



IMPACT OF THE MEDICAL MISSION NAKASEKE

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BACKGROUND AND INTRODUCTION

Nakaseke hospital is a general hospital situated in Nakaseke Town Council, within Nakaseke District, Central Region of Uganda. It lies approximately 65km northwest of Mulago National Referral Hospital in Kampala.

It's a general public hospital administered by the Uganda Ministry of Health. Established in 1969.

It primarily serves residents of Nakaseke district and also caters to patients from neighboring districts: Luweero, Wakiso, Nakasongola and Mityana.

It functions as a key healthcare provider in the Luweero triangle. Offers services including **General medicine, Surgery, Maternal and Child Health , and Emergency Care.**

WHY THE MISSION WAS NEEDED

Mission Collaboration;

1. The mission was a partnership between **UNAMS, BBNAC** and the **Buganda Kingdom Government**.
2. Created opportunities for member associations to **actively contribute to health initiatives** in Buganda and Uganda at large.

Strategic goals;

1. Address **gaps in service delivery** in rural areas.
2. Provide **free, quality medical care** to the community.
3. Support the Buganda Kingdom's efforts in **improving the wellbeing** of its people.

Community impact vision

1. Aligns with BBNAC'S objective of strengthening **healthcare access and outcomes** in Buganda.
2. Emphasizes **collaborative development** between diaspora and local institutions

MEET THE MISSION TEAM: UNAMS & BBNAC

Team Composition (15 Health Workers):

2 Physicians – from the U.S.

3 Surgeons – from the U.S., Canada, and Uganda

2 Nurses – from the U.S.

3 Midwives – from the Uganda Midwifery Association

1 Dentist & 3 Dental Assistants – from Uganda

1 Senior Clinical Officer & 1 Physiotherapist – from Uganda

1 Medical Student – 2nd year, Makerere University

1 Special Assistant/Driver – assisted a physically challenged doctor

2 Community Organizers – documented the mission

Support:

Clinical and nursing staff of **Nakaseke Hospital** worked hand-in-hand with the mission team.

OBJECTIVES OF THE MEDICAL MISSION

1. **Deliver free medical services** to underserved communities in Nakaseke.
2. **Support local health workers** through collaboration and skill-sharing.
3. **Promote disease prevention and health education** in the community.
4. **Strengthen ties** between the diaspora professionals and the local health systems.
5. **Advance Buganda kingdom's goal** of improving community wellbeing.

The first medical mission jointly organized and funded by BBNAC and UNAMS, in collaboration with the Buganda Kingdom Ministry of Health, was held at Nakaseke Hospital from **April 3rd to 7th, 2017**. This marked the first collaborative effort by these partners to deliver free medical services and support healthcare development in Buganda.

ACTIVITIES CONDUCTED

1. **CLINICS:** Managed cases in **GENERAL MEDICINE, PAEDIATRICS, SURGERY** and **MATERNAL HEALTH**.

➤ **Common Conditions:**

I. **Medicine** :PUD, STIs

II. **Paediatrics:** URTIS, SICKLE CELL DISEASE

III. **MATERNAL HEALTH;** PIDS

IV. **SURGERY:** HERNIORRHAPHIES

- **Outreach:** Community screening and health education in surrounding area.
- **Education:** clinical mentorship for local healthcare staff
- **Donations:** medical equipment, supplies and drugs where provided to the hospital on the last day of the mission.

SUMMARY OF PATIENT ATTENDANCE

A total of **1,452 patients** were attended to during the 5-day medical mission.

Services were offered in **main clinic, maternity, surgery, and dental care.**

The **main outpatient clinic** managed the highest volume with **1,031 patients.**

359 women received care from midwives.

24 surgical procedures were performed, mostly for **inguinal hernias.**

38 dental patients were treated on the final day of camp.

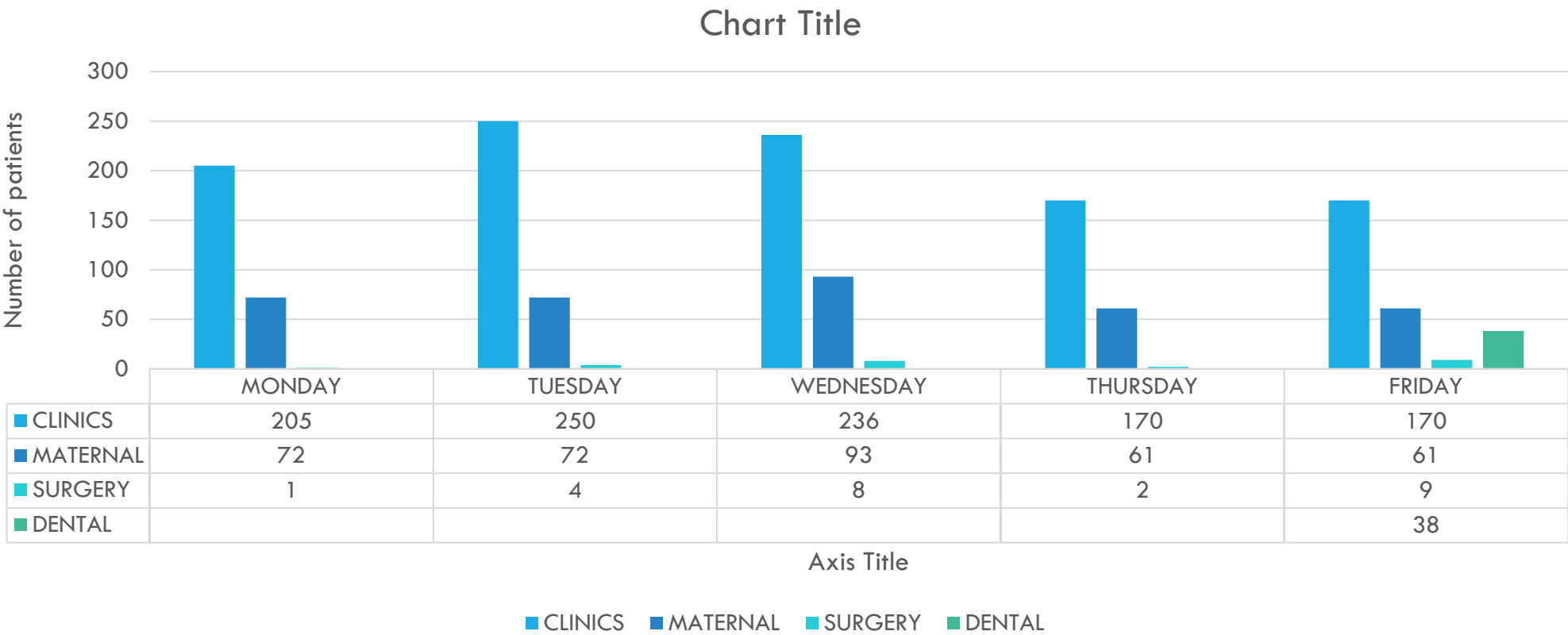
Demographics Estimate:

70% Female

20% Male

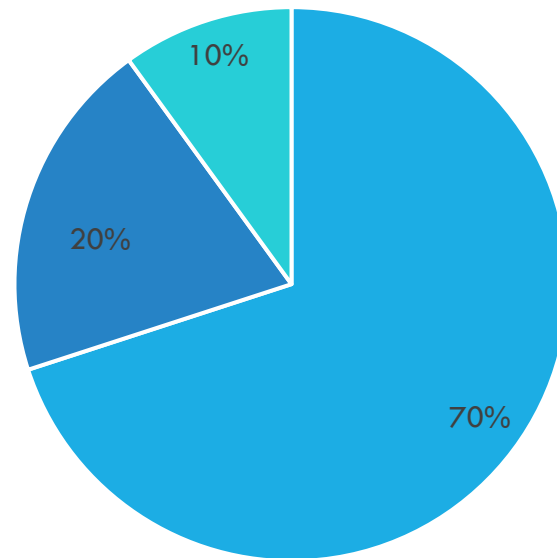
10% Children under 18

QUANTITATIVE IMPACT



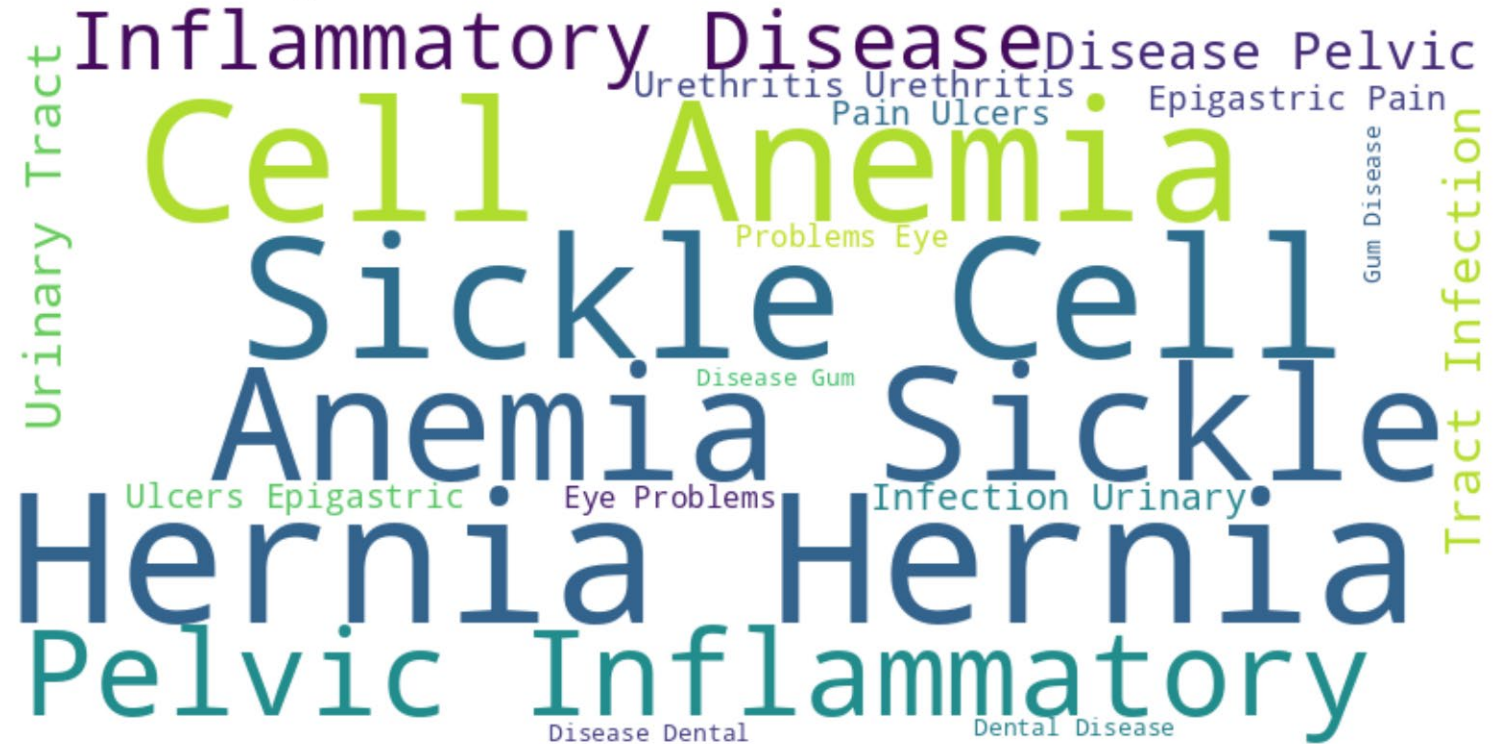
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GENDER AND AGE DISTRIBUTION OF PATIENTS



■ FEMALE ■ MALE ■ CHILDREN

Prevailing Diseases Word Cloud - Nakaseke Medical Mission



QUALITATIVE IMPACT OF MEDICAL MISSIONS

Increased community trust in healthcare services

Empowered local health workers through collaboration and mentorship

Strengthened partnerships with local facilities and leaders

Personal growth for volunteers: empathy, resilience, and renewed purpose

Inspiring stories of hope, healing, and long-term community engagement

CHALLENGES FACED

Stock-outs of Essential Supplies

Frequent shortages of medications and diagnostic tools

High Patient Load

Overwhelming turnout strained available manpower and resources

Limited Follow-up Capacity

Inadequate systems for tracking and reviewing patient outcomes

Infrastructure Constraints

Limited space and equipment in local facilities

LESSONS LEARNED

Preparedness is Key

Early planning and supply forecasting reduce stock-outs

Collaboration Enhances Impact

Strong coordination with local health teams improves service delivery

Need for Sustainable Systems

Establishing referral and follow-up pathways is crucial for continuity of care

Community Engagement Matters

Involving local leaders and residents boosts participation and trust

Every Mission is a Learning Opportunity

Field experience sharpens clinical judgment, adaptability, and cultural sensitivity

SUSTAINABILITY & FOLLOW-UP



Continuity of Care

Linked patients to local health facilities for long-term management

Emphasized chronic disease follow-up, especially for hypertension and diabetes



Local Capacity Building

Trained local health workers for ongoing care and health education

Promoted task-shifting to ensure services continue beyond the mission



Data-Driven Planning

Collected community health data to inform future interventions



Referral & Follow-Up Systems

Encouraged creation of referral directories and patient tracking tools



Community Ownership

Engaged local leaders to champion sustained health initiatives

CONCLUSION & CALL TO ACTION

Summary

Medical missions have a powerful impact on underserved communities

Despite challenges, they foster trust, build local capacity, and inspire service

Sustainability requires strong partnerships and structured follow-up

Call to Action

Health professionals: Volunteer, mentor, and advocate for equitable care

Stakeholders: Invest in long-term health system strengthening

Communities: Stay engaged and take ownership of health initiatives

 *Let us move from short-term relief to long-term transformation.*