



*With God's Mercy and Love We Thrive*

## **7TH ANNUAL MEDICAL CAMP REPORT 2018**

**VENUE:** KAMULI DISTRICT - KAMULI GENERAL HOSPITAL

**DATES:** 21ST – 24TH JUNE 2018

**THEME:** RESTORING HOPE IN LIFE

**COMPILED BY:** CHIMAMM TEAM OF MEDICAL CAMP VOLUNTEERS

**EDITED & APPROVED BY:** CHIMAMM STAFF

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MISSION

## **LIST OF ACRONYMS**

AIDS:	Acquired Immune Deficiency Syndrome
ART:	Antiretroviral Therapy
CHIMAMM:	Caring Hands International Ministries and Medical Missions
DHO:	District Health Officer
HIV:	Human Immunodeficiency Virus
RRH	Regional Referral Hospital
PA:	Public Address system
RBS:	Random Blood Sugar
RDC:	Resident District Council
RDT:	Rapid Diagnostic Test
USA:	United States of America
VIA:	Visual Inspection and Ascetic acid
UMDPC:	Uganda Medical and Dental Practitioners Council

## TABLE OF CONTENTS

LIST OF ACRONYMS .....	1
INTRODUCTION/BACKGROUND .....	3
1.0 PROCEEDINGS FOR THE CAMP.....	5
2.0 SUMMARY OF THE REPORT FOR DIFFERENT STATIONS. ....	6
2.1 HIV Testing Services Report.....	6
2.2 General Laboratory Report.....	6
2.3 Pediatrics.....	8
2.4 Dental Department Report.....	9
2.5 Ear Nose and Throat .....	10
2.6 Ophthalmology Section .....	12
2.7 Surgery Section.....	13
2.8 Nutrition Unit.....	14
2.9 Cervical Cancer Screening Section .....	15
3.0 FINANCE.....	17
4.0 LIST OF DONORS.....	18
5.0 MAJOR ACHIEVEMENT, CHALLENGES AND RECOMMEDATIONS .....	19
5.1 Achievements .....	19
5.2 Challenges.....	20
5.3 Recommendations.....	21
6.0 ACKNOWLEDGEMENTS/ APPRECIATIONS .....	22
7.0 CONCLUSION .....	23

## **INTRODUCTION/BACKGROUND**

After 6 solid years of holding successful medical Camps in Kasensero a fishing community located at the shores of Lake Victoria in the South Western part of Uganda, CHIMAMM decided to rotate its annual medical camps to enable equitable share of available resources throughout the country. This was not an overnight decision; we debated and slept on it for a considerable amount of time. We love to serve the community of Kasensero because the need is great, but the desire to reach out to other communities facing similar or unique health challenges around the country couldn't be put on hold anymore.

When a decision was made to alternate the activity (medical camp) annually, our vote went to Kamuli district and Kamuli Regional Hospital was selected as an appropriate venue to host CHIMAMM's 2018 Medical Camp. The 100 bed hospital is located in the central business part of the town of Kamuli and serves a population of about 52,000 people. The population that hospital serves, does not only include people living in Kamuli ditrict, but also those living in the neighboring districts of Luuka, Buyende, Jinja, Iganga and Kaliro. Similar to many Health Care Centers in Low Income Countries (LIC), the hospital faces challenges of corruption, inadequate staffing, poor remuneration, insufficient medication and antiquated medical equipment. ([https://en.wikipedia.org/wiki/Kamuli\\_General\\_Hospital](https://en.wikipedia.org/wiki/Kamuli_General_Hospital))

Fast forward, our first step was to seek clearance from the Ministry of Health to grant us permission to conduct a medical camp. The policy which was implemented in 2017 requires medical camp organizers to complete an application form and attach several requirements before a clearance is issued. Less any of the requirements, the application is rejected. It was after obtaining this clearance that we sought local/ in-country support. A pre- site visit was made to Kamuli where the organizing committee did not only meet with the hospital leadership but also some of the District leaders. A second committee comprising members who live in Kamuli was later formed to aid Caring Hands make pre- medical camp preparations.

We had a comprehensive team of participants that attracted Pediatricians, Gynecologists and Surgeons from Mulago hospital, Nurses, Medical officers, Clinical officers, Social and Spiritual workers, HCT team, Dentists, ENTs and Pharmacists. We were honored to be supported by some

local pharmaceutical companies some of which did not only give medical supplies but also came down to Kamuli General hospital to see what we were doing. Even though the number of patients seen this year was less than that of last year, in general, there is a progression in the number of people cared for over the years.

We are very grateful to all team leaders of different stations who with or without all their team members spared time to compile pieces of this report for their respective departments/units.

The report below gives a summarized account of what took place at the medical camp as well as observations and recommendations for future medical camps.

## **1.0 PROCEEDINGS FOR THE CAMP**

On the morning of 21<sup>st</sup> June, 2018, a team of over 42 participants including doctors, nurses, midwives, physicians, surgeons, pediatricians, social workers, lab technicians, and counselors set off to go to Kamuli district to join our pastoral team that had been there for about a week. The buses carried both people and medical supplies. Being a new site to most of the team members that have volunteered with CHIMAMM in the past, everybody seemed to have been excited.

Day one of the camp commenced at 7am of the 22<sup>nd</sup> June with prayers and thereafter, all participants were guided to their respective stations. The different stations included; Registration and triage, cancer Screening, HCT, dental, eye, ear, 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 adults. Unlike other camps, we had a slow start as patients this time round accumulated only later in the day.

At the end of day one, a debriefing meeting was held to hear how activities went at the different stations. Solutions to address the day's challenges were identified.

Activities on day two ran more effectively and efficiently than day one that by 3:00pm the camp had closed. The closure was honored by the presence of Kamuli district Medical Superintendent, who appreciated CHIMAMM as well as the entire team of volunteers for the great work done. As CHIMAMM culture, the surplus of the medical supplies and drugs were given to teams to enable them to facilitate health care even for a short period at their respective institutions. Some of the beneficiaries included Namayingo Health Centre medical missions, Mwanamugimu Nutrition Unit, Kamuli General Hospital and to the three upcoming medical camps by different organizations. Our main points of referral were, Jinja Regional Referral Hospital and Mulago Hospital, Kampala.

## 2.0 SUMMARY OF THE REPORT FOR DIFFERENT STATIONS.

### 2.1 HIV Testing Services Report

HIV testing services was held at OPD close to immunization room with clients going through counseling then testing and return of results. When the flow of clients increased, we opted to expand to the parking lot towards the OPD so all clients needing HCT services had enough space and could easily locate the station. Clients were screened and those eligible for testing were pre-counseled, tested and post-counsel was as well done.

<b>Days</b>	<b>Tested</b>	<b>Positive</b>	<b>Known positive</b>	<b>Linkage</b>
Day 1	75	3	1	2 (2F)
Day2	277	6	2	4 (1M, 3F)
<b>Total</b>	<b>352 (99M,253F)</b>	<b>9</b>	<b>3</b>	<b>6 (to Kamuli hospital)</b>

### 2.2 General Laboratory Report

This summarized report from the laboratory section includes, a full statistical summary of all the methods used as well as findings. The challenges encountered are highlighted in section 5.2 of this report

#### **Hospital Laboratory Description**

The hospital has a class II level laboratory that is moderately equipped with essential equipments to facilitate the running of various medical tests. The equipments in the laboratory included; CBC machine, Gene-xpert machine, Microscope, centrifuge and refrigerator.

The above machines together with provided rapid diagnostic strips were used in the medical camp to run a number of tests as listed below:

HIV serology, Syphilis, Malaria, Complete blood count, Random blood sugar, Urinalysis, Typhoid, Hepatitis B

To have effective and smooth running of all the listed Laboratory tests above, the arrangement of two days enabled all individuals to get their results and to be receive care especially those whose conditions could be managed during the medical camp.

The first day had a special Hepatitis B and Diabetes tent. Here individuals who were interested in screening for hepatitis B were screened, results were written on medical cards provided by Caring Hands and advice was given according to the outcome of the test. At the same tent, random blood sugar was also done on either self or Doctor's request. This was the last and final day of the camp, tremendous numbers of people reported to the special HCT tent that was put up in the hospital parking yard. A number of Laboratory Technologists and nurses worked together this day to ensure that patient registration, testing and counseling was done privately. We had a data clerk entering results of all investigations made as well as patients' bio data into a database.



*A laboratory technologist carrying out tests*

**Table showing the number of patients who did various investigations**

<b>Testing point</b>	<b>Day one</b>	<b>Day two</b>	<b>Total</b>
Main laboratory	177	249	426
Hepatitis b tent	133		133
HIV tent		225	225
<b>Total</b>	<b>310</b>	<b>474</b>	<b>784</b>

### **2.3 Pediatrics**

The pediatric section was led by Dr. Nabukeera Nicolette, a senior pediatrician in Mulago. On day one, the Pediatrician started by carrying out a full ward round on about 50 children who were admitted on the Pediatric ward. The ward is usually managed by nurses only and pediatric ward rounds do not take place as there is no resident pediatrician. During the ward round, knowledge was passed on to the nurses and they were very receptive and eager to learn. Suggestions were made on how ward management would be improved. For example putting children with similar conditions together and putting the malnourished ones in their own cubicles. It was noted that laboratory work was done well. Among the children who presented with fevers, only those whose rapid diagnostic test was positive were treated for malaria. It was noted that, medical records were lacking and the children on the ward had only a prescription so monitoring for progress would later be difficult. In fact some of those who were admitted did not sleep on the ward, but would just return for medicine.

The most common problem on the ward was severe malaria, but there were others with severe acute malnutrition, measles, pneumonia and bronchiolitis.

On the first day, the Pediatrics team attended to about 200 children as outpatients. Most of them had simple conditions like cough and cold, skin conditions and worms. We had some with Malaria confirmed in the lab and most were treated as outpatients. However, some with Severe Malaria were admitted, but one who had severe Anaemia was referred to Jinja Hospital for blood transfusion. The mother did not have transport but Caring Hands provided it to facilitate her travel.



*Pediatric patients waiting to be attended to at the pediatric section*

Day one was generally successful since there was good coordination and hard work by the health team and other volunteers. All the appropriate medicines were available and there was order in the waiting areas.

On day two, work started quite early since people waiting to be seen were early too. Part of the team started with ward round in the Neonatal Intensive Care Unit where all babies were reviewed by the pediatrician while the rest of the team was seeing outpatients. Many of the children seen as outpatients had similar conditions as those of the previous day. At one point, the numbers were overwhelming and the crowds waiting grew impatient, but the team was able to control the lines and many children received the care they needed.

#### **2.4 Dental Department Report**

The Dental team which participated in this camp comprised of 4 Dentists from Kampala and 1 Dental assistant from Kamuli hospital.

The Dental procedures which were carried out included Oral Health Education, Screening of the patients, Extractions for those with Acute and Chronic tooth decay and referrals for those who

needed tooth fillings and scaling as well as polishing. All these procedures were done within the Dental department of Kamuli hospital.

Total extractions for the two days were 92 most of which were done on day one and 30 were referred for other dental treatment.



*Dunde Ronald, a dentist from medical missions performing a tooth extraction*

## **2.5 Ear Nose and Throat**

This unit was run by a team from Starkey Foundation. It registered a total of 134 patients of which 45 were male and 89 female. Among this, majority were pediatric at 70.4% followed by geriatrics 20.5% and the minimal being the middle aged with about 8%.

### **Conditions registered**

Majority of the patients who turned up came from nearby Schools of the Deaf and a few from the community and with them, a good number had congenital profoundness 76 patients had total hearing loss. A summary report of what transferred is tabulated below.

<b>No. of patients</b>	<b>Condition</b>
76	Had total hearing Loss
5	Moderate hearing loss
6	Mild hearing loss
7	Patients had Tinnitus (majority were elderly)
10	Patients with infective Otitis Media
2	Adenoiditis
14	Chronic Allergic nasal sinusitis
4	Impacted cerumen
1	Retro sternal goiter referred for further management to endocrinology in Mulago Hospital.
5	Otorrhea secondary to perforated tympanic membrane
1	Referred to cancer institute who was a known Squamous cell Carcinoma of the ear pinna with poor management.
1	Had disfigured nostrils and fibrotic scars of nasal septum secondary to accident
2	Tonsillitis

### **Management**

The table below shows what the team resolved for management of the patients that were attended to.

<b>No. of patients</b>	<b>Management</b>
76	Recommended for hearing aid gadgets which will be provided by Starkey hearing foundation free of charge
54	Managed at the clinic and 4 referred for further management.



*A volunteer from Starkey Foundation checking a patient's ear in the ENT clinic*

## **2.6 Ophthalmology Section**

This section was run by a visiting senior clinical ophthalmology officer and the ophthalmology team of Kamuli general hospital. A total number of 185 patients was seen of which 102 were female, 69 were male and 12 were children. 8 patients were referred for cataract surgery. The summary report is tabulated in the table below.

<b>No. of patients</b>	<b>Category</b>
102	Female
69	Male
12	Children
8	Referrals for cataract surgery.



*Ms. Lalana, an Ophthalmologist, carrying out optometry on a client*

## **2.7 Surgery Section**

The team comprised of two surgeons; two theatre nurses and the theatre team of Kamuli general hospital. They had two operating suites.

A total of 43 surgeries were done. These included 25 Hernioraphy; other cases were excisions; Hydrocelectomies, 2 lumpectomy; incision and drainage, tendon repair and hemorrhoidectomy. A number of pediatric specialized surgeries were conducted by the surgeons and lots of surgical skills passed on to the local health care workers.

Some patients missed out on being operated due to inadequate pre operative preparations especially the children who were not fit for general anesthesia as they were fed hours prior to surgery.



*A team of surgeons carrying out surgery in Kamuli operating theatre*

## **2.8 Nutrition Unit**

The nutrition team comprised of a qualified public health nutritionist from Mwana Mugimu Nutritional Unit in Mulago National Referral Hospital. A total of 100 children were managed, 9 children were malnourished of which 5 were boys and 4 were girls. 5 were moderately malnourished and 4 had severe acute malnutrition with edema. Most of the children managed were being taken care of by their grandmothers because their parents moved to the cities in search for jobs.

Most children diagnosed with severe acute malnutrition had been weaned earlier than the specified 6 months and all were below 3 years of age.

Most children who were assessed with SAM or MAM were no longer breast feeding and below the age of 3 years. Breast feeding stopped due to the occurrence of sicknesses



*A nurse carrying out nutritional assessment of a child during the camp*

## **2.9 Cervical Cancer Screening Section**

The team comprised of two nurses from Gombe hospital, one from Bududa and nurses from Kamuli hospital. A total of 53 patients were seen, the team was well equipped with cervical biopsy however some patients declined. There was a need for LEEP machine or cryo-equipment for spot treatment.



*Midwives carrying out cancer screening*

**SUMMARY REPORT OF DIFFERENT STATIONS**

<b>No. of Patients</b>	<b>Station</b>
352	HIV Testing Services
784	General laboratory
122	Dental Section
134	ENT
185	Eye Section
53	Cervical Cancer Screening
43	Surgical
100	Nutrition

### 3.0 FINANCE

Apart from supporters who donated in kind, we had some who donated cash of UGX 375,000 (Three hundred Seventy five thousand shillings). Additionally, Plan International in Kamuli facilitated the two day per diem of 30 Government Health Workers from Kamuli General Hospital as well as those from the neighboring Health facilities who participated in the medical camp.

Furthermore, we spent much more this year in comparison to last year's expenditure. Medical supplies' expenditure doubled that of last year. Below is a summary of expenditure of 2018 medical camp.

#### Expenditure for 2018 Medical Camp

Category	Amount
Accommodation	2,372,000
Transport and Communication	3,179,500
Evangelism	2764,000
Facilitation to volunteers	4,280,000
Feeding	2,792,700
Medical supplies	32,103,210
Mobilization and Publicity	2,691,000
Stationery	2,198,200
<b>Grand Total</b>	<b>52,380,610</b>

#### **4.0 LIST OF DONORS**

- ❖ Delmaw Enterprises Limited
- ❖ Plan International Uganda (Kamuli)
- ❖ Wide Spectrum Pharmaceutical Limited
- ❖ Escorts Pharmaceutical Limited
- ❖ Medanta Laboratories
- ❖ Gombe Hospital
- ❖ Dr. Robert Kalyesubula
- ❖ Rhites EC

## **5.0 MAJOR ACHIEVEMENT, CHALLENGES AND RECOMMENDATIONS**

### **5.1 Achievements**

The camp was very successful with over 1,892 patients seen during the two days. It was a general camp that covered most of the health aspects including and not limited to dental, audiology, ophthalmology, emergency and critical care, cancer screening, general medicine, surgery, pediatric care, social work as well as spiritual care.

The camp was graced with the availability of medical supplies to facilitate the two days. We didn't have to purchase more supplies as we have done in some of the previous medical camps. Patients were availed with medical forms which were excellent, brief, coded and patients took their own copies of the form while the other copy stayed with CHIMAMM for record keeping. Codes made it easy to track the number of patients seen as the camp was being conducted.

The number of volunteers and specialists increased. The Pediatric staff of Kamuli Hospital was grateful to round with a specialist from Mulago Hospital.

**Translators.** In a country with about 43 languages, communication becomes difficult as one travels to several regions. Since majority people in Kamuli speak Lusoga, (a language that was not spoken by our volunteers) there was need for translators otherwise communication between none English speaking patients and health workers would have been a nightmare. The management of Kamuli School of Nursing and Midwifery assigned us a group of 10 students for each day to help with the translation. Without these students to translate, the numbers that received care would have been less. The camp hence opened a new relationship between Caring Hands and Kamuli School of Nursing and Midwifery not just for the medical camp purpose but for education part of Caring Hands.

## 5.2 Challenges

Some of the 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. Limited local support. A few local companies responded to our request. Additionally, those that offered donations got back to us so late which made planning somewhat challenging.
- ii. There were a considerable number of patients who needed-operation but were not enlisted among those screened prior to the event so they were not planned for and were therefore not attended to. This was very frustrating to surgeons and patients.
- iii. Inadequate mobilization from the local team affected the total number of people who came to receive care especially on the first day.
- iv. Lack of enough Anesthetic machines made operation of the children slow; those who were worked upon had to wait for long since we had only one anesthetic machine for general anesthesia.
- v. The space was inadequate to conduct different sessions simultaneously. For example; the HTC department was challenged to do counseling and testing concurrently. Additionally, the local team was less engaged a thing that impacted efficiency on the first day.
- vi. Some hospital staff had a knowledge gap on the algorithm which perhaps made them less engaged especially on day one. Further it was not understandable as to why the hospital was unwilling to share testing kits in order to complete the algorithm on day one. Even though the challenge was resolved on day two but it limited the overall number of clients that could have been seen during our entire stay.
- vii. A number of clients received by the ophthalmology team had come for reading glasses but we didn't have any.
- viii. Some children needed care beyond Kamuli General Hospital, but they could not go to the referred hospitals because they lacked transport.
- ix. In the case of the Nutrition unit, there was lack of unit organization as the malnourished and the non-malnourished are mixed together hence monitoring of the children became difficult more especially in cases of severe diarrhea. It's thus strongly recommended to have this revised and some beds spared for nutrition care.
- x. Lack of Resomol to manage diarrhoea conditions and dehydration.

- xi. Knowledge gaps among the health workers. The issued IMAM guidelines are not followed on the unit.
- xii. Some patients missed out on being operated due to inadequate pre operative preparations especially the children who were not fit for general anesthesia as they had fed some hours prior to surgery.

### **5.3 Recommendations**

- i. Double efforts to encourage local /in-country support of the medical camps. Additionally, it might be worthy trying to involve the community members of the respective areas selected for the annual medical camps and to engage companies which have a budget for Social Corporate Responsibility within their communities.
- ii. Obtain contacts of regional hospitals to make referrals easy and where possible transportation budget for referrals needs to be put into consideration.
- iii. We need to have pediatrician cuff BP machines, thermometers, pulse oximeters, urine dipsticks etc which help in quality of care. It's time consuming to have Clinicians record yet all that they need is the age, sex, diagnosis, etc. Therefore, the organizing team might plan to provide sheets with diagnosis and so that the Clinicians' role is just to tally. Alternatively make carbonated sheets so that one copy stays behind while the original is given to the patient.
- iv. Set aside a budget to buy reading classes.
- v. For future medical camps, we should plan to get ReSoMal to manage diarrhea and dehydration for the Nutrition unit.

## **6.0 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;

- Plan International
- Rhites EC
- KBS radio station
- Prime diagnostic center Kamuli
- Delmaw pharmaceutical
- Medanta Laboratories
- Wide Spectrum Enterprises (U) Ltd
- Office of the DHO Kamuli District
- Dental & Medical Missions Africa
- Starkey Foundation
- Gombe Hospital
- St. Josephs Kamuli Training School
- The MS and the entire staffs of Kamuli General Hospital
- The local leaders of Kamuli district as a whole
- Dr. Robert Kalyesubula.

## **7.0 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 us morale to hold medical camps every year. There is a lot of work in the area of sensitization. We therefore call upon the engagement of leaders at all level to be part of this.

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](http://www.chimamm.org) and consider joining us on the front lines of service next June 2019.