspection and Ascetic acid

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1. INTRODUCTION/BACKGROUND

CHIMAMM continues to bring hope, faith and restoration through one of its out reaches. This year's medical camp was held in Bududa district hospital. One wonders why Bududa area and not elsewhere in Uganda? In October 2018, there were mud/landslides in the area that claimed life and property. Several organizations and government reached out to the affected families with relief items. At the time our annual medical camp was conducted, we had the desire to help through one of CHIMAMM's outreaches.

Organizing a medical camp requires a considerable amount of time to mobilize resources. With the festive season that was coming up soon, time was not our ally, therefore, the team was inclined to make arrangements for a medical outreach in June 2019. We then reached out to several individuals/organizations who had participated in delivery of relief items for guidance and contacts. Dr. Michael Walimbwa (PhD) at Makerere University School of Education was very helpful to us as he did not only give us contacts, but also took time to call each of the contacts to introduce us.

Bududa district is located in the Eastern region of Uganda. It was originally part of Mbale District, but turned into an independent district by the Act of the Uganda Parliament in 2010. The district is on the South-Eastern slopes of Mount Elgon, approximately 36 kilometers (22 miles), by road, south-east of Mbale, the largest city in the Bugisu sub-region. This is about 260Km (162 miles), by road, north-east of Kampala, the capital and largest city of Uganda. The town is located within Mount Elgon National Park.

This green hilly district looks beautiful, has rich soil with river streams running across it making farming activities inevitable. However, on the flip side, both hills and rivers have greatly contributed to the disaster that the district has experienced over the years. Whenever there are heavy rains, the streams of rivers flood from both excessive rain and land/mudslides leading to loss of life and property. During the medical camp preparations, we learned that the Government has plans of resettling some of the families that were affected by the mud/landslides. Under these arrangements, families will be given descent houses and a piece of land for small scale farming.

Bududa General Hospital is a 100 bed capacity hospital situated in Bududa Town council. It serves 12 Sub-counties of Bududa district as well as 5 other surrounding districts. The hospital had a number of casualties who were injured by the mudslide that preceded the medical camp and a camp was made to temporarily move in affected families. At the time we held the medical camp, there was a cholera outbreak at the temporary shelter (camp). The outbreak was an additional load to the already overwhelmed hospital that was treating thousands of patients with communicable and non- communicable diseases like hypertension atop the several challenges faced by healthcare centers in Low Income Countries (LIC) like corruption, inadequate staffing, poor remuneration, insufficient medication and antiquated medical equipment.

1.1 Preparation:

Fast forward, our first step was to seek clearance from the Ministry of Health to grant us permission to conduct a medical camp. It was after obtaining this clearance that we sought local/ in-country support. A pre- site visit was made to Bududa where the organizing committee did not only meet with the hospital leadership, but also with some of the district leaders. Unlike in the past, this year's medical camp had several pre-site visits conducted because of the uniqueness of Bududa district. The team has over the years mastered the art of flexibility which is a necessary virtue to have in social work.

1.2 Proceedings for the Camp

On the morning of 19th June, 2019, the camp mobilizations started with a radio talk show that had community participation with several inquiries about the camp details.

On the 20th of June, 2019, a team of 26 volunteers mostly those we have trailed with since we started conducting medical camps, travelled to Bududa. This year's camp team consisted of Pediatricians, Gynecologists and Surgeons from Mulago hospital, Nurses, Medical officers, Clinical officers, Social and Spiritual workers, HCT team, Dentists and Pharmacists. We were honored to be supported by some local pharmaceutical companies. that offered support in form of medical supplies. Additionally, there was a team of evangelists who went ahead of the rest of the team. They had been in the area for close to a week; giving teachings on spiritual, economic, social as well as inviting those they interacted with to the medical camp.

1.3 Day 1

Day one of the camp commenced at 7am of the 21st June with participants having a devotion and thereafter volunteers were guided to their respective stations. The different stations included; Registration and triage, Cancer screening, Dental, eye, Laboratory, Pharmacy, Nutritional, Store, Family planning and Surgical. Patients were registered and vitals taken including body weight, height, BPs, body temperature and pulse. Triage was done by nurses; all the critical patients and elderly were given priority and seen by the physicians first. All children were seen by the Pediatricians separate from the adult stations, and as expected, there was a good turn up of patients on day one. At the end of day one, a meeting was held to follow up activities that took place at each station and find solutions to address the challenges.

1.4 Day 2

Activities on the second day were more cumbersome as numbers of patients doubled and the team had to put in more effort to ensure that all patients were attended to. The team also ensured that visits were made to displaced persons camped in a school called Bulucheke secondary school. At the end of the day a follow up meeting was held at 7:00pm and the team was honored with the presence of the hospital administrator that thanked members for sacrificing their time and effort to offer expertise service to the people of Bududa. Furthermore, the president CHIMAMM also commended the participants for offering themselves to serve God's people. Different teams and stations gave their views and reports concerning the second day event as summarized below.

2. SUMMARY OF THE REPORT FOR DIFFERENT STATIONS

2.1 Medical Department

The medical department was headed by our medical director Dr. Robert Kalyesubula a nephrologist with Mulago National referral hospital. The team included medical doctors, clinical officers and nurses. We attended to 1906 clients; 1313 females and 593 males.

Unlike our previous medical camps, this camp had quite a big attendance beyond the organizers' predictions more so given huddles they had during the preparations. As mentioned before, the team has learned the art of flexibility that amidst some miscommunications, they adjusted quickly to the

pressure which made it possible for us to attend to many patients. Common conditions noted were mostly non-communicable diseases with hypertension. A number of women had poorly controlled blood pressures and diabetes with suboptimal doses prescribed in their routine care, some of these patients required urgent inpatient care.

2.2 General Laboratory Report

The laboratory investigations were done in the hospital laboratory unit a grade 2 laboratory capable of running chemistry, rapid tests and microscopy. CHIMAMM team working in consonance with the hospital staff were able to attend to 191 clients and 351 clients on day 1 and 2 respectively, a total of 544 clients. Tests performed were: RDT,B/S,RBS,RPR/TPHA,URINALYSIS, HCG,CBC, TYPHID IGG/IGM .

2.3 Pediatrics

The pediatric section was led by Dr. Nabukeera Nicolette, a senior pediatrician at Mulago National Referral Hospital with a team comprising of another pediatrician, doctors and clinical officers. A total of 841 children were attended to, 126 on the first day and 715 on the second day with malaria having predominant cases followed by RTI. The team reviewed cases of neglected tropical diseases like scabies and syphilis that were admitted instantly and among which 20 were severe malaria. 4 cases were emergencies, but we stabilized them. 5 cases were of referred to Mbale regional hospital and were transported by Bududa district hospital ambulance.

It took the team effort to ensure that all pediatric patients were seen because their number exceeded all children's records in previous medical camps. Thanks to other support staff and pharmacy that duly handled patients sent to them as well as team leader Dr. Nabukeera who did not only see out patients but also reviewed patients on ward and held Health Education for mothers on feeding, sanitation and malaria prevention.

2.4 Dental Department Report

The dental department comprised of 4 dentists inclusive of local dental officer. The team worked on a total of 70 patients; 48 were females and 22 males. This was the least number dental patients we have ever treated in the a medical camp.

Special cases included a submasseteric space abscess that was excised and drained, gingival epulis that was excised and drained, and temporization using cavity.

2.5 Ophthalmology Section

The ophthalmology department was led by a senior ophthalmology clinical officer. A total of 272 patients was seen of which 87 were issued glasses and 10 referred to a higher health facility for appropriate management. The activity was smoothly conducted and all patients were attended to and issued with medicine.

2.6 Surgery Section

The surgical section comprised of 19 workers led by surgeon Dr. Mwanje Anderson who worked tirelessly on a total of 36 patients on the second day. Due to limited time and issues only unique in certain settings, many cases were foregone especially those with goiters. 17 cases were operated on day 1 and 19 on day 2. Surgical interventions attended to included hernioraphy, herniotomy, excision, thyroidectomy, mayos repare and orchidopexy

2.7 Nutrition Unit

Nutrition Department was led by the Bududa hospital nutritionist under the supervision of Dr. Nabukeera who is a consultant at Nutrition Unit of Mulago National Referral Hospital. 5 patients were found to have SAM while the 8 had MAM. Total number of patients seen were 80 of which 2 were referred to Mbale Regional Hospital after caregivers had been educated on nutrition. The risk factors for malnutrition included: children living with grandparents, step mothers, raised by young mothers, fellow children, by working parents and mothers not practicing exclusive breast feeding.

2.8 Cervical Cancer Screening Section

A total of 33 clients were screened for cervical cancer. One suspected case was found on the first day and referred to Mbale Regional Hospital for biopsy. 31 cases were found nonreactive. There was good team work and all patients were screened despite the lack of supplies, HTS (HIV Testing Services) and headlamps

2.9 Welfare

All the medical camps are conducted in rural areas of Uganda which end up being distant from the city. Many volunteers (especially those we invite for the first time) ask if accommodation, food and water are available at the medical camp venue. Truth is, volunteering in rural medical camp areas is a sacrifice; one sacrifices their comfort, like a camp should be for those who have gone out camping before. Thankfully every volunteer has learnt that participating in medical camps means deprivation of comfort but helping the needy. Luckily, all volunteers are impressively flexible in adjusting to the medical camp conditions of a given location. Our volunteers sacrifice a lot to participate in the medical camps annually. Shout outs to everyone who voluntarily sacrifices their comfort for 4 days annually to help the needy .

It is often luck to get 6 - 8 rooms in a motel that is comfortable. Most volunteers usually get just a bed and a 'cold bucket shower'. Most communities where we conduct medical camps, prices of goods and services are hiked by traders; thus, increasing taking the biggest part of our budget.

3. FINANCE

We received most donations from our usual supporters. Some donated in kind, others in monetary terms while the rest did both kind and monetary donations. Below is a list of the supports and a summary of this year's expenditure report.

Supporters	Amount
Wide Spectrum Enterprises (U) Limited	1,069,000
Abacus Pharma (Africa) Limited	30,000
Delmaw Enterprises Limited	3,525,000
Pharma Health (U) Limited	400,000

The Summary of expenditure less donations from supporters above

Category	Amount
Accommodation	3,803,000
Evangelism	565,400
Facilitation	9,120,000
Food and refreshments	4,002,600
Medical supplies	25,510,150
Mobilization	3,235,900
Photography	531,600
Stationery & Printing	2,234,000
Transport & Communication	6,580,812
Grand Total	55,583,462

4. MAJOR ACHIEVEMENTS, CHALLENGES AND RECOMMENDATIONS

4.1 Achievements

- We managed to attend to 2673 patients in total; 1313 females, 593 males and 841 children.
- There were several specialists: pediatricians Nephrologists, Obstetricians that attended to different ailments.
- Good referral system within the hospital that ensured patients referred were transported to Mbale regional referral hospital for further management.
- We had a good waste disposal mechanism that ensured disposed waste did not turn into a hazard to patients and health workers.
- We delivered donations to the affected families of landslides and cholera outbreak ensuring the least privileged benefitted from the camp despite not attending it.

4.2 Challenges During the Camp

- Poor leadership coordination among district leaders that hindered the preparation process.
- Corruption that hindered good service delivery with several locals citing failure of to reach the affected as well as cases of extortion of money for surgery
- Overwhelming numbers of patients on the second day.
- Donations for example HCT kits were not brought on time.
- Poor time keeping of volunteers which delayed the commencement of daily program especially the local coordinators and service providers.
- Limited resources hindered extent of service delivery with several departments asking for additional instruments and sundries like prescription glasses, refraction sets, batteries for gadgets.
- ENT- conditions were many though ENT services were not available.
- Several children came in without caretakers so comprehensive history could not be taken.
- Language barrier yet translators were few and didn't perform to utter satisfaction

4.3 Recommendations

- Pre-visits to the camp should be made earlier and evidence of approval letters presented to leaders of the district to guide them on procedures of approval.
- Early purchase of drugs to ensure all essential drugs are bought and approved in time for medical camp.
- Organizing committee should ensure all participants are informed in time and list confirmed at least 2 weeks to the camp.
- Organize CMEs to teach medical personnel on management of chronic illnesses of those running weekly clinics like hypertension and diabetes
- Use of standard operating procedures in all the patient care clinics like hypertension and diabetic clinic.
- The organizing committee should travel a day earlier to the medical camp venue to ensure all is in place as it was the case in this camp.
- Pastoral team should be accountable to the organizing committee and if need be a meeting is held in presence of the organizers to ensure smooth running of all activities.

5. 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 and material donors;

- Delmaw Pharmaceutical
- Wide Spectrum Enterprises (U) Ltd
- DHO Bududa District
- Dental & Medical Missions Africa
- Gombe Hospital
- The MS and the entire staff of Bududa General Hospital
- Local leaders of Bududa District

6. CONCLUSION

All in all, it's an honor to serve people who will probably never make their way to the hospital.

The numbers we see every year keep our morale to hold medical camps each year. There is a lot of work in the area of sensitization. We therefore call upon the engagement of leaders at all levels to be part of the organizing.

We attribute the success of these medical camps to God, the supporters and participants. We call upon everyone to join hands with us in this noble cause. Can you imagine a healthy population? 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 for June 2020.