

The medical clinic in Mawanga has been an incredible success for ROWAN. In the spring the average amount of patients coming into the clinic was roughly 200/month, but this summer the numbers have swelled to nearly 500/month.

Besides providing basic medical care as needed, the clinic provides obstetric, dental and preventative healthcare to the region's population.

Below are the numbers for April, May and June, as well as the current challenges that are being faced by the clinic. –R. Munassi

**MAWANGA HEALTHCENTRE II,
P.O BOX 148 BUGIRI.**

**PATIENTS ATTENDANCE FOR THE MONTHS OF APRIL, MAY
AND JUNE.**

**The outpatient and inpatient attendance for the months
of April, May and June are as per the table below;**

MONTH	ATTENDANCE		TOTAL
	MALE	FEMALE	
APRIL	69	88	157
MAY	73	99	172
JUNE	237	261	498

LABARATORY TESTS

MONTH	APRIL	MAY	JUNE
TOTAL	102	157	217

DENTAL DEPARTMENT

MONTH	MALE	FEMALE	TOTAL FOR THE MONTH
APRIL	05	15	20
MAY	10	11	21
JUNE	22	41	63

DELIVERIES

MONTH	APRIL	MAY	JUNE
TOTAL	04	08	10

HIV/AIDS INFECTED CASES IN THE COMMUNITY

It may not be easy to actually tell the exact number of infected cases in the whole community, however, currently we have a list of 86clients as per 24th July 2010 registered by ROWAN after a campaign for people to come and test. We greatly believe that more people are there in the community but they need sensitization about the benefits of testing and counseling about HIV/AIDS infection and benefits of early treatment.

CHALLENGES FACED

- ❖ **Inadequate transport facilitation.** This is a problem in away that whenever these people come for health services like health education, supply of drugs for prophylaxis, they always need facilitation with transport most especially When they have to be referred to distant places where they can access other services like ARVS which cannot be acquired here at Mawanga.
- ❖ **Inadequate supply of food.** Whenever these people come for these services, they need to be fed because they have to stay for good hours during counseling sessions. Also during health education they are told to feed well in order to maintain health but they complain that they don't have food for a balanced diet.
- ❖ **Inadequate supply of essential drugs.** At times when these people come for treatment of opportunistic infections, they find that there is no drugs to help them in their need for example when a person is dehydrated and there is no IV fluids to rescue this person. Also those who are due for ARVS and are referred, they always complain.
- ❖ **Shortage of skilled man power.** Most of the health services to be rendered to these people need a skilled personal since these people need technical words while attending to them for example during counseling, one must not use words which cause stigma to these them.

May the good Lord bless you as you read and study this report.
Pastor Paul and Benson.