ACTIVITY REPORT:

Project Name/Title: The Commemoration of International Cooperative Day (June 10th-16th 2025)	
Title of the Activity: Conducting a General Medical Camp in Rwerere Town Council Rukungiri District.	
Activity Code: KAMACOS/M-CAMP-2025/1	
Name and Designation of person leading/organizing the activity	Implementation date(s)
Dr. Dan KAGAHA Atuwaire and Mr. Kawanguzi Willy	14th to 16th June 2025
Activity Venue: Rwerere Church of Uganda in Rwerere Town Council	District: Rukungiri Sub County: Rwerere Town Council
KAMACOS Team Members Involved	Partners (Organizations/ individuals/ Districts) involved in the activity
1. Dr. Dan KAGAHA Atuwaire 2. Mr. Kawanguzi Willy 3. Dr Betty Zalwango 4. Dr. Mukasa Guard 5. Dr. Balidawa Musa 6. Mr. Kyambadde Deogratius 7. Ms. Namata Fatumah 8. Ms. Nakafeero Oliver 9. Dr. Isabirye Robert 10. Dr. Nalukwago Sarah 11. Ms. Amutuhe Patience 12. Mr. Okello Collins Ochola 13. Dr. Mark Jung Yu Chul **14.** Mr. Joseph Kambaza Ssemwogerere	DGRV, MTIC, Rukungiri District Local, Rwerere Town Council Government, Rwerere Twetambire Health Cooperative, Kisizi Hospital, Nakagyeme HC III, Rwerere Health Centre II, Humura Health centre, Rwerere Church of Uganda, Afro TV. Individuals: Tushaba Ohurira- District Qulaity Improvement Focal Person, Dr. Francis Muchunguzi- Medical Officer(Kisizi) Nimusiima Nickson- Incharge Rwerere Health Centre II. Dr.Masiko Edson-Medical Officer Buhunga HC IV, Amutuheire Ivan- Mobilizer Rwerere Twetambire Health Cooperative.
Beneficiaries: 2708 Cases	**Total Number of Cases:** **Females: 2,025 Males: 683**
Brief description or background of the activity	
KAMACOS, in partnership with DGRV and MTIC organized a two-day medical camp in Rwerere, Rukungiri District, in commemoration of the International Day of Cooperatives. This initiative was part of the ongoing efforts by health cooperatives in Uganda to address the significant healthcare challenges faced by rural and	

underserved communities. The camp was designed to provide free and subsidized medical services, including disease screenings, treatment, health education, and referrals to specialized care, with a goal of reaching 5,000 people. It was also planned to emphasize the critical role of health cooperatives in improving healthcare access, especially for informal sector workers and vulnerable groups.

The medical camp was planned to offer a variety of essential services, such as consultations for common diseases, preventive care, and health-related awareness programs. This initiative is strategically aligned with KAMACOS's five-year plan, which focuses on delivering quality healthcare to underserved populations while ensuring the sustainability of health programs through a cost-recovery model. The Medical camp was also planned to highlight DGRV's broader mission of supporting cooperatives in Uganda to enhance affordable healthcare access for rural communities. The organizing partnership mobilized local resources, including medical personnel, facilities, supplies and drugs to provide comprehensive healthcare solutions in the area.

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

Activity Objective/s

- To increase access to basic healthcare services in Rukungiri district.
- To promote preventive health practices in Rukungiri District.
- To raise awareness, sensitize, and promote the role of Health Cooperatives
- To showcase how Cooperatives, Contribute to SDGs
- Strengthen collaborative efforts through sharing experiences, knowledge, key interventions, and strategies for addressing challenges.

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 year of Cooperatives, KAMACOS in partnership with DGRV, Rukungiri Local Government, The Ministry of Trade, Industry Cooperatives, Rwerere Town Council Government, Rwerere Twetambire Health Cooperative, Kisizi Hospital, Nakagyeme HC III, Rwerere Health Centre II, Humura Health Centre and Rwerere Church of Uganda conducted a two day health/medical camp at the Rwerere Health Center II grounds held on the 14th and 15th June 2025 respectively.

Day 1

The medicalcamp activities commenced on the 14th June 2025 with community members turning up for services as early as 7:00am. The Rwerere Health Center II team was already present to receive them, despite the event's official start time of 8:00am.

The event commenced with an opening prayer led by Reverend Nuwagaba Erias, head chaplain of Rwerere Church of Uganda. He welcomed the visiting teams from KAMACOS, DGRV, Rukungiri Local Government, The Ministry of Trade, Industry

Cooperatives, Rwerere Town Council Government, Kisizi Hospital, Nakagyeme HC III, Humura Health Centre and the community to Rwerere. He strongly encouraged locals to diligently follow the advice and recommendations they would receive from the medical personnel.

The Local Council chairperson welcomed all residents to the medical camp and thanked them for prioritizing their health. He expressed appreciation to KAMACOS and DGRV for organizing the medical camp with the aim of delivering vital health services. He encouraged community members to take full advantage of the free services provided, including free consultations, HIV testing, malaria screening, and health education among other services. He emphasized that a healthy community is a strong and productive one, and urged residents to continue practicing good hygiene, using mosquito nets, and ensuring children are fully immunized. He concluded by calling for unity and cooperation to build a healthier and more prosperous future for the village, and extended his blessings to all present.

Ms. Tumusiime Catherine, the Mayor of Rwerere Town Council, was present at the event and emphasized that the initiative was a clear testament to the Government of Uganda's unwavering commitment to the well-being of every citizen. The Mayor extended her sincere gratitude to DGRV and KAMACOS for their invaluable partnership in bringing vital healthcare services directly to those who needed them most. She acknowledged the presence of dedicated medical professionals, volunteers, and partners whose efforts would ensure that hundreds of residents receive essential check-ups, consultations, medications, and health education that might otherwise have been inaccessible.

Additionally, during her address to the Rwerere community, Ms. Pamela Komugisha, the representative from DGRV articulated their organization's core mandate in Uganda: to foster structural improvements and sustainable capacity building within the cooperative sector. She highlighted DGRV's commitment to supporting the development of robust cooperative structures across various sectors, including finance, agriculture, renewable energy, and crucially, health. Ms. Pamela emphasized DGRV's aim to empower communities through cooperatives to provide essential services like affordable healthcare, as exemplified by the medical camp in planned and organized with KAMACOS at Rwerere, ultimately contributing to improved livelihoods and community resilience.

Furthermore, Dr. Dan Kagaha, the Chairperson of KAMACOS's Board of Directors, delivered a speech emphasizing the cooperative's foundational vision to extend quality and accessible healthcare, particularly to underserved communities. He highlighted the Rwerere medical camp as a direct fulfillment of this vision, made possible through a vital partnership with DGRV. Dr. Kagaha thanked DGRV and the dedicated medical personnel and volunteers, stressing that their collective efforts were crucial to the camp's success. He concluded by reiterating KAMACOS's commitment to leveraging cooperation for healthcare transformation and development, aiming to ensure health as a fundamental right for all.

After the above speeches, the event continued with a Health Education session from

Dr. Edson Masiko who emphasized the critical importance of early medical checkups. He urged the community to seek medical attention promptly whenever they feel unwell to pre-empt future health complications. Dr. Edson highlighted that delaying diagnosis and treatment due to negligence can lead to severe consequences including:

- Disease progression: Conditions that are easily treatable in their early stages could advance, becoming more difficult and costlier to manage.
- Irreversible damage: some diseases can cause permanent organ damage or disability if not addressed in a timely manner.
- Reduced quality of life: Untreated or late-stage illnesses can significantly impair a person's daily functioning and overall well-being.
- Increased mortality risk: For many serious diseases, delayed intervention dramatically increases the risk of premature death.

He also encouraged the community to utilize the free medical services offered at Rwerere Health Center II for their basic healthcare needs, while advising them to seek specialized health services not available there from larger medical facilities. Additionally, he urged the community to engage actively with the medical officials, asking as many health-related questions as possible, reiterating that consultation, diagnosis and medical treatment at the medical camp was free of charge.

Once the health education concluded, Dr. Edson informed the public about the service procedures. He guided patients to the correct areas based on their conditions, indicated the queues for different services, and clarified the overall schedule of activities. With these instructions complete, he officially commenced the medical consultations and treatments.

By 5:00pm, all the patients who had turned up at the medical camp for consultations, diagnosis, treatment and referral had seen a medical officer and were attended to accordingly.

Day One concluded with an evaluation meeting attended by the medical officers who provided services to the community, alongside representatives from DGRV and KAMACOS, to assess the day's progress. Dr. Dan KAGAHA extended his gratitude to everyone for their dedicated efforts in ensuring that all patients received treatment and left feeling content.

- Medical workers at the camp expressed concern over the stock-out of vital medicines crucial for the community's needs. In response, Dr. Dan assured the team he would procure additional essential drugs. Following further discussion among the members, a pragmatic agreement was reached: should the supplied medications prove insufficient, patients would still be attended to, receive prescriptions, and be advised to purchase any unavailable drugs from external pharmacies. This approach aimed to ensure continuity of care even in the face of supply limitations.

- Pharmacists at the camp expressed a significant and valid concern regarding medication continuity, particularly for patients managing chronic illnesses. They observed that the prescribed medications at the camp might differ from what these patients were accustomed to taking. This discrepancy is a critical

issue, as interrupting an established treatment regimen for a chronic condition can potentially lead to adverse health outcomes and compromise the patient's long-term well-being. Considering this, members at the camp agreed that patients who were already on a specific line of treatment for their chronic diseases should be strongly advised to continue with the medications they have been taking. It's crucial for these individuals to maintain their established medical routine. Furthermore, they should be encouraged to continue visiting their regular doctors, as they have been doing. This ensures consistent care and allows their primary healthcare providers to monitor their conditions effectively.

- The rationale behind this recommendation is twofold. Firstly, while the camp aimed to provide immediate medical assistance, the medications available might be expensive or difficult for patients to access easily once they leave the camp setting and return to their communities. Shifting to a new medication that is not readily available or affordable post-camp could disrupt their treatment entirely. Secondly, and more importantly, changing medication for a chronic illness without proper long-term follow-up from their usual doctor could destabilize their condition. Prioritizing continuity of care over a temporary change in medication ensures that patients receive the most appropriate and sustainable treatment for their chronic conditions.

- Gender Disparity in Acupuncture Patients: Dr. Mark, an acupuncture specialist on the ground, observed a notable trend during the camp: the majority of his patients were women. This significant gender disparity in those seeking acupuncture treatments was a point of concern for him.
  Dr. Mark believes that understanding the underlying reasons for this imbalance is crucial. He therefore requested that, should funding become available, a research study be undertaken to thoroughly investigate the cause of this demographic data. Such research could explore various factors, including cultural perceptions of acupuncture, the prevalence of conditions more commonly experienced by women that acupuncture addresses, differing health-seeking behaviors between genders, or even accessibility issues that might disproportionately affect men's ability to attend the camp for treatment. Uncovering these insights would not only inform future health interventions but also help ensure that healthcare services are equitably accessed by all members of the community.

The day was concluded with a prayer from Dr. Masiko.

Day 2
On 15th June 2025, the second and last day of the camp, more members of the community turned up to receive free medical services. This was alluded to the reports they could have received from those who had received medical services from the camp on the previous day.
The medical camp was opened at 8:00am with an opening prayer and remarks from Dr. Edson, who later invited Dr. Dan to take on the health education session. From the previous day's evaluation feedback, the medical team decided to address this

issue with the community available:

- Medication Continuity for Chronic Illnesses: A Key Concern at the Camp.
  Dr. Dan highlighted to the community that a significant and valid concern emerged on day one with the patients who had chronic illnesses at the camp regarding medication continuity, particularly for patients managing chronic illnesses. They were taught that the prescribed medications available at the camp might differ from what these patients were accustomed to taking. This discrepancy was identified as a critical issue, given that interrupting an established treatment regimen for a chronic condition can potentially lead to adverse health outcomes and compromise a patient's long-term well-being.
- Recommendations for Sustained Care:
  Patients already on a specific line of treatment for their chronic diseases were strongly advised to continue with their existing medications. This recommendation emphasized the crucial need for these individuals to maintain their established medical routine.
  Furthermore, patients were encouraged to continue visiting their regular doctors, as they have been doing, to ensure consistent care and allow their primary healthcare providers to monitor their conditions effectively.
- Rationale for Prioritizing Continuity of Care:
  Community members were sensitized on the rationale behind these recommendations being twofold; firstly, while the camp aimed to provide immediate medical assistance, concerns were raised that the medications available might be expensive or difficult for chronic illness patients to access easily once they leave the camp setting and return to their communities. Furthermore, the community was told that shifting to a new medication that is not readily available or affordable post-camp could potentially disrupt their treatment entirely. Secondly, and more importantly, it was stated that changing medication for a chronic illness without proper long-term follow-up from their usual doctor could destabilize their condition. Therefore, prioritizing continuity of care over a temporary change in medication was deemed essential to ensure that patients receive the most appropriate and sustainable treatment for their chronic conditions.

This session was concluded with a Question-and-Answer session were the community asked medically related questions and were responded to by the doctors on the ground.

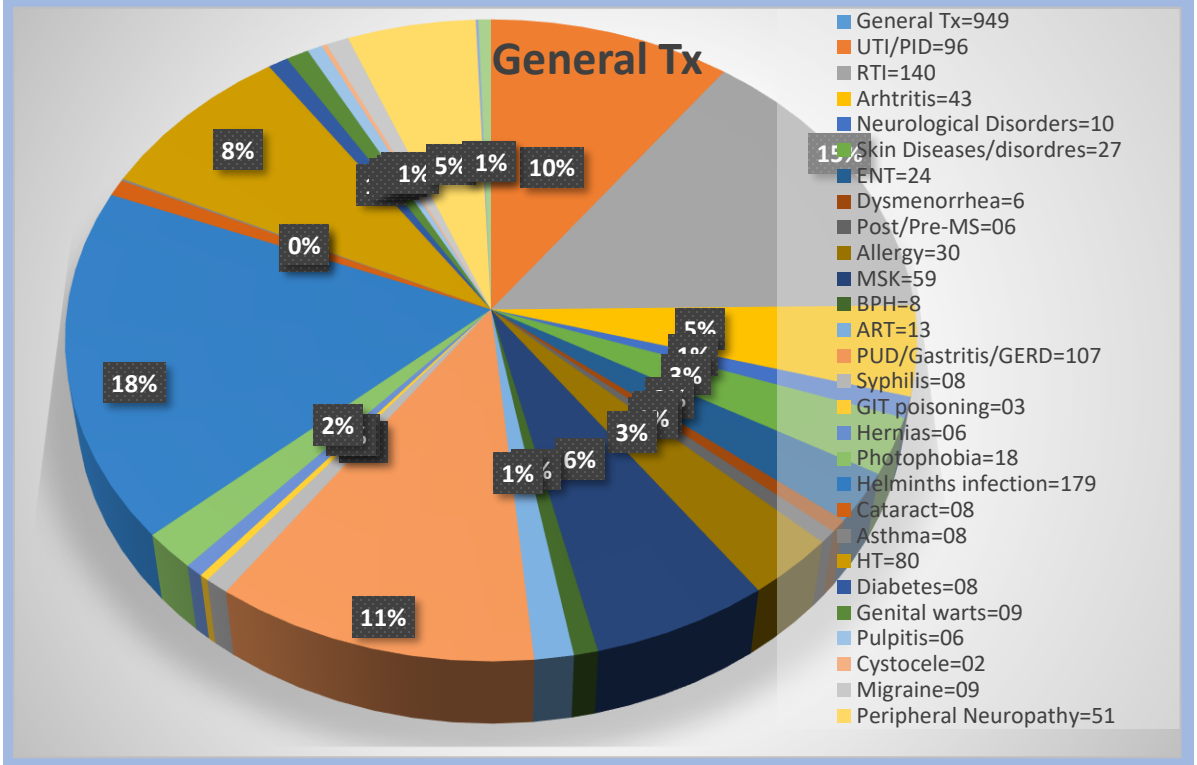
The medical activities continued, not different from those of Day one as noted on page 4 and 5.

Day Two was also successfully concluded with an evaluation meeting from the medical team and stakeholders with a SWOT analysis activity as listed below:

DETAILS OF ACTIVITY	
Achievements	**14th and 15th June 2025** **Direct Medical Services** 1. Medical Consultations: During the camp, general practitioners conducted 949

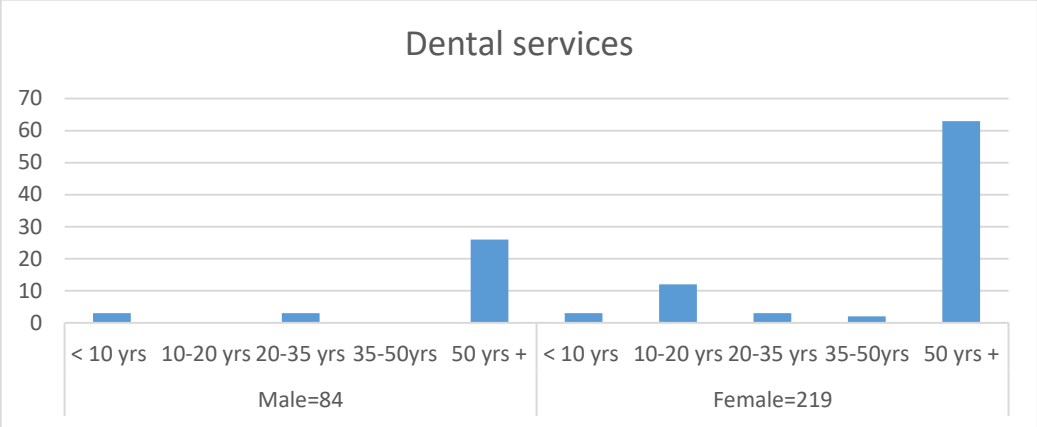
consultations addressing a wide range of common illnesses. Patients presented with conditions such as malaria, respiratory infections, diarrheal diseases, various skin conditions, diabetes, hypertension and hypotension, UTIs, Pelvic Inflammatory Diseases, Arthritis, Ear, Nose, Throat (ENT), Peptic Ulcer Diseases, Syphilis, Muscular Skeletal conditions (MSK), Asthma, Warts, Neuropathies, among others.

Medicine were dispensed accordingly based on diagnosis.

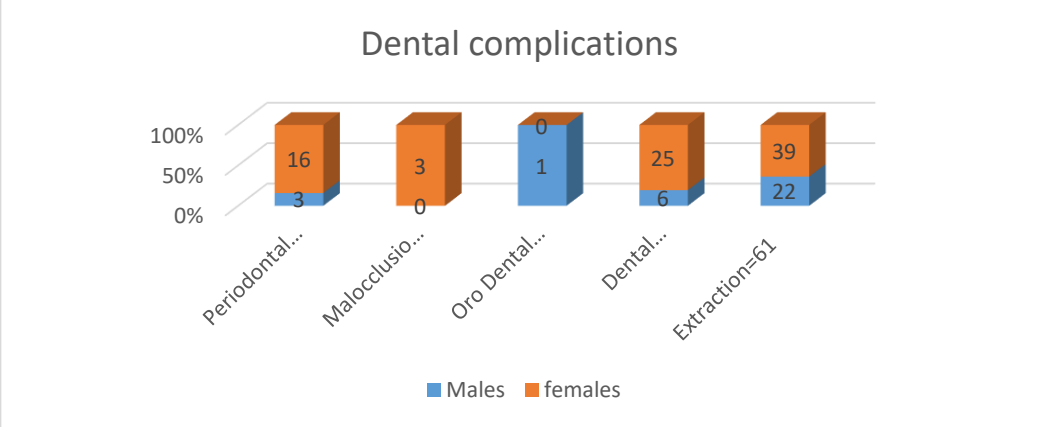


2. Specialized Consultations:

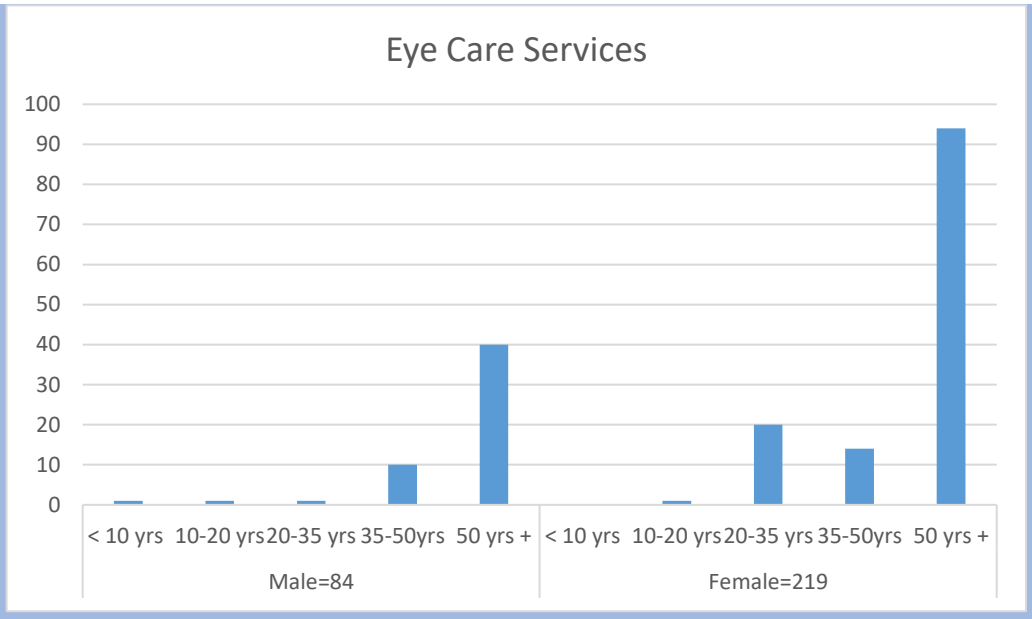
a) Dental Services: A team of professional dentists provided comprehensive dental care for 114 cases, which included 61 extractions, 19 periodontal cases and1 minor oro-dental traumas. It also included 3 Malocclusions and 31 cases of dental carries were referred for dental filling and root canal. Oral hygiene education was delivered to all patients receiving dental services.



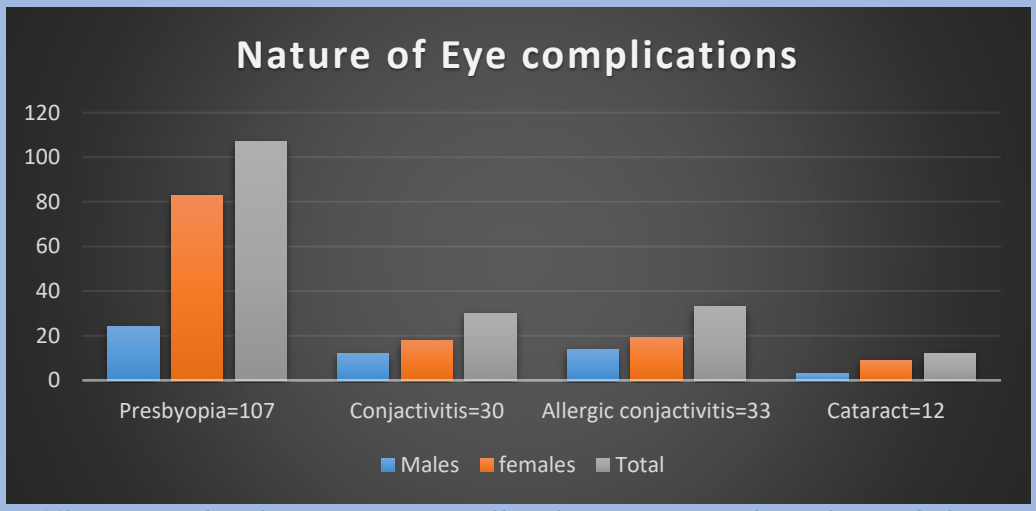
Complications were highest among ages 50+ years and lowest among 10 and below.



b) Ophthalmology/Optometry services: The optometry unit conducted 303 eye examinations, identifying cases of refractive errors and other common eye conditions. These included 107 cases of presbyopia, 63 cases of conjunctivitis, 12 cases of cataract were identified. Out of 107 cases of presbyopia, 61 pairs of reading glasses were dispensed with 46 clients missing out. All the 63 patients with conjunctivitis were treated but also advised to visit the nearest health facilities for follow ups and reviews. Patients with Cataracts which required surgery were referred for further specialized care.



Eye complications were highest among ages 35-50+ yeas and lowest among ages 10-20.



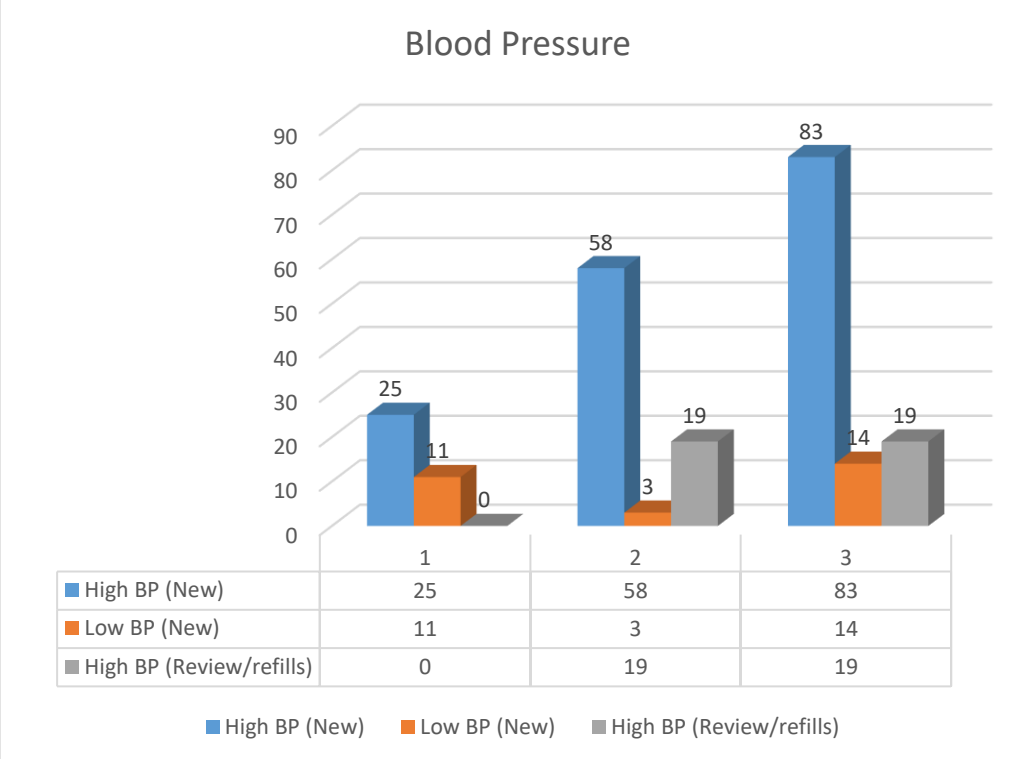
The most dominant eye complication was presbyopia and then Conjunctivitis.

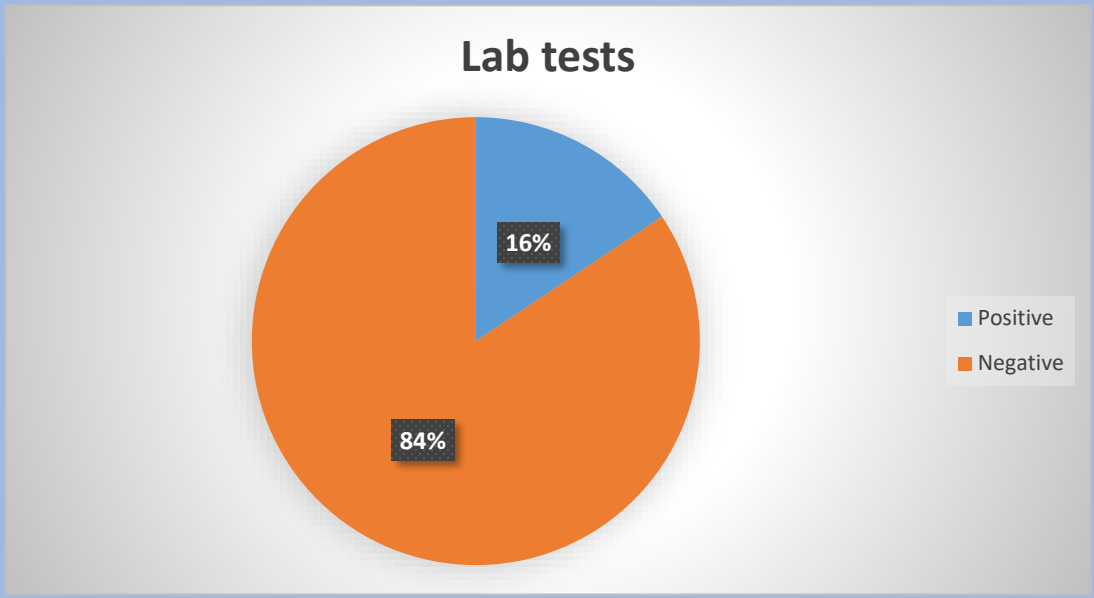
i. Acupuncture: Acupuncture services were provided to the public, with the majority of recipients being women over the age of 50. The specialist faced an overwhelming number of attendees. However, their unwavering dedication shone through, as they committed to treating every single patient who sought care. A total of 35 cases of Acupuncture were handled

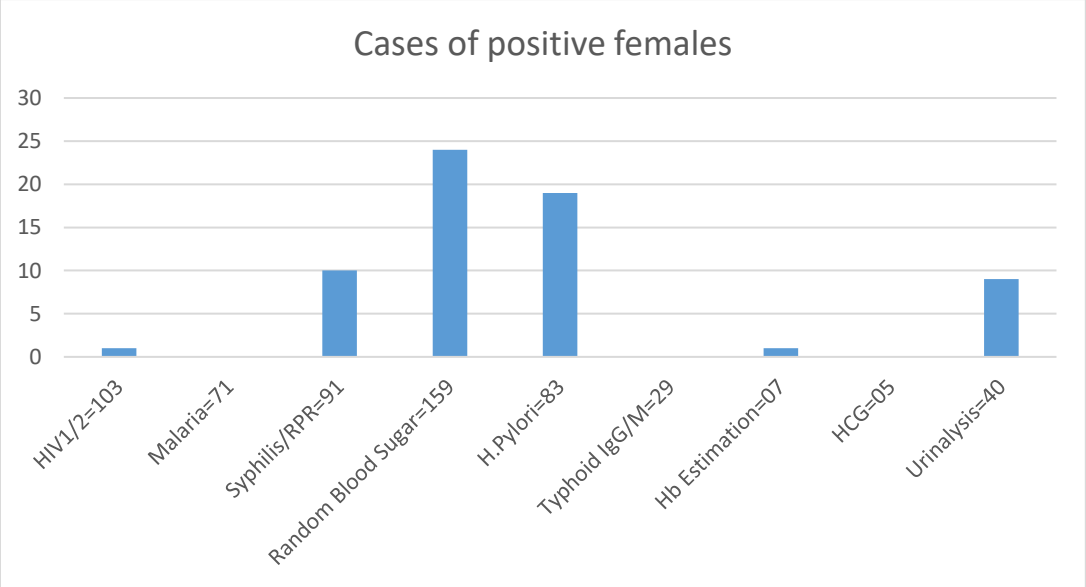
3. Diagnostic Services:

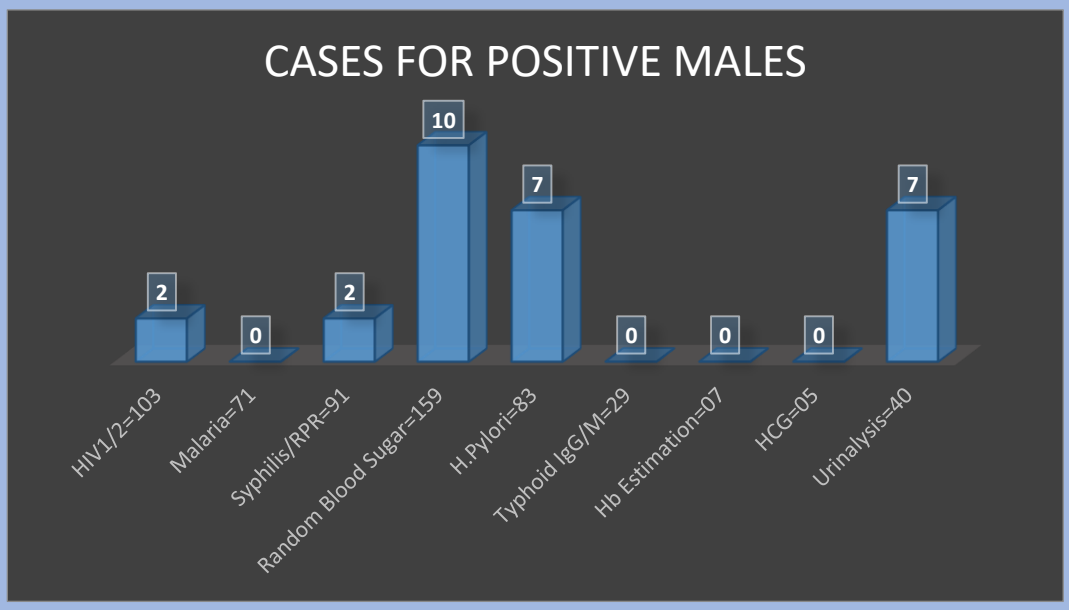
- Laboratory Testing: The on-site laboratory facilitated rapid diagnostic testing for prevalent diseases. A total of 599 benefited from lab services. These included 71 malaria tests which were all negative, 103 HIV tests (3 positive and 100 Negative), 91 syphilis tests with 12 positive cases, 159 random blood sugar tests with 34 identified as newly diabetic cases, 83 H-Pylori tests for ulcers with 26 being positive, 29 Typhoid Tests- which were all negative, 7 HB estimations with 1 anemia case identified, 40 urinalysis tests with 16 cases positive, 5 HCG tests all being negative. The 3 HIV positive clients were referred Nyakagyeme HC III for further counseling and enroll on the Antiretroviral Therapy (ART). The 12 syphilis cases were initiated on treatment at the camp and referred for continuity of treatment at Nyakagyeme HCIII and Kisiizi hospital. These lab services and tests significantly aided in accurate diagnosis and timely intervention.

4. Medication Dispensing: Essential medications, including antibiotics, anti-acids, NSAIDs, ant-helminths, analgesics, hematinic, anti-hypertensives, antidiuretics, ant-depressants, anti-fungal, anti-histamines, anti-tussive, antidiabetic, depressants, bronchodilators, decongestants, laxatives, antiseizures, cortical steroids, antipsychotics, cardiovascular drugs, vitamins and others, were dispensed free of charge to 727 patients. Qualified pharmacists, technicians, Pharmacy Nurses, provided clear instructions on dosage and usage."




Lab tests
16%
84%
Positive
Negative


Cases of positive females
30
25
20
15
10
5
0
HIV1/2=103
Malaria=71
Syphilis/RPR=91
Random Blood Sugar=159
H.Pylori=83
Typhoid IgG/M=29
Hb Estimation=07
HCG=05
Urinalysis=40



Public Health and Education Activities

1. Health Education Workshops: Interactive health education workshops were a central activity, reaching an estimated 850 community members. Sessions covered critical topics such as personal hygiene and sanitation, the importance of using mosquito nets for malaria prevention, and balanced nutrition for children. Participants actively engaged in discussions and asked questions, demonstrating a keen interest in improving their health practices.
   Dedicated sessions on reproductive health and family planning were held, informing over 680 women and men about available methods and their benefits.

2. Awareness Campaigns: Awareness campaigns were conducted throughout the camp, to disseminate key messages on HIV/AIDS prevention, safe water practices, and the importance of early diagnosis for various illnesses.

Support and Referral Services

1. Counseling Services:
   Confidential counseling services were provided to over 300 individuals. This included pre- and post-test counseling for HIV, as well as general health and psychosocial support.
2. Referral System:
   Patients requiring specialized medical attention or follow-up care beyond the scope of the medical camp were identified and referred to appropriate healthcare facilities. A total of 107 patients received referrals, with clear instructions on how to access the recommended

	services. These included 3 HIV positive cases, 12 cataract cases, 12 syphilis cases, 3 cases of malocclusion and 31 cases of dental carries, 41 presbyopia cases among others. 3. Community Mobilization and Registration: Effective community mobilization efforts prior to and during the camp ensured a high turnout. A streamlined registration process was implemented, allowing for efficient patient flow and data collection. 4. Volunteer Engagement: The success of the medical camp was significantly supported by the dedication of 45 volunteers, comprising medical professionals from KAMACOS, Rukungiri District Health officials, Rwerere Town Council Mayor, LC leaders, Church leaders, and community members. They played crucial roles in patient registration, crowd management, dispensing medications, and assisting medical staff as need arose.
Lesson learnt	• Key lessons emerged from the implementation of this medical camp. The overwhelming demand for specialized services, particularly dental and eye care, highlighted a critical gap in routine healthcare access within the community. The effectiveness of community health workers in pre-screening and guiding patients also underscored the importance of local partnerships for future initiatives. • The district has a limited number of health workers with staffing standing at 28.8% as reported by the District Health Officer. This calls for strategic planning to have more sourced health workers to participate in the medical camp. This also justifies the importance medical camps to underserved areas. • Holding the medical camps at medical center grounds streamlines operations, as it greatly facilitates the provision of access to additional staff, improved infrastructure, necessary equipment and essential utilities there by ensuring an efficient and smooth workflow. • The camp acts as a big contributor Rwerere Health Center II data reporting to MOH and will take credit for the numbers reached in the month. • Planning a medical-camp needs more resources that are readily available rather than relying on donations as these come in at last minute or not at all, which compromises activity planning and accountability. • There was no ambulance at the medical camp. This was a big risk had there been a patient who needed immediate transportation for further treatment and medical care. Luckily, there was no one.
Challenges	• There was no ambulance at the medical camp. This was a big risk had there been a patient who needed immediate transportation for further treatment and medical care. Luckily, there was no one. • Due to the overwhelming demand of health care and medical services, KAMACOS faced a challenge of limited resources in the execution of medical Camp leading to dropping other activities

	including cervical cancer screening services, surgery, blood donation campaign etc. • Lack of safer storage and transportation of medicines, equipment and vaccines to, during and after the camp. • Lack of some sufficient stock of essential medicines, vaccines, patient's aids, and equipment. In conclusion, the medical camp successfully delivered the needed vital healthcare services to the community of Rwerere-Rukungiri, positively impacting the health and well-being of the community. The dedication of the medical team and volunteers, combined with strong community engagement, contributed to a highly impactful initiative. The findings from this camp will serve as a valuable guide for future efforts aimed at improving health outcomes in the region.
Observations and conclusions	• Older adults (50+ years) are disproportionately affected by eye and dental complications. • There is a significant burden of non-communicable diseases (BP, diabetes, arthritis), alongside infectious diseases like HIV, parasites like malaria, and helminths. • Women made up the majority of those seeking care, highlighting potential gendered health-seeking patterns. • Presbyopia and helminth infections emerged as dominant conditions, signaling gaps in vision care and sanitation.
Recommendations	• Prioritize targeted outreach and resources for individuals aged 35+ years, especially regarding eye and dental care. • Strengthen screening programs for non-communicable diseases (BP, diabetes) through routine check-ups and education. • Scale up deworming campaigns and sanitation programs to tackle helminth infections. • Community health education on eye hygiene, dental care, and STI prevention • Digitize health records and enhance community-level data collection to improve tracking and follow-up. • Gender-sensitive interventions could address the higher healthcare engagement among women and encourage men's participation. • Consider mobilizing support from IHCO and DGRV partners to pilot age-specific and gender-responsive health cooperative models, integrating vision, dental, and chronic disease management.
Next Steps	• As KAMACOS, there is need to increase the duration and frequency of the medical camps to accommodate the significant patient demand. • Prioritize the inclusion of specialized services, particularly dental and ophthalmic care, in future camp planning.

	• Strengthen collaborations with local health facilities to ensure effective follow-up and referral pathways for referred patients. • Invest in further training for community health volunteers to enhance their capacity in health education, first aid and basic screening. • Prioritize resource mobilization to enhance thorough implementation of future medical camps and other activities to the community benefit.	
Compiled and submitted By	**Name:** Kawanguzi Wily **Signature:**	**Date:** 20th June 2025
Reviewed and approved by	**Name:** **Signature**	**Date:**

INSERT PHOTOGRAPHS *(Include at least 4 photos on a page with captions. Photos should as much as possible capture branded materials such as banner in the background.)*



Members waiting for treatment during the Medical Camp.



Community Members receiving Medicines at the Camp Pharmacy



A community member receiving medicine after treatment at the Camp Pharmacy



A community member undergoing a Blood Pressure checkup.



Clients waiting to enter the Triaging area



Patient being tested in the laboratory



Some of the medical workers at the camp



Doctor health educating community members in Rukungiri

List of medical and non-medical workers:

S/N	NAME	ORGANIZATION	DESIGNATION	CONTACTS
1	Dr. Dan KAGAHA Atuwaire	KAMACOS	Team Leader	+256 780 102 036
2	Dr. Betty Zalwango	KAMACOS	Medical Officer	+256 704 295 410
3	Dr. Mukasa Guard	KAMACOS	Anesthesiologist	+256 771 439 630
4.	Ms. Nalukwago Sarah	KAMACOS	Clinician	+256 750 092 806
5	Ms. Amutuhe Patience	KAMACOS	Mid-Wife	+256 776 706 947
6	Sr. Nakafeero Oliver	KAMACOS	Nurse	+256 761 725 264
7	Mr. Kyambadde Deogratius	KAMACOS	Biomedical Scientist	+256 777 102 768
8.	Mr. Balidawa Musa Kwetere	KAMACOS	Clinician	+256 746 696 691
9.	Ms. Atimango Sarah	KAMACOS	Laboratory Tech	+256 755 592 689
10.	Kawanguzi Willy	KAMACOS	CEO	+256 704 662 393
11.	Ms. Fatumah Namata	KAMACOS	Administrator	+256 774 584 742
12	Mr. Okello Collins Ochola	KAMACOS	Accountant	+256 772 842 173
13	Mr. Nimusiima Nickson	Rwerere HC II	Enrolled Nurse	+256 761 981 251
14	Ms. Niwandinda Jennifer	Rwerere HC II	Health Inspector	+256 780 690 748
15	Ms. Busingye Georgia	Humura Medical Center	Clinician	+256 772 335 678
16	Ms. Ainembabazi Pellon	Rwerere HC II	Laboratory Tech	+256 776 976 884
17	Ms. Atuhaire Loyce	Humura Medical Center	Nurse	+256 777 965 152
18	Ms. Atuhaire Caroline	Rwerere HC II	Mid-Wife	+256 775 415 639
19	Mr. Gumisiriza Joshua	Humura Medical Center	Nurse	+256 780 245 172
20	Ms. Atuhaire Birungi Daisy	Rwerere HC II	Enrolled Midwife	+256 750 915 384
21	Mr. Gamparo Julius	Kisiizi Hospital	Driver	+256 772 900 142
22	Mr. Ayebare Angella	Rukungiri HC IV	Registered Nurse	+256 773 218 276
23	Sr. Komujurizi Jackline	Rukungiri HC IV	Midwife	+256 773 226 951
24	Dr. Muhanguzi Anniba	Rukungiri HC IV	Medical Officer	+256 779 147 953
25	Mr. Murangira Gordon	Rukungiri HC IV	Lab. Tech	+256 775 015 170
26	Mr. Kakuru Damiano	Rukungiri Local Government HC IV	Lab. Tech	+256 787 099 121
27	Mr. Tibinsasa Tobias	Buhunga Health		

		C IV	Clinic Officer	+256 772 859 950
28	Dr. Muhumuza Francis	Nyakagyeme HC III	Clinical Officer	+256 775 360 494
29	Nazareth Jackline	Buhunga HC IV	Public Dental Officer	+256 786 188 155
30	Dr. Masiko Edson	Buhunga HC IV	MO	+256 777 230 018
31	Tushaba Ohurira	Nyakagyeme HC III	Senior Clinical Officer	+256 783 581 860
32	Dr. Mujurizi Francis	Kisiizi COU Hospital	Medical Officer	+256 778 596 318
33	Dr. Arian Twinamatsiko	Kisiizi COU Hospital	Medical Officer	+256 789 391 129
34	Mr. Musiimire Benon	Kisiizi COU Hospital	Ophthalmology Officer	+256 782 094 240
35	Mr. Ainemaani Abius	Kisiizi COU Hospital	ANO	+256 785 685 861
36	Mr. Twongyeirwe Amis	Kisiizi COU Hospital	ANO	+256 771 696 862
37	Ms. Ninsiima Doreen	Kisiizi COU Hospital	ANO	+256 778 581 794
38	Dr. Ayebazibwe Aggrey	Kisiizi COU Hospital	Medical Officer	+256 773 858 130
39	Mr. Ahimbisibwe Gerald	Kisiizi COU Hospital	Medical Clinical	+256 759 187 897
40	Mr. Robbins Byakagaba	Kisiizi COU Hospital	Pharmacy Technician	+256 705 753 919
41	Mr. Agaba Andrew	Kisiizi COU Hospital	ANO	+256 772 018 096
42	Mr. Ivan Amutuhaire	Rwerere Twetambire Health Co-op	Volunteer	+256 756 663 885
43	Mrs. Pamela Komugisha	DGRV	Project Manager	+256 782 402 208
44	Mr. Aldan Tusubira	DGRV	Assist. Project Manager	+256 705 373 319