Soft Power Health Annual Report 2015

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Report of the Programs of Soft Power Health for 2015

I. Allan Stone Community Health Clinic

This was the busiest year to date for the Allan Stone Community Health Clinic. In 2015 the Clinic treated 22,834 patients and referred 826 patients to other hospitals in Uganda for more complex treatments. In addition to seeing and treating more patients than ever before, the Clinic added a new program of domestic violence counseling to complement the existing offerings of primary and preventative healthcare, dentistry, and physical therapy. 72% of patients treated were new patients coming from the clinic's home district of Jinja as well as from districts several hours away, such as Bugiri, Soroti, and Mayuge.

The top 5 diseases treated during 2015 were, in descending order: hypertension (3,791); peptic ulcer disease (3,679); urinary tract infections (3,214); malaria (2,522); and respiratory tract infections, including pneumonia (2,255). Interestingly, apart from the amount of malaria that is treated at the clinic, the other most common diseases we see are the same as many of those commonly treated in the developed world. These top

* http://tinyurl.com/gtvb7z5
five diseases represent 15,461 patients treated out of the total of 22,834, or approximately 68% of the patients seen and treated.

Other diseases seen at the clinic during 2015 include: sexually transmitted infections, bacterial infections, skin conditions, diabetes, pelvic inflammatory disease, HIV, and TB. Unlike the relatively low number of cases of HIV and TB seen in our patient population, malaria’s burden remains heavy. Effective education and prevention efforts for malaria are still very much needed, as is the availability of good, cheap medicine for the treatment for malaria. Similarly, the amount of severe hypertension that patients present with raises all kinds of questions about addressing this problem from an education and prevention perspective, in addition to the current treatment angle. However it also raises the question as to whether there is a genetic factor at work that has yet to be elucidated.

Other interesting developments this year have been the large increase in pediatric patients. On Saturdays alone, Dr. Emma, a truly talented pediatrician whose excellent patient care has drawn people from near and far, routinely sees well over 100 young patients. Dr. Emma is also trained as a cardiologist and has been able to help care for a number of patients for whom cardiac surgery will not be possible. He is still able to manage them medically and to improve their quality of life. Dr. Emma has also helped us to improve our treatment protocol for malnourished children, and to refine our long-term approach to treating them. He has proven to be an invaluable asset to our team on many levels.

Stephen Kato, Soft Power Health’s physical therapist, was extremely busy this year between the clinic, his physical therapy outreach, and the wheelchair distribution and follow-up. In 2015 Stephen treated 1,125 patients, many of them requiring multiple visits and long term follow up. 20% of the patients Stephen works with are in his outreach program. The most common condition seen by Stephen was cerebral palsy, followed by lower back pain, and osteoarthritis. Patients who had post-stroke disabilities were another significant group he treated. Stephen also worked with patients suffering from muscular dystrophy and shoulder pain. Through our collaboration with the Walkabout Foundation, for the second year in a row, we were able to provide 200 wheelchairs to community members in need. In June 2015, Stephen and volunteer Caitlyn Ngam led a very successful distribution.

Dr. Paul, Soft Power Health’s resident dentist, led 50 successful dental education outreaches in the same communities where the family planning teams work. In addition, he provided low-cost, necessary dental care to 394 people in need. Dr. Paul treated dental abscesses and periodontal disease, and performed numerous extractions. 64% of the patients Dr. Paul treated were seeking care for periodontal disease. This was by far the most common reason people came to see him. As dentistry continues to be an extremely neglected medical field in Uganda, we see the incredible importance of education and prevention as tools improve people’s dental health overall.

Finally, based on the demand of communities we work in, and the need that kept arising at the clinic, this year we hired a domestic violence counselor and educator to work with patients who are victims of domestic abuse. Margaret, ADOVIC’s (Anti-Domestic Violence Coalition) founder, and another counselor, Florence, taught the Soft Power Health staff to recognize and counsel victims of domestic abuse. In addition, Florence

Dr. Emma treats a child and her mother.
Nurse Sumaya counsels people at the clinic and at outreach sessions. She has been accompanying the family planning outreach to meet with women who may not otherwise have access to these services. 44 women were counseled at the clinic and 93 were counseled in the field during the last 6 months of 2015. In Uganda, domestic violence is another large and underappreciated problem.

II. Mother and Child Wellness Center

Now completing its 5th year as part of Soft Power Health, the Mother and Child Wellness Center continues to offer all methods of family planning, from short term to permanent, and to provide vaccinations and high energy milk (HEM) to severely malnourished children. Also, four times a year, we use the Mother and Child Wellness Center as the site for our collaborative family planning days with Marie Stopes. This year the Mother and Child Wellness Center was busier than ever and continued to have a very good turnout for the collaborative family planning days.

In 2015, at the Center, Soft Power Health provided 590 three-month injections of Depo-Provera for family planning as well as 51 three-month courses of birth control pills to women in need. 161 long-term birth control implants were inserted and 99 long-term birth control implants were removed. 6 IUDs were inserted and 5 were removed. In collaboration with Marie Stopes, 35 tubal ligations and 4 vasectomies were performed. 4,882 male condoms and 62 female condoms were distributed from the center and 20 women were counseled about side effect management of birth control.

With the help of Dr. Emma, our pediatrician, we refined our high-energy milk (HEM) program for severely malnourished patients. Dr. Emma is a big draw for pediatric patients, so the number of malnourished children that we have treated increased significantly this year. As his reputation spreads, more and more young patients and their families come to the clinic from all over. This year the Mother and Child Wellness Center provided 938 courses of HEM to 844 children in need. Some children need more than one course of HEM, depending on how severe their malnutrition is. Along with HEM, the parents are counseled about nutrition and malnutrition to help them better understand its root causes and what they can do to prevent it.

Finally, providing access to vaccinations continues to be a very important service offered by the Center. Although all vaccinations are free at the government health centers in Uganda, and, in general, the supply is good, many people still have trouble accessing these life saving interventions. As unusual as they are in developed countries, we still see cases of mumps, measles, and tetanus in our clinic. This year, thanks to the dedicated team of nurses at Soft Power Health, we were able to provide 1,960 rounds of vaccinations to children and adults in need.

III. Family Planning Outreach

Now in its 9th year, the family planning outreach is still going strong! 3,620 women accessed intermediate- or long-term methods of family planning through Soft Power Health’s community outreach in 38 villages in our home district of Jinja. Teams of nurses and educators visit these 38 villages on a quarterly basis to educate about conception and contraception and to provide intermediate- and long-term methods in the field. These education sessions see both returning and new attendees and continue to be well received by the communities. The family planning teams also refer patients to the Mother and Child Wellness Center for longer-term or permanent methods of family planning. All told, in 2015, 4,467 women and men accessed intermediate, long-term, and permanent.
methods of family planning with the help of Soft Power Health.

At this year's family planning outreaches, 3,264 three-month courses of Depo-Provera were administered and 299 courses of three-month birth control pill were given. 57 long-term implants were inserted and 17 were removed. 26,912 male condoms and 1,089 female condoms were distributed. Finally, 17,012 doses of Albendazole were given to children to deworm them and improve their nutritional health. Additionally, 18 women were counseled about managing side effects of their chosen birth control method.

IV. Malaria Education and Prevention Program

The malaria education and prevention program, Soft Power Health's longest running outreach, is now completing its 12th year. Although the number of nets sold on a yearly basis has decreased due to the massive free distributions of nets across Uganda, we are still finding communities that very much need and want both the education and the subsidized mosquito nets. From the myriad ways that mosquito nets have been misused after the mass free distributions, it's no wonder that rates of malaria are continuing to go up instead of down in Uganda!

In 2015, the malaria education and prevention program sold 3,101 nets in education sessions in 48 villages in 3 districts, and through the clinic. We continue to sell the nets at 3,000 shillings (which, at the current exchange rate, is approximately 90¢). 713 follow-up visits were made to net purchasers’ homes within one year of purchase to see how they are doing at home with their nets: that is, do they report less malaria and are they sleeping under the net every night? These are the main questions we need answered in order to track the effectiveness of the program. Additionally, the follow-up teams ask to see the nets hanging in people's homes to ensure that the nets are in fact hanging correctly over people's beds.

At the moment, we are analyzing our data from the last 10 years of follow-up visits to find out how net use in our program compares to the national average. To help establish what the proper net use is in our home sub-county, we are working with Mt. Sinai Global Health students on a multi-year follow-up program, where we visit every home in our sub-county of Budonodo to see what net use actually is and compare it to what we find in our malaria program. Preliminary results from data collected last summer suggest that correct net use is around 30% in our sub-county. This is in stark contrast to the reported correct net use of 60% countrywide by the Ministry of Health. Historically, our net follow-up visits have shown a 65-70% correct usage rate along with those percentages also reporting less malaria.

V. Nutrition/Malnutrition Outreach Program and DIG Garden

The malnutrition education outreach program continues to grow in popularity, with attendance increasing each year. Also increasing is people's understanding of how to recognize the signs and symptoms of malnutrition and what to do about it: for example, recognizing what comprises a healthy, nutritious meal. Uganda is a country where food grows well because of naturally fertile soil and regular rainfall, but most people eat a solely carbohydrate-based die. In combination with a heavy burden of malaria, almost omnipresent hookworm infection, sparse vaccination, and large family numbers, this creates the perfect environment for severe protein malnutrition.

Education is the key to getting people on the right track to correcting this problem. Evidently, based on the number of people attending our outreaches, there is a lot of interest in learning about these problems and their solutions.
Retention of information is also well demonstrated in our follow-up visits to attendees as well. This year 1,533 people attended outreaches in 45 villages, and follow-up visits were made to 212 homes to assess the long-term impact of what people learned at the education sessions. Severely malnourished children were identified in outreach and referred to the clinic for treatment and follow-up. Furthermore, a number of desperate local families were identified to become part of the DIG garden outreach and implementation program.

DIG trained 43 families in organic gardening techniques and helped them start their own gardens. An important part of the training is stressing the importance of creating nutritious family meals from their gardens, not selling off all produce and leaving little for the family to eat. Additionally, DIG graduated 18 gardens from their program in 2015, which means that these families should now be able to successfully grow and create their own nutritious meals, as well as sell excess for income generation.

Finally, Soft Power Health’s own DIG organic garden continues to flourish. It is used regularly as a demonstration garden for gardening students, as well as the supplier of food for the lunchtime meal for all staff at the clinic. Additionally, we continue to sell excess produce for income generation and to supply the very desperate with emergency food.

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 2016!

Sincerely,

Jessie Stone