



With God's Mercy and Love We Thrive

5TH ANNUAL KASENSERO MEDICAL CAMP REPORT 2016

VENUE: KASENSERO LANDING SITE, KYEBE SUBCOUNTY-
RAKAI DISTRICT

DATES: 23RD JUNE 2016 – 26TH JUNE 2016

THEME: CARING FOR THE COMMUNITY

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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
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

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2. ABSTRACT

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 non-governmental 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 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 and many other organizations, recently organized a mobile medical camp christened "Caring for the Community". This medical event follows in the footsteps of our last annual four camps held from 2012 to 2015. The organizing body held various meetings with the different stake holders in preparation for the camp. This year we registered over 1910 patients, males and females of all ages who presented with a variety of medical conditions and over 36 surgeries were performed. Critical care patients were stabilized and some referred to the nearest hospitals.

The medical camp effort attracted a number of organizations, 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, surgical operations 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 pediatricians from USA, Surgeons from Mulago hospital, Marie Stopes's team, HCT team from Gombe Hospital, Dentists from medical mission alongside many other participants.

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

3. PROCEEDINGS FOR THE CAMP

On the morning of 23rd June 2016, a team of over 70 participants including doctors, nurses, midwives, physicians, surgeons, pediatricians, social workers, lab technicians, counselors, pastors and many more hit the road to Kasensero. All filled up with drugs and medical sundries the bus got us to the campsite, oh we had a wonderful ride.



CHIMAMM medical camp aboard a bus heading to Kasensero

Day one of the camp commenced at 6am of the 24th June with prayers then all participants were guided to their stations. Patients were registered and vitals taken including body weight, height, BPs, body temperature, pulse and oxygen saturation. Triage was done by nurses all the critical patients and elderly were seen by the physicians first. All children were seen by the pediatricians separately from the adults. The different stations included; Registration and triage, examination, screening, HCT, dental, eye, ear, laboratory, pharmacy, store, family planning and surgical stations.

- i. Triage was performed at two stations, one manned by four (4) nurses and the other manned by two (2) nurses.
- ii. Ten (10) clinical stations were created and each was manned by a medical officer or clinical officer.
- iii. The dental station was manned by two (2) dental officers and dental procedures were performed.
- iv. The hearing evaluation station was manned by two (2) well trained and experienced staffs who examined ears and offered treatment.
- v. Cervical screening was done (VIA) and the patients testing positive were seen by the gynecologist. Cryotherapy was done for those fit while the rest were referred for appropriate treatment.
- vi. The Laboratory station was manned by four (4) attendants running basic lab tests including HIV, malaria test (RDT), blood sugar test (RBS), urine HCG, and urinalysis.
- vii. All supplies were housed in a store room manned by one CHF nurse who monitored and accounted for all stock items moving in and out.
- viii. Two (2) drug dispensing and administration stations were created and manned by 7 nurses and pharmaceutical dispensers.
- ix. 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.

- x. Mothers and children were seen at the local government health center II by pediatricians. This arrangement decongested the main camp site.
- xi. 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.
- xii. The surgical station had three surgeons, one anaesthetist, a theater nurse and three assistants. Sterility was preserved and post operative care provided.
- xiii. As a big addition to the camp, the team was joined with a group of five from Marie Stopes who offered all family planning services including permanent, long term and short term methods to both male and female.



A kid was about to undergo surgery



Residents of Kasensero in the queue to receive treatment



The medicine issuing centre that was set up at the camp



A kid undergoing dental treatment



One of the doctors who attended the medical camp diagnosing a patient.



The Team that participated in the medical camp

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 4pm. 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, H/C III and H/C IV. CHIMMAM also provided a glucometer with glucostrips to one of the patients treated for hyperglycemia in Diabetes during the camp.

Our main points of referral were Kakuuto Health Center IV in Rakai, Masaka Hospital and Mulago Hospital Kampala.

The team concluded the camp with an extra bonanza from the welfare department. This was a guided tour to the famous river Katonga and a boat cruise, it was fun.

4. SUMMARY REPORT OF THE DIFFERENT STATIONS

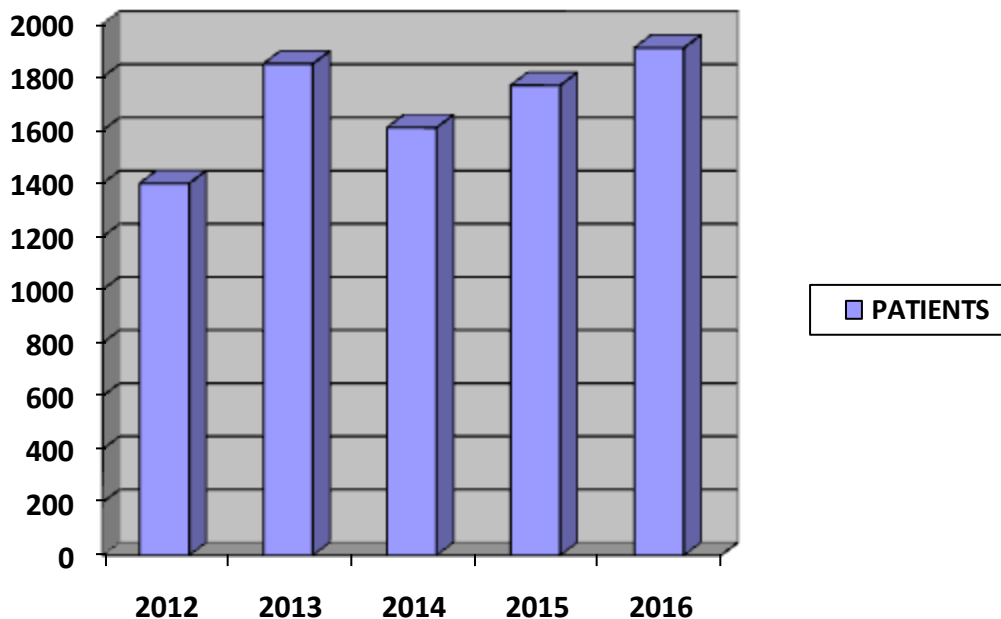
	Station	Number of Patients	Recommendations	Comments
1	Dental section	228	To purchase semi permanent dental filling material.	Good patient turnout. Patients received mouth washes and tooth brushes. Done tooth extractions for badly decayed and painful tooth. Dental health education, prevention and treatment.
2	Pediatrics section	320	<ul style="list-style-type: none"> • There's need for more clinicians. • To create private clinical examination space • Need for nutritionist and replacement therapy 	<ul style="list-style-type: none"> ➤ Drugs were readily available. ➤ Most children had skin infections, malaria, diarrhea and malnutrition
3	Hearing section	35	• To encourage the Starkey team and other ENT to participate.	<ul style="list-style-type: none"> ➤ Treatment was offered to those especially with Otitis ➤ Ear syringing done for those with Wax impaction
4	Eye section	134	• To provide more supplies for the eye	➤ Quite a number of patients were seen with

			<p>treatment</p> <ul style="list-style-type: none"> • Provide Timolol for advanced glaucoma • To provide reading glasses • Distance glasses for school children 	<p>Refractive errors, conjunctivitis & glaucoma.</p> <p>➤ It was a good experience</p>
5	HIV Counseling and Testing section	<p>404 31 +Ve</p>	<ul style="list-style-type: none"> • Strengthening the follow-up and counseling system for positive clients • Collaboration with other programs handling discordant couples. • Continuous sensitization on HCT. 	<p>➤ There was high number of discordant couples.</p> <p>➤ Most had come to repeat test and a positive attitude was noted.</p>
6	Cervical Cancer Screening section	<p>68 4 +Ve 2 referred 2 treated</p>	<ul style="list-style-type: none"> • Need for LEEP machine or cryo-equipment. • More gynecologists required 	<p>➤ Two cryotherapy done on two patients with positive VIA.</p> <p>➤ Some positive cases were referred for further management</p>
7	Surgical section	<p>40</p>	<ul style="list-style-type: none"> • The surgical cases were overwhelming so there is need for more surgeons and 	<p>➤ It was a big success; almost all booked patients were worked on.</p>

			<p>anesthetists next camp.</p> <ul style="list-style-type: none"> • To plan for surgical emergencies • Need to book gynecology cases during the pre-site and screening visit 	
8	Welfare	88	<ul style="list-style-type: none"> • Motels to provide clean water, bathroom facilities and security. • Team members to keep time. 	<ul style="list-style-type: none"> ➤ Meals were provided on time. ➤ Several clothes, jackets, caps and shoes were donated to the patients who came for the care. ➤ Tooth brushes and T-shirts given to patients and all participants. ➤ It was better coordinated and organized. ➤ Camp was generally a big success.
9	Laboratory	409 patients 564 tests	<ul style="list-style-type: none"> • To get reagents for Sputum ZN, BAT, TPHA, HB estimation • To get specimen collection containers 	<ul style="list-style-type: none"> ➤ Tests done included: Malaria test, RBS, Urinalysis, TPHA, HIV tests and pregnancy test.

10	Family planning Marie Stopes	254	<ul style="list-style-type: none"> • Early mobilization • More space for privacy 	<ul style="list-style-type: none"> ➤ One Vasectomy done and over four BTLs done ➤ Most participants took up long term FP methods like Implants and IUCDs
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5. TRENDS OF THE FIVE ANNUAL CAMP PERFORMANCE FROM 2012 – 2016



We have seen a progressive increase in the numbers taken care of by the years. The camp is always flocked with large numbers of patients in need of care and over time we have acquired experience in offering timely and quality service.

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 appreciate the medical camp in Kasensero, for it has been both a blessing of physical and spiritual treatment. All patients who turned up for treatment were all handled.
- 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. MAJOR ACHIEVEMENTS

The camp was very successful with over 1910 patients seen during the two day event. It was indeed a general camp with all aspects of health well covered

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

For the first time we were joined by the team from Marie Stopes Uganda. These were instrumental in providing family planning services and cryotherapy treatment for the patients who turned positive for VIA. Great achievement indeed.

8. FINANCING OF THE MEDICAL CAMP.

The financing of the medical camp was both external and internal. Internal in a way we used funds from our general budget and external refers to donations from supporters. Donations were both tangible medical supplies and cash.

TANGIBLE DONATIONS

Donor	Amount
Sino Africa	1,117,400
Abacus Pharma	301,700
Wide spectrum	500,000
Gombe Hospital	1,200,000
Saraya East Africa Ltd.	300,000
Supermed Pharma	500,000
Pharma Health Uganda Ltd	600,000
Total	4,519,100

In addition to the tangible donations we had extra financial expenses to meet. These included; communication/transport, feeding, publicity, stationer, medical supplies, facilitation for all volunteers and photography as portrayed in the table below.

2016 MEDICAL CAMP EXPENDITURE

Activity	Amount
Accommodation	6,836,000
Communication/ transport	5,591,200
Publicity	1,934,000
Stationery	324,000
Medical supplies	14,477,200
Volunteer facilitation	7,330,000
Feeding	3,803,600
Photography	300,000
Grand Total	40,596,000

9. CHALLENGES

Some 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. A number of patients required surgeries but we could handle as much.
- iii. The patients referred to hospitals could not afford transportation costs.

10. RECOMMENDATIONS

- a. Possible use of a government vehicle as an ambulance for critical patients needs to be considered.
- b. All regional hospitals should be contacted prior to the event to inform them of possible transfers.

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. WIDE SPECTRUM ENTERPRISES (U) LTD
- d. SINO AFRICA
- e. SUPERMED PHARMA

- f. Office of the DHO and LCV Chairman's office Rakai District Dental Missions Africa
- g. Saraya East Africa Co. LTD
- h. Gombe Hospital
- i. Marie Stopes Uganda
- j. Medical Mission
- k. The staffs of Kakuuto, Kyebe, and Kasensero Health Centers
- l. The local leaders of Kasensero and the community as a whole
- m. Rakai Health Science Program.
- n. Makerere University Nursing School
- o. All our physicians, surgeons, pediatricians and medical students
- p. Special thanks to our drivers, 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.