Soft Power Health

1st Quarter Update 2017

What's New:

2017 is off to a busy start! During the first quarter, we had a number of visitors and volunteers coming through the Clinic, including non-medical as well as medical volunteers, which was great. We received an



Dr. Laura, Dr. Emily, and Dr. Kersha make a home visit.

amazing donation of an ultrasound machine from the Gould Family Foundation. This will significantly improve patient care by eliminating the need to refer patients to another facility to get ultrasounds performed. We are also on our way to solving our space problem after receiving an wonderful donation from Marc and Jane Rose to help us construct our new building. Among other things, the new building will have a room dedicated to providing ultrasonography services for our patients.

Three Mt. Sinai Global Health residents, Dana, Emily, and Kersha, volunteered with us in the months of January, February and March. They were extremely helpful in improving our triage at the clinic, adding to what Mt. Sinai

Pediatric residents Genna and Liz had helped us begin last year. Additionally, the residents analyzed and aided in the improvement of our treatment of malnourished patients. This has been extremely helpful, as our area has already experienced two cycles of crop failure this year due to extreme weather (i.e., too much rain followed by drought conditions). Consequently, the Clinic has been seeing and treating even more malnutrition than usual.

This quarter, we also had an extra special visit from Dr. Laura MacIsaac, an Ob/Gyn from Beth Israel/Mt. Sinai in New York, where she runs a clinic for underserved women. She has also had great experience working in Ethiopia at the famous fistula clinic. Dr. Laura worked with us both in the Clinic and in outreach, and she even did a terrific continuing medical education session on IUDs for all staff at Soft Power Health. Clearly IUDs are the wave of the future for birth control and family planning in both the developed and developing world.

Our new country manager, Mary Prendergast, started work with us this quarter, and we are thrilled to have her as part of the team. Mary is a trained occupational therapist from Ireland and has lived and worked in Uganda for the past several years. We are very lucky to have Mary's help.

Finally, coinciding with the visit of epidemiologist Kate Zinser, and PhD student Margaux, who work both with Soft Power Health and the Ugandan Ministry of Health on malaria control, we had a <u>commentary piece about mosquito net misuse</u> published in the <u>Lancet*</u>. This was a really wonderful collaborative effort and we are thrilled that it finally got published after a number of years of trying!



Jennifer, Dr. Kersha, Dr. Jessie, Dr. Emily, Amos, Florence, Godfrey, and Joseph at the Clinic.

^{*}see Lancet article at the link: http://bit.ly/2qJcq1R

The Allan Stone Community Health Clinic:

This quarter the Clinic attendance remained high, with a total of 7,747 patients treated (25% returning and 75% new attendees) between January and March. We also referred 387 patients on for more complicated treatment in the Kampala-Entebbe area. 181 of these referrals were for surgeries and 86 referrals were to the Uganda Heart Institute. Not surprisingly, peptic ulcer disease and gastritis remained the most commonly treated problem with hypertension a close second. Urinary tract infections also remained a frequent problem and malaria held steady as the fourth most commonly treated disease.

Dr. Paul, our dentist, treated 128 people for dental problems. Consistent with recent quarters, the most common complaints were periodontal diseases (63) and extractions (35). This quarter, 5 patients were referred on for more complicated conditions requiring oral surgery.

Clinic patients continue to make good use of the physical therapy services offered by Stephen Kato. During this quarter Stephen treated 639 patients. As in the past, the most common conditions treated were lower back pain (such as lumbar spondylosis, and sciatica), knee pain, and cerebral palsy. These conditions were followed by hydrocephalus, Dequarvan's Syndrome, and malnutrition developmental delay. In addition to his work at the clinic, Stephen's community outreach program has benefited many patients who would otherwise not receive treatment. This quarter, 62 of the total PT patients were treated via outreach.

Finally, this quarter, 455 children under the age of 5 were triaged under our new malnutrition screening protocol. Of this group, 297 were treated with a high energy milk (HEM) intervention and counseling. The families of 158 of these children received counseling only. This population is among the most vulnerable, and triage has vastly improved mortality and morbidity in this group.

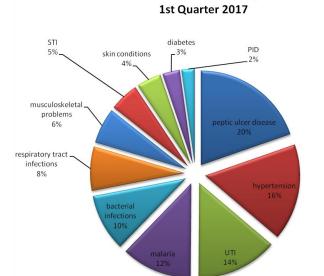
Top 10 conditions this quarter:

The most common diseases treated at the clinic were, in descending order: peptic ulcer disease, (1176);

hypertension, (988); urinary tract infection, (831); malaria, including 6 cases of malaria in pregnancy (724); bacterial infections, (584); respiratory tract infection including 36 cases of pneumonia, (451); musculoskeletal problems, (364); sexually transmitted infections, (299); skin conditions, (250); diabetes, (178); and PID (pelvic inflammatory disease), (132 cases).

Mother and Child Wellness Center:

This quarter, the Mother and Child Wellness Center distributed 511 courses of high-energy milk (HEM) to children and adults in need. In addition, 159 rounds of vaccinations were administered and 194 people received family planning. 151 three-month courses of Depo-Provera injectable birth control were administered, and 8 three-month packages of



Top 11 Diseases

Treated at Allan Stone Community Health Clinic

birth control pills were distributed to women who wanted intermediate-term family planning. 23 long-term implants were placed and 5 were removed. Also, 2 IUDs were placed during this quarter. Finally, 2,261 male condoms and 5 female condoms were distributed from the Wellness Center. 54 pregnancy tests were administered and 2 were positive.

In addition, during our first quarter Marie Stopes collaborative family planning day, 4 women chose tubal ligations and 2 men chose vasectomies as permanent forms of birth control. 16 women selected long-term birth control implants, and 2 IUDs were inserted. 21 women were screened for HIV, and all but one were negative. Overall, through the Mother and Child Wellness Center, we offered family planning of intermediate, long or permanent means to 218 women and men.

Nutrition/Malnutrition Outreach

During the first quarter of 2017, 490 people participated in 12 malnutrition education outreaches in 12 villages in Butagaya and Budondo sub-counties in our home district of Jinja. Also, we made follow-up visits to 150 former participants in 12 villages in order to measure the program's impact and to see if people retained knowledge from the education sessions and were implementing it. We were also able to distribute 1,449 doses of Albendazole, and thanks to Vitamin Angels, 117 courses of Vitamin A and 246 courses of prenatal vitamins, at these malnutrition outreaches. Being able to distribute Albendazole, vitamin A, and prenatal vitamins significantly increases our positive impact in these communities.

Malaria Prevention and Outreach:



A young father and his child with their mosquito net hung correctly.

This quarter, we sold a total of 2,015 mosquito nets through our malaria education and prevention outreaches in 14 villages in Jinja, Mayuge, and Kayunga districts and at the clinic. 539 people attended our malaria outreach education sessions. Specifically, 650 nets were sold at the clinic while 1,364 nets were sold during our malaria education outreach sessions. In addition, the malaria outreach team made 264 follow-up visits in 13 villages to evaluate whether previously purchased nets from education sessions were being used correctly and whether people reported having less malaria.

This is very encouraging because, in addition to the free mosquito nets the

government of Uganda is again distributing, there are now private organizations giving away free mosquito nets without education. During the current campaign, a

collaborative effort to "eliminate" malaria undertaken by the Ministry of Health, the WHO, the UN, and the Global Fund for AIDS, TB & Malaria, 24,000,000 mosquito nets will be distributed all over Uganda. Because of this, we expect our sales of mosquito nets to drop off significantly in the next several quarters, but we plan to continue with our education sessions since there is still a huge gap in understanding how malaria transmission occurs, as well as how to properly use a mosquito net and prevent malaria.



Mosquito nets improperly used as football goals.

DIG Garden

There is now one new demonstration garden under development in Butagaya sub-county for the purpose of supplying staple food crops during the dry season to communities in need. The success of local demo gardens can go a long way to reducing malnutrition. The presence of this new garden is an important advance for the community, as Butagaya has the highest rate of malnutrition in our area, as demonstrated by the number of malnourished patients we treat at the Clinic. Demo gardens are created to produce one or two specific staple crops for the dry season and only in order to supplement the existing DIG gardens these communities already have.

In addition, there are now 29 new and on-going DIG-founded individual family gardens in surrounding communities. The crops which are grown include cassava, potatoes, *matoke* (a.k.a. green bananas), and

maize for food security, as well as cabbage, beans, and peanuts. We look forward to helping the ongoing gardens graduate and, ultimately, to seeing these families living healthier, more productive lives through better nutrition.

Family Planning Outreach:



Counseling about family planning methods during Marie Stopes collaborative day.

This quarter's family planning outreach programs continue to be well attended (1053 attendees), by both men and women. These outreaches remain a much-needed reliable service to local communities. This quarter, 983 women received three-month birth control injections for intermediate-term family planning. 34 women chose birth control pills during outreach sessions. Also this quarter, 36 new long-term contraceptive implants were placed. 322 women requested and received pregnancy tests. In addition, 22 women requested and received counseling about side effects of birth control. 11,621 male condoms and 290 female condoms were distributed at family planning outreach sessions. Finally, we are very grateful to

Uganda Health Marketing Group for their supply of family planning methods. This consistent supply supports our efforts to deliver family planning to those in need. Although the future of this supply may change, for the moment we remain well stocked with family planning methods. We also gave 878 doses of Albendazole to children in the field, effectively deworming those children for the next 6 months, and improving their cognitive development as well as their chances of gaining weight and being healthier.

Domestic Violence Counseling

In the first quarter, between sensitization sessions at outreaches, follow-up visits, and consultations at the Clinic, 323 people in 14 villages were counseled about domestic violence (DV). Economic violence was the most common type of abuse people reported and 128 people were counseled related to economic violence. Emotional violence was the second most common type of abuse reported with 115 people reporting economic violence. Four people sought Florence's assistance for sexual violence, and the last most commonly reported abuse was physical abuse with two cases reported in the first quarter. 70 people were counseled at



Florence and a client whose domestic violence counseling had a positive outcome.

the clinic and 253 people received Florence's help in outreach and community settings. Interestingly, 275 clients (87%) were women,

and 42 clients or (13%) were men. It is very encouraging to see that men are seeking counseling for domestic violence. We see this as an extremely positive sign. Regardless of where they access this program, many clients have already benefited from it.

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 <u>here</u> or go to www.softpowerhealth.org/donate.php.