

Soft Power Health

3rd Quarter Update
2019

What's New:



Chinasa and Jezelle, our MPH students,
meet some local ladies.

During the third quarter of 2019, Soft Power Health finished an important project: the refurbishment of our physical therapy room. As the demand for physical therapy has grown over the years, our space to treat patients seems to have shrunk. Thankfully, we have been able to rearrange room space to accommodate this need. Also, thanks to a generous grant from the Mirja Sachs Foundation, we were able to equip our spacious new room with much-needed equipment, such as wall bars and standing frames. The extra space has also allowed us to create individual curtained-off treatment spaces, so several patients can be treated in privacy at the same time. This new and better-equipped space is making it easier for the therapists to do their work. Thank you Mirja Sachs Foundation for this grant!

For the last 13 years, Soft Power Health has been working with the Mt. Sinai Global Health Program, hosting medical students, residents, and Master of Public Health students to work on various important health projects. This summer, we continued our collaboration, hosting Chinasa and Jezelle from the Mt. Sinai MPH program. Chinasa and Jezelle worked on the final segment of our mosquito net use survey in Budondo subcounty (the subcounty where Soft Power Health is based.) Now that the final villages have been surveyed, we look forward to seeing their analysis.

Overall, this project has helped us establish a baseline of net ownership and correct net use in our area. This data assists us in pinpointing, among other things, where to target our malaria outreaches. It also helps us to identify factors that may contribute to correct net-use failure: that is, incorrect bed net use (e.g., hanging nets so they don't sufficiently cover the sleeping area) and alternative bed net use (e.g., using bed nets to fence chickens and gardens rather than hanging them over sleeping areas.) Thank you Chinasa and Jezelle for your hard work!

Unusually heavy rains persisted throughout the summer months and into the fall. No doubt, along with the enormous reservoir created by Isimba Dam in November of last year, this helps to explain the increased rates of malaria we are seeing and treating at the Clinic. The rain has also created difficulties in growing certain crops. Too much rain means things don't dry out and certain crops are susceptible to molding and rotting. Ultimately, this can lead to crop failure as well. Additionally, heavy rains lead to very muddy roads and difficult travel in Uganda for many of our patients. Though our numbers were very solid in the third quarter, we do notice that fewer patients attend the Clinic on rainy days!

Finally, we would like to extend an enormous thank you to Stephan and Viktoria Schmidheiny and the Avina Foundation for their commitment to long-term and sustained partnership with Soft Power Health. Their extraordinary generosity will assist us in sustaining Soft Power Health's ongoing work now and for the immediate future. We are so grateful for their support and their belief in Soft Power Health! Thank you!

The Allan Stone Community Health Clinic:

From July through September 2019, the Clinic saw a record 12,848 patients. During this quarter, Soft Power Health referred 209 patients for surgeries, advanced testing, or cancer treatment in the Kampala-Entebbe area. Hypertension (i.e., high blood pressure) remained the most commonly treated disease and malaria held steady as the fourth most commonly treated disease.

Dr. Paul, Soft Power Health's dentist, saw 106 dental patients this quarter. As in the past, the top 2 diagnoses by far were periodontal disease (44) and extractions (36), followed far behind by the need for fillings and dental



Our newly-refurbished physio-therapy room being put to good use.

abscesses. Dental care, including preventative care, is rare in rural Uganda, so we are glad to offer access to these important health services at the Clinic.

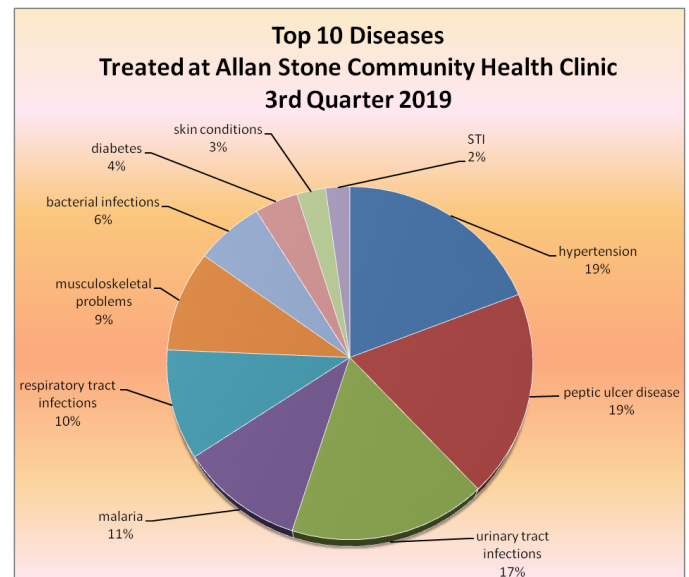
In the 3rd quarter of 2019, 739 physical therapy patients were treated by Stephen Kato, Rachel, and Flavia. The most commonly treated condition was lower back pain (230) followed closely by lower limb pain (123), and conditions related to cerebral palsy (104). Although the majority of PT patients are seen at the Clinic, this quarter 337 of the total were treated via Stephen's community outreach program in Lukolo village. The outreach program remains the very best way to reach patients who are not able to travel to the Clinic. Many of these patients are bed bound or too poor to afford transport.

This quarter the ultrasound machine continued to be put to great use! In the 3rd quarter, we provided 122 scans to 122 of our patients. 84 were women, 35 were men and 3 were children. 70 abdominal ultrasounds were performed as well as 33 pelvic scans, 17 obstetric scans and 2 other various scans. Of the total ultrasounds, 51 scans were normal, and 71 revealed an abnormality that required further investigation and treatment.

Top 10 Diseases Treated this quarter:

The most common diseases treated at the Clinic were, in descending order: hypertension, (1490); peptic ulcer disease, (1471); urinary tract infections, (1321); malaria, including 9 cases of malaria in pregnancy (843); respiratory tract infections, including 44 cases of pneumonia, (781); musculoskeletal problems, (725); bacterial infections, (486); diabetes, (308); skin conditions (205); sexually transmitted infections not HIV, (171).

Notably, this quarter, 54 cases of tuberculosis were diagnosed and 23 people were newly diagnosed with HIV. Malaria is 15 times more common than TB, the next most commonly treated infectious disease at the Clinic. HIV positivity is notably low as measured by our lab with only 23 new positive diagnoses out of 3285 tests performed. Notably, malaria and TB are both on the rise, while HIV appears to be declining.



Mother and Child Wellness Center:

Between July and September, 320 courses of high energy milk were prescribed for severely malnourished patients, including children and adults with cerebral palsy. In some instances, the patient's malnutrition was severe enough to require several courses of HEM. In addition, 256 rounds of vaccinations were administered this quarter. 34% of vaccines were administered at the Clinic while 66% were administered in outreach. This is especially helpful for patients living in remote areas who do not have the means to come to the Clinic. Today in Uganda, people still die from tetanus, and we see and manage cases of measles at the Clinic as well. Vaccines continue to save lives and prevent illness. We are very grateful to be able to provide these immunizations to people in need.

At the Mother and Child Wellness Center, 203 women received intermediate term, and long term family planning methods: 163 three-month courses of injectable birth control were administered and 8 three-month packages of birth control pills were distributed to women who chose these forms of family planning. 28 long-term implants were placed and 9 were removed. 3 IUDs were placed. One woman received counseling about side effects of family planning, and 83 women requested and received pregnancy tests. 4 of these tests were positive. 440 male condoms were also distributed.

Nutrition/Malnutrition Outreach

This quarter, 238 people participated in malnutrition education outreaches in 13 villages in our home district of Jinja. Follow up home visits were made to 84 former participants' homes in 6 villages to assess knowledge retention and implementation at the home level. At these malnutrition education outreaches, vitamin supplementation and vaccination are offered as well. Thanks to Vitamin Angels with their ongoing donations of vitamins and deworming treatments, we were also able to distribute 1,018 doses of Albendazole and 734 courses of Vitamin A to children in need, as well as 3,180 courses of prenatal vitamins to pregnant and lactating women.

The positive impact of the malnutrition education outreaches is far greater than the attendance numbers indicate, because often whole families come to the outreaches and only one member is registered in the attendance book. Many children receive the education in addition to the deworming with Albendazole and the treatment with vitamin A. Furthermore, the follow up home visits allow us to see if knowledge is implemented at the home level and creates an opportunity for further learning to occur. The “soft power” of this educational outreach program has been critically important for helping people live healthier lives.

Malaria Prevention and Outreach:

This quarter, 461 people in 19 villages in 4 districts including our home district of Jinja, attended our malaria education and prevention sessions. In addition, between the Clinic and our malaria education outreaches, we sold 779 nets. Specifically, 278 nets were sold during educational outreach sessions while 501 nets were sold at the Clinic. The malaria outreach team made 34 follow-up visits in 7 villages in Jinja, Mayuga, Iganga, and Kayunga districts to evaluate whether previously purchased nets from education sessions were being used correctly and whether people reported having less malaria. We can see that since Isimba Dam flooded the Kalagala Offset Area near us, malaria rates have gone back up to what they were 7 or 8 years ago. The malaria education and prevention program is now more important than ever—especially since we are treating much greater numbers of malaria than we were a year ago in the same patient population!



Local children show their mosquito net during a malaria outreach follow-up visit.

DIG Garden

The DIG demonstration garden at the Clinic was very productive this quarter. It produced 20 bunches of *matoke* (green bananas), 76 bunches of kale, 83 bundles of *dodo*, 6 bushels of peas, 291 mangoes, 48 kilograms of eggplant, 58 heads of cabbage, 15.5 kilograms of green peppers, and 18 sugar canes. This is very impressive and the garden continues to serve as not only a demonstration garden, but also a source of the lunch time meal for our staff and extra food for desperately in need patients!

In community garden news: The DIG team is working with 27 community home gardens in 15 villages in Jinja district. During this second growing season of the year, community gardeners grew cassava, maize (corn), *matoke*, spinach, peanuts, potatoes, kale and beans. Some of these crops are ready for harvest and some have suffered because of all the rain! In addition, some of our community patients (our sickest, most in need and desperately poor patients) were able to acquire land in time to plant during the past growing season, and now have potatoes and maize for consumption—even though, as noted above, high quantities of rain posed challenges to some crops and increased the need for weeding. In addition, some of these community patients have had to find local helpers to assist them in tending their gardens, as the DIG team has had to cut back on their visits due to time constraints. However, despite the excessive rain, most gardens remain productive! Thank you DIG team.

Family Planning Outreach:

This quarter, 864 women received intermediate and long-term family planning through family planning outreaches in 38 villages. During these family planning outreach sessions, 780 women chose three-month birth control injections for intermediate-term family planning and 66 women chose birth control pills. 18 new long-term contraceptive implants were placed and none were removed. No IUDs were placed or removed. 35 women

received counseling about side effects of birth control, and 1468 male condoms were distributed. We also gave 6,671 doses of Albendazole for de-worming to people in need, the majority being children.

Albendazole treats hookworm infection which is a significant contributor to anemia and malnutrition in Uganda, and is omnipresent in people who don't wear shoes, which is most of our patient population and most people living in rural communities like the ones we serve. Between the Clinic and outreach, 1,067 women received intermediate and long-term family planning methods in the third quarter of 2019. This is remarkable considering the stock-outs of family planning supplies in Uganda during the past year and the difficulty in providing consistent family planning under these conditions. None of this would be possible without our dedicated family planning team!

Domestic Violence Counseling

This quarter, at outreaches and the Clinic, 224 people accessed Soft Power Health's domestic violence counseling services. These services consist of sensitization sessions at family planning outreaches, follow-up home visits, and consultations at the Clinic. The most frequently reported domestic violence issues this quarter, in descending order were: emotional violence (166 instances), economic violence (155 instances), sexual violence (20 instances), and physical violence (6 instances). People coming for counseling often experience more than one type of violence.

Between July and September 197 women and 27 men were counseled. It cannot be emphasized enough that access to this kind of service is rare in rural Uganda and has been extremely beneficial to patients who believed that such assistance was not possible. Florence has helped many people know their rights and counseled them to help create better life situations for themselves and their families. Surely her work is never done but her positive attitude and effective skills and knowledge gives hope and opportunity to those she counsels.

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

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