



Country Director Sasha Adler with patients at the wheelchair distribution in March 2014.

Soft Power Health Annual Report 2014

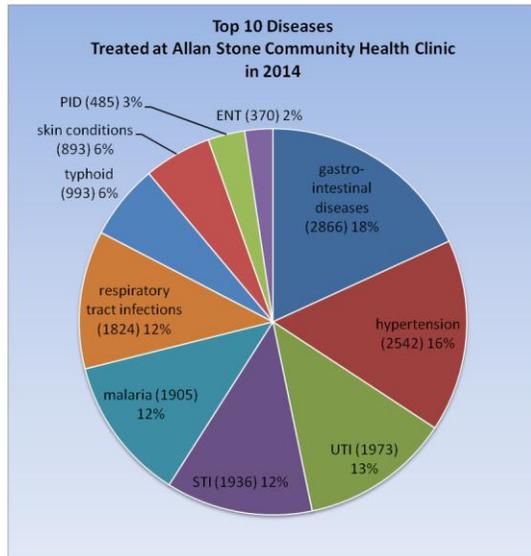
- ❖ **Allan Stone Community Health Clinic**
- ❖ **Mother and Child Wellness Center**
- ❖ **Malaria Education and Prevention Program**
- ❖ **Family Planning Education and Outreach**
- ❖ **Malnutrition Education and Outreach/ DIG Garden**

Report of the Programs of Soft Power Health for 2014

I. Allan Stone Community Health Clinic

This year proved to be the busiest year yet for the Allan Stone Community Health Clinic. 25,297 episodes of disease were treated in 2014, and that included treating 21,420 patients. While the majority of patients were treated for one condition per visit, there were a significant number who received a diagnosis for two diseases at the same time, which accounts for the discrepancy in numbers between patients and diagnoses. 548 patients were referred for more complex procedures or treatments elsewhere, such as CORSU rehabilitation hospital, Hospice Jinja, the Heart Institute, and the Cancer Institute at Mulago.

Approximately 26% of patients seen at the clinic were former patients, and 74% were new patients.



The top 10 diagnoses for the year, in descending order, were: 1) gastrointestinal diseases including peptic ulcer disease, 2) hypertension, 3) urinary tract infections, 4) sexually transmitted infections and malaria, 5) respiratory tract infections including pneumonia, 6) typhoid fever, 7) skin diseases, 8) pelvic inflammatory disease, and 9) ear nose and throat conditions.

We were extremely surprised to note that in the 4th quarter of 2014 the number one disease treated was hypertension, and malaria dropped to the *number six* position. Although current research in Uganda points to an increase in malaria rates, we are seeing the number of patients we are treating for malaria dropping. We hope that our education and prevention outreach for malaria is part of the reason for this, in addition to better patient education and compliance with the treatment for malaria.

Dental health remains an important part of what we offer to patients, both in outreach and at the clinic. Dr. Paul, our dentist, treated 483 patients in 2014. 254 of these patients had tooth extractions performed, and 229 patients were treated for periodontal disease. The majority of patients are adults, but Dr. Paul did treat a small number of children as well. In the third quarter of 2014, we were able to purchase a dental chair, which is a great help to Dr. Paul and his patients, as they can now lie comfortably in a proper dental chair when being treated instead of sitting uncomfortably in a regular chair.



Naigaga tries out the new dental chair.

Other exciting news at the clinic included the hiring of a pediatrician, Dr. Emma. Dr. Emma has excellent experience managing and treating malnutrition, and has already given us great feedback on our malnutrition program both at the clinic and in the outreach. Since nearly one-third of our patients are children, we know it will be a great benefit to those patients to have Dr. Emma's expertise. Overall, we have found his training and experience invaluable to the clinic population.

Also, in order to continue our progress treating and managing neglected health problems in Uganda, we also hired a full-time, dedicated physical therapist. Our therapist, Stephen Kato, sees patients both in the field and at the clinic. On Thursdays he runs an outreach program in Lukolo village, approximately half an hour's drive north from the clinic. In this outreach program, the community has been very willing to contribute what they can and what they have towards the outreach program, helping to make it sustainable in the long term.

Between the clinic and outreach, Stephen has treated 363 patients in 2014. The most common condition treated was lower back pain. The second was cerebral palsy, and the third was post-stroke paralysis and complications. Following those conditions, osteoarthritis, hydrocephalus, shoulder injuries, and cervical spondylosis were the next most common conditions Stephen worked on. The vast majority of these patients will require long-term follow-up, so they are seen multiple times over a number of months and even years. Physical therapy, like dentistry, is another completely neglected area of health care in Uganda. We are very happy to provide these services for our patients and the

communities we serve.

Finally, in 2014 Soft Power Health, in collaboration with the Walkabout Foundation, distributed 200 wheelchairs to people in need in the communities where we work. Stephen Kato was instrumental to the success of this distribution, as each wheelchair had to be custom-fitted to the recipient, a labor intensive process. We also had the services of an army of volunteers who ably helped with the actual distribution itself.

II. The Mother and Child Wellness Center

The Mother and Child Wellness Center was also very busy in 2014. Throughout the year, the Center provided life-saving and life-improving treatment for malnutrition, in the form of high-energy milk, for 318 patients. It also provided 358 malnutrition treatments to those patients, mostly children, in need. Sometimes patients come from far away, so the Wellness Center must supply them with enough HEM (High Energy Milk) to last for 6-8 weeks. This is usually two, and occasionally three, full-course treatments at one time. This number of consecutive treatments allows malnourished patients and their



Dr. Charles treats a young patient.

families to see a real improvement in health and well-being, and prevents them from having to make a long journey back to visit us at a short interval. In extreme cases, in which the malnourished child may be in life-threatening danger, the Wellness Center will refer patients and their families to an in-patient malnutrition facility called Serving His Children. We are fortunate to be able to partner with a dedicated malnutrition facility like this one.

In 2014, the Mother and Child Wellness Center provided 2,063 rounds of vaccinations to children in need, including immunizations against measles and tetanus, two diseases that still commonly kill children in Uganda.

Family planning continues to be very popular and well received, and the Mother and Child Wellness



Nurse Sarah administering Depo-Provera to a patient.

Center has stayed busy supplying these services as well. We had another successful collaborative family planning effort with Marie Stopes this year. We completed four quarterly collaborative family planning days at which all methods of family planning were offered to men and women. A total of 570 Depo-Provera three-month injections were provided to women, as well as 209 three-month courses of birth control pills in 2014. Also, 256 long-term implants were placed, 156 long-term implants were removed, 57 IUDs were inserted and 14 were removed. In addition, 13 women were counseled about side effect management for family planning. Finally, 33 tubal ligations were performed, as well as 2 vasectomies. Over 1,000 women and their families benefitted from family planning services. This is an important component of our efforts, as planned families are more likely to be healthy families.

III. Family Planning Outreach

The three family planning teams continued to offer education about conception and contraception and intermediate term methods of family planning in the 38 villages we serve. In 2014, the family planning teams provided 2,779 three-month Depo-Provera injections to women who wanted them, and 322 three-month courses of birth control pills also to women in need. In addition, the family planning outreach teams provided 11,523 treatments for de-worming to help prevent malnutrition and improve cognitive development in children. Overall, 42,294 male condoms were distributed and 2,568 female condoms were also distributed. It was another very successful year in family planning outreach!

IV. Malaria Education and Prevention Program

The malaria team celebrated its 10-year anniversary in 2014! It was the first community based outreach program that Soft Power Health started back in the early days of our existence. Overall, the malaria outreach program has sold over 85,000 mosquito nets to people in need. Despite the mass free distribution of mosquito nets in 2013, the malaria team was able to find villages in need of malaria education and mosquito nets this year. The team concentrated a large part of its efforts in Bugiri district, a remote and neglected district close to Soft Power Health's home district of Jinja. In addition, the team worked with several other NGOs to bring the education and prevention program to their locations, along with the sale of subsidized mosquito nets.



Two local women at home during a net follow-up visit.

This year, our malaria team visited 54 new villages, providing those communities with much-needed education and prevention outreach. We also sold 1,724 nets to people in need. In addition, the team made 944 follow-up visits to net purchasers' homes to track how people were doing with their nets and whether they reported having less malaria. As we move further away from the effects of the 2013 free net distribution, we are confident there will be an increase in net sales.



A free mosquito net being used to cover a garden bed.

An unintended consequence of the free distribution, which has been observed in Uganda and elsewhere, is that people who don't know how and why to use the nets, and who place no value on the nets, end up using them in inappropriate ways and for purposes unconnected to malaria prevention. For example, we have seen numerous nets used to fence people's gardens and to help enclose people's chickens. It is also not uncommon to see the nets used as fishing nets along the Nile. The latter use is having a catastrophic effect on the fish populations by wiping out the baby fish numbers entirely. Although there seems to be more awareness of the unintended down-sides of free net distributions, it seems that policy makers are still unwilling to change their approach. This may end up having even bigger negative consequences for the people of Uganda. Not only will malaria remain a top killer disease, but also fish, an important source of food for the population, may be depleted or completely wiped out by fishing with mosquito nets.

V. Nutrition/Malnutrition Outreach Program and DIG Garden

In 2014, the nutrition/malnutrition education outreach team visited 44 villages in Jinja district and educated well over 1,500 people. 1,402 people participated in the pre- and post-education surveys. Of that group, 401 have participated in follow-up home visit surveys as well. In addition, 2,839 doses of de-worming treatment were administered in the field to children, and other people in need, to help improve their overall nutritional status. Successful secondary follow up was also completed on 83 participants in the program from the previous year to assess whether knowledge had been retained and put to use on a household level. Mt. Sinai Global Health students were integral to helping Soft Power Health set up this program two years ago. In the summer of 2014, new global health students from Mt. Sinai completed follow-up assessments of the original group of



Nurse James at a nutrition/malnutrition session.



Patrick and the matooke crop in our DIG garden.

participants in the program. Happily, the follow up data showed that over 90% of those who attended the malnutrition education sessions retained knowledge and put it to good use. This stands as yet another confirmation that education is a key to helping people live healthier and better quality lives in Uganda. Soft Power Health is grateful for the continued support of this program by the Deerfield Foundation.

The DIG organic garden continues to be very productive and to serve as a fantastic learning tool for community members. Through it, local people are able to observe how organic gardening works and how they can easily apply the techniques to their own gardens to better cultivate foods they like to eat. In addition, the garden continues to produce enough for the lunch-time meal for the entire Soft Power Health staff. The surplus is sold for income generation. By mid-2014, the entire DIG organic garden was up and running.

The garden's bounty includes a full complement of fruits and veggies such as tomatoes, corn, kale, cabbage, peas, spinach, amaranth, peppers, onions, matooke, pineapple, papaya, and passion fruit. Seeing is believing!

We are incredibly grateful to all our dedicated supporters. Soft Power Health is able to continue all its work thanks to your generosity.

Best wishes for a healthy and malaria-free 2015!

Sincerely,

A handwritten signature in cursive script that reads "Jessie Stone".

Jessie Stone