

Partner With Us!

Preventing malaria and improving people's overall quality of health are among the simplest and most effective ways to help people lift themselves out of poverty.

Soft Power Health depends on the generosity of individual donors and foundations to continue with its important work. Your financial contribution can make a huge and immediate impact.

We understand that you may frequently be asked to give money and know it is important that your money be used carefully and effectively.

One of the strengths of Soft Power Health is that our nearly all-Ugandan staff work directly with the people we serve. No middlemen are involved so donations go directly to those they were intended for.

Two Ways to Give:

Send check payable to:

Soft Power Health
2887 Purchase Street
Purchase, NY 10577 USA

Online at:

softpowerhealth.org

*Soft Power Health is a registered 501(c)(3) and all contributions are tax deductible
Tax ID # 20-5195776*

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www.softpowerhealth.org

Your Money at Work

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| \$0.65 treatment for one episode of malaria | \$160 nurse's salary for one month |
| \$4 salary of one malaria educator for one day | \$265 laboratory technician's salary for one month |
| \$7 salary of one family planning outreach educator for one day | \$370 doctor's salary for one month |
| \$7.50 one mosquito net | \$500 cost of field patient treatment and rehabilitation for one month |
| \$20 safe drinking water treatment for 600 gallons of water | \$1,600 cost of fuel and transport for outreaches for one month |
| \$130 supply of high energy milk for malnourished patients for one month | \$3,000 cost of laboratory supplies for one month |
| \$150 20 mosquito nets that will cover and average of 60 children and prevent approximately 360 episodes of malaria, a savings of \$600 USD for each family | \$4,000 cost of medicines for the clinic for one month |



DECEMBER 2013

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Malaria education and prevention session at Kyaka II Refugee Camp



Despite Mass Free Net Distributions, Many Still Miss Out

In 2013, the government of Uganda decided to roll out another mass distribution of free mosquito nets. Virtually the whole country, broken down by districts, was given nets. On the surface, this may sound like a great idea in a place where malaria is the number one killer disease. However, the problem with programs in which things are given for free, and education is not included in the distribution plan, is that behavior change is rarely accomplished. Ultimately the goal is to get people to sleep under an insecticide treated mosquito net every night. This is a life saving and life extending behavior change. For example, people need to be taught that if there are many members in a family and only a few nets, priority should be given to any pregnant women and children under five to sleep under the net. When people have "skin in the game" because they have actually invested in their nets, they are more likely to be active participants in the process. This includes learning about malaria, hanging their nets, and sleeping under them every night. When people change their behavior and realize a benefit by experiencing less malaria, they are more likely to continue to buy and use nets. This is the change everyone working in malaria control wants to see, and yet lots of money is still wastefully spent on an old model that does not work.

For supporters of Soft Power Health, you can be assured that for the last ten years of providing malaria education sessions, net sales, and follow up visits to net buyer's homes, we have helped, and continue to help, people to develop a lasting behavior change. After selling nearly 70,000 mosquito nets and following up on thousands of them, we can see that what we do works. Thank you for your ongoing support – your money is helping to save lives and to improve quality of life in a lasting way. Because of the free distribution, you can imagine that not as many people are contacting us for malaria education and prevention sessions; however, we have had many opportunities to work where the government misses people. (Continued on next page)

Malnutrition – An Old and Underappreciated Problem

This year we started a new malnutrition/nutrition outreach program in combination with expanding our DIG organic garden. Since we have seen ever-increasing numbers of patients requiring the treatment of malnutrition, and we have seen some truly extreme examples of it showing up at the clinic, it seemed the next logical educational outreach to provide to the communities. Additionally, surveys done by visiting medical student volunteers strongly indicated a need to address the problem in the communities as well. The expanded DIG garden helps support the outreach by demonstrating to people how to grow the nutritious food that they like, while replacing nitrogen in the soil by using intercropping and crop rotation. The garden also helps to explain the use of organic pesticides and how to make them at home. Fortunately, we had two very important donors contribute to support the pilot of this combined program – one donated for the nutrition/malnutrition outreach and the other donated to help expand the garden. We are extremely grateful to both! (Continued on next page)

Soft Power Health Celebrates 10 Years of Service in January 2014!



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Many still miss out. One such place is in refugee camps. We recently went to western Uganda to visit the Kyaka II refugee camp, where nearly 25,000 refugees live. These people are mostly from Congo but there are also Rwandese, Burundese, and even Malawians there. We were asked to go by a Ugandan woman, Patience, who is living in Kampala and who has become very interested in the plight of refugees—in particular pregnant women and children under five who are severely affected by malaria. She fundraised to buy 530 nets for women and children in need. We made an eight-hour journey to the camps, which included some of the most interesting and challenging roads I have seen in Uganda. With the help of a group called Think Humanity, which works exclusively with refugees, we had a very successful malaria education session and net distribution, which was attended by hundreds of people. Based on the need and the very low level of education about malaria that we saw there, I am sure we will be going back in the New Year.

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Malnutrition. This summer we started the nutrition/malnutrition outreach program with the help of Zach and Stephanie, two medical student volunteers; some colorful educational pictorial diagrams; Mariam, our clinic social worker; and James, one of our nurses. Looking at where our malnourished patients at the clinic were coming from, we selected several villages to be the first to receive the outreaches. Zach and Stephanie designed pre- and post-tests for the education sessions to assess what people who attended the sessions learned. We are currently awaiting the results of their assessment, but I have a strong suspicion that the attend-

ees learned some very useful information. Moving forward, we have visits to twenty more villages in Budondo and Butagaya subcounty planned for 2014, with follow up for each village as well. We hope to see improved numbers in cases of malnutrition at the clinic in the coming year.

We recently met an organization that specializes in the treatment of severe malnutrition through an in-patient program that takes malnourished children and their mothers to stay in their compound for one to three months. They provide the malnutrition treatment free of charge and also spend a lot of time educating these mothers about the best feeding practices.



An attendee of the malaria education and prevention session showing off her new net



Sever malnutrition in a community patient

We have been very grateful to have found an organization where we can refer very serious cases. It is also encouraging to know that those referrals will come out of the program well-equipped to prevent malnutrition in their families in the future.

DIG Garden – New and Improved

With a great stroke of luck and the help of one of our donors, we were able to purchase a piece of formerly-unavailable land right next door to the clinic. This purchase allowed us to expand our organic garden to use for several purposes. Since we are



Patrick, head gardener, and helper with produce from the expanded organic garden

always trying to think of ways to keep our costs down (and our income generation up) one very interesting idea was to try to bring in income with the sale of surplus fruits and

veggies from our garden. Patrick, our head gardener, has done this before with other gardens he has started over the years, so we took his advice about what would be nutritious and would also sell well in our part of Uganda. After successful sales of zucchini, tomatoes, and beans over the summer and fall, we have moved on to growing corn, matoke (a.k.a. green bananas) and pineapples. So far, so good and we hope to have our first harvest of pineapple in the next couple of weeks. Matoke and pineapples command very good prices in our area, so we look forward to seeing how things will progress with these and other crops. In addition, the expanded garden provides the lunchtime meal for all the clinic staff and volunteers. It also serves as a wonderful demonstration garden for local people who wish to gain a better understanding of intercropping and how to make use of organic farming practices. Patrick has helped over 400 people start their own organic gar-

dens. He also donates his time at the local government health center to help educate HIV positive patients about nutritious eating and what they should grow and actually eat from their gardens. (The sad fact is that people often grow very nutritious food, but sell it all for income rather than using some of it at home for themselves!) This has been a big factor in the spread of malnutrition, which



Patrick with spoils from the new garden

we are hoping to help people combat. It is already clear that the new and expanded DIG garden is helping us achieve this goal.

Family Planning – Family planning remains our busiest outreach—which is still exciting news after seven years of doing this program. We are continuing our combined family planning days with Marie Stopes to offer permanent methods to women (and men!) who want them. Marie Stopes has now added cervical cancer screening to the program for our combined days and the interest is very high among the women who attend. To date in 2013, fifty-one tubal ligations were done as well as five vasectomies on these combined family planning days. In addition, eighty-five long-term contraceptive implants were placed. Marie Stopes is now making their services available at local government health centers. This is great for the local communities, but it means we see less on our combined family planning days. Even so, the numbers of people



Nurse James with Dr. Africa from Marie Stopes counseling a patient about Tubal Ligation

participating in family planning is growing overall—which is always good news.

Clinic – The clinic continues to be very busy! We will treat nearly 20,000 patients again by the end of this year and will have referred 800 patients for complex procedures or treatments at other hospitals in Kampala, or elsewhere, such as Corsu Rehabilitation hospital. We have hired a new medical officer to assist Dr. Charles on the days he works at his clinic in Jinja. She is called Dr. Milly and has done her training here in Uganda. To date, the patients are very happy with her. In addition, we have the help two days a week of Dr. Stella, who specializes in cardiology.



Dr. Milly with Dr. Tom seeing a malnourished child with his mother

Dr. Stella is originally from the area. Seven years ago I was asked to help support her medical school fees, which I did, so it is wonderful to now have her help in the clinic! Another bonus is that we see many cardiac patients, and cardiologists are very rare in Uganda. Also, for the last two months, we have had the help of Dr. Tom from Austria who is a kayaker/doctor. It has been great to have his help as well!

Inner City Kids Kayaking Camp is Back and Better Than Ever!

- In July, we taught our 10th annual inner city kids kayaking camp. This year we worked with a new—at least to us—youth services organization called The Graham Windham School. Interestingly enough, Graham Windham is the oldest children's service organization in New York State. It began over 100 years ago as an orphanage. With a beautiful campus next to the Hudson River, an outdoor swimming pool, and nearby access to the Hudson River, it is great place to teach kayaking. Our group of ten teenagers and three teachers did really well, and had a wonderful time. Some of the teachers and students did not know how to swim, but that did not stop them from learning to kayak! We hope to continue this summer with Graham Windham for



another inner city kids kayaking camp and maybe, if we are lucky enough to raise the money, to get these kids on a wilderness river trip as we have done in the past!



Dr. Oliver with community patients, Mama Issima and one of her children

New Construction

With the increased patient load and business of the Mother and Child Wellness Center, we simply needed more space, both for the patients waiting to be seen and for the clinicians working with the patients. In particular, our lab needed room to expand. Also, Dr. Paul, our dentist, needed his own dedicated space

to see and treat patients. As they say here in Uganda, things had gotten a bit "squeezed." In order to accommodate the increasing demand for space, we realized it was time to construct another building. Currently, construction is underway and will be finished early in the New Year.

Construction of SPH's new building

