

Soft Power Health

Third Quarter Update
2015

What's New:



A local boy uses a government-issued free mosquito net to make a soccer ball.

For the past 8 summers, we have hosted Mt. Sinai Global Health students and residents. Each year the visiting students help us work on a particular public health problem facing the clinic or our outreach programs. This year our Mount Sinai student was joined by a Columbia University Global Health student and together they undertook a mosquito net usage survey in our home sub-county of Budondo. The survey's purpose was to discover how many families are using their mosquito nets correctly. In the wake of the Ugandan government's mass free net distribution in 2013-2014, mosquito net misuse has become a widespread problem in Uganda. We want to track how many families in our home village, and the surrounding villages in our area, are using their nets correctly, as this information will help us to tailor our malaria outreach programs to be more effective.

The students, in collaboration with our malaria outreach team, surveyed 1,479 households. An interesting finding is that, of the households interviewed so far, correct mosquito net usage (that is, sleeping under a net the previous night) was recorded in 29.37% of people interviewed. This suggests that many people are doing other

things with their nets (like the young man shown above) rather than using them for malaria prevention. This is an ongoing problem! We continue to focus our efforts on getting community buy-in and behavior change from the people we work with so that there is a true long-term commitment to sleeping under a mosquito net every night. Malaria has proven to be highly preventable when mosquito nets are used correctly.

Also this quarter, in response to a growing demand from our patients, Soft Power Health hired a domestic violence counselor. Margaret, who is both a counselor and an expert in domestic violence, was hired in July. Margaret represents an organization called [ADOVIC](#) (Anti-Domestic Violence Coalition) and works both at the clinic, counseling patients and staff about domestic violence, and alongside our family planning outreach team. The response in both settings has been impressive. Many people, particularly women, want access to counseling. More importantly, they want to know what help is available if they are victims of domestic violence. In a society where men predominantly control the family's money and make all the major decisions, it is not surprising that many women are subjected to abuse. Too many suffer in silence, not realizing that they have options and that they do not have to simply endure their circumstances, even when their lives are at risk.



Community patients from Kirindi visit the Clinic.

The Allan Stone Community Health Clinic:

This quarter proved to be the busiest in Soft Power Health's history. From July through September, we saw a record total of 6,220 patients and referred 221 patients on for more complicated treatment. 79% of our patients

were new to the clinic, our highest percentage yet. Also, 67% of our patients were women, up slightly from the last two quarters.

Dr. Paul, our dentist, treated 102 people for dental problems ranging from extractions, to dental carries, to periodontal disease. The number of dental patients continues to rise each quarter, as word gets out about the availability of dental care—a rare thing in rural Uganda. In addition to his clinical work, Dr. Paul continues to address the lack of basic education about dental care which exists in Ugandan life. We are hopeful that more education will lead to more proactive care and gradually reduce the number of patients with preventable dental problems.

Another increasingly popular service is that provided by Stephen Kato, SPH's physical therapist. During the third quarter of 2015 Stephen treated 350 patients, up from last quarter. As before, the most common condition he treated was lower back pain, followed closely by cerebral palsy. Stephen works with patients over several months, and even years, and develops excellent continuity of care for them. In addition, Stephen's community outreach program has allowed many patients who would otherwise not make it to the clinic (because of their physical limitations and/or the distance they would be required to travel) to access physical therapy on a regular basis. Finally, besides Stephen's great ongoing work, his collaborative program for distributing wheelchairs has made him a bit of legend within the physical therapy circles in Uganda.

Top 10 conditions this quarter:

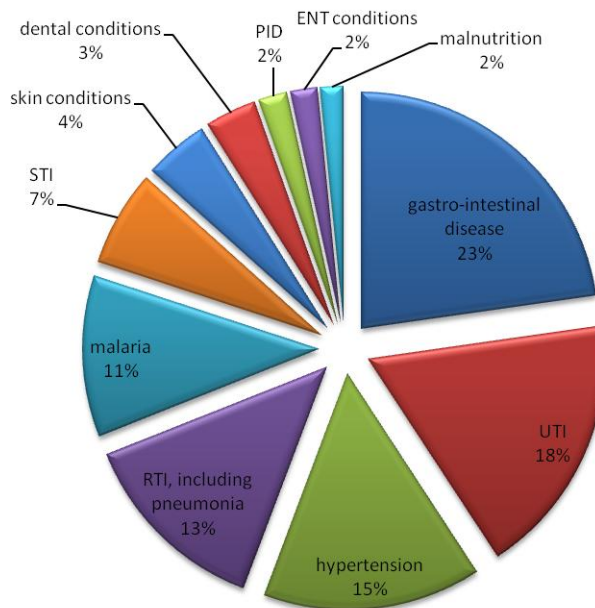
The most common diseases treated were, in descending order: gastro-intestinal disease (1134); urinary tract infections, (899); hypertension, (746); respiratory tract infections, including pneumonia, (660); malaria, (551); sexually transmitted infections, (329); skin conditions, (221); pelvic inflammatory disease, (99); ENT conditions, (93); and malnutrition, (78).

This quarter gastro-intestinal diseases were the most common conditions treated at the clinic and malaria slipped down to fifth place. Also, this quarter 2754 people were tested for HIV and only 100 were positive, representing a less than 3% incidence rate. This remains comparable to what we have seen previously.

Mother and Child Wellness Center:

The Mother and Child Wellness Center was well attended again this quarter. 307 courses of high-energy milk (HEM) were given to children and adults in need. In addition, 425 rounds of vaccinations were administered in the third quarter. These interventions can be life saving for the children and adults who receive them. Also, 160 three-month courses of Depo-Provera injectable birth control were administered, and 13 three-month packages of birth control pills were distributed to women who wanted intermediate-term family planning. 20 long-term implants were placed and 15 were removed. Also, 1 IUD was placed and 1 was removed during this quarter. In addition, during our Marie Stopes collaborative family planning day in August, 7 women chose tubal ligations and 1 man chose a vasectomy as permanent forms of birth control. 17 women selected long term birth control

**Top 10 Diseases
Treated at Allan Stone Community Health Clinic
3rd Quarter 2015**



implants and 3 women chose IUDs. In addition, 5 women chose intermediate term methods of birth control on this same day and one woman was counseled about side effects of birth control, in addition to the general counseling that goes on for all participants in our birth control programs. Finally, 2220 male condoms were distributed from the Wellness Center, and 3 people were counseled about side effects they were experiencing from the use of family planning.

Nutrition/Malnutrition Outreach

During the third quarter of 2015, 347 people participated in 12 malnutrition outreaches in villages in Butagaya and Budondo sub-counties in our home district of Jinja. 1,104 doses of deworming treatments were distributed to children and adults in need. We continue to make follow-up visits to former participants in the malnutrition outreach in order to measure its impact, and to treat more and more cases at the clinic. In fact, malnutrition appeared in the top 10 conditions we treat at the clinic again this quarter. Over time, we hope that the educational outreach, coupled with the organic DIG garden program, will help people to make life-changing and life-saving improvements in their health and well being, and the need for acute treatment of this condition will become less frequent.

Malaria Prevention and Outreach:

During the third quarter of 2015, we sold a total of 667 mosquito nets through our malaria education and prevention outreach and at the clinic. 535 nets were sold at education outreach sessions at 12 different villages, and 132 were sold at the clinic. The malaria outreach team made 181 follow-up visits to evaluate whether previously purchased nets from education sessions were being used correctly and whether people reported having less malaria. While net sales remain depressed as a result of the Ugandan government's distribution of 15,500,000 free mosquito nets at the end of 2013, there are still communities who have need of our services. Our malaria outreach team continues to visit these communities just to educate people about the correct use of mosquito nets. This education is always well received and the malaria team will go on providing it as long as there is a demand for it. As experience has shown: education, skin in the game, and proper usage of nets is what prevents malaria—not the mere presence of a free net!



Malaria outreach leader, Sarah, follows up with a young mother and children.



A malnourished child discovered in the field.

Family Planning Outreach:

Our family planning outreach continues to be well attended (by both men and women) and provides a much-needed service to local communities. This quarter, 807 women received three-month birth control injections for intermediate-term family planning. 81 women chose birth control pills during outreach sessions. This quarter, no new long-term contraceptive implants or IUDs were inserted or removed. 162 women requested and received pregnancy tests. 3 women were counseled about side effects of birth control. We also gave 2,903 doses of Albendazole to children in the

field, effectively deworming those children for the next 6 months and improving their chances of gaining weight and being healthier overall. Finally, thanks to our ongoing partnership with USAID based in Kampala, we were able to distribute 6,250 male condoms and 249 female condoms.

DIG Garden

During the third quarter, the DIG gardening group continued to work with the numerous community gardens started over the last year with a number of our community patients. So far these gardens have proven to be, not only a source of income for the families involved, but also a way for these families to feed themselves more balanced and nutritious meals. In addition, several new gardens have now been started across the Nile in

Kayunga district. Over the next year, we hope to see an improvement in nutrition, health, and quality of life for the people as a result of the proliferation of DIG gardens.



A proud Super Hole village farmer with her DIG garden.

It is your help and dedication to Soft Power Health that has made this possible. Thank you so much!

To learn more about the services we provide and the costs involved, or to make a one-time or monthly donation, please click [here](#).