Dr. Emma: Pediatrician Extraordinaire

At the beginning of 2015, we hired Dr. Emma, a pediatrician with a master’s degree in nutrition, who has had a very successful history of treating malnutrition, both in the field and in a hospital setting. Since his arrival at Soft Power Health, Dr. Emma’s expertise and good care have brought pediatric patients and their parents flocking to the clinic. This has been a great benefit to the community, as children make up approximately 95% of the patients treated at the clinic for malnutrition. His comprehensive knowledge of malnutrition and its treatment have also enabled him to refine the practices for combating it which were already in place at the clinic. Dr. Emma works closely with Esther and Irene from our kitchen, who formulate and distribute the high-energy milk (HEM) to malnourished patients, to insure that each dose of HEM meets the exact needs of the individual being treated. We are extremely grateful to have him as part of our team!

Kwagala Faith: Miracles Do Happen

Faith is a 17-year-old girl who we first saw in the clinic five years ago with an extremely advanced case of non-Hodgkin’s lymphoma. Her prognosis was terrible when she was first diagnosed. Faith had come to Soft Power Health from a small village deep in remote Kamuli district and had been misdiagnosed for over a year. She was so disfigured from her disease that she had to wear a scarf around her head and could not go to school because other children teased her mercilessly. We enrolled Faith in our field patient program, which was implemented to allow those in extreme need to get treatment for more complicated health problems. Faith received chemotherapy at a hospital in Kampala, and fortunately, her cancer responded very well to the treatment. Her tumors shrunk as the cancer went into remission. Five years after diagnosing Faith, we were reunited with her thanks to Sarah Muwanguzi, the head of our malaria program. Sarah saw Faith in Jinja one day and brought her to the clinic for a visit.

Today, Faith is living a healthy and productive life. She is enrolled in a vocational school program and is learning to become a seamstress. However, her treatment would not have been possible without the support of Soft Power Health’s donors. Faith is a profound example of how helping to save one life can have a hugely positive ripple effect.
Malnutrition: Making a Comprehensive Difference

This year the malnutrition outreach team made huge strides in reaching members of the community in need. It provided educational outreaches in 46 villages, with each event reaching an average of 40 new community members and de-worming approximately 100 children and adults per education session. The team also completed follow-ups in 23 villages, making 200 home visits. Through these outreach events, we identified and referred a number of severely malnourished patients for treatment at the clinic. Also, as a complement to this acute treatment, we implemented a program to help the neediest families start their own organic DIG Gardens. By tackling the problem of malnutrition through both short-term therapy and long-term prevention, we hope to help people make significant and permanent improvements in their own and their family’s nutritional status. So far, the DIG gardens we have helped to initiate are providing the needy families who cultivate them with both healthy food and income. This is incredibly inspiring!

Jane from Super Hole Village: A DIG Garden Success Story

Mama Jane never knew she had a green thumb until she joined the local DIG gardening cooperative that Soft Power Health started in her village. Now, not only does she help out with the village’s large community garden, but she also takes great pride in her own. Her carefully tended garden provides Jane and her family with nutrition as well as a good source of income. This is a tremendous source of satisfaction for Jane, and she is proud to show you how well everything is growing. We hope to see many more gardens like this take off in the community over the next year.

Malaria: Success and Ongoing Challenges

Soft Power Health’s malaria outreach was the first program we created 12 years ago, as more of an experiment to see if the concept would work. The program has always been based on creating a cooperative relationship with communities by getting community buy-in (literally—nets are sold at a subsidized cost, not given away) to promote a behavior change that insures people will sleep under their mosquito nets every night to help prevent malaria. Our model has been highly successful and remains so—in communities where free mosquito nets have not been provided.

However, since the mandate from Geneva and Washington was to increase the distribution of mosquito nets to achieve “universal coverage” (i.e., insuring that every household has enough nets so every two people sleep under one net) millions of nets have been freely distributed. Unfortunately, a new kind of universal coverage has now emerged: namely, that of covering everything except beds with mosquito nets. We have witnessed mosquito nets covering all kinds of things: from gardens, to pit latrines, to chicken enclosures, to grain harvests. Some are even being used as fishing nets! Consequently, we are seeing fewer people sleeping under mosquito nets, which coincides with recent reports that the rates of malaria are going up in Uganda.

While we cannot compete with a country-wide move to give away free nets, we can still help people receive education about malaria and net use, and we can work in communities that were not affected by the free distribution. We may be selling fewer mosquito nets than we used to, but we are still reaching communities that ask for our help and purchase them. As our follow-up data demonstrates, our model does work: 65% - 70% of people who purchased nets through our outreach program sleep under a net every night and report having less malaria. Although we do not offer a fast, sexy, high-tech solution, it is more important than ever to continue our malaria outreach. Malaria remains an incredibly persistent and intractable problem in public health, and only by adapting a lasting behavior change will Ugandans be able to reduce its deadly impact.
Collaboration with AVODIC: Victims of Domestic Abuse Now Have Somewhere to Go!

For a number of months, Soft Power Health was trying to find an organization to which we could refer victims of domestic violence. Like many health challenges in Uganda, domestic violence is one that is both omnipresent and rarely discussed. Victims have virtually nowhere to go and no one to turn to. Fortunately, we learned of an organization called ADOVIC (Anti-Domestic Violence Coalition) that counsels people and helps them find safe refuge if they are victims of domestic abuse. In July, we worked out a partnership agreement with Margaret from ADOVIC. Margaret connected us with one of her counselors, Florence, who counsels patients and staff one day a week at the clinic, and accompanies one of our family planning outreach teams one day a week to counsel women in the field. What started off as a slow trickle has turned into a torrent of requests for information and help from patients, staff, and local communities alike. In the coming year Margaret and Florence will train all Soft Power Health staff how to identify and counsel victims of domestic abuse, and we will look into expanding the domestic violence counseling presence in the outreach programs that already exist. This represents another pressing need that we have discovered through community partnership and work.

Status of the Isimba Dam

As many of you already know, the Nile River in Uganda is going to be dammed again for hydropower generation. As the recently completed Bujagali dam has shown, the supposed “progress” from the damming of the Nile has lead to little benefit for the local people whom it is supposed to help. That is, there is no power delivery for local Ugandans. Instead, the power is sold off to neighboring countries, such as Kenya and Tanzania. With the first dam, the famous Bujagali falls were submerged, along with the spectacular rapids of the area. Now, with the ongoing construction of the Isimba Dam, the last remaining rapids of this wild section of the Nile are also threatened. However, there is still time to act to help save one of the world’s greatest rivers. Please watch this short video http://tinyurl.com/PollyGreenFilmONE and sign the petition at http://tinyurl.com/savethenile. Every voice counts and can help!

Volunteer Spotlight:

My name is Bridget and I am a nurse in Denver, CO. I had the privilege of spending two weeks with the amazing staff at Soft Power Mukagwa Allan Stone Community Health Clinic. In the short time I spent at the clinic, I was able to see the incredible impact Soft Power Health has had on the village of Bujagali and surrounding communities. Through education by staff and volunteers, local Ugandans are able to better understand how to decrease their risk of getting malaria, prevent malnutrition and gain access to family planning services. The dedicated staff at the clinic made my experience unforgettable, and I hope I will be able to return one day. Thank you Dr. Jessie and Soft Power Health for all that you do to improve the lives of Ugandans!

SPH in New York: Graham Windham Students and Teachers Learn to Kayak

Once again this past July, a group of dedicated kayak instructors came together in to teach intrepid students and teachers from the Graham School how to whitewater kayak. These students come from very challenging family backgrounds and cannot live at home with their families at this point. Therefore, they live and go to school on the Graham School campus in Yonkers, NY. One of the most rewarding aspects of this camp is to share and show kids our love of kayaking and see them embrace it—even if they don’t really know what it is they have signed up for until the first session! They leave all their trouble behind each day while they are kayaking with us. This is a window into a world that most of them had no idea existed and which they always inevitably enjoy, even if there are moments where they are pushed way out of their comfort zones. At the end of the camp, they have a real sense of accomplishment and fun!

Partner With Us!

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

jessie@softpowerhealth.org
www.softpowerhealth.org
Fast Facts:

- The Allan Stone Community Health Clinic will treat over 24,000 patients this year alone.
- Soft Power Health opened its new lab on November 21, 2015.
- Hypertension was the most commonly treated disease in the clinic this year.
- The Malaria Outreach Program will educate thousands of people this year and sell 3,000 mosquito nets!
- Continuing our nearly 6 year partnership with Marie Stopes, 35 tubal ligations and 4 vasectomies were performed and 82 long term contraceptive implants were placed in 2015.
- The Family Planning Outreach Program turns 9 years old in 2016 - we have helped thousands of people access family planning in rural communities.
- Over 4,000 women accessed family planning through Soft Power Health in 2015.
- The Malnutrition Outreach Program will reach 45 villages, educating over 1600 people, and following up on many more.
- 253 Little Suns Solar lamps have been sold since July to people who need light.
- 200 wheelchairs were distributed to people in need with the help of SPH Physiotherapist Stephen Kato and the Walkabout Foundation.

What your money buys:

$0.33 pays for one patient’s laboratory tests.
$2.14 pays for the medicines for one patient’s visit to the clinic
$5 per month buys a malnourished patient one full course of treatment with High Energy Milk.
$7.50 buys one mosquito to cover an average of 3 children and prevent life threatening malaria for up to 5 years.
$30 per month can help a patient in need to access life saving chemotherapy or life changing surgery.
$130 pays for a laboratory technician’s salary for one month.
$175 pays for a nurse’s salary for one month.
$200 pays for the salary of a clinical officer for one month.
$233 pays for the salary of a full-time driver for one month.
$600 pays for the salary of a medical officer for one month.
$1,050 pays for the head malaria outreach educator for one year.
$7,200 pays for the entire DIG garden program for one year.