

# Report on Amolatar Medical Camp

## 1) Introduction/Background

The Rotary Club of Kiwatule together with Rotary Club of Najjera, Rotary Club of Lira, Rotaract Club of Kampala the CORE partnered with Amolatar District to conduct a medical camp at Anamwamy Primary School. Anamwamy, located in Awelo Sub/County, Amolatar District, about 400KM from Kampala City, is the ancestral home of both Rotarian Francis Ogwang and Rotarian Danny Aju, the current Presidents of Rotary Club of Kiwatule and Rotary Club of Najjera respectively. The camp which started at 10.00 am and ended at 7.00 p.m. gave an opportunity to residents of Awelo Subcounty and surrounding communities to access free quality health services. Health providers including Rotarians, health workers from surrounding health facilities within Amolatar; Amai Missionary Hospital, Amolatar HCIV, Etam and Namasale HCIIIs as well as Amolatar District Health Office were mobilized to provide the services. Specialist providers were sourced beyond Amolatar district; ophthalmologists from Lira Regional Referral hospital about 150KM away; dental and sonography specialists from Health Lineage Foundation from Kampala; while Safe Male Circumcision providers were sourced from RHITES North.

## 2) Objectives

- To increase access to disease prevention and treatment services to community members Anamwamy Parish in Awelo Subcounty
- To encourage and foster the ideal of service amongst participating Rotarians and Rotaractors.
- To foster professional skills amongst Rotarians, Rotaractors and volunteers
- To foster networking amongst Rotarians, Rotaractors and volunteers
- To support an impactful project for Anamwamy HCII by through construction of a maternity ward

## 3) Mobilization of Partners

The Amolatar Medical Camp was implemented through a partnership of 3 Rotary Clubs (Kiwatule, Najjera and Lira), two Rotaract Clubs (Kampala the CORE and Naivale), Amolatar District Leadership, two NGOs, (Health Lineage Foundation and RHITES North-Lango). Community mobilization was made possible thanks to free airtime on Hot Radio owned by Rotarian Agnes Apea.

The medicines and health supplies were procured using the Rotary Club of Kiwatule Rotary Family Health Day (RFHD) budget, which was supplemented by in kind contributions mobilized from Rotary Country Office and CASE Hospital. Due to this contribution, the medicines budget reduced from UGX 9M to about UGX 5M.

Rotary Club of Sebring, in Florida USA donated used eye glasses, which were distributed free of charge at the camp. All the data tools came from Amolatar HCIV, which took the responsibility for reporting to the Ministry of Health.

#### 4) Service Providers/Health Workers Involved

<b>Cadre</b>	<b>Total</b>
Doctors	5
Clinical Officers	10
Nurses/Midwives	15
Safe Male Circumcision Surgeons	3
Dental Officers	5
Eye Officers	4
Laboratory Technologists	5
Nursing Assistants & Drivers	5
Radiographers/Sonography	4
<b>Total</b>	<b>55</b>

Rotary prefers to work with health workers from surrounding health facilities. In this regard 37 health workers were mobilized from health facilities within Amolatar district, while the team that provided ophthalmic services was sourced from Lira Regional Referral Hospital. The rest of the service providers comprising of Rotarians, Rotaractors, guests and volunteers came from Kampala.

#### 5) Statistics of Service Provided

The services were offered under the following categories; General Clinic/OPD; Family Planning; HIV Counseling and Testing; Safe Male Circumcision; Eye; Dental; Laboratory and Cancer screening. A detailed gender breakdown of the service recipients is as follows:

<b>Service Area</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
General Patient Care/Screening	549	1,028	1,577
Family Planning/Antenatal Care	0	48	48
Routine Immunization (children)	40	35	75
HIV Counselling and Testing	36	63	99
Safe Male Circumcision	7	0	7
Dental Services	36	108	144
Eye Clinic	112	138	250
Laboratory services	93	72	165
Ultrasound scanning	2	7	9
Cancer screening	0	92	92
<b>Total</b>	<b>875</b>	<b>1,591</b>	<b>2,466</b>

Most of the people served would have otherwise not been able to access the services, the majority being women who presented with intestinal worms, peptic ulcers and maternal conditions like pelvic inflammatory diseases. Out of the 92 women screened for cancer, 2 found with early stage cancer of the cervix and referred to Amai Hospital for chemotherapy. In spite of this being a highly malaria endemic area with frequent epidemics, only 12 patients presented

with the disease indicating that there has been a drastic drop in the malaria burden probably due to the In-Door Residual Spraying (IDRS) and mass LLINs distribution campaigns.

### **Good Practice**

The medical team was accommodated in Amolatar District, as opposed to the Rotarians who got accommodated in Lira district and ended arriving at the venue after 11:00am.

Community Mobilization started early and was consistently sustained throughout the week of the camp, using the church and local village radios delivered in the local languages. Use of local radio for mobilization of communities was so effective that the numbers of clients were overwhelming as early as 8:00am.

There was widespread partner engagement which resulted into in kind contribution of drugs, eye glasses and health personnel from Rotary Country Office, Amolatar district and other organizations.

Organizing the camp at Anamwany Primary School ensured there was sufficient infrastructure to accommodate the various clinics as well as sanitation facilities. Services like Safe Male Circumcision and cancer screening which required more privacy were performed at the nearby Anamwany HCII.

Registration of patients and records management was led by Amolatar district, which ensured that the services will be reported through the official national Health Management Information System. The locally sourced records officers needless to say, knew the local language, which made it easy to solicit and document all patient complaints.

### **Challenges:**

The turn up was overwhelming with patients arriving before 8:00am. The registration team and all the subsequent service stations were overwhelmed with people. This also resulted in the camp closing after 7:00pm and some patients having to come back the following day to collect their medicines.

Accommodation facilities were limited in Amolatar, forcing the support teams to stay in Lira, 2-3 hours' drive journey to the camp site.

Late confirmations of Rotarians and guests intending to participate at the medical camp, which delayed decision making about which vehicles to book/hire

Getting vehicles with sufficient capacity to transport the health workers and volunteers was challenging and confirmations were obtained at the last minute

The ultrasound equipment hired did not come with adaptors and other accessories necessary to tap power. Hence the generators hired failed to power the ultrasound machines and as such, only 9 clients were served.

### **Recommendations:**

Decisions to hire equipment should take into consideration the availability of all accessories and amenities necessary for its functioning in a camp setting.