

Soft Power Health

3rd Quarter Update
2017

What's New:



(L to R) Joseph, our main driver; Dr. Nils; Rogers, a nurse from One Mama, an organization with which we collaborate; and Jessica, one of our MPH students.

During the third quarter we had a number of visitors and volunteers at Soft Power Health. For the first time in our 10-year collaboration with Mt. Sinai, Dr. Nils Hennig, director of the Masters of Public Health (MPH) program at Mt. Sinai and I were in Uganda at the same time! Dr. Nils visits all the MPH students each summer in Uganda and at other placements in Africa. He spent nearly a week with us, both helping the students get settled in and consulting on some more complicated cases that came through the clinic. The MPH students, Jessica and Dominique, continued work on a malaria mosquito net usage survey that was begun several years ago.

In order to get a correct idea of how many people are sleeping under mosquito nets every night in our home sub-county of Budondo, we have been working to visit every home in Budondo to gauge the number of nets that are properly used and the number that are not. In addition to the mosquito net usage survey, the Mt. Sinai students have been able to visit other healthcare programs in Uganda with which we collaborate, as well as to see and experience life in Uganda. This provides them with a wonderful supplement to the theoretical course work they do back in the States, as they can see for themselves what works and what does not in actual practice.

This year, our net usage survey overlaps with the free distribution of 24,000,000 mosquito nets by the Ugandan government, so we anticipate quite a different picture of net use and availability in the communities based on Jessica and Dominique's survey work. And, if the results of previous mass free net distributions are any indicator, we do not expect this distribution to have a long-term positive malaria prevention effect for most people.

Our newest Clinic building has been under construction since July and is nearly finished. This building is critical to the Clinic, as this quarter's record attendance shows. We treated 9,043 patients between July and September, which is our greatest number of patients in a quarter yet. It is clear that we urgently need to expand our space! The new building was generously underwritten by Marc and Jane Rose, and the whole Rose family came to visit at the end of August. It was great for them to see the construction nearly done, visit the clinic, and see all our programs in practice. Also, we were glad that the whole family was able to volunteer with the malaria outreach program and to help with follow-up visits to net buyers' homes as well as additional home visits to community members. This gave the Roses a real insight into how things work on the ground here. Thank you Rose family for coming to visit and see first-hand how your support has helped!

Even after all the years of seeing tough cases that come to the clinic, there are always ones that really move your heart. In July we had a 12-year-old boy come to the clinic with a history of trauma to his right shoulder blade five months earlier. He was in tremendous pain, and presented with a massive tumor over the right scapula,



Patient with massive tumor over his right scapula.

which was clearly out of proportion to simple trauma. After an initial work up, we treated the boy for malaria, managed his pain, and referred him to Comprehensive Rehabilitation Services, Uganda (CORSU) Hospital for further evaluation, including a biopsy of the tumor. With patients like this boy, having good and reliable referral partners is a big reason for hope and gratitude. Without a dependable network in place, we would have no treatment options to offer such patients. With CORSU's help and others, we do!

The Allan Stone Community Health Clinic:

In the third quarter of 2017 the Clinic attendance hit a record high, with a total of 9,043 patients treated (15% returning and 85% new attendees) from July through September. We also referred 258 patients on for more complicated treatment in the Kampala-Entebbe area. In addition to attendance, another record was broken this quarter: for the first time in our history, malaria slipped down to the sixth most commonly treated disease at the Clinic! In spite of the challenges created by the Ugandan government's free net distributions, we hope our ongoing educational outreaches on malaria prevention, including proper mosquito net usage, has played some small part in this development.

Also this quarter, Dr. Paul, our dentist, treated 122 people for dental problems. Periodontal diseases, extractions, dental abscesses, and neuropathy were the most commonly treated complaints. We are seeing more and more patients take advantage of Dr. Paul's expert services. In Uganda, dental care is a much-needed commodity. Its availability remains a great contributor to overall improved health.

Demand for the physical therapy services offered by Stephen Kato and Flavia continues to increase! This quarter 945 patients were treated, which represents a 26% increase over last quarter. The most common conditions seen were lower back pain (such as lumbar spondylosis, and sciatica), cerebral palsy, and knee pain. This quarter, 32 of the total PT patients were treated via Stephen's community outreach program in Lukolo village.

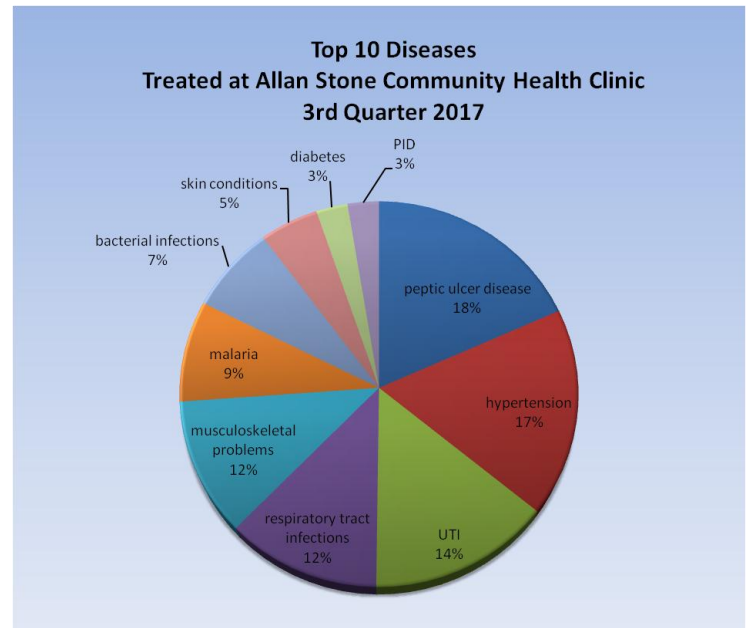
Finally, 67 Little Suns solar lamps were sold at the Clinic this quarter, and 25 were replaced.

Top 10 conditions this quarter:

The most common diseases treated at the clinic were, in descending order: peptic ulcer disease, (1703); hypertension, (1617); urinary tract infection, (1336); respiratory tract infections, including 27 cases of pneumonia (1129); musculoskeletal problems, (1063); malaria, including 12 cases of malaria in pregnancy, (789); bacterial infections, (689); skin conditions, (458); diabetes, (245); and pelvic inflammatory disease, (243).

Mother and Child Wellness Center:

At the Mother and Child Wellness Center this quarter, 1,482 pediatric patients and their families were counseled about nutrition and malnutrition, including the causes of malnutrition. 1,113 of these patients required the intervention of High Energy Milk (HEM) to address their malnutrition, in some instances it was severe. 369 of these patients and families required counseling about nutrition only.



In addition, despite a country wide shortage of certain vaccines, such as tetanus, 491 rounds of vaccinations were administered. 157 women received intermediate term family planning methods: 154

three-month courses of Depo-Provera injectable birth control were administered, and 3 three-month packages of birth control pills were distributed. Also, 41 long-term implants were placed. Finally, 888 male condoms were distributed from the Wellness Center. During this quarter, 4591 people were tested for HIV, with only 83 positive results. This represents an extremely low 1.8% positivity rate.

Finally, during our third quarter Marie Stopes collaborative family planning day, 9 women chose tubal ligations and 1 man chose a vasectomy as permanent forms of birth control. 23 women selected long-term birth control implants, and 6 implants were removed. No IUDs were inserted and 1 IUD was removed. Also, 1 woman was counseled about birth control side effects, and 1 woman was provided with general family planning counseling. Also, 42 women were screened for HIV, and all but one were negative.

Nutrition/Malnutrition Outreach

This quarter, 390 people participated in 12 malnutrition education outreaches in 12 villages in Butagaya and Budondo sub-counties in our home district of Jinja. Also, we made follow-up visits to 157 former participants in order to measure the program's impact and to see if people had retained and implemented knowledge from the education sessions. At the malnutrition outreaches we were also able to distribute 1,407 doses of Albendazole, 300 courses of Vitamin A, and 570 courses of prenatal vitamins to pregnant and lactating women, all thanks to Vitamin Angels' donations. The administration of Albendazole, vitamin A, and prenatal vitamins significantly improves the nutritional status of everyone who participates.



Irene administering High Energy Milk (HEM) and counseling a mother about malnutrition.

Malaria Prevention and Outreach:

This quarter, we sold a total of 128 mosquito nets through our malaria education and prevention outreaches and at the clinic. Specifically, 117 nets were sold at the clinic while 11 nets were sold during our malaria education outreach sessions. This may seem low, but it is actually surprising considering the most recent distribution of free mosquito nets all over Uganda. Three times prior to 2017 the Ugandan government embarked on mass free mosquito net distribution campaigns in an effort to eliminate malaria. This time, 24,000,000 mosquito nets were distributed. None of the campaigns to date have been successful or made any notable drop in malaria rates in the free distribution zones. In spite of this, we are continually invited by local villages to do educational outreaches, as the free nets do not come with education about malaria transmission and correct net usage, which is critical to malaria prevention. So, although net sales are down, it is encouraging that the demand for education is holding steady. Between July and September, 383 people attended our malaria outreach education sessions. In addition, the malaria outreach team made 279 follow-up visits to evaluate whether previously purchased nets from education sessions were being used correctly and whether people reported having less malaria.



Salt-mining at Lake Katwe.

Also this quarter, a malaria education session was requested in Katwe, a village in Western Uganda which lies between Lake Katwe and Lake Edward, and is approximately 10 hours drive from the Clinic. The principal employment in this area consists of fishing (in Lake Edward) and salt mining (in Lake Katwe). We had an excellent turnout of 80 people for the education session, and even sold some mosquito nets, despite the fact that free government nets had already been distributed in the area. People were interested in learning about malaria prevention and were grateful for the effort our team made to get out to them.

DIG Garden

This quarter, the DIG team graduated 25 new gardens and gardeners. This means that 25 more local families now have the knowledge and capacity to grow food using organic methods and are able to feed themselves and to have additional crops left over to sell. The DIG team looks forward to developing gardens in new, nearby communities: Bubugo Bulando, Bubugo Bwase, Itanda, Bubugo Central, Kivubuka, and Kizinga. Proposed crops for food and income generation include kale, cabbage, eggplants, beans, soybeans, and peanuts. Crops for food security (that is, staple and survival crops) include *matoke*, cassava, potatoes, yams, and maize. The information and skills the DIG team imparts really gives gardeners the tools they need address nutrition and malnutrition problems at home using their own gardens as a starting point.

Family Planning Outreach:

Family planning outreach programs remain much-needed and well attended (by both men and women) in our local communities. This quarter, 1,016 women received intermediate and long-term family planning over the course of 38 village visits to communities we work with. During outreach sessions 924 women chose three-month birth control injections for intermediate-term family planning and 54 women chose birth control pills. Also this quarter, 20 new long-term contraceptive implants were placed and 10 were removed. 18 IUDs were also placed. 58 women requested and received pregnancy tests. 14 of these tests were positive. In addition, 35 women requested and received counseling about side effects of birth control. 3,868 male condoms and 10 female condoms were distributed at family planning outreach sessions. We also gave 3,563 doses of Albendazole, a deworming treatment, to children in the field. This treatment will remain effective for the next 6 months, improving those children's cognitive development as well as their chances of gaining weight and being healthier.



Sarah, head of our malaria outreach, and Florence, head of domestic violence program observe "alternative uses" of free government-distributed mosquito nets during a home visit.

Domestic Violence Counseling

In the third quarter, between sensitization sessions at outreaches, follow-up visits, and consultations at the Clinic, 243 people were counseled about domestic violence. Economic violence was again the most common type of abuse people reported and 114 people were counseled related to economic violence. Emotional violence was the second most common type of abuse reported with 110 people reporting emotional violence. 18 people sought Florence's assistance for sexual violence, and the last most commonly reported abuse was physical abuse with one case reported in this quarter. Florence counseled 65 people at the clinic. Additionally, with Florence's help, 52 people implemented programs to address the abuses they suffered. Finally, this quarter, 145 follow-up home visits were made in 13 villages to people previously counseled to determine if they had been able to implement what they had learned during their counseling sessions.

Thank you so much for your help making Soft Power Health's work possible. We really appreciate it!

To learn more about the services we provide and the costs involved, or to make a one-time or monthly donation, please click [here](http://www.softpowerhealth.org/donate.php) or go to www.softpowerhealth.org/donate.php.