

# UGANDA KOREA MEDICAL CAMP

Activity Report  
2015



# **THE UGANDA KOREA MEDICAL CAMP 2015**

Real Health Uganda  
29510 Kampala,  
Uganda

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This report has been reviewed and passed by the Boad Of Directors.

150921-1104-0035-0006

Printed by: EJ Stationeries Uganda Limited  
Muzza House, Nkurumah Rd  
Kampala, Uganda

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**Status:**

**Project ID:** RHUKMC003/2015

**Contract Number:** D130035

**Activity Title:** The Uganda Korea Medical Camp 2015

**For Period:** September 14<sup>th</sup> – 16<sup>th</sup>, 2015

**Intended Outcomes:**

- a. Providing Medical Care to 1000 People within Wakiso District
- b. Improve facility based Access to healthcare through free Maternal health services
- c. Create a lasting relationship with rural partners to house other UKMC activities
- d. Encourage community participation in healthcare development

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Executive Director  
Real Health Uganda

**As Reported to:** The Third Doctors  
Daegu, South Korea

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**As Report Dated:** September 18<sup>th</sup>, 2015

**Reference Number:** ADMR01003/15

**Total Activity Cost:** USD\$44941.1

## Acknowledgements

Without the kindness of volunteers and dedicated partnerships between Real Health Uganda and its implementing partners, the UKMC 2015 wouldn't have been a success. RHU recognizes the work of volunteers and directors of departments at all facilities that have in one or another way participated in making the UKMC 2015 a success.

Special recognition goes to Maama Maria Dominiciary Clinic, St. Mathews Hospital, R Construction Ltd, and Elieza Mart.

We appreciate our Special Physicians and volunteers for the UKMC 2015, the Honorable Dr. Thadeus Katende, Dr. Joyce Kalema, Dr. Irene Nakalema, Bishop Dr. David Ntulume, Dr. Sekamanya Francis, Dr. Joyce Kasoma, Dr. Medard Banyinzaki, Dr. Harriet Kamya, Dr. Kiiza Martin, Dr. Kasirye Monda, Dr. Hudson Ndugwa, Dr. Kalungi Mahad, Dr. Cyrus Baryomunsi, Dr. Mulyanti Henry, and Dr. Samson Engitu.

More appreciation to the Nursing volunteers, Mrs. Maria Kigongo, Mrs. Winnie Katende, Ms. Patience Ayikoru, Ms. Tamalie Kayondo, Ms. Joyce Waziba, Mr. Deo Kalyesubula, Mr. Thomas Mulondo, Mr. Bosco Balenga, Ms. Betty Mutyaba, Ms. Margret Kitonsa, Ms. Lilian Kalema, Mr. Sabir Lwanga, Ms. Aisha Nabatanzi, Ms. Joan Mukiibi and Mr. Derrick Kasaiyilizi.

We also appreciate our laboratory technologists, Dr. Geoffrey Kalema, Mr. Sam Kayiza, Ms. Beatrice Mpiima and Mrs. Shamin Balisalilwa.

Our Pharmacy team, Mr. Tukke Michael, Mr. Kasibante Musa, Mr. Moses Semakula and Also more appreciation to the dental section led by Dr. Andrew Senkya.

Utmost appreciation to our funders, Engineer Rehemah Nyanzi, Dr. Busonga Eliezah Titus, Dr. Noh Bonggeun, Mr. and Mrs. Seo Woong. Special Thanks to our Management team led by Dr. Busonga Eliezah, Okello Enock otim, Fortunate Ninsiima, Gerald Makubuya, Rehemah Nakitende and Bruce Biyinzika. More appreciation to the Dental and Medical Practitioners council, Ministry of Health and the Directorate of health care services in Wakiso district for the guidance and cooperation.

## Contents

Status:.....	2
Acknowledgements .....	3
Executive Summary.....	5
Key Conclusions/Necessary Actions: .....	6
2015 UKMC Schedule: .....	6
2015 UKMC Transport .....	7
2015 UKMC Medical Supplies .....	9
2015 UKMC Accommodation and Meals .....	12
2015 UKMC Camp Site .....	12
2015 UKMC Licenses and legal procedures .....	14
2015 UKMC Management .....	15
UKMC Progress to date .....	17
Redirection Context .....	18
Partners and Stakeholders Relations .....	19
Recommendations .....	20
The Uganda Korea Medical Camp 2016.....	20
Possible Locations for the UKMC 2016.....	20
In-charge Committee 2016 .....	20
Financial Support for UKMC 2016 .....	21
Conclusion.....	21
Appendix .....	22

### Tables:

Table 1: UKMC 2015 Timetable.....	6
Table 2: UKMC Transport costs Before UKMC15 .....	7
Table 3: UKMC Transport Costs after UKMC15 .....	8
Table 4: UKMC Medicine List 2015 .....	9
Table 5: Donated Drugs from the Third Doctors .....	11
Table 6: UKMC 2015 Hotel Costs .....	12
Table 7: Campsite costs UKMC 2015 .....	14
Table 8: List of 2015 UKMC Participants .....	15
Table 9: UKMC 2015 Sponsors.....	16
Table 10: Management Committee for UKMC 2016.....	20

### Figures:

Figure 1: Map of Nangabo Sub-county .....	13
Figure 2: UKMC 2015 Pictorial .....	22

## Executive Summary

The 2015 UKMC has successfully concluded the 3 days general medical care provision activity carried out at St. Mathews Hospital in Wattuba of Wakiso District. The activity saw 1012 patients consult and get treated for free from all general primary illnesses. The Camp who was also referring Maternal Health cases to Maama Maria's Dominiciary Clinic along Bombo Highway was concluded on the September 16<sup>th</sup>, 2015 at 15:27Hrs East African Standard Time. The Activity that consumed \$44941.1 was facilitated by Engineer Rehemah Nyanzi, Dr. Busonga Eliezah Titus and Dr. Noh Bonggeun. A number of volunteers from within the district and beyond participated in service provision and management activities for a success of the medical camp for this year.

The largest number of patients were malaria and enteric fever patients whose follow up and co-current treatment shall be offered at the hospital and has been covered by the camp. The other huge numbers were met through the dental, gynecology and general treatment cases. An estimated 1500 people did not get a chance to access treatment although a huge number of these people was available at the camp site on day three due to the timeline and limited resources.

The Camp preparations came into demand from the pressure by authorities to explain the progress made by the now recognized program of our organisation. In the report to the NGO Board, RHU had excluded this particular program since it had not taken effect for the year 2014. Risking it all the preparations for the 2015 UKMC began at the end of September 2014. Approvals for this program from all concerned parties were gained at the beginning of December in 2014 and a plan was designed through January and February Concurrently and in April 2014, the UKMC2015 Project plan was confirmed. Following the recommendations from the 2013 UKMC, RHU sort changes to make the planning and implementation process even better and just this year, a total of 43 volunteers were present to provide services for people coming to the camp to access services.

2013 marked the long journey of UKMC activities between the two states of the Republic of Korea and the Republic of Uganda. The Program Initiated Under a memorandum signed after the two parties had carried out a test project proved that UKMC was indeed a fruitful activity for people in Uganda. Close to 1400 people swam Ssebi Medical Center in Nansana in 2013 to have free medical care provided with in a span of 3 days. The demand for such service was evident to both parties that were implementing the program.

The UKMC has since then provided medical care and supplies to over 10000 (ten thousand) Ugandans through provision of services and or utilities to clinics and hospitals providing free care and treatment. It is RHU's Mandate to continue providing care and treatment for people in Uganda that cannot afford medical care. We therefore implore that as you read this report, think about the lives of those people that die every day because of their inability to access such care and treatment, keep the promise and continue supporting poor people in Uganda to have access to free medical care. As we continue to do this work with in communities, we will continue to update and task all those institutions that are responsible and those that have promised to continue lobbying and supporting healthcare in Uganda.

## Key Conclusions/Necessary Actions:

### 2015 UKMC Schedule:

The team decided to initiate dates of the UKMC based on resources that were available and the other resources that were required. The donors to the medical camp deemed fit for the project to be shifted from August to September to allow them accumulate enough resources to support the medical camp. Dates between 14<sup>th</sup> and 16<sup>th</sup> September 2015 were chosen and below is the time table followed for those days.

Table 1: UKMC 2015 Timetable

**Uganda Korea Medical Camp 2015 Timetable**

Date	Time	Item	Officer
09 <sup>th</sup> September 2015	08:00	Drugs Confirmations	Tukke Michael/Busonga Eliezah
	12:00	Approvals Confirmations	Quraish/Maria
	14:00	Licenses Approvals	Busonga
10 <sup>th</sup> September 2015	09:00	Hotel Confirmations	Bruce Biyinzika
	10:00	District meeting	Busonga/ Maria
	15:00	Community Meeting	Busonga/Micheal/Maria/Enock
11 <sup>th</sup> September 2015	08:00	All Items on Site	All to present/ Busonga
12 <sup>th</sup> September 2015	12:00	Meeting all IPs	Nakitende Rehemah
	15:00	Community Dialogue	Busonga/Local council
13 <sup>th</sup> September 2015	14:00	Medical Team Check in	Fortunate/Jessica/Crown Suites
	17:00	Final Management meeting	Busonga/ Maria
	18:30	Dinner for 40 served	Fortunate/Jessica
14 <sup>th</sup> September 2015	07:45	Roll Calling after breakfast	Quraish/Maria
	08:00	Commence treatment	All Heads of departments
	10:00	Tea/Water/Glucose break	All Heads of Departments
	10:15	Commence treatment	All Heads of Departments
	12:30	Lunch break	Jessica/Fortunate
	13:15	Commence treatment	All Heads of departments
	18:00	Close for Day one	Busonga.
	18:30	Dinner for 40	Fortunate/ Jessica
15 <sup>th</sup> September 2015	07:45	Roll Calling after breakfast	Quraish/Maria
	08:00	Commence treatment	All Heads of departments
	10:00	Tea/Water/Glucose break	All Heads of Departments
	10:15	Commence treatment	All Heads of Departments
	12:30	Lunch break	Jessica/Fortunate
	13:15	Commence treatment	All Heads of departments
	18:00	Close for Day two	Busonga.
	18:30	Dinner for 40	Fortunate/ Jessica
16 <sup>th</sup> September 2015	07:45	Roll Calling after breakfast	Quraish/Maria
	08:00	Commence treatment	All Heads of departments
	10:00	Tea/Water/Glucose break	All Heads of Departments
	10:15	Commence treatment	All Heads of Departments
	12:30	Lunch break	Jessica/Fortunate
	13:15	Commence treatment	All Heads of departments
	18:00	Close for Day one	Busonga.
	18:30	Dinner for 40	Fortunate/ Jessica
17 <sup>th</sup> September 2015	08:00	Breakfast	Jessica/ Crown Suites
	09:00	Submission of reports	All heads of department
	10:00	Checkout of Crown Suites	All volunteers/ Staff
19 <sup>th</sup> September 2015	12:00	Report Launch	All stakeholders/ Donors



## 2015 UKMC Transport

Valued initially at \$8411, transport for 2015 increased to a total of \$10519 by the end of the UKMC 2015. Considering the recommendations in the 2013 UKMC report (Document no: 118547-2013-003/5), transport among other challenges is still a horror in delivering services. UKMC seeks to purchase a min-van that on consultation we were told it costs \$14600, the van will support all activities and follow-ups of the UKMC.

Transport costs might be one of the reason that the UKMC is finding challenges in processing much of the paperwork, it also affect the timelines of the organisation projects and UKMC in particular. The delays are caused by lack of availability of monies or resources to rent, or fuel the vehicles and thus waiting for the Director to provide.

Stakeholders into the UKMC for this year have not played their roles in providing transport and or the costs for the medical camp. There is a lot to be done to comprehend issues that affect smooth implementation of the UKMC and transport issues play such an important role in the planning and implementation process of the UKMC. It is important to note that cars rented come with agreements and it is the organisations responsibility to work together to support the entire process.

Table 2: UKMC Transport costs Before UKMC15

### UKMC Transport Pre-budget

No	Item	Particulars	Freq	Unit Cost USD\$	Total USD\$
1.	Gas	<b>Security Meeting</b>			
		Assessment trip	1	273	273
		Approval Meeting	2	46	92
		Follow Up trips	6	35	210
		<b>Licenses</b>			
		National Drug Authority	5	50	250
		Medical Council	25	46	1150
		Internal Affairs	3	60	180
		Wakiso District	20	80	1600
		<b>Advance Team</b>			
		Dialogue	1	100	100
		Mapping/Announcements	3	92	276
2.	Car Rentals	<b>Purchases</b>			
		Medicine & Water	1	150	150
		Tents and Pipes	1	230	230
		<b>Advance Team</b>			
		Community Dialogue	1	150	150
		Mapping/Announcements	3	150	450
		<b>Meetings</b>			
		Approval Meetings	2	150	300
		District Meetings	20	150	3000
	<b>Total</b>				<b>8411</b>

Table 3: UKMC Transport Costs after UKMC15

## UKMC transport Post-Budget

No	Item	Particulars	Freq	Unit Cost USD\$	Total USD\$
1.	Gas	<b>Security Meeting</b>			
		Assessment trip	1	300	300
		Approval Meeting	3	46	138
		Follow Up trips	11	41	451
		<b>Licenses</b>			
		National Drug Authority	16	45	720
		Medical Council	25	46	1150
		Internal Affairs	2	60	120
		Wakiso District	19	72	1368
		<b>Advance Team</b>			
		Dialogue	1	135	135
		Mapping/Announcements	3	95	285
		<b>General team</b>			
		To and from campsite	6	25	150
2.	Car Rentals	<b>Purchases</b>			
		Medicine & Water	1	165	165
		Tents and Pipes	1	210	210
		<b>Advance Team</b>			
		Community Dialogue	1	165	165
		Mapping/Announcements	3	165	495
		<b>Meetings</b>			
		Approval Meetings	1	136	136
			1	160	160
		District Meetings	14	145	2030
			3	157	471
			1	160	160
			4	165	660
		<b>General Team</b>			
		Daily transport from Campsite	3	350	1050
	<b>Total</b>				<b>\$10519</b>

Support for all these transport costs was provided for by Dr. Busonga Eliezh Titus. The Audit report (paused until there are funds to compile) will express all forms of expenses herein including transport costs. The Companies listed below provided car rental services to RHU.

1. Highflyer Travel Services
2. Wesige Mukama Travel company
3. Isma and Sons Ltd
4. Ronah Function Hire Services
5. Lubega Jamil (Individual)

All these monies have been receipted and are available for review by the Board. There were no balances at the end of the camp for this particular segment of the UKMC. The Officers of the organisation that used these vehicles and resources availed reports to the Executive in the final Management meeting.

### 2015 UKMC Medical Supplies

A total of \$16129.5 was accounted for to supplement medical supplies including medicines for the UKMC 2015, with hopes of accessing medicine from South Korea, efforts to clear all legal procedures was initiated. A lot of funds were invested in the process of easing medical supplies access for the organisation from its donors. The requirements by NDA were reached and clearance was given to the organisation.

Table 4: UKMC Medicine List 2015

#### List of Medicines for the UKMC 2015

Class	Category	Item/Strength	Patient No.	Pack Size	No. of Packs	Unit Cost	Total Cost
Anti-biotics	Capsules	Amoxicillin 250	1000	100	30	6200	186000
		Cephalexin 250	30	100	8	7000	56000
		Chloramphenicol 250	200	1000	2	12600	25200
	Tablets	Neomycin 125 (hepatic)	40	100	20	4000	80000
		Penicillin 250	50	100	5	26000	130000
	Injections/IV	Ceftriaxone 1	5	1	70	27000	1890000
		Benzathine benzylpenicillin 2.4		1	10	9000	90000
		Cefuroxime sodium 750	5	1	15	21500	322500
		Procaine benzylpenicillin forte 4MU	5	1	15	25000	375000
Anti-Malarials	Tablets	Atovaquone 1/proguanil 400	200	6	34	5000	170000
		Artesunate 100/Amodiaquine 200	100	6	600	1500	900000
		Sulfadoxine 500+ pyrimethamine 25	10	10	10	8000	80000
		Artesunate 50/Amodiaquine 135	600	6	600	800	480000
	Injections/IV	Artemether 80	35	12	10	20000	200000
		Artesunate 60	30	1	90	23000	2070000
Anti-fungals	Capsules	Fluconazole 100	400	100	12	3000	36000
	Tablets	Griseofulvin 500	600	100	6	6000	36000
		Griseofulvin 125	600	1000	1	2500	2500
	Cream	Terbinafine 10	50	10	5	10000	50000
Analgesics	Tablets	Allopurinol 100	100	100	9	11000	99000
		Colchicine 500	200	100	56	8000	448000
		Ibuprofen 400	1000	1000	5	25000	125000
		Piroxicam 20	80	100	4	5000	20000
		Paracetamol 500	1000	1000	10	16500	165000
	Injections/IV	Papaveretum 15.4+ hyoscine 0.4	10	1	20	35000	700000
		Pethidine 50	300	5	60	13000	780000
		Diclofenac 25		3	20	12500	250000
Anti-hypertensives	Tablets	Cardiac Aspirin 75		140	8	23000	184000
		Atenolol 50		100	30	22000	660000
		Furosemide 40		1000	1	30000	30000
		Captopril 25		100	30	27000	810000
		Amlodipine 5		28	50	26000	1300000

		Methyldopa 250		1000	1	27000	27000
		Propranolol 40		100	10	28000	280000
		Lisinopril 10		100	10	29000	290000
	Injections/IV	Furosemide 20		1	8	17000	136000
		Hydralazine 20		1	8	21900	175200
		Digoxin 250		1	8	32500	260000
		Dopamine 40		1	15	21000	315000
		Hydrocortisone sodium succinate 100		1	15	25000	375000
CNS	Capsules	Ethosuximide 250		100	5	10000	50000
	Tablets	Carbamazepine (chewable) 100		100	3	5000	15000
		Carbamazepine 200		100	6	10000	60000
		Clonazepam 2		100	2	6500	13000
		Amitriptylline 25		100	2	8000	16000
	Injection/IV	Magnesium sulphate 500	10	1	10	22000	220000
		Phenobarbital 250	3	1	3	28000	84000
		Phenytoin 50	3	1	3	28000	84000
		Diazepam 5	3	1	9	12500	112500
	Others	Carbamazepine syrup 5	10	1	20	5000	100000
		Carbamazepine syrup 100	5	1	10	12500	125000
		Valproate 5	10	100	1	6000	6000
Anti-Acids	Tablets	Magnesium trisilicate compound, BP 370	1000	1000	20	11000	220000
		Omeprazole 20	100	100	30	6000	180000
		Ranitidine 150	100	50	40	9000	360000
		Cimetidine 400	1000	1000	20	12500	250000
	Injections/IV	Ranitidine 25	5	1	5	20000	100000
Anti-allergies	Tablets	Cetirizine 10	500	100	150	4000	600000
		Chlorphenamine maleate 4	100	50	168	2000	336000
	Injections/IV	Hydrocortisone sodium succinate 100	10	1	10	25000	250000
		Promethazine 25	20	1	20	28000	560000
Others	Disinfectants	Isopropyl alcohol 99 1L	1200	1	1	15000	15000
		Povidone Iodine 10 sol 100ml	1200	1	2	10000	20000
	Cotton	Cotton wool Rolls	1200	1	100	10000	1000000
	Equipment	Syringe 5		100	5	20000	100000
		Syringe 2		200	10	20000	200000
		Envelopes (UKMC 13 Balance available)					
		AIDS Kits	1200	10	120	50000	6000000
		BS	500	1	500	6000	3000000
		Urine	50	1	50	13000	650000
		Plaster			10	15000	150000
		Examination gloves			2	50000	100000
	Vitamins	Multivitamin BPC73		1000	20	5000	100000
		Phytomenadione (vitamin K1) injection 1		2	300	6000	1800000
		Potassium chloride 600 (Special)	500	100	200	15000	3000000
	Fluids	Sodium Chloride 0.9 IV 500	200	1	20	25000	500000
		Dextrose 5 IV 500 ml	200	1	20	25000	500000
							UGX35484900

Medicines were purchased from Vine Pharmacy. Our supplier for 2013 (Afaan Pharma) had higher prices than vine pharmaceuticals and was excluded from the supply chain.

Balances of these medicines have been put under supervision and some issued to the network facilities offering services to poor people under the UKMC/mHealth program ([see RHU News here](#)). The purchase of this medicine was based on the demand of certain medicines and the number of specialist that were available at the time of planning.

The Third Doctors through Dr. Noh Bonggeun Donated Drugs to RHU under our UKMC program. The Proforma in the table lists the drugs donated to RHU that will be dispensed accordingly.

Table 5: Donated Drugs from the Third Doctors

**List of Donated Drugs under Proforma RHU-KMC-2013003/5**

Brand	Generic name	Expiry Date	Serial No.	Qty	Taking	company	unit price	total amount
UMCKAMIN SYRUP	Pelargonium Sidoides 11% ethanol extract(1→8~10) • glycerin mixed solution(8:2) 17.16g	20151010	13088	1,800	tid,pc	Han hwa	<del>W</del> 28	<del>W</del> 50,400
ALMASID TAB.	Almagate 500mg	20151024	2033	2,500	tid,pc	Dae hwa	<del>W</del> 42	<del>W</del> 105,000
TENAFIN CREAM	Terbinafine 10mg	20151115	2007	750		Dae hwa	<del>W</del> 134	<del>W</del> 100,500
ALTIRINE C.TAB.	Cetirizine 10mg	20151212	2002	1,900	qd,pc	Dae hwa	<del>W</del> 168	<del>W</del> 319,200
MERITIN TAB.	trimebutine 100mg	20160114	3001	3,000	tid,pc	Dae hwa	<del>W</del> 49	<del>W</del> 147,000
PROP TAB.	Propiverine 20mg	20160130	3001	500	q.d,pc	Dae hwa	<del>W</del> 615	<del>W</del> 307,500
MUTERAN CAP.	Acetylcysteine 100mg	20160223	140048	4,000	tid,pc	Han hwa	<del>W</del> 70	<del>W</del> 280,000
PROXCO C.TAB.	Ciprofloxacin 250mg	20160303	3001	1,200	bid,pc	Dae hwa	<del>W</del> 418	<del>W</del> 501,600
ROXINMYCIN TAB.	Roxithromycin 150mg	20160312	3001	100	bid,pc	Dae hwa	<del>W</del> 475	<del>W</del> 47,500
BIDICA TAB.	Biphenyl Dimethyl Dicarboxylate 25mg	20160321	3001	270	tid,pc	Dae hwa	<del>W</del> 182	<del>W</del> 49,140
ALMASID TAB.	Almagate 500mg	20160331	3010	2,500	tid,pc	Dae hwa	<del>W</del> 42	<del>W</del> 105,000
ACYCLOVER TAB.	Acyclovir 200mg	20160617	13002	300	qid,pc	Dae hwa	<del>W</del> 974	<del>W</del> 292,200
COMOZOL CREAM	Ketoconazole 20mg	20160718	3034	1,500		Dae hwa	<del>W</del> 103	<del>W</del> 154,500
COMOZOL CREAM	Ketoconazole 20mg	20160729	3001	1,500		Dae hwa	<del>W</del> 103	<del>W</del> 154,500
GOCALDI TAB.	calcium carbonate 1250mg/ cholecalciferol granule 10mg	20160806	3004	300	q.d,pc	Dae hwa	<del>W</del> 81	<del>W</del> 24,300
ALTIRINE C.TAB.	Cetirizine 10mg	20160924	3004	300	qd,pc	Dae hwa	<del>W</del> 168	<del>W</del> 50,400
IBUPROFEN TAB.	Ibuprofen 400mg	20161017	3041	1,000	tid,pc	Dae hwa	<del>W</del> 30	<del>W</del> 30,000
IBUPROFEN TAB.	Ibuprofen 400mg	20161124	3046	2,000	tid,pc	Dae hwa	<del>W</del> 30	<del>W</del> 60,000
								<del>W</del> 2,778,740

## 2015 UKMC Accommodation and Meals

This year 40 people of the 43 who volunteered and participated in the UKMC were reserved to stay at crown suites, Kawanda Country Inn and Kabs Hotel respectively. Three of the volunteers were coming from close by the medical camp and did not require such services but rather included in the commissions budget.

Table 6: UKMC 2015 Hotel Costs

Budgeted Expenses for accommodation and meals for the UKMC participants					
Date	PC	Unit cost	Units	Period	Total
<b>Accommodation</b>					
11 <sup>th</sup> September 2015	Advance Team	160000	1	2 days	240000
12 <sup>th</sup> September 2015	Small conference hall	600000	1	1 day	600000
13 <sup>th</sup> September 2015	All check in	160000	22	4 nights	14080000
<b>Meals</b>					
13 <sup>th</sup> September 2015 to the end	Dinner	26000	40	4 evenings	4160000
	Refreshments	5000	40	4 evenings	800000
	Breakfast	21000	40	4 evenings	3360000
	Teas	Homemade	(no cost)		
	Water	2000	80	4 evenings	640000
	Glucose	Available	(uncosted)		
<b>Total before UKMC 15</b>				<b>USD \$10855</b>	<b>23,880,000</b>
<b>Total after UKMC15</b>				<b>USD \$11838.2</b>	<b>26,044,040</b>

The advance team (management) reserved a hotel room to store medicines for the medical camp at a hotel close to camp site to allow smooth implementations for three days before the camp. The rest of the team came in on 13<sup>th</sup> and were given one room for two to share, the executive Director and Ms. Maria were put in a non-shared room each.

The Management of Crown Suites charged extra charges for the meeting hall for the three day at a rate of UGX100000 (\$45) for the two meetings that were held for review, since the guest house could not accommodate all the participants and considering that only one had a possible meeting place, transport was organized for participants who were staying in different hotels. Teas, refreshments and Lunch were served by a different hotel at a tent place for UKMC participants and water was purchased by the Advance team however, dinner was served at the respective hotels where participants were staying and had already been catered for by the organisation. Some extras for this field were recorded at a cost of UGX 2064000 (\$938.2), these were incurred as costs accumulated by the visits of district officials and a delegate from Ministry of Health.

## 2015 UKMC Camp Site

The Camp sites were decided upon depending the demand registered. Feedback from community showed that a particular part of the district had no access at all and the board decided to go on to Nangabo.

St. Mathews (Matia Mulumba) hospital is a institution started out by a family in Wattuba as a memorial of their late father Mulumba Mathew and serves a population of about 23000 people from the sub-county, it is clearly

Maama Maria's Dominiciary clinic is a private clinic owned by the Executive Director of the Uganda Private Midwives Association, Mrs. Maria Kigongo. It has existed in the area for over 27 years and many of the people in this region have constantly ran to this place for medical attention.

A map of Nangabo, Uganda, showing its location relative to surrounding districts and towns. Nangabo is highlighted in orange. The map includes labels for districts like Kiboga, Kibuli, and Kibira, and towns like Kiboga, Kibuli, and Kibira. A scale bar indicates distances in kilometers.

As it is the case in all public health facilities, the lack of medical supplies, long distances from facilities and lack of committed medical human resource factors continue to be the major obstacle in provision of care and support. Poverty and other distinctive factors contribute to the issue causing longer and uncontrollable lines at all UKMC activities. It is imperative that funds for such activities are increased to support the provision of care and treatment to poor people in Uganda.

Table 7: Campsite costs UKMC 2015

**Campsite costs for UKMC 2015**

Item	Particulars	Unit Cost	Freq	Total UGX
<b>Rent</b>				
	Campsite	3400000	3	10200000
	Equipment			1000000
<b>Extra Costs</b>				
	Not to exceed			3000000
<b>Total</b>				<b>14200000</b>

**2015 UKMC Licenses and legal procedures**

The Licenses included the Authorizing paperwork from Police, National Drug Authority, The Allied Health Professionals Council, the Dental and Medical practitioner's council, Ministry of Health, and Ministry of Internal Affairs. All these processes exceeded their accountabilities by almost half the budget.

Under the public order management bill, individuals, companies and or organisations intending to gather more than 5 people are required to inform the Uganda police of the plans to hold such activities. In addition the UKMC brings in a certain number of individuals who come to provide services and this is at a different level, so to avoid unexpected experience the Organisation follows the mandate of providing all the camp's information to the police and other line ministries and government institutions. RHU was cleared by the Uganda Police to carry out the UKMC 2015.

Under the national drug policy, all institutions that deal or work or purchase or dispense any kind of medication or drug should apply for clearance through the national drug authority to be granted such activities with drugs. RHU paid its dues, and other dues related to the importation of medicines to National Drug Authority and was cleared to purchase, import and use medicines for the 2015 UKMC.

The other entities and authorities were reached and all the requirements met. Payments were made to all agencies and all paperwork completed and attained. For references on payments please see the financial report of the Camp or consult for receipts of specific items outlined here.

Licenses for the medicine from South Korea have been released at the beginning of September and the medicines will be dispensed accordingly as per the mandate of the UKMC under the procedures laid out for the dispensation of medical donations. The organisation will share copies of licenses of medicines with all the institutions working with us to provide free medical care and treatment to poor Ugandans countrywide with more consideration to people.

All Licenses Expire in December 2015.



## 2015 UKMC Management

Based on the advice from Security agencies and the guidelines from Ministry of Health, RHU recruited a Medical Director who Commenced work at the beginning of April 2015. This personnel is responsible for all the clinical work done at RHU hence the UKMC clinical Activities. The UKMC has had a management team i.e.:

1. The Project Director
2. Manager
3. The Medical Director
4. The Secretary
5. Lead Pharmacist
6. Head of Laboratory
7. Head of Dental
8. Head of triaging
9. Head of Nursing and midwifery
10. Community mobilizer
11. Head of welfare

*Table 8: List of 2015 UKMC Participants*

### List of Participants

No	Name	Position
1.	Busonga Eliezah Titus	Project Director
2.	Okello Enock Otim	Manager
3.	Quraish Sserwanja	Medical Director/General Practitioner
4.	Sophia Nankinga	Secretary
5.	Tukke Michael	Head of Pharmacy/pharmacist
6.	Senkya Andrew	Head of Dental
7.	Kalema Geoffrey	Head of Laboratory
8.	Maria Kigongo	Head of Nursing
9.	Nakigudde Janaat	Head of Triaging
10.	Nakitende Rehemah	Community Mobiliser
11.	Lwanga Latifah	Welfare
12.	Lwanga Sabir	Nurse
13.	Irene Nakalema	Physician
14.	Balisaliwa Shamim	Pharmacist
15.	Winnie Katende	Nurse
16.	Kasaiyillizi Derrick	Nurse

17.	Mukiibi Joan	Nurse
18.	Lilian Kalema	Nurse
19.	Mutyaba Beatrice	Nurse
20.	Deo Kalyesubula	Nurse
21.	Ssemakula Moses	Pharmacist
22.	Kayondo Tamalie	Nurse
23.	Katende Thadeus	General Practitioner
24.	Joyce Kalema	General Practitioner
25.	David Ntulumbe	Paediatrician
26.	Mahad Kalungi	OBs
27.	Engitu Sam	General Practitioner
28.	Kasirye Mondha	Daematologist
29.	Banyinzaki Medard	General Practitioner
30.	Francis S. Kintu	General Practitioner
31.	Kamya Harriet	Paediatrician
32.	Mulyanti Henry	General Practitioner
33.	Baryomunsi Cyrus	General Practitioner
34.	Kasoma Joyce Ruth	Clinician
35.	Mpiima Beatrice	Lab
36.	Musa Kasibante	Pharmacist
37.	Kayiza Sam	Lab
38.	Mulondo Tom	Nurse
39.	Ayikoru Patience	Nurse
40.	Waziba Joyce	Nurse
41.	Balenga Bosco	Nurse
42.	Kitonsa Margret	Nurse
43.	Nabatanzi Aisha	Nurse

Table 9: UKMC 2015 Sponsors

**List of UKMC 2015 Supporters and their contributions**

No	Name	Donation USD \$	Restricted	Non-restricted
1.	R. Constructions LTD C/O Eng. Rehemah Nyanzi	4000	4000	
2.	Eng. Rehemah Nyanzi	12,753	9238	3515
3.	Busonga Eliezah	21269.8	15469.6	5800.2
4.	Elieza Mart C/O Eliezah Busonga	4418.3	4418.3	
5.	The Third Doctors C/O Dr. Noh Bonggeun	\$2500		\$2500

The Organisation Exchange rate is UGX2200/ 1 US Dollar (\$1=UGX2200)

## UKMC Progress to date

The Uganda Korea Medical Camp is regulated under the Agreement No: D130035 signed on October 12<sup>th</sup> 2013, although the agreement did not take effect for the year 2014, UKMC has prevailed for 2015 working with two separate entities i.e. Maama Maria Dominiciary Clinic, and St. Mathews Hospital to treat 1012 patients excluding surgical procedures.

It has always been the mandate of RHU to provide center-based and mHealth services to people that can't afford proper healthcare and although many other factors have proven to impact the process, i.e. lack of education, the UKMC has still prevailed and beat numbers of people turning up to access healthcare services during the program implementation period.

This year as usual great support has come from the Third Doctors in South Korea, Dr. Busonga Eliezah Titus, Eng. Rehemah Nyanzi, and Maama Maria Dominiciary Clinic. Real Health Uganda has this year tested the recommendations made at the end of 2013 Uganda-Korea Medical Camp and there has been great progress in the financial and administrative management system for better results.

Some of the internal recommendations have greatly determined the success of the 2015 UKMC. Agreements signed between RHU and the above mentioned implementing partners followed a voided agreement signed between RHU and the Ruth Gaylord Hospital due to the location that the target community would not compatibly access

The project decided to focus on Wakiso district in Uganda and is already working with a larger number of service providers from within the district. Bringing the line ministry and agencies on Board, RHU has come to create a relationship with all entities responsible for health, security and law reform. The network is growing by the day and the community is responsive to all organisation activities. Our facebook page has grown more people and our twitter handler (@realhealthug) is now functional.

The UKMC 15 is looking at having a specialist's team that will continuously provide services. Depending on the response from our partner (The Third Doctors), UKMC specialists will receive contracts after a process that will select one specialist for each field. This aims at reducing on the licensing process and confirm a record of good practice for our medical personnel. It will also support the idea of building a hungry spirit within medical practitioners to participate in such activities as one group.

The Project is now recognized by all line entities, and implementing partners working on health issues in Uganda, however its challenges are still cornered around resources not being available or at least the members not being responsive to financial causes. It is at this point where UKMC should move faster than initially and get more people involved in providing care and treatment. The issues that hinder the UKMC from external forces has been minimized to normal and this should pave way for better service provision.

Currently the UKMC has been implemented in the absence of the Korean delegation. It is evident that the burden of organising such activity for 2015 has been massive within the board of directors and more specifically to one individual yet the activities are very important to the entire Organisation and the status of the program itself or its partners. This change has brought about extreme challenges in resource mobilisation and or the zeal to report about the activity or the values of the activity itself. Compromising the odds, RHU seeks to have a system of implementation of the Uganda-Korea Medical Camp and with the current inflation, accountability has shifted to more costly charges on utilities and supplies including all revenues and charges imposed on civil society.

UKMC 2015 has prevailed in providing care and treatment, not only has it heavily impacted the relationship between service providers, government institutions and community beneficiaries, it has also built up a better experience for the administration of Real Health Uganda. This year's medical camp process has been very cost friendly considering the charges not only for the previous activities but also the overall organisation activities implemented in history, it has seen government institutions agreeing to the task of reduction or waive off of charges imposed on entities like Real Health Uganda and it has also improved the cost effectiveness as far as utilities for service delivery are concerned.

### Redirection Context

Members on the boards that facilitate the UKMC should be involved in general organisation work and a redirection strategy to improve the quality of services delivered and to maintain a special system that complements UKMC activities. Group work will provide the best results for the UKMC, RHU and all its partners.

RHU Board members should continue to adjust programs to suit financial struggles of the organisation and they should plan for the UKMC only after there is commitment from each and every partner involved. The program is very resourceful to Ugandans and it should be our role to encourage the Third Doctors to contribute to the cause.

The requirements requested for by the government institutions for permanent changes into the regulations that hinder such activities like the UKMC should be encourage and evidence forwarded to their knowledge for them to take the promised action and improve the work conditions of the medical camp and or similar activities of RHU and other organisations especially those working with foreign organisations.

Staff of the UKMC should be trained before the medical camp to avoid the challenges faced during the camp i.e. poor time management, outrageous charges by physicians, lack of hungry spirit and social impact by and from physicians to the work of the organisation and the patients or the general public. We play such an important role in improving health care for all but with such low spirits, the changes will take forever and yet the time for such change is now.

RHU administrators should be more engaged not only in implementation but also in the planning process and resource mobilization.

## Partners and Stakeholders Relations

### **The Third Doctors:**

We are still in close contact and partnership with The Third Doctors, for 2015, they have forwarded a sum of \$2500 non restricted resources to support the Uganda Korea Medical Camp. We believe that in some way, we will be able to work with The Third Doctors to resolve ways around resource mobilization and support for Uganda and or the region.

The Third Doctors were the leading sponsors and initiators of the Uganda Korea Medical Camp in 2013.

### **Eng. Rehemah Nyanzi:**

The Great Support she, her family and her company have offered RHU since foundation is unimaginable, She has believed in us and the cause to support Ugandans have access to free medical care when no one else cared. She has been a great bridge for us to overcome political influence and challenges related to civil society in Uganda. She has contributed tremendously to UKMC activities since the program initiation in 2012. This year she offered UKMC a sum of \$9238 of restricted funds and \$ 3515 of non-restricted funds. Her Construction company (R Constructions limited) contributed a sum of \$4000 of restricted funds to the purchase of medicines for the UKMC 2015. She is indeed the source of RHU strength in many aspects.

Hospitals and Health Facilities

### **Busonga Eliezhah Titus:**

Dr. Busonga Eliezhah Titus is the Executive Director and Founder of Real Health Uganda. He has offered financial and administrative support to RHU with honor. Each year RHU has constantly implemented activities in Uganda under his financial and technical support. The passion he has for our work is out spoken throughout Uganda and through his background and experience, RHU is one of the highly respected Civil Society Health Organisations in the Country and in the Region. Through his other leaderships i.e. The Eliezhah Foundation, RHU has benefited from their services and best practices experience. His Companies i.e. Elae Motor Parts, Elieza Mart and E Consults, financial support has been provided for RHU activities including UKMC activities for 2013 and 2015. He has been a mentor and a good leader. This year's medical camp Dr. Busonga directed \$15469.6 of restricted funds and \$5800.2 of non-restricted but recorded funds. His Company, The Elieza Mart offered \$4418.3 of restricted funds to support the UKMC for 2015.

### **Government institutions:**

Institutions like the line government ministries, Service Providers and health facilities working with RHU have not abandoned our work. Even in the hardest of conditions majority of our network facilities have continued providing care and treatment to the poor. One of the orphanages in the areas we are working in is currently receiving free medical attention from our network facility and they are very grateful. Such initiatives like the network facilities are impossible without medicines, and the Third Doctors have continued to provide medicines to us which we send to our network facilities to enable them treat the poor people in Uganda for free.

We can equally say that our relationship with entities and individual donors is as good as it has always been.

## Recommendations

1. All Partners of the UKMC Project should agree on whether or not to hold the UKMC for the year 2016. Communication of the UKMC 2016 dates is very useful to the forum.
2. All procedures should be followed by the organizing committee.
3. The Security Meeting that Authorises the UKMC 2016 should be held on time as earlier discussed by the authorities and a standard protocol. The Dues should be paid on time to avoid inconveniences.
4. A van should be purchased to avoid the transport challenges faced during the preparations.
5. Facilitation of officers handling the processing of requirements for UKMC should be streamlined and put in place.

## The Uganda Korea Medical Camp 2016

The Third Doctors meeting that sat on 5<sup>th</sup> September 2015 confirmed that they will be facilitating the 2016 UKMC. This Report serves as a guide for the planning process of the UKMC 2016. UKMC 2016 Preparatory Exercises have started as of the 18<sup>th</sup> of September 2015. Following the guidance from security agencies and other institutions concerned, UKMC activities will start by October until December and resume in January 2016.

### Possible Locations for the UKMC 2016.

Since other UKMC have been handled around Wakiso and this particular district being the district housing the largest population of Uganda, it is our interest to continue working in Wakiso, however there are other districts i.e. Kalangala, Kaberamaido, Mukono, Jinja and Mbale that are heavily affected by poor healthcare services. The Board of Directors and partners will decide on the location by the end of the year, which shall be communicated to communities that will benefit.

### In-charge Committee 2016

The Committee is a group of 7 individuals who work closely with each other to ensure proper management and planning for the UKMC. The Committee members change as per UKMC to allow them gain experience in such activities and to pave way for positive energy. On the 17<sup>th</sup> of September 2015 the Following committee members were nominated and elected to pursue the planning and implementation process of the UKMC 2016

*Table 10: Management Committee for UKMC 2016*

**In-charge Committee members and Contacts for UKMC 2016**

No	Name	Designation	Role	Contact
1.	Busonga Eliezah Titus	Executive Director	Project Director	<a href="mailto:eliezah@realhealthuganda.org">eliezah@realhealthuganda.org</a>
2.	Okello Enock	Secretary General	Project Manager	<a href="mailto:okello@realhealthuganda.org">okello@realhealthuganda.org</a>
3.	Nankinga Sophia	Secretary	Secretary	<a href="mailto:secretary@realhealthuganda.org">secretary@realhealthuganda.org</a>
4.	Kalema Joyce	Doctor	Finance Manager	<a href="mailto:joy@realhealthuganda.org">joy@realhealthuganda.org</a>
5.	Serwanja Quraish	Medical Director	Medical Director	<a href="mailto:dms@realhealthuganda.org">dms@realhealthuganda.org</a>
6.	Ninsiima Fortunate	Executive Secretary	Welfare officer	<a href="mailto:es@realhealthuganda.org">es@realhealthuganda.org</a>
7.	Tukke Michael	Pharmacist	Procurement officer	<a href="mailto:michael@realhealthuganda.org">michael@realhealthuganda.org</a>

## Financial Support for UKMC 2016

There had not been any pledges made from supporter of the UKMC for the 2016 activity. It is expected that The Third Doctors will fund most of the UKMC 2016 expenses. Focus is centered on resources for the planning period especially transport. There have been proposals for a purchase of a van for the activity and this proposal is yet to be tabled for discussion with the third doctors.

The UKMC 2016 is estimated to cost \$80000 in expenditures. Budgets and plans are underway and the team of RHU officials has begun the planning process. For more information on the UKMC 2016 please send your queries to:

**Att: Dr. Okello Enock**  
**Project Manager**  
**The Uganda Korea Medical Camp 2016**  
**Real Health Uganda**  
**29510 Kampala, Uganda**

Or Send an email to [realhealthuganda@gmail.com](mailto:realhealthuganda@gmail.com).

Although we expect some waivers from government institution, there has not yet been any guarantees or agreements signed, awaiting confirmation from our partners in South Korea because next year's medical camp totally depends on their engagement.

UKMC 2016 is expected to provide care and treatment to over 2000 patients across the country. Better estimates shall be put in place after the decision on the camping site has been made.

## Conclusion.

The Uganda Korea Medical Camp has continued to show aggressiveness in its bid to provide free care and treatment to the poor in Uganda. We will continue to implement such activities within our capacity to ensure that all humans are treated equally and justly at all healthcare facilities countrywide. We will continue to support service providers to provide free care and treatment to the poor and also to offer free training to all personnel working in hospitals and clinics partnering with RHU.

We are grateful to the great leadership of the organisation, the relationship between us and our implementing partners, our donor, The Third Doctors, Hajat Eng. Rehemah Nyanzi and her family, The Eliezah group and the community volunteers that always make this work easier.

**Report Signed By:**



*Busonga Eliezah*  
For Board Of Directors



## Appendix

Figure 2: UKMC 2015 Pictorial

### Appendix i. Photoshots For Medical Camp.





This report documents procedures of the UKMC 2015. It concludes and expresses the successful end of the Activity and informs stakeholders of the incidents that took place in the planning and implementation period of the Uganda Korea Medical Camp.

While 2013 was a very successful year in implementing the UKMC project, 2014 was not as lucky for same and this brought up a lot tension not only within the Organisation but also within communities that were benefiting from the project.

2015 Saw all these huge numbers of people from our community turn up to access free medical treatment. It has been a successful project this year even with limited support and yet a lot of pressure from community and authorities to place this year's Uganda Korea Medical Camp.

With hope, UKMC will not miss a year again and more emphasis will be placed amongst partners to solicit and avail resources for the Uganda Korea Medical Camp activities for the following years.



150921-1104-0035-0006