ACTIVITY REPORT

Project Name/Title: **The Commemoration of International Day and Year of Cooperatives (June 10th-16th 2025)**	
Title of the Activity: **Conducting a medical Camp in Kansanga, Makindye Division, Kampala District.**	
Activity Code: **KAMACOS/M-CAMP-2025/2**	
Name and Designation of person leading/organizing the activity	**Implementation date(s)**
Dr. Dan Kagaha Atuwaire	12th June 2025
Activity Venue: **Kansanga KCCA Seed School**	**District:** Kampala **Sub County:** Makindye Division
KAMACOS Team Members Involved	**Partners (Organizations/ individuals/ Districts) involved in the activity**
Dr. Dan Kagaha Atuwaire **Mr. Kawanguzi Willy** **Dr Betty Zalwango** **Mr. Balidawa Musa** **Mr. Kyambadde Deo** **Ms. Namata Fatumah** **Ms. Kemigabo Monica** **Sr. Nakafero Oliver** **Ms. Nalukwago Sarah** **Sr. Amutuhe Patience** **Ms. Natweeta Rhonah** **Dr. Mark Jang Yu Chul** **Mr. Nsereko Emmanuel** **Ms. Nkizire Winnie** **Mr. Aluma Michael** **Ms. Atimong Sarah** **Ms. Martha Kagawa** **Ms. Ategeka Proscovia** **Mr. Ndawula Fredrick** **Mr. Kasozi Isaac**	DGRV, KCCA Makindye Division, Uganda Police, Khan Medical centre, Uganda Blood Bank, Royal Pharmarcy, AFRO-Tv, Makindye Division VHTs
Expected Cases: 2,000	**Total Number of Cases: 2,088** **Females:** 1,359 **Males:** 729
Brief description or background of the activity	
In a collaborative effort to mark International Cooperatives Day, KAMACOS, in partnership with DGRV and MTIC, organized a one-day medical camp Kansanga KCCA	

Seed School in Kampala. This initiative underscores Ugandan health cooperatives' ongoing commitment to tackling significant healthcare challenges faced by vulnerable and underserved communities, particularly those residing in Kansanga's informal settlements. The camp aimed to serve 1,000 individuals by offering free medical services, including disease screenings, treatment, management of common illnesses, health education, and referrals for specialized care. A key objective was to highlight the vital role of health cooperatives in expanding healthcare access, especially for informal sector workers and other vulnerable groups.

The medical camp was designed to provide a range of essential services, encompassing consultations for common ailments, preventive care, and various health awareness programs. This initiative was strategically aligned with KAMACOS's five-year plan, which is dedicated to delivering quality healthcare to underserved populations while ensuring the long-term viability of health programs through a cost-recovery model. The camp also served to emphasize DGRV's wider mission of supporting cooperatives across Uganda in their efforts to enhance access to affordable healthcare for rural communities. To deliver comprehensive healthcare solutions in the area, the organizing partners successfully mobilized local resources, including medical personnel, facilities, supplies, and essential medicines.

Through this event, the cooperative movement aimed to demonstrate its capacity to foster sustainable, equitable, and inclusive healthcare solutions, directly aligning with the global theme of International Cooperatives Day: "Cooperatives Build a Better World." This medical camp forms part of broader efforts to raise awareness about the crucial role cooperatives play in achieving the United Nations' Sustainable Development Goals (SDGs), with a particular focus on improving health outcomes for vulnerable communities.

Activity Objective/s

- **To increase access to basic healthcare services in the informal and refugee settlements of Kansanga Suburb Kampala district.**
- **To promote preventive health practices in the informal and refugee settlements of Kansanga Kampala district.**

Provide a brief account of the proceedings of the activity including; **Approach, Methods, tools and content (In case of training). D*escribe how you implemented the activity, categories of people who participated…etc)***

As part of a weeks' activities in the commemoration of the International Day of Cooperatives, KAMACOS in partnership with DGRV, Makindye Local Government, The Ministry of Trade, Industry Cooperatives and Kampala Capital City Authority (KCCA) conducted a one day health/medical camp at the Kansanga KCCA Seed School grounds held on the 12th June 2025 respectively.

The medicalcamp commenced on with community members turning up for services as early as 7:00am. The KAMACOS medical team led by Dr. Betty Zalwango was already present to receive them, despite the event's official starttime of 9:00am.

Mr. Seguya Francis, the Local Council II leader, welcomed all residents to the medical camp, commending their commitment to health. He conveyed his appreciation to KAMACOS supported by DGRV for their initiative in organizing the camp and providing

essential health services. He encouraged community members to avail themselves of the complimentary services, which included consultations, HIV testing, malaria screening, and health education. Emphasizing that a healthy populace is a robust and productive one, he urged residents to maintain good hygiene practices, utilize mosquito nets, and ensure children receive full immunizations. He concluded with a plea for unity and cooperation to forge a healthier, more prosperous future for the village, extending his blessings to all attendees.

Miss Nassazi Josephine the Makindye Minister for Health from KCCA was also present at the event. She encouraged the community to utilize KCCA and government hospitals for their healthcare needs instead of solely relying on medical camps for free services. She explained that while many services at these government facilities are free, patients might need to purchase certain medications or cover the cost of specific medical procedures at a highly subsidized fee.

As part of the Kansanga community medical camp, a focused health education session was conducted to promote preventive healthcare practices among residents of Kansanga's informal and refugee settlements. Led by Ms. Ategeka Hope from KAMACOS/Peace Counseling Beaural (PCB), the session covered critical topics including personal hygiene, safe water handling, mosquito net usage, and child immunization. The community was sensitized on the importance of consistent handwashing, sanitation, and early health-seeking behaviors. Special emphasis was placed on HIV prevention, with 437 individuals receiving targeted counseling, enhancing community understanding of transmission risks and the importance of regular testing. The session significantly contributed to boosting health literacy, empowering residents with the tools and knowledge to take proactive steps in managing their health and reducing the disease burden in their community.

The visiting delegation from the International Health Cooperative Organisation (IHCO), led by President Dr. Zarco Carlos and Secretary General Mr. Jose Perez, made a heartfelt appearance that was warmly received by both community members and medical staff. Upon arrival, the IHCO team took time to greet the residents, offering words of encouragement and expressing appreciation for their turnout and trust in cooperative-led health initiatives.

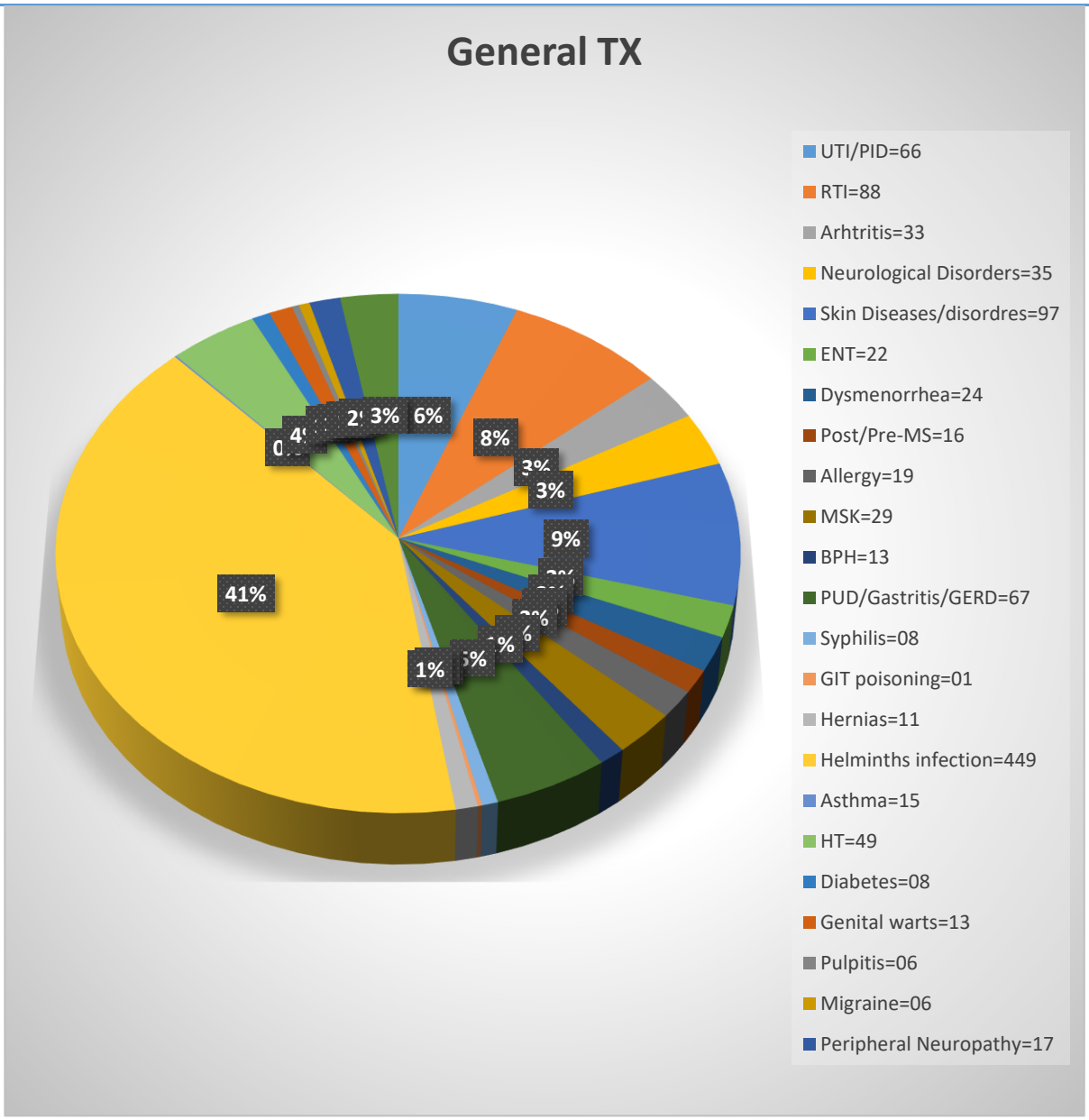
Dr. Zarco delivered a brief message of solidarity, emphasizing the importance of community-owned healthcare and urging residents to embrace preventive practices and make full use of available services. In a symbolic gesture to officially launch the day's activities, Dr. Dan Kagaha, Chairperson of KAMACOS, donated blood, setting a tone of sacrifice, leadership, and commitment to community well-being. This act was met with applause and marked the official opening of the medical camp's health services.

Following the ceremony, the IHCO delegation conducted a guided tour of the various service departments, including the consultation area, laboratory screening stations, pharmacy, and health education corners. They engaged with medical personnel, volunteers, and patients, commending the team for their dedication and cooperative

spirit. The IHCO team encouraged continued teamwork and reaffirmed their organization's support for strengthening such community-driven health initiatives. Their visit served as a powerful morale boost and reinforced the value of global cooperation in advancing health equity through cooperatives.

The Medical Camp activities commenced with community members receiving specialised treatment and consultaion throughout the day.

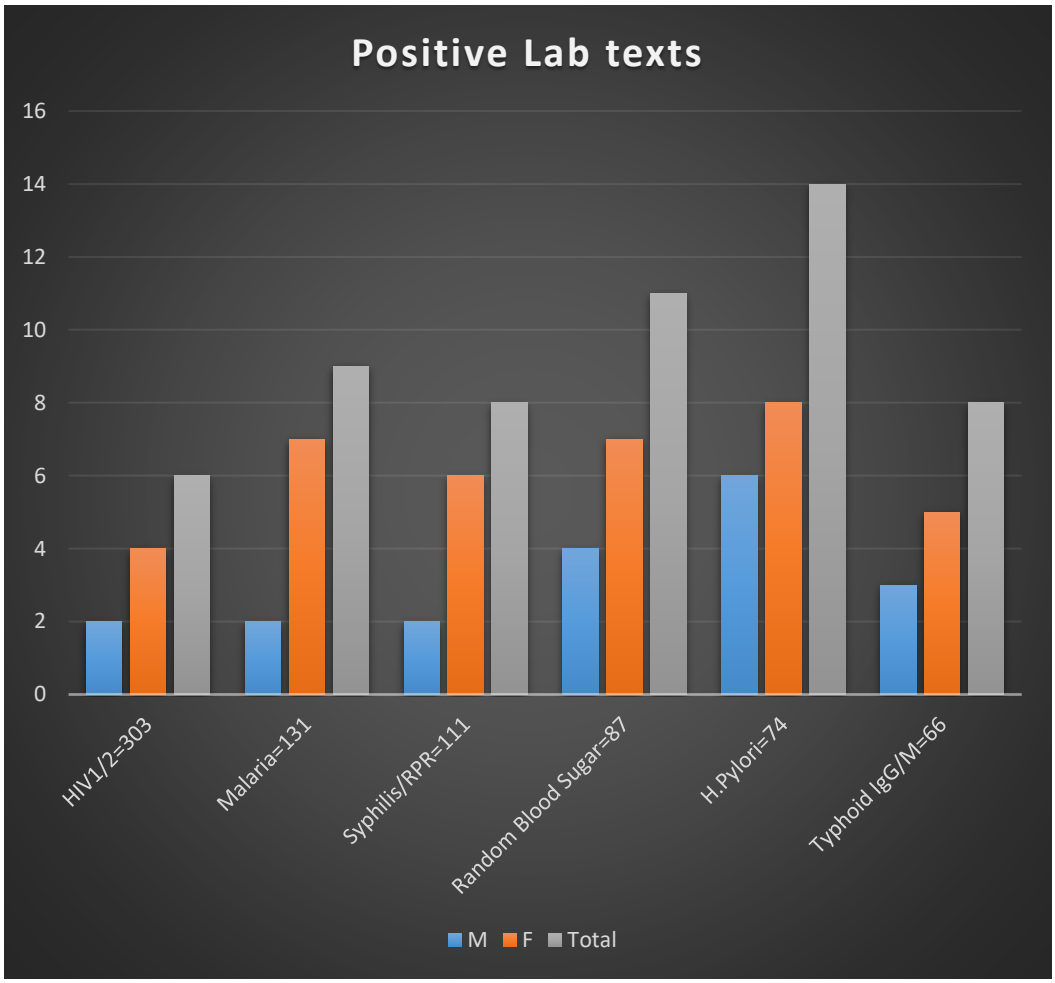
Details of activity	
Achievements	**12 JUNE, 2025** The medical camp significantly contributed to increasing access to basic healthcare services in Kansanga and the surrounding informal and refugee settlements. Key outcomes observed include: 1. Enhanced Health Literacy and Prevention for the Kansanga Community. The Members present showed increased awareness and adoption of crucial preventive health measures, such as good hygiene practices, consistent use of mosquito nets, ensuring full child immunization- and HIV care. 2. The camp facilitated the earlier identification of common diseases, leading to more timely interventions and improved patient management within the community. The direct outputs of the medical camp highlighted the immediate services delivered: 3. Comprehensive Service Delivery: Services provided included general medical consultations, HIV tests (with counseling), malaria screenings (with treatment for positive cases), and essential medications were dispensed, patients requiring specialized care were successfully referred to health facilities for follow-up. The services included; **i. Medical Consultations:** 1101 case were managed through general medical consultation with patients presenting with conditions ranging from malaria, respiratory infections, diarrheal diseases, various skin conditions, diabetes, hypertension and hypotension, UTIs, Pelvic Inflammatory Diseases, Arthritis, Ear, Nose, Throat (ENT), Peptic Ulcer Diseases, Syphilis, Muscular Skeletal conditions, Asthma, Neuropathies, among others. Medicine were dispensed accordingly based on diagnosis. A total of 14 cases were referred for proper management and continuity of treatment i.e. 06 HIV positive clients sent to Kisugu HCIII for further counseling and initiation of ART treatment. While 08 syphilis positive cases were initiated on treatment and referral to the Cooperative Medical center, Kansanga for continuity of treatment and further management. The 11 and 21 newly diagnosed diabetic and hypertensive patients respectively were initiated on the treatment and to be reviewed at the Cooperative Medical Center.

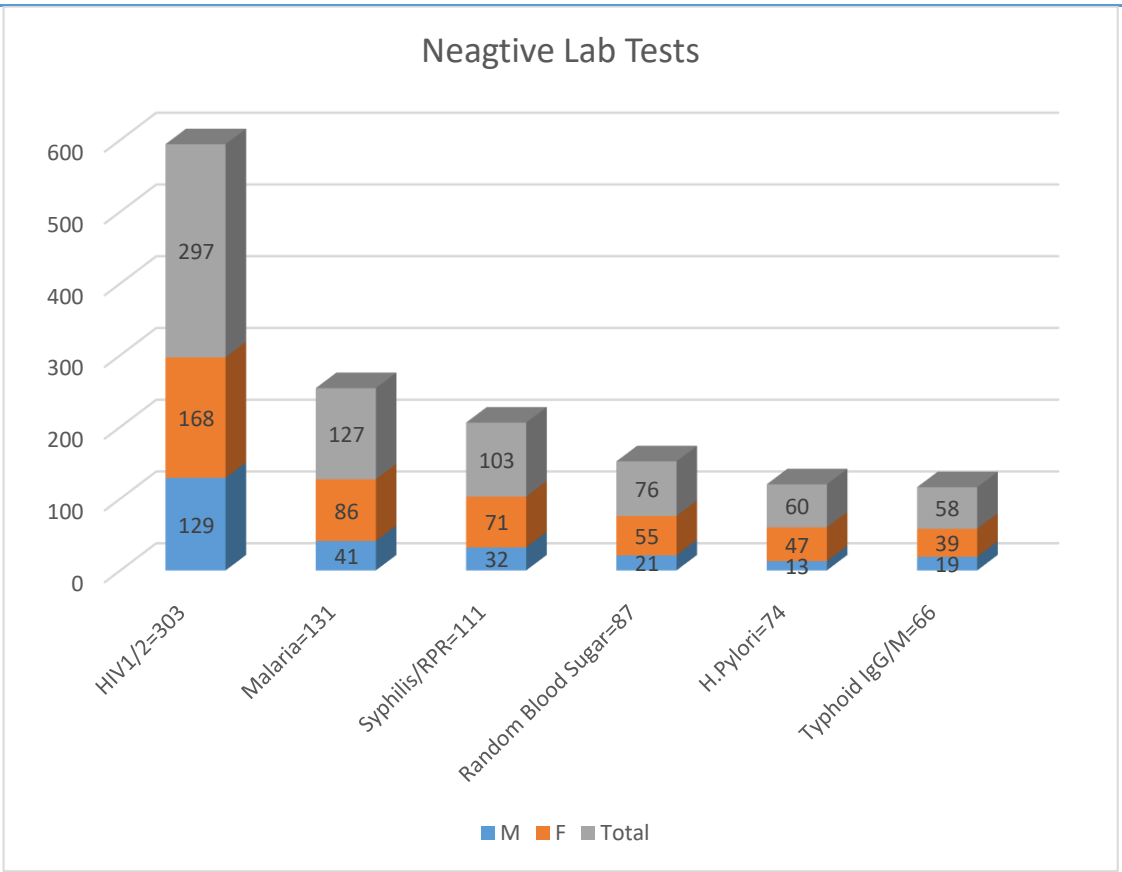


ii. Diagnostic Services:

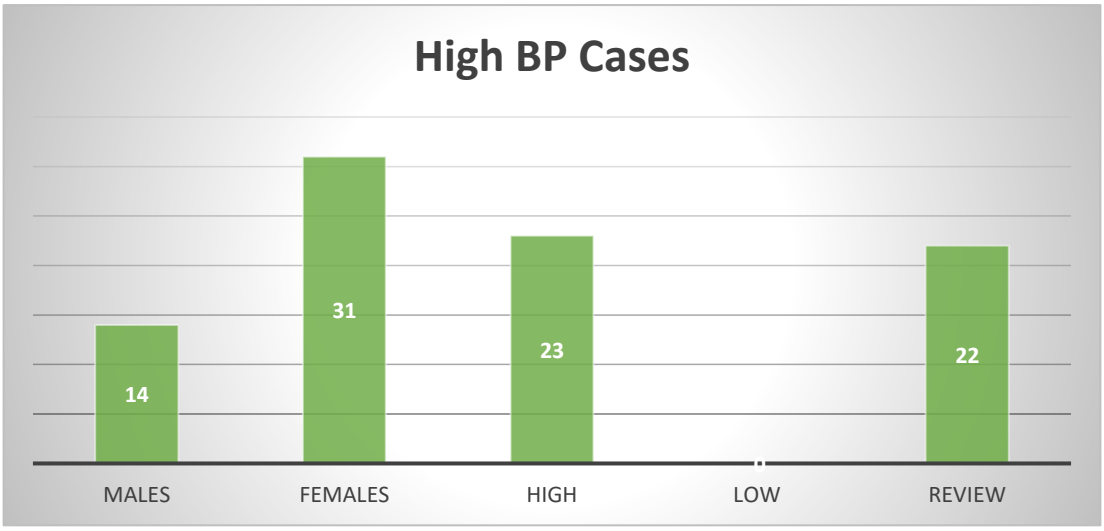
a. **Laboratory Testing:** The on-site laboratory facilitated rapid diagnostic testing for prevalent diseases. A total of 772 laboratory tests were done. These included 131 malaria tests which 09 were positive, 303 HIV tests (06 positive and 297 Negative), 111 syphilis tests with 08 positive cases, 87 random blood sugar tests with 11 identified as newly diabetic cases, 74 H-Pylori tests for ulcers with 14 being positive, 66 Typhoid Tests were done and 08 were positive and instantly initiated on treatment. The 06 HIV positive clients were referred to Kisugu HC III for further counseling and enroll on the Antiretroviral Therapy (ART). The 08 syphilis cases were initiated on treatment at the camp and referred for continuity of treatment to the Cooperative Medical Center. These lab services and tests significantly aided in accurate diagnosis and timely intervention

including referrals.





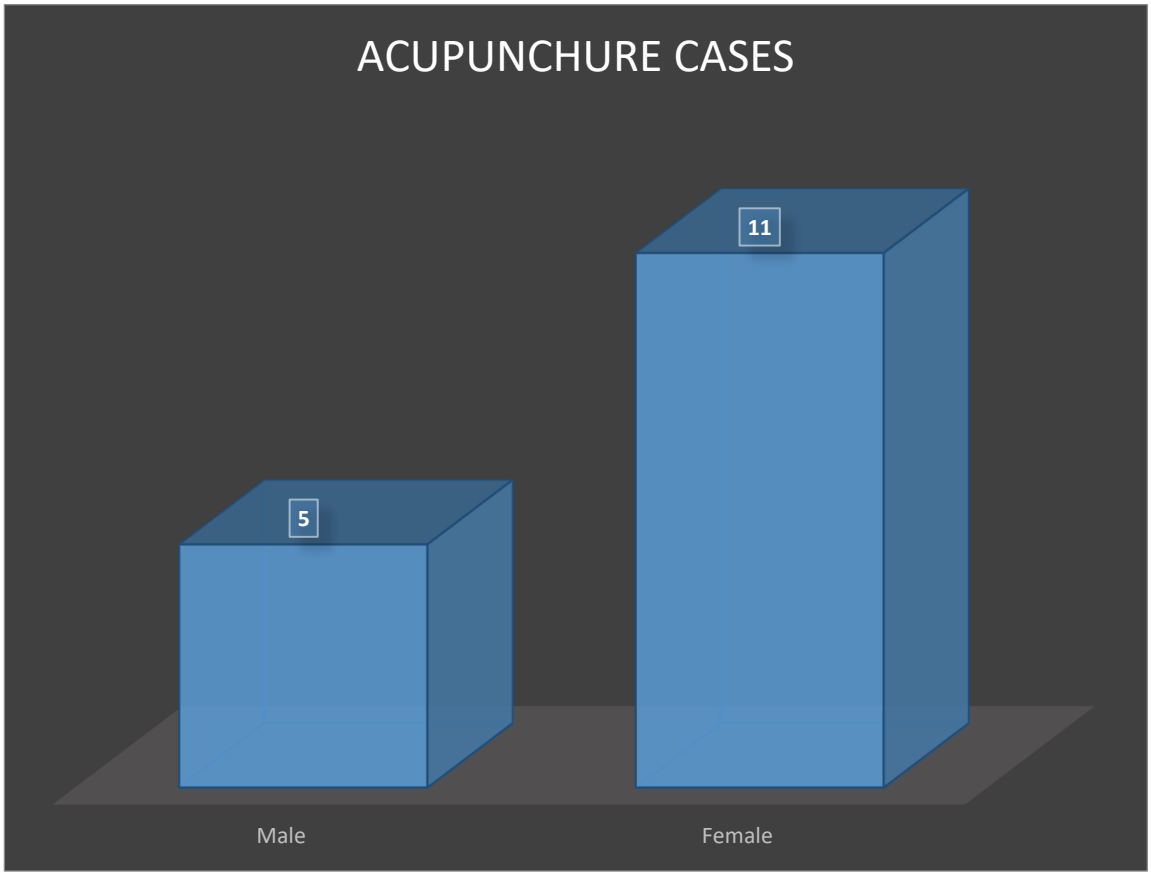
b. **Blood Pressure Screening:** A total of 413 beneficiaries were screened for blood pressure and 21 cases of high blood pressure were identified and subsequently initiated on treatment at the camp. There was no case



of low blood pressure identified.

iii. **Medication Dispensing**: Essential medications, including antibiotics, anti-acids, NSAIDs, de-wormers, analgesics, hematinic, anti-hypertensives, antidiuretics, ant-depressants, anti-fungal, anti-histamines, antidiabetic, depressants, bronchodilators, decongestants, laxatives, antiseizures, cortical steroids, antipsychotics, cardiovascular drugs, vitamins and others, were dispensed free of charge to 590 patients plus 449 de-worming doses dispensed a making 1039 beneficiaries received medicine. Qualified a pharmacist, technicians, nurses, provided clear instructions on dosage and usage."

4. **Blood donation Campaign**: A total of 135 units of blood was collected at the medical camp by the Uganda blood transfusion services. This will go long in saving lives our mothers who over bleed during labor and will used to address the rampant cases of anemia due to severe malaria which is the leading cause of death in Uganda and the tropics generally.
5. **Acupuncture**: 16 cases were handled.



The medical camp significantly contributed to promoting preventive health practices within Kansanga and the surrounding informal and refugee settlements. **Key expected outcomes will include:**

- Increased Adoption of Healthy Behaviors: There was a noticeable improvement in the community's adoption of key preventive health

	practices. This included enhanced hygiene behaviors, such as more consistent handwashing, and better vector control efforts. • Enhanced Health Literacy: Community members demonstrated a greater understanding of how common diseases are transmitted and, crucially, how to prevent them. This improved health literacy is empowering Kansanga residents to make more informed decisions about their well-being. • Shift Towards Proactive Health Management: The initiative helped foster a more proactive approach to health within the community, shifting focus from solely curative care to actively embracing preventive measures in daily life. To achieve the objective of promoting preventive health practices, the medical camp delivered the following direct outputs: • Extensive Health Education: A total of 2 dedicated health education sessions were conducted, covering personal hygiene, sanitation and safe water practices. These sessions directly engaged community members. • Targeted Counseling and Screenings: We provided direct counseling on HIV prevention to 437 individuals of which 303 voluntarily tested for HIV and were duly counseled. • Practical Demonstrations: To reinforce learning, practical demonstrations in proper handwashing techniques were conducted, offering hands-on learning experiences.
What went well	• Community leaders participated actively by mobilizing for the camp, bought water and sodas for the workers and volunteered to support the team. • Community leader, Mr. Dirisa provided at the camp with a van to help as an ambulance on ground to transport severely ill and referred patients to medical facilities for further management. There were two cases which needed immediate referrals and were subsequently transferred by the team one to Nsambya hospital and another one to the Cooperative medical Center for further management. • Some pharmaceutical companies delivered the medicine donations at the camp when the team were really running down the supplies, this motivated the workers. • The community leaders and members were excited and commended fondly of the medical team for their professionalism and the provision of free of charge services for diseases they had leaved with for very longtime. Everyone at the camp received sufficient care. • Community was excited and encouraged by Dr. Carlos' remarks. He implored the community to embrace the cooperative ideals.

Lesson learnt	• It's crucial to have a dedicated ambulance or emergency transport plan in place for medical camps, especially when referring patients for specialized care. Relying on personal vehicles for critical transfers, as seen with the LC1 chairperson, is risky and can compromise patient safety. • Future camps must prioritize having adequate medical personnel to handle the anticipated patient volume. A shortage of staff leads to long wait times and can compromise the quality of care provided to a large number of attendees. • There is need to ensure a sufficient stock of vital medicines is essential to meet the community's needs during a medical camp. Running out of crucial medications can hinder effective treatment and undermine the purpose of the camp.
Challenge	• Camp started late because the venue was being utilized for student's sports activity. The venue owner did not inform us prier that the venue was booked for school sports activity, so this somewhat disorganized making us start late that planned. • Medical workers at the camp expressed concern over the stock-out of vital medicines crucial for the community's needs. • There were few medical personnel to attend to huge numbers of patients who were seeking medical attention. • Limited financial resources to cover all planned activities, such as cervical cancer screening, prostate cancer screening and surgery. So, such important activities were dropped as resources could not allow. This was a very big disappointment to expectant community members who had hoped to get services for conditions they had suffered with for years due lack of finances to fund their surgeries. • Severely ill patients and others with complicated cases turned up anticipating treatment but we could not fully help them at the camp. Such were disappointed. • Many patients were un attended to due to time factor. The activity was a one-day event and such large numbers could not be exhausted.
Observations and Conclusions	• The camp exceeded expectations by serving 2,088 patients against a target of 2,000. • More females (1,359) attended than males (729), indicating possible gender disparities in healthcare access. • Most common conditions: helminth infections (449), skin diseases (97), respiratory infections (88), UTIs/PIDs (66). • Chronic conditions like hypertension (49) and diabetes (8 new cases) were identified and initiated on treatment. • A total of 772 lab tests and 413 blood pressure screenings were conducted. • 135 units of blood were collected, showcasing strong community participation. • 437 individuals received HIV counseling; 303 tested voluntarily. • Local leaders and pharmaceutical partners contributed significantly

	with logistics and medicine donations. • Introduction of acupuncture (16 cases) highlighted community openness to alternative therapies. • The camp achieved its objectives of improving healthcare access and preventive health in Kansanga. • High burden of helminth infections and respiratory diseases points to sanitation and environmental challenges. • There is a growing need for regular screening for chronic illnesses like hypertension and diabetes. • Community involvement and cooperative partnerships are effective for large-scale health outreach. • Staff shortages and medicine stock-outs limited service delivery.
Recommendation	• Extend the camp duration or increase frequency to serve more people. • Include specialized services like dental, eye care, and minor surgeries. • Provide a dedicated emergency transport system for critical cases. • Ensure a robust supply of essential medicines through stronger partnerships. • Continue health education programs to sustain preventive behaviors. • Recruit more medical personnel to reduce patient wait times and improve care quality. • Consider modest cost-sharing to sustain services for non-vulnerable groups. • Confirm venue availability in advance to avoid delays. • Implement a follow-up system for referred cases. • Adopt digital tools for better data collection and reporting.
Next steps	• Extend Camp Duration and Frequency: To meet the high patient demand, we should either increase the duration of medical camps or host them more frequently. This will ensure more people can access the services they need. • Include Specialized Services: Future medical camp planning should prioritize adding specialized services, especially dental and eye care. These services are crucial for comprehensive community health and are often in high demand. • Consider charging a modest fee for the services incase

Compiled and submitted By (*Activity Leader)*	**Name:** Kawanguzi Willy **Signature:**	**Date:**
Reviewed and approved by (Supervisor/line manager)	**Name:** Dan Kagaha Atuwaire **Signature**	**Date:**

INSERT PHOTOGRAPHS



The IHCO president speaking to patients during the medical Camp urging them to support cooperative ideals and initiatives



Patients lining up to receive medical Treatment and consultations.



Patients being clerked by KAMACOS medical personnel while the IHCO delegation tours around.



Patients taking treatment from the medical team

List of Cooperative medical and non-medical workers:

S/N	NAME	ORGANIZATION	DESIGNATION	CONTACTS
1	Dr. Carlos Zarco	IHCO	President	
2	Mr. Jose Perez	IHCO	Secretary General	
3	Mrs. Martina Weis	DGRV	Project Director	
4	Dr. Dan KAGAHA Atuwaire	KAMACOS	Team Leader	+256 780 102 036
5	Dr. Betty Zalwango	KAMACOS	Medical Officer	+256 704 295 410

6	Dr. Mukasa Guard	KAMACOS	Anesthesiologist	+256 771 439 630
7	Ms. Nalukwago Sarah	KAMACOS	Clinician	+256 750 092 806
8	Dr. Balidawa Musa K.	KAMACOS	Clinician	+256 746 696 669
9	Ms. Amutuhe Patience	KAMACOS	Mid-Wife	+256 776 706 947
10	Sr. Nakafeero Oliver	KAMACOS	Nurse	+256 761 725 264
11	Ms. Martha Kagawa	KAMACOS	Nurse	+256 786 995 225
12	Mr. Kasozi Isaac	KAMACOS	Social worker	+256 750 607 096
13	Mr. Kyambadde Deogratius	KAMACOS	Biomedical Scientist	+256 777 102 768
14	Mr. Balidawa Musa Kwetere	KAMACOS	Clinician	+256 746 696 691
15	Ms. Natweeta Rhona	KAMACOS	Nurse Assist.	+256 771 607 201
16	Ms. Atimango Sarah	KAMACOS	Laboratory Tech	+256 755 592 689
17	Nsereko Emmanuel	KAMACOS	Lab. Tech	+256 742 070 161
18	Nkizire Winnie	KAMACOS	Nurse	+256 755 592 689
19	Dr. Ndawula Fredrick	KAMACOS	Medical Officer	+256 702 779 134
20	Namugambe Annruth	KAMACOS	Medical Assistant	+256 706 164 817
21	Ms. Kemigabo Monica	KAMACOS	Nurse	+256 752 210 797
22	Mr. Aluma Michael Bayo	KAMACOS	Social Worker	+256 772 899 752
23	Ms. Ategeka Proscovia	KAMACOS	Counselor	+256 762 202 417
24	Kawanguzi Willy	KAMACOS	CEO	+256 704 662 393
25	Ms. Fatumah Namata	KAMACOS	Administrator	+256 774 584 742
26	Mr. Okello Collins Ochola	KAMACOS	Accountant	+256 772 842 173
28	Mrs. Batenga Hamida	KCCA Makindye Division	Village Health Team (VHT)	+256 755 355 119
29	Mr. Lubega Henry	KCCA Makindye Division	VHT	+256 700 426 771
30	Mr. Kamya Leontino	KCCA Makindye Division	VHT	+256 755 760 133
31	Mrs. Nassazi Mariam	KCCA Makindye Division	VHT	+256 700 710 138
32	Mr. Tumusiime Ibrahim	KCCA Makindye Division	VHT	+256 782 012 557

33	Eng. Tabu Ali Suleh	KCCA Makindye Division	VHT	+256 700 753 277
34	Mrs. Nakiirya Irene	KCCA Makindye Division	VHT	+256 756 910 066