

SOFT POWER HEALTH ANNUAL REPORT 2013



Social worker Mariam with volunteer medical students Zach and Stephanie at a malnutrition education outreach session.

Branches:

- Allan Stone Community Health Clinic Mukagwa Twekembe
- Mother and Child Wellness Center
- Family Planning Education and Outreach Program
- Malaria Education and Prevention Outreach Program
- Nutrition/Malnutrition Education Outreach and DIG Garden

I. Report on the Programs of Soft Power Health for the year 2013

A. Allan Stone Community Health Clinic Mukagwa Twekembe 2013

In 2013 Allan Stone Community Health Clinic continued to be very busy. This year we saw 18,449 patients—averaging between 50-100 patients per day. Patients continue to come from nearby villages, as well as from districts as far as five or six hours away! Dr. Charles Kalumuna, our clinic manager, continues to oversee the operations of the clinic with great care. This year Dr. Charles opened his own clinic in Jinja town with a fully equipped laboratory. This is a wonderful service for patients in the area, as the nearest lab with these services would otherwise be in Kampala.



Dr. Milly (at left) with visiting doctor, Dr. Tom



Dr. Stella (at right) with community patient, Maribu

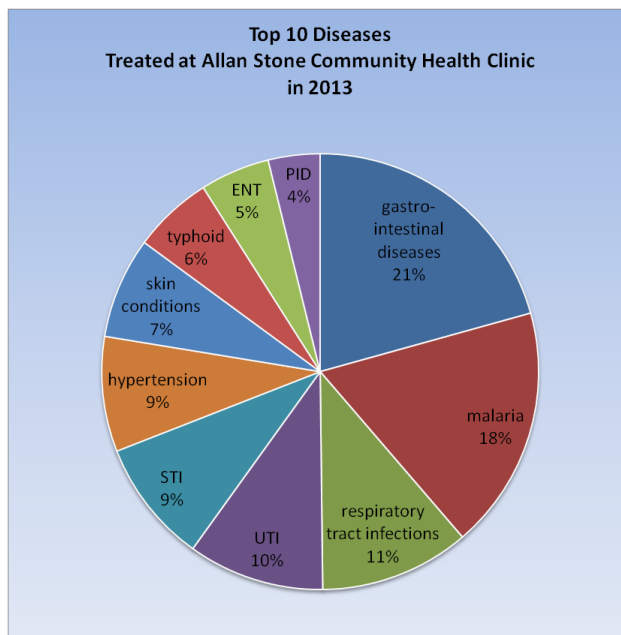
To cover the days that Dr. Charles is at his clinic in Jinja, we have hired a new medical officer, Dr. Milly. Dr. Milly has proven herself to be a very good and competent addition to Soft Power Health. In addition to Dr. Milly, we are thrilled to have the help of Dr. Stella two days a week. Dr. Stella is a medical officer with a specialization in cardiology. Her expertise in this area is of great benefit to the population we treat, since we do see plenty of cardiac problems—both as a result of hypertension and diabetes and as a result of congenital problems. Dr. Stella has long been a member of the Soft Power Health family, as she was sponsored by one of our donors to go

to medical school and is now here with us working in her chosen profession.

This year for the first time malaria fell to the third most commonly treated disease during the fourth quarter! Urinary tract infections and gastrointestinal diseases became the first and second most commonly treated diseases, respectively. Overall, in three out of four quarters, malaria remained behind gastrointestinal diseases in terms of frequency of treatment. We are extremely happy to see this trend continue. Prevention efforts and overall improved levels of education about the disease and its transmission and treatment certainly have helped reduce the burden of malaria we see at the clinic. Slowly but steadily, we are making progress.

Following is a list, in descending order, of the ten most common diseases we have treated this year at the clinic: 1) Gastro Intestinal Diseases 2) Malaria 3) Upper Respiratory Tract Infections 4) Urinary Tract Infections 5) Sexually Transmitted Infections 6) Hypertension 7) Skin Diseases 8) Typhoid Fever 9) ENT Conditions 10) Pelvic Inflammatory Diseases.

In addition, Dr. Paul, our resident dentist, continued his community-based dental outreach, in addition to treating dental patients at the clinic. As the demand for Dr. Paul's services has been increasing, we have given Dr. Paul a dedicated dental space. This year Dr. Paul treated 406 patients: performing extractions, treating periodontal diseases, and dealing with many other dental issues. In addition, Dr. Paul educated and screened 4,383 people through dental outreaches in the surrounding communities.



B. Mother and Child Wellness Center

At the Mother and Child Wellness Center, we provided 169 courses of high-energy milk to malnourished children and adults in 2013. Each course of treatment provides a three week supply of high energy milk—that is, milk rich in protein, fat and calories. The desired result of this treatment is that before and after the intervention, patients will realize a difference. Also, 479 Depo Provera injections of three-month contraceptive and 45 courses of three-month oral contraceptives were administered through the Center. In addition, 77 long-term implants were inserted, and 53 long-term implants were removed. Also, 26 IUDs were inserted and 10 IUDs were removed. Finally, 2,480 condoms were distributed through the Center. In addition to family planning services, 1,907 rounds of vaccinations were administered this year.



Nurse James working with the Marie Stopes Team and a woman interested in tubal ligation on a family planning day at the Mother and Child Wellness Center.

2013 marked our third year collaborating with Marie Stopes to provide permanent and long term family planning methods for the communities we serve. It is hard to overstate how fantastic this collaboration has been and how wonderful it has been for the local communities. This year, 51 tubal ligations and 4 vasectomies were performed at these combined family planning days. Also, 101 long term contraceptive implants were placed and 41 long term implants were removed, and 18 IUDs were placed and 5 were removed. In addition, 15 women received three-month contraceptive injections of Depo Provera. Finally, 42 women were screened for cervical cancer and all the screening tests were negative and 24 women

were tested for HIV with only one woman receiving a positive test. Since Marie Stopes has done such great work in Uganda, the government of Uganda, in conjunction with USAID and UK AID, have made it possible for Marie Stopes to offer their services of permanent methods of family planning in government health centers throughout Bundondo and Butagaya sub-counties. These sub-counties are both in Jinja district, where Soft Power Health is based. This is a wonderful service for the communities, and it means that we see fewer women for *permanent* methods of family planning than we used to. However, there is still a great need for family planning services, so we continue to be busy. The great news for the community is that these services are now available at a greater number of health centers. We hope this exciting trend will continue into the future.

C. Family Planning Education and Outreach Program

Family planning continued to be a very popular outreach in 2013, with extremely positive feedback from the communities. Men as well as women want to access our services, as surprising as it sounds, even after seven years of doing this outreach. This year, in the thirty-nine local villages to which we offer services, we provided 2,291 injections of three-month birth control (a.k.a. Depo Provera) and 387 packs of three-month bill control pills. In addition, in these same villages, we provided 15,812 condoms. We also provided 15,773 deworming treatments of Albendazole to the children of the villages. Although we began the first quarter of 2013 being able to treat Trachoma during the family planning outreaches, the district medical office who had been our supplier of Azithromycin unfortunately discontinued their Trachoma treatment campaign. As much as we would like to continue this part of the outreach, the cost of buying Azithromycin is prohibitive. At least we were able to treat 243 people in the first quarter for Trachoma and have, hopefully, reduced the chance of blindness for those people. Depending on the plans of the ministry of health, we hope to be able to resume this part of the outreach in 2014.

D. Malaria Education and Prevention Program

Despite the fact that the ministry of health in Uganda gave away 15,500,000 free mosquito nets in Uganda this year, Soft Power Health was still able to fill in many gaps that the government missed, including a big trip to a refugee camp in Western Uganda in December 2013. This year Soft Power Health sold 8,368 mosquito nets across 62 villages in Uganda. In addition, the Soft Power Health malaria team made 1,125 follow up visits to net buyers' homes to assess net usage and malaria incidence. All of this was accomplished despite having free nets being distributed nearly everywhere in Uganda. Luckily, we are still able to address the needs of people who these government programs miss and who are still interested in truly adopting a behavior change of sleeping under an LLIN every night.



Congolese refugee appreciating her new long lasting insecticide treated net at malaria education session and net sale at the Kyaka II refugee camp.

E. Nutrition/Malnutrition Education Outreach and DIG Garden

The number of malnourished patients coming to the clinic for treatment continued to grow during 2012. After surveying the communities where we work and discovering that there was a strong desire among community members to learn more about nutrition and malnutrition, we implemented a Nutrition/Malnutrition outreach in 2013. With the help of the Deerfield Foundation, we were able to launch our community-based education program. To date, we have visited eight villages in Budondo and Butagaya sub-counties—Budondo being our home sub-county and Butagaya being the closest neighboring sub-county which exhibited need for the program.

Thus far, we have educated 302 people at these education sessions. In addition, we provided 563 treatments of Albendazole for deworming children, and sold hundreds of water guard tablets to people in

need so that they can drink clean water. These are popular, well-attended education sessions which we hope, over time, will help people to eat more nutritious meals using the food that is already readily available to them. Also, over time, we hope to see a drop in the amount of malnutrition that we treat at the clinic. We administer a pre-education session survey to all attendees to see what their baseline level of knowledge is about nutrition and malnutrition. In several months, we will return to these same villages and administer the same survey to see if their knowledge about nutrition has changed. We hope that the follow up will show improvement!



Dr. Oliver counsels the father of a severely malnourished child at the clinic.

The DIG garden continues to be productive and a wonderful addition to the nutrition/malnutrition education provided to communities both through the clinic and outreach. Patrick, our head gardener, uses our home garden next to the clinic as a demonstration garden for people to see and learn from, and he also very thoughtfully plans what to plant and sell from our garden. Patrick has helped start over 400 local community gardens in our area based on the DIG organic gardening method. Currently, we are awaiting a crop of pineapples and matoke (a.k.a., plantains) which will be good income generating crops for Uganda.

Thank you so much for your support of Soft Power Health. You are helping to make a huge difference in the lives of the men, women, and children of Uganda!

Thank you very much,

Sincerely,

Handwritten signature of Jessie Stone

Jessie Stone