

Soft Power Health

2nd Quarter Update
2016

What's New:

The second quarter continued the busy trend for 2016. At times it's unbelievable that we've gotten so much busier than last year! The first two quarters of 2016 put us on track to see over 30,000 patients at the clinic, and another 20,000 through outreaches. This increased activity has put more pressure on all staff at the clinic as well as our space and ability to treat so many people. So far we have been able to adapt to meet the ever-growing demand, but we are nearing the capacity of the clinic.



A laboratory technician makes use of the donated CBC machine.

Thankfully, we recently received a fantastic donation that allows us to improve our diagnostic abilities. Mark and Jane Rose very generously donated the cost of a complete blood count machine (a.k.a. a CBC machine). This blood analysis machine allows our clinicians to get a much clearer, and more thorough, picture of a patient's blood. We are extremely grateful for this donation and have certainly put this

machine to good use, running an average of 100 CBC tests per day. The lab technicians also love it and are taking very good care of it!

For the third year running, we collaborated with the Walkabout Foundation and distributed 269 wheelchairs and hand-operated tricycles to people in need in the communities we serve. Stephen Kato, Soft Power Health's physical therapist, did an amazing job of organizing and coordinating the distribution. We also had the help of more local physical therapists and occupational therapists, as well as volunteers from Canada. These events are always eye-opening, as we often see very serious health conditions, such as severe malnutrition and malaria, alongside of disabilities. Unfortunately, disabilities are widely misunderstood in Uganda. People often think that the disabled have been cursed, so many are neglected and not cared for by their families. This is another prime example of how powerful education can be in helping people change their behaviors. In addition to the distribution of wheelchairs, these events allow us to provide lots of education about disabilities to the disabled and their families.

As a complement to the malnutrition education program and the DIG garden program, we have been working with communities to help them develop income generation initiatives as well. When you scratch the surface of the immediate health problems people face, such as malnutrition, you discover how these problems become intractable and keep people in a cycle of poverty. A common theme is a lack of education combined with a lack of income generation. After careful analysis of this problem, we decided to find a way to help communities to help themselves, thereby creating independence and ownership of income. All initiatives come from the communities themselves. Our role is only to link these local groups to people who can help hone their visions into projects that can achieve their goals. For example, in June we helped a group of women in Superhole, one of the local villages in which we have treated high rates of malnutrition and malaria, to start their own cooperative weaving group. The weaving group wrote their own constitution and by-laws in which they clearly stated what they hoped to achieve. For these women, this process is a huge step in helping them to help themselves achieve a sustained income of their own.



The Super Hole Ladies Cooperative at work weaving mats.

The Allan Stone Community Health Clinic:

This quarter the clinic was well-attended, with a total of 7,846 patients between April and June. We referred 341 patients on for more complicated treatment in Kampala and Entebbe.

Dr. Paul, our dentist, treated 91 people for dental problems. In keeping with past quarters, the most common complaints seem to be periodontal diseases and extractions. This quarter no patients were referred on for more complicated conditions requiring oral surgery. It is too soon to think that the availability of preventive dental care is making a dent in more serious conditions. However, we are hopeful that Dr. Paul's care and educational outreach will lead to better self-care and gradually reduce the number of patients with preventable dental problems.

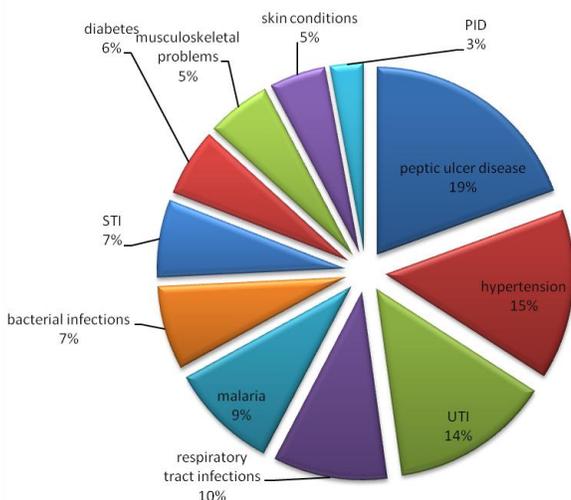


A busy Monday, with many patients waiting to be seen at the Clinic.

Stephen Kato, SPH's physical therapist, continues to provide a popular and much-needed service. During the second quarter of 2016 Stephen treated 440 patients, a slight increase from last quarter. The most common conditions treated were again lower back pain and cerebral palsy. In addition to his work at the clinic, Stephen's community outreach program has allowed many patients who would otherwise not make it to the clinic (because of their physical limitations and/or the distance they would be required to travel) to access physical therapy on a regular basis.

Top 10 conditions this quarter:

Top 11 Diseases
Treated at Allan Stone Community Health Clinic
2nd Quarter 2016



The most common diseases treated were, in descending order: peptic ulcer disease, (1640); hypertension, (1236); urinary tract infection, (1157); respiratory tract infection including pneumonia, (831); malaria, (785); bacterial infections, (610); sexually transmitted infections, (563); diabetes, (493); musculoskeletal pain, (466); skin conditions, (407); and pelvic inflammatory disease, (244).

This quarter peptic ulcer disease was the most common condition treated at the clinic and malaria was bumped into 5th place by respiratory tract infections, which ended up in 4th place. This quarter 3122 people were tested for HIV and only 114 were positive, which is just over a 3% incidence rate. Considering how many people were tested, this is a surprisingly low number.

Mother and Child Wellness Center:

The Mother and Child Wellness Center was well attended again this quarter. 532 courses of high-energy milk (HEM) were distributed to children and adults in need. In addition, 453 rounds of vaccinations were administered. These interventions can be life saving for the children and adults who receive them. Also at the Mother and Child Wellness Center, 128 three-month courses of Depo-Provera injectable birth control were administered, and 14 three-month packages of birth control pills were distributed to women who wanted intermediate-term family planning. 20 long-term implants were placed and 21 were removed. Also, 2 IUDs were placed during this quarter. Finally, 816 male condoms and 52 female condoms were distributed from the Wellness Center.

In addition, during our Marie Stopes collaborative family planning day, 2 women chose tubal ligations and one man chose a vasectomy as permanent forms of birth control. 8 women selected long term birth control implants and 4 were removed. 1 woman chose an IUD, and no IUDs were removed. In addition, 6 women chose Depo-Provera as an intermediate term method of birth control. 3 women were screened for cervical cancer, and all were negative. Overall, through the Mother and Child Wellness Center, we offered family planning of intermediate, long or permanent means to 191 women and men.

Nutrition/Malnutrition Outreach

During the second quarter of 2016, 379 people participated in 11 malnutrition outreaches in villages in Butagaya and Budondo sub-counties in our home district of Jinja. 974 doses of deworming treatments were distributed to children and adults in need. We also made 151 follow-up visits to former participants in 10 villages in order to measure the program's impact. As the program continues to be popular, we remain hopeful that the educational outreach, coupled with the organic DIG garden program, is helping people to make life-changing and life-saving improvements in their health and well being. Our goal is to see the need for acute treatment of this condition become less frequent.

Malaria Prevention and Outreach:

This quarter, we sold a total of 1,080 mosquito nets through our malaria education and prevention outreach and at the clinic. The malaria team visited 12 new villages this quarter for malaria education sessions in Jinja and Mayuge districts. The malaria outreach team made 208 follow-up visits in 8 villages to evaluate whether previously purchased nets from education sessions were being used correctly and whether people reported having less malaria. Our net sales are surprisingly popular despite the recently discovered work of NGOs in Mayuge district who are giving away nets freely in large numbers. Our malaria outreach team continues to visit communities who have need of our services, if only to educate people about malaria transmission and the correct use of mosquito nets. This education is always appreciated and the malaria team will go on providing it as long as there is a demand for it. As our experience has shown: education, skin in the game, and proper usage of nets is what prevents malaria—not the mere presence of a free net!

Family Planning Outreach:

Our family planning outreach continues to be well attended (by both men and women) and provides a much-needed service to local communities. This quarter, 1046 women received three-month birth control injections for intermediate-term family planning. 55 women chose birth control pills during outreach sessions. This quarter, 45 new long-term contraceptive implants were inserted and 2 were removed. 150 women requested and received pregnancy tests, and 18 were positive. No women requested counseling about side effects of birth control. We also gave 4,348 doses of Albendazole to children in the field, effectively deworming those children for the next 6 months and improving their chances of gaining weight and being healthier overall. Finally, thanks to our ongoing partnership with USAID based in Kampala, we were able to distribute 4,259 male condoms and 279 female condoms. This quarter the family planning teams supplied a total of 1,149 intermediate and long term methods of family planning in the field. Overall, combined with the Mother and Child Wellness Center, we have supplied family planning to 1,340 people this quarter which means we are on track to supply family planning to over 5,000 people this year!

DIG Garden

Two new demo gardens are under development in villages in Butagaya sub-county, which neighbors our home sub-county of Budondo. This is an important advance for the community, as Butagaya has the highest rates of malnutrition in our area, as demonstrated by the number of malnourished patients we treat at the clinic. The demo gardens were created to produce one or two specific staple crops only, in order to supplement the existing DIG gardens these communities already have.

In addition, there are now 37 DIG-founded individual family gardens ongoing in surrounding communities, three of which are still in the mentoring stage, but will soon be ready to “graduate.” This means that those families will soon be able support themselves independently, without the DIG team’s assistance.

Finally, our own DIG garden in back of the clinic continues to be productive. We have just harvested beans. Our crop of soya will be harvested shortly, and maize will be harvested in two weeks’ time!

Domestic Violence Counseling

In the second quarter, 469 people were counseled about domestic violence (DV). Economic violence was the leading act (141 instances reported), followed by emotional violence (79 instances reported), child abuse (8 instances) and sexual abuse (5 instances). The population mainly affected is married women, but Florence, Soft Power Health’s Domestic Violence counselor, indicates that there is both need for, and interest in, a program on DV sensitization in the community. There is also interest in being sensitized on the DV Act, Succession Act and the Land Act. There is also a need to educate the members of the local councils in handling DV cases and a need for visual documentation (photographs) of cases in the community. Interestingly, although they were very resistant at the start of the quarter, by June more men had started to show interest in the anti-DV program and also began to gain confidence in escorting their wives for family planning.



This year we also distributed hand-operated tricycles, which had been specifically requested by disabled recipients.

It is your help and dedication to Soft Power Health that has made this possible. Thank you so much!

To learn more about the services we provide and the costs involved, or to make a one-time or monthly donation, please click [here](#).