New Ultrasound Machine

This past June, Soft Power Health received a fantastic donation of a new ultrasound machine thanks to the Gould Family Foundation. As the Clinic has gotten busier, the demand for ultrasound scans has gone up, and up to now, whenever a patient needed one he or she had to travel to Jinja to be scanned. This was an additional cost for the patient in terms of time and money. Now, with in-house ultrasound, patients can have scans done at the clinic right away. Although we do charge for the scans (12,000 Ugandan shillings, or approximately $3.40) we charge much less than they do in Jinja, and the cost remains well within range of patients’ budgets. Also, when scans are done at the Clinic patients do not have to pay for transport to Jinja. So, overall, it represents both cost savings and better service. In related good news, we also hired an ultrasonographer/radiographer, Edgar. He is one of very few recent graduates from Makerere University in this field, so we are extremely lucky to have him! Edgar has been very busy since his first day with Soft Power Health.

More Patients Means We Need More Space and A New Building

In 2016, we treated over 33,000 patients at the Clinic, and 2017 is on track to be as busy, or even busier, based on our numbers so far. It is clear that we have outgrown the capacity of our existing space. In the third quarter of 2017 we saw over 9,000 patients, which was our busiest quarter yet. Very fortunately, the Rose Family has donated a new building, which will make the flow at the Clinic much smoother and help us accommodate all our various departments. The Roses came to Uganda this summer to see the building’s progress and to volunteer with our malaria education and prevention program. The entire staff of Soft Power Health and our patients are grateful for the Roses’ generosity. The new building will allow us to create an additional treatment room for our patients, a dedicated space for physical therapy, a new staff room, and more office space. This will make a big difference in our patients’ quality of care and our staff’s ability to do a good job for our patients. Thank you Rose Family!
In March of this year, through the collaborative effort of Soft Power Health’s malaria outreach team, Dr. Jessie, Dr. Kate Zinser, and Dr. Philip Levy, a commentary piece about the misuse of freely distributed mosquito nets in Uganda was published in The Lancet. The article's release coincided with the largest mass free net distribution yet in Uganda. In this campaign, 24,000,000 free mosquito nets were distributed. Unfortunately, we seem to be among the very few that do not think giving away free mosquito nets is a good idea. It is hard to argue with what we see happening in communities affected by the free net campaign. As our net survey over the last three years has shown, net ownership does not correlate with correct use of the mosquito net. For everyone who did not see the commentary piece when we originally posted it on our website and Facebook page, we are providing the article here: http://bit.ly/2qJcq1R

Extraordinary Patients Require Extraordinary Care

There is never a regular day at the Clinic. It is almost a guarantee that, on any given day, a patient with an extraordinary condition or circumstance will walk in. Often, we wonder how the patient has lived with their situation for so long. It is a constant reminder of how much suffering people endure. On this particular day, Dr. Milly and Dr. Henry called me into Dr. Milly’s office to meet an older lady and her sister. This lady had the largest umbilical/abdominal hernia any of us had ever seen. We then learned that she had lived with this condition for 7 years! Amazingly, her digestion was completely normal and she had good appetite. Although the simple activities of daily living, like collecting water and gardening, were very hard for her, she had managed to endure until finding us. Very happily, we were able to refer this patient—who, by the way, had come from very far on a boda boda (moped taxi) to the clinic—to a surgeon in Kampala who successfully repaired her massive hernia. The patient has made a fantastic recovery and can now go back to her life virtually pain free! We are so grateful that we are able to offer patients like this both immediate care and a referral network that can change their lives for the better. It is thanks to all the generous supporters of Soft Power Health we can do this! Thank you!

Staff Highlight: Amazing Nurse James!

James is the nurse who is head of both our malnutrition program and our family planning programming, as well as being a pillar of great patient care in the clinic. Seven years ago, with James’s help, we started our collaboration with Marie Stopes for the permanent and long-term family planning methods days that we hold every quarter at the Clinic. There are so many positive things to say about James: He is extremely knowledgeable, always advocates for his patients, continually follows up on outstanding issues, has a great attitude, works very hard, and has created a strong team of nurses. However, the thing that really sets him apart is his dedication to his patients and to ensuring that they get the best care. James is also passionate about the community-based health education that he does in Family Planning and Malnutrition. If you are ever able to attend one of James’s educational outreaches, you will see how seriously he takes his work and the direct positive impact it has. We are lucky to have James as part of the Soft Power family and his patients are fortunate to have him as well.
Over the years, as Soft Power Health’s Clinic has gotten busier, and the surrounding communities have come to rely on our services, many people have wondered how we have managed to maintain both the availability and consistent quality of the care we offer. The reason this has been possible is that Dr. Charles has been our steadfast, unflappable clinic director. Not only is Dr. Charles an excellent clinician, he is also an excellent leader. His commitment to his patients and to his work sets a stellar example for the staff. His kindness and generosity is recognized by everyone who interacts with him, whether patient, staff, or friend. Dr. Charles is another reason why Soft Power Health has been able to continue to do the work it does. Thank you, Dr. Charles for being a role model for all!

Our pediatric triage team of Sandra and Juliana assess a new patient.

Malnutrition education outreach session.

Dr. Charles consults with young patient Sarah.

Mary Prendergast, an occupational therapist from Ireland, is Soft Power Health’s new Country Manager, and we are thrilled to have her! Mary originally came to Uganda in 2014 to volunteer with the special needs program of our neighbor, Soft Power Education. Since that time, Mary decided to stay in Uganda and to work in a completely different area than her training for a couple of years. When the time came that we were looking for a new Country Manager, we discovered that she has a perfect combination of skills: managerial experience, a healthcare background, and a personality that is game for anything. Welcome, Mary! We are happy to have you join our Soft Power Health Family!

Malnutrition: A Hugely Underestimated Problem in Uganda

When we started our malnutrition education outreach program back in 2012, we knew malnutrition was an underappreciated problem in Uganda. With the hope that our community-based health education program would reduce the amount of malnutrition we saw and treated at the Clinic, we began the course in Butagaya Sub-county, the source of the most malnutrition cases we treated. Now, five years later, as we work toward the goal of educating every village in every sub-county in Jinja District (our home district), we see and treat more malnutrition than ever. One of the reasons for this is education-based: Because malnutrition is so common, most families see it as normal until it is very severe. By teaching people how to recognize early symptoms of malnutrition, what to do when the symptoms present, and how to make nutritious meals from the food they already grow and like to eat, we hope, over time, to reduce the overall numbers of malnourished children we see and treat at the clinic.

At the malnutrition treatment end, we have enlarged our pediatric triage to include children from 6 months old to 10 years old. This has come about thanks to our collaboration with Mt. Sinai’s pediatric residents in Global Health. Through increased training of the staff and pediatric triage team, we now have a targeted and systematized approach to treating malnutrition. We also have a long-term follow-up strategy to assist in the weaning from high energy milk (HEM) when a child is ready. Our DIG (Developments in Gardening) teams further supplement this comprehensive approach. They assist the neediest patients and families who have been diagnosed with malnutrition in developing organic home gardens that grow balanced nutritious crops for their own consumption. This further applies and reinforces the knowledge about nutrition that these families need. A multi-pronged approach such as this takes time and dedication, but in the long run, with tools to help live healthier more productive lives, we believe people will succeed. Thank you for your continued generous support of these programs. They do make a life-saving difference.
Dr. Dana Kuhn’s experience with Soft Power Health

Dr. Dana writes: “With the support from Mount Sinai, Drs. Emily Hertzberg, Kersha Pennicot, and I had the opportunity to spend five weeks at Soft Power Health last winter. From the first day we were welcomed with overwhelming warmth from clinic staff. We learned invaluable lessons in tropical medicine and chronic disease: from diagnosing malaria, to recognizing the high prevalence of hypertension. In addition to seeing patients, we worked on a Quality Improvement project to improve the malnutrition program at Soft Power. We also participated in malaria, nutrition, and family planning outreaches, and gained exposure to the health system by visiting local hospitals and community organizations.

During our time at Soft Power, I was humbled by the patients’ gratitude and patience, and inspired by the staff’s positivity and passion for their work. Now, as I start my new job in a community clinic in Oregon with many uninsured patients, I can apply my skills learned from working in a resource-limited setting. My time in Uganda was invaluable, and I am grateful for the Soft Power Health Community.”

Isimba Dam and its Public Health Implications for Soft Power Health

As Africa’s longest and most important artery, the Nile supports an enormous amount of life: human, animal and plant. It is also one of Uganda’s most precious resources, especially since Uganda is a completely land locked country. It is no surprise that the Nile’s power is something that people have wanted to harness for a long time. While dams are being removed all over the
developed world to restore natural habitats of flora and fauna and other forms of energy generation are being developed, the developing world and Uganda in particular, are pursuing very ambitious (and expensive!) plans to build large hydro dams on the Nile.

Economically, and from a public health point of view, this is hard to understand. The countries that build large dams are laden with debt they can never pay back, mainly because the dams never generate enough money to pay off the debt. (Read more on this topic: [http://bit.ly/2AgTTBP](http://bit.ly/2AgTTBP))

The people who would benefit from the electricity from these dams can rarely afford to buy the power. In Uganda's case, most of the power is exported, so even if people could afford it, the power is not available. Uganda is also a country where solar is a cheap and excellent alternative to hydro power and is something that most can afford. Furthermore, it is well studied and documented that the reservoirs created by large hydro dams, such as the currently-under-construction Isimba Dam, create more malaria in the areas surrounding them. (To the article: [http://bit.ly/2BiAFsf](http://bit.ly/2BiAFsf)) This is alongside of well-documented rates of increased schistosomiasis and malnutrition in dam zones. (To this study: [http://bit.ly/2AE35R2](http://bit.ly/2AE35R2))

Since these are common health problems that we see and treat daily at Soft Power Health, and if history is any indicator, we expect these conditions to become more common once the dam is complete. This is a very real and direct public health consequence of Isimba Dam that will affect our patient population, and subsequently Soft Power Health as well.

One solution is a compromise: Build a smaller dam with a smaller reservoir. The result would provide less power generation, fewer displaced people, a smaller increase in malaria rates, less of an increase in schistosomiasis, and overall, less negative public health consequences. It would also help to preserve a unique, cultural, spiritual and biologically diverse environment for all Ugandans, and the rest of the world, to enjoy.

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**Inner City Kids Kayaking Camp 2017**

This August we partnered with the Graham Windham School for the 5th year in a row, to bring whitewater kayaking to teenage kids and their teachers. Four-time World Champion in Freestyle Kayaking, and former Olympian, Eric Jackson, joined me in teaching our eager group. We also had critical help from Dave and Paula Saaf, and Andy Khulberg. This year was notable because many more girls than boys participated. As in years past, we had a number of non-swimmers. This always impresses me because we ask all the students to do things that are truly terrifying if you can't swim and have a fear of the water.

When the students are willing to work with us and to try to do the things we ask, it has a multifold benefit: First, they learn a fun new skill; second, they become more comfortable and calm in the water as they practice things like wet exits (i.e., getting out of their kayaks while upside down under water); and third, (and this may be the most important lesson) they have a positive experience and realize they can handle a seemingly “scary” situation and be fine. In fact, many students express a real feeling of jubilation and accomplishment after doing something new and out of their comfort zone.

This is true of their entire week with us, as every day we ask them to do something more challenging and new. Tania, one of our non-swimmer campers this year, perfectly epitomized this experience. At the beginning of the week, she was really scared and tried to get out of coming to the camp. However, after having success each day, she learned to be more comfortable in the water. By the end of the week, we could not get her out of the river! She kept playing and paddling and smiling from ear to ear. Experiences like Tania's keep us coming back every year.
Dr. Jessie was recently interviewed by Chandra Brown on the damming of the Nile for “A Displaced Spirit: The Uncertain Future of Africa’s Greatest River,” Chandra’s October 2017 post in the Voices section of nationalgeographic.org. (visit the post: http://bit.ly/2haSAZV) To learn more about the Isimba dam project please go to www.savethewhitenile.org.

Here are some facts about Isimba Dam and its impact on the Nile and its environs:

• The dam will flood the formerly-protected Kalagala Offset Area, destroying one of the last wild sections of the Nile and its unique and irreplaceable ecosystem.

• The dam’s reservoir will flood thousands of homes and growing lands, eliminating thousands of Ugandans’ ability to subsistence farm and survive.

• Flooding caused by the dam will destroy multiple whitewater rapids which not only have cultural significance to local Ugandans, but also attract foreign adventure tourists, whose travel to the area supports the local economy.

• Large dam reservoirs have been proven to dramatically increase the rates of malaria in communities living near the dam sites and reservoirs, as their reservoirs create increased breeding grounds for the mosquitoes that transmit malaria.

• Large dam reservoirs impede the natural movement of a river prawn responsible for eating the intermediate host of the schistosomiasis parasite. This leads to increased rates of schistosomiasis in dammed areas. If untreated, schistosomiasis can lead to death in those infected and is a leading neglected tropical disease.

• These two factors, on top of a pre-existing high burden of malaria and malnutrition in the reservoir area, can only mean that the local population will be worse off when the dam is completed.

Some findings from our recent Mosquito Net Usage Survey done in collaboration with Mt. Sinai Global Health Students

• Free nets are nearly 6 times more likely to be given away than non-free nets (i.e., nets that are purchased).

• Mosquito nets that are paid for are more likely to be used correctly than those obtained for free.

• Of the households in our study which reported using nets for alternative purposes (rather than for malaria prevention) 92% obtained the nets for free.
Fast Facts on SPH’s Initiatives

Malaria Outreach
Despite the mass free distribution of 24,000,000 mosquito nets in Uganda in 2017, Soft Power Health’s Malaria team sold over 3,000 mosquito nets, educated over 1,500 people about malaria transmission and correct net use, and made over 1,000 follow up visits to net purchasers homes.

Family Planning
In 2017 Soft Power Health provided permanent, long-term, and intermediate-term methods of family planning to over 5,000 people.

Malnutrition Outreach/DIG Garden Program
From its inception to the end of 2017, Soft Power Health’s DIG garden program has graduated over 110 farmers, helping them and their families to be food secure.

Mother and Child Wellness Center
In 2017, thanks to a generous grant from Vitamin Angels, Soft Power Health was able to distribute prenatal vitamins, Vitamin A, and greater quantities of Albendazole to those in need, both at the Center and at malnutrition and family planning outreaches.

Allan Stone Community Health Clinic
For the second year in a row, the clinic will treat over 30,000 patients in 2017. The top three diseases treated at the clinic were peptic ulcer disease/gastritis, hypertension, and urinary tract infections. Notably, none are infectious diseases!

Domestic Violence Counseling
Since hiring Florence, Soft Power Health’s domestic violence counselor, in 2015, close to 2,000 people in 14 local villages have been counseled and educated about Domestic violence and educated about their rights under Ugandan Law, which has very tough directives against domestic violence offenders.

Physical Therapy
In 2017, Soft Power Health hired a second physical therapist, Flavia, to help Stephen Kato keep up with the high demand for this service. Stephen Kato and Flavia will treat more than 3,000 patients at the clinic and over 200 through their community outreach program. This is nearly double the physical therapy patient load of last year!

Professional Photographer and Documentarian, Eli Reichman, visited us earlier this year in Uganda while working on a documentary about the Nile and Isimba Dam.

Dr. Laura MacIsaac, OB-GYN from Mt. Sinai/Beth Israel in NYC and family planning expert, visited Soft Power Health at the same time Mt. Sinai’s global health program residents were on site. Dr. Laura taught an excellent continuing medical education course for all Soft Power Health staff on IUDs and their use in our setting. Dr. Laura, Dr. Emily, and Dr. Kersha made home patient visits as well as seeing patients in the clinic.

Dr. Laura with pediatric residents, Dr. Kersha and Dr. Emily, and Julius Caeser making a patient home visit.
What your money buys:

$1.20 pays for one patient’s laboratory tests.

$2.50 pays for the medicines for one patient’s visit to the clinic.

$7.00 buys one mosquito net to cover an average of three children and prevent life threatening malaria for up to five years!

$10.50 pays for one patient’s visit to the clinic to see a doctor, get lab work done, and receive any necessary medicine.

$14 per month buys a malnourished patient one full course of treatment with High Energy Milk (HEM). This is a life saving intervention.

$38.50 for a domestic violence counselor’s salary for one month.

$50 per month can help a patient access life saving chemotherapy, or life changing surgery.

$155 pays for a laboratory assistant’s salary for one month.

$185 pays for a physical therapist’s salary for one month.

$225 pays for a nurse’s salary for one month.

$265 pays for the salary of a full time driver for one month.

$300 pays for the salary of a nurse practitioner for one month.

$450 pays for the salary of our ultrasonongrapher for one month.

$600 pays for the salary of a medical doctor for one month.

$1,100 pays for the head malaria outreach educator for one year.

$5,000 will pay for half the cost of a blood chemistry analysis machine for the Clinic.

$10,000 pays for the DIG garden program for one year.

On behalf of the 65 Soft Power Health staff members, the 30,000+ clinic patients, and the 20,000 people educated and reached through outreach programs: Thank you so much for your support!

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

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