Rotary
Club of Kitante
Club of Kyadondo
Club of Kampala City

Rotaract
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Club of Kyadondo

MEDICAL CAMP REPORT

Section	Details
Title	Comprehensive Community Medical Camp Report
Organizers	Rotary Club of Kitante, in partnership with the Rotary Club of Kampala City, Rotary Club of Kyadondo, Rotaract Club of Kitante and Rotaract Club of Kyadondo
Sponsors and Partners	KCCC Health Centre 111, Harris International, C-Care, Brookside Diaries, Maisha Meds, Nile Post, NBS TV, Torrid Petric Legacy Enterprises Ltd, Jungle Mission, Reproductive Health Uganda, Bashglobal Initiative, Africa Test and Treat Initiative (National Health Laboratory & Diagnostic Services), Infectious Diseases Institute, C-Squared, Mengo Hospital Blood Bank, Rtn. Jimmy Serugo and family, and Housing Finance Bank of Uganda.
Location	Kamwokya Treasure Life Centre
Date(s)	6th/December/2025
Target Community	Kamwokya, Kololo, kisaasi, kyebando
Total Attendance	700

1.0 Introduction and Objectives

The Rotary clubs of Kitante, Kampala City and Kyadondo in partnership with Kamwokya Christian Caring Community (KCCC) conduct an annual medical camp in Kamwokya, a Kampala City suburb and its neighbouring communities. The camp aims at providing free

medical services to the local vulnerable individuals who can not afford these services from the neighbouring government facilities.

KCCC is a non-profit hospital that provides services to the underserved and through their sustainable partnership with the Rotary Clubs, they provide community services annually through this medical camp.

The primary goal of this medical camp therefore was to provide essential healthcare services and health education to the local community, particularly to individuals who have limited access to medical facilities. The objectives included:

i. Offering preventive health measures and general medical consultations.

ii. Conducting specific screenings for prevalent conditions like HIV, malaria, sickle cell disease among others.

iii. Providing management and treatment for chronic conditions such as hypertension and diabetes.

iv. Promoting public health initiatives through Safe Male Circumcision (SMC), blood donation drives and dental care.

v. Providing management and screening for all related Sexually Transmitted Diseases (STDs).

vi. Promotion of mental health awareness through health education and management of mental illnesses.

vii. Providing management and screening of early childhood illnesses to children below 5 years of age.

viii. Vision eye screening and glass dispensing for individuals above 40 years with presbyopia.

2.0 Methodology

To ensure a systematic flow and efficient service delivery the camp adopted the following methodology;

i. **Registration**: All attendees registered and provided basic demographic information.

ii. **Screening and Vitals**: Initial screening involved recording vital signs (blood pressure, temperature and weight).

iii. **Consultation**: Patients were directed to relevant consultation zones with doctors and specialists.

iv. **Laboratory and Pharmacy**: On-site laboratory tests were conducted, and prescribed medications were dispensed at the pharmacy counter.

v. **Specialized Services**: Dedicated areas were set up for SMC, blood donation, Counseling, dental care and eye check up.

vi. **Promotion of antenatal care**: Mama kits were provided as well as the preventive medications used as prophylaxis for anaemia and malaria among pregnant women.

3.0 Services Provided and Key Statistics

A range of services was offered by a team of volunteer medical professionals and Rotarians. These services included;

Service Area	Total Patients/Clients	Key Data Points
General Consultation/OPD	700	Males were 198 and females were 385 with 117 children between 0 to 12 years
Safe Male Circumcision	42	Follow up after 3 days at KCCC
Blood Donation	29	25 Units of Blood collected out of the 29 people who showed interest in donating blood All 24 units collected were found to be safe out of 25 Units 1 Unit was rejected because the owner donated before the recommended 3 months hence not rich in thos ingredients

HIV Testing & Counseling	68	36 were males, 32 were females and only 1 was found positive and linked to care.
Sickle Cell Testing	102	13 were found to be sickle cell carriers while 89 were normal.
Patients with presbyopia (eye related conditions)	80	The criteria were screening individuals above 40 years and 33 were dispensed with glasses,
Other eye related illnesses	148	This includes individuals with double vision, those with discharges, cataracts among others that received treatment.
Malaria Testing & Treatment	284	44 patients were found positive for malaria; 42 pregnant women were screened for malaria and 198 were found negative.
Laboratory (UTI)	415	215 were tested while the remaining 200 had asymptomatic Urinary Tract Infections (UTI) in conjunction with other related vaginal and penile infections
Hypertension	48	All 48 had essential hypertensions and referrals were made to KCCC and c-care for further screening to rule out related cardiac myopathies
Mental heath assessment	127	77 patients were females, 50 patients were males and the risk of mental illness was more among females as compared to males and among the youth of 25 years and above as compared to 18-24 who were moderately at risk of mental illness

Virginal candidiasis	118	All patients were screened managed with oral treatment, offered health education and preventive measures
Diabetes Treatment	23	18 patients had type ii diabetes were educated mainly on diet management and life style modification with offering oral treatment and only 5 patients had type i diabetes.
Health Education/Counseling		
Sexually transmitted diseases	48	6 patients had syphilis with 34 patients with gonococcal related illness while 8 patients had genital ulcer disease.
Peptic ulcer disease	448	304 had peptic ulcer disease while the remaining 144 were found to have gastro esophagealreflux disease.
Skin related conditions	89	38 were diagnosed with allergic dermatitis, 18 had eczema, 18 had mycosis and the remaining 15 had other related skin disorders.
Children less than five years	102	11 had malaria, 23 had diarrhoea with no dehydration and 21 has gastro enteritis with the remaining 47 presenting with bacteraemia and skin related diseases.
Soft tissue injuries	42	All 42 patients presented with soft tissues injuries with and without bruises.
Peripheral neuropathies	39	23 had diabetic related neuropathies while the remaining 16 presented with neuropathies non specific to any illness.

Arthritis	42	These were mainly elderly patients with arthritis non specific.
Typhoid	308	148 were found positive for typhoid fevers due to their life style and treated while educated on further prevention
Worm infections	29	These were mainly children who don't receive any deworming throughout the year
ENT conditions	103	20 had tonsillitis, 15 had pharyngitis while the remaining 68 had allergic rhinitis
Economic Empowerment and Financial Literacy	223	108 Leads generated 12 Accounts were opened Total booth visitors/Financial Literacy 223
Incubator donation	1	Incubator was donated to KCCC Health Centre 111

4.0 Observations and Outcomes

The medical camp successfully reached a significant number of community members, providing immediate relief and identifying several chronic and infectious conditions that required management. A notable observation was the high prevalence of STDs and Peptic Ulcer Disease (PUD) among the attendees, highlighting a specific community health need. The integrated approach, combining testing, treatment, and preventive services like SMC and blood donation, proved highly effective.

5.0 Challenges and Lessons Learned

5.1 Challenges:

i. Turn up of patients was higher during the closing of the camp and this affected the numbers and potential blood donors

ii. Mobilization was not specific on time of start and time of ending.

iii. Some medical personnel were not very dedicated they seemed to get tired at the time when patient surge was very high.

iv. On station work equipment needs to be added.

v. Inadequate space

5.2 Lessons Learned:

i. The camp should last more days for more clients to be served.

ii. Mobilization should be carried out by the medical personnel to explain the services better for the community to understand.

iii. There is need to manage the quantity of drugs procured so that not a lot of drugs remain.

iv. Two parallel blood donation centers should be put at both the medical camp premises and market parking space for those who may not access the medical camp premises

6.0 Conclusion and Recommendations

The joint medical camp was a resounding success, embodying the Rotary principle of ***"Service Above Self"***. The partner clubs demonstrated strong coordination and commitment to improving community health.

6.1 Recommendations for future camps:

i. Increase the supply of medications for common non-communicable diseases.

ii. Expand the scope of specialized services, such as ophthalmologic screening equipment

iii. Enhance community mobilization campaigns to reach an even wider audience.

7.0 Acknowledgements

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