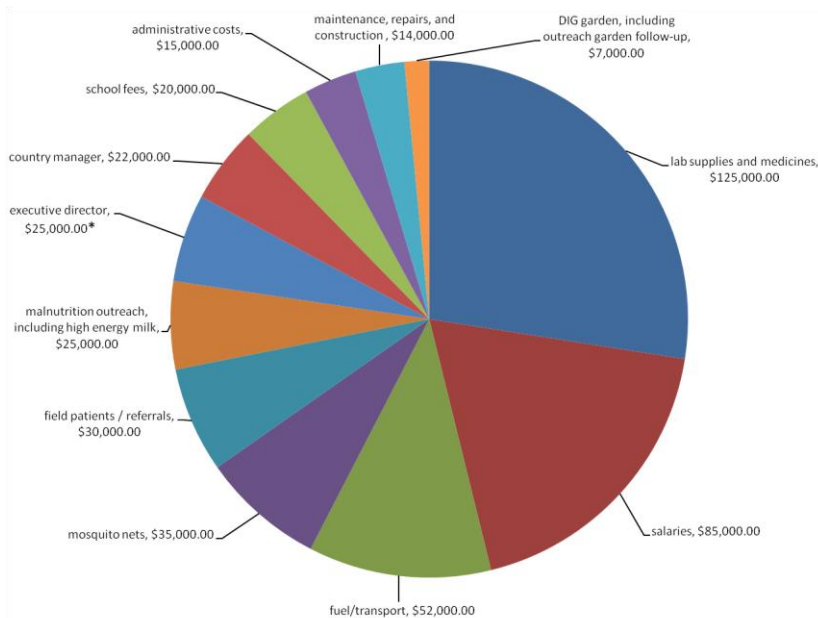


SOFT POWER HEALTH Projected Costs for 2016

The overall budget for Soft Power Health increased this year. We expected that some line items, such as salaries and transportation, would go up, as we have increased our staff and our field patient referral program continues to grow. In addition, we are seeing over 100 patients per day. If this trend continues for 2016, we will see 30,000 patients this year in our clinic, and another 15,000 through our outreach programs. However, we anticipate that these increased costs will be partially offset by the fact that the dollar's exchange rate is high compared to the Ugandan shilling for the moment. In addition, our planned upgrades and new construction will not be extremely expensive.



As indicated in the graph, the allocation for salaries has increased a little, as we have needed to hire some new staff, including a full-time physical therapist, another full time doctor, a pediatrician, a domestic violence counselor, and two people to assist with triaging the patients. As described above, our costs for laboratory supplies and medicines have increased because we are treating more patients than ever, although the exchange rate has been very strong, giving our dollars good purchasing power. We have also been working hard to curtail any over-prescribing of medicine, and we have discontinued using one lab test, the Widal Test, which we were using often, as it is no longer helpful in diagnosing our patients.

In early 2015, we were still feeling the effects of the 2013 mass free distribution of mosquito nets in Uganda, so we did not need to buy nets. However, in late 2015/early 2016, we purchased a new container of 13,000 mosquito nets. This cost us \$70,000.00 USD, and should keep us in good supply for the next two years. The expense is distributed equally between our 2015 and 2016 budget for mosquito nets.

The DIG garden is now in full swing with ample crops of *matoke* (a.k.a. green bananas) and pineapple, in addition to lettuce, kale, cabbage, onions, corn, eggplant, and amaranth. The surplus has begun generating some income for the clinic, which is a nice benefit. The malnutrition outreach has been very well received so far, and has expanded to other villages in 2015 as well as in 2016. We expect this trend to continue.

In 2015, our budget for repairs and maintenance costs included the construction of new pit latrines (which was critical, as our bio-digesting toilet was under repair and not usable, and our patients and staff needed a toilet facility) and the refurbishment of our existing laboratory space to accommodate the growing number of patients we see. In January 2016, we completed the construction of our seed bank and the repainting of the clinic, and we expect few other new construction costs. However, we have had to replace key parts of our 10 year-old microscope, and are anticipating the purchase of a complete blood count and analysis machine, which will cost USD \$8,000.

Our field patient program continues to expand as word spreads about our cost-sharing program for more complicated surgeries and longer-term care such as chemotherapy. One of our drivers, Joseph, makes at least two trips to Kampala every week for patients who need more advanced care. These trips involve field patients almost exclusively, and account for significant anticipated fuel costs.

Overall, our anticipated budget for 2016 will be \$455,000.00

*Please note that the cost of the Executive Director's salary has been covered for the next two years, and is not included in the funds projected to be raised.