

Soft Power Health Third Quarter Update 2014



Dr. Jeanne Franck and
Dr. Charles treating a patient.

In September, a team of doctors and healthcare professionals from Mt. Sinai came to visit Soft Power Health. The team spent an entire day with us as part of their research into setting up an outpatient surgical center in Uganda. Three of the doctors were surgeons: one cardiothoracic, one plastic, and one general surgeon. The fourth was a dermatologist whom we put to work right away! Dr. Jeanne Franck very kindly gave us her time, and we kept her busy. Since skin diseases are very common at the clinic, and dermatologists are very rare, it was a wonderful luxury to have Dr. Jeanne's help for a few hours. She really made a huge difference for a number of patients, with whom we have since followed up at the Clinic. The cardiothoracic surgeon, Dr. Michael Marin, was also kept busy with a serious cardiac patient who walked in the door during that time too. All in all, we had a very interesting and very productive visit with the Mt. Sinai team, and we hope they will come back again soon!

Speaking of Mt. Sinai, we had global health students from Mt. Sinai volunteering with us again this summer. Two public health students, Katie and Taylor, and one medical student, Emma, were busy helping Soft Power Health work on how to deliver better services to our patients and the community. Taylor and Emma conducted a satisfaction survey with patients attending the Clinic to see how they felt about our services, and Katie worked with the malnutrition outreach team to conduct follow-up evaluation visits for the malnutrition outreach. Currently, we are awaiting the results of their findings. In other news, our new lab is under renovation/construction and it should be up and running in a few weeks. Our current lab has gotten way too crowded with the number of patients we see and have to process through the lab. The new lab is the former home of Esther's restaurant and our mosquito net storage—both of which have also found new homes with more space!

Nutrition/Malnutrition Outreach

Although the origin of this outreach was to provide education about nutrition and malnutrition to the communities from which the majority of our malnourished patients originate, the consistently positive response to it has led us to expand into the surrounding communities. So far close to 1,000 people have participated in our education program in a total of 32 villages. With the help of Mt Sinai Global Health students, we collected follow-up data from 18 of those villages this summer, and are in the process of analyzing it to evaluate the efficacy of the program so far.

With the help of the Deerfield Foundation, we have been able to expand this program. Our goal is to help people make use of readily available resources and foods they enjoy to create nutritious meals for themselves and their families. It's a simple and effective solution to a widespread problem, and we are committed to it for the long haul. Also, our recent partnership with Serving His Children provides the assistance to work more effectively with those severely malnourished children and their families who need immediate and longterm medical intervention.



Trevor, one of our malnutrition and surgical patients,
receiving a home visit

The Allan Stone Community Health Clinic:

In the third quarter of 2014, we treated 8,115 people—our busiest quarter ever! Of that number, 5,814 were new patients, which means that we had a 72% new attendance rate this quarter. We referred 119 patients for more complicated treatment in Kampala or elsewhere.

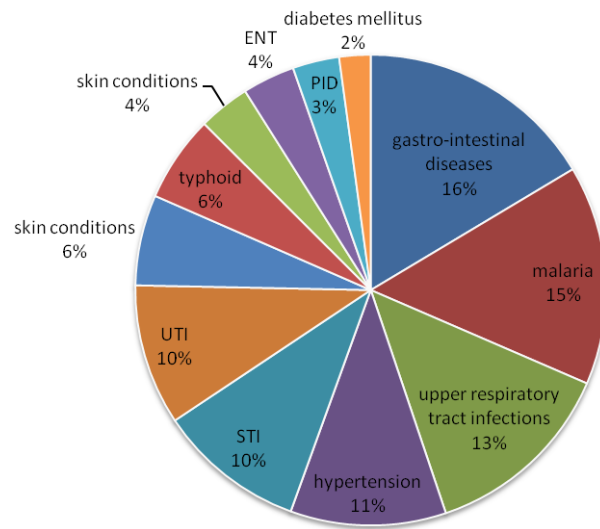
Dr. Paul, our dentist, treated 104 patients this quarter, including 59 tooth extractions and 45 cases of periodontal disease. We are anxiously awaiting the arrival of our new dental chair, which will make a big difference for our dental patients and Dr. Paul. Up to now, he has been working on patients in a regular chair! Also, our physical therapist, Stephen, treated 124 patients this quarter, both at the Clinic and in his Lukolo village outreach. Most of the patients were treated for cerebral palsy and low back pain. The next most common rehabilitation offered was for post-stroke therapy. In addition, Stephen makes regular weekly home treatment visits to 5 patients who are too disabled to come to the Clinic. Being able to offer physical therapy to our patients has been a huge asset to the clinic, community, and our patients. Thanks to Stephen for his continued dedication and hard work!

Top 11 conditions this quarter:

This quarter, malaria (706 cases, including 4 cases of malaria in pregnancy) was back in second place among the diseases we treated at the Clinic. Gastro-intestinal disease (769 cases) was again the number one group of diseases treated. It was followed by malaria (706 cases). After malaria, the next most commonly treated conditions in descending order were: upper respiratory tract infections (625 total—68 of these infections were pneumonia), hypertension (501), sexually transmitted infections (474), urinary tract infections (453), skin diseases (292), ear nose and throat conditions (169), pelvic inflammatory disease (150), and diabetes mellitus (101).

Fifty-five eye conditions and forty-three cases of anemia were diagnosed and treated at the clinic, and 1,693 people were tested for HIV, with only 77 positive tests. This represents just over a 4.5% positive rate, which is an improvement over last quarter.

**Top 11 Diseases
Treated at Allan Stone Community Health
Clinic
3rd Quarter 2014**



Mother and Child Wellness Center:



The new lab under reconstruction.

This quarter, 108 children and adults were treated for severe malnutrition and 530 children were vaccinated at the Mother and Child Wellness Center. Also this quarter, 140 Depo-Provera injections for three-month birth control were administered at the Center, 21 women received 3-month packs of birth control pills, and 33 new long-term contraceptive implants were inserted and 37 were removed. Significantly, 33% of this quarter’s Depo-Provera users were new users, 43% of the women who chose Pilplan were new, and 79% of those who chose contraceptive implants were also new users. No IUDs were inserted, five were removed and 7,628 male condoms and 70 female condoms were distributed. Seven women were counseled about side effects they were experiencing from birth control use.

At the Third Quarterly Permanent and Long-Term Methods Event, co-organized with Marie Stopes Uganda (MSU), 5 tubal ligations were performed, 19 women received long-term contraceptive implants, and 3 had IUDs placed. Also, 13 women were screened for cervical cancer and 19 women were tested for HIV. All screening tests for HIV and cervical cancer were negative. In addition, 3 women had long-term implants removed. No vasectomies were performed this quarter.

Family Planning Outreach:

Our Family Planning Outreach continues to be well attended. This quarter, 719 women received Depo-Provera injections for three-month birth control. 31% of these women were new users. 115 women, 42% of whom were new users, chose Pilplan. 17 new long-term contraceptive implants were inserted and 3 were removed. Like the previous two quarters, no IUDs were inserted or removed. 284 women requested and received pregnancy tests. We also distributed 4,344 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 7,291 male condoms and 735 female condoms.

Malaria Prevention and Outreach:

This quarter we have sold 365 mosquito nets through our malaria education and prevention outreach and at the clinic. We also made 236 follow-up visits to evaluate whether previously purchased nets from education sessions were being used correctly and whether people reported having less malaria. Clearly, this year's net sales remain depressed, largely due to the Ugandan government's free net distribution of 15,500,000 mosquito nets at the end of 2013. Despite the free distribution of nets by the government, there is still a demand for mosquito nets and malaria education sessions, especially in places that did not benefit from the free net distributions. We are still moving ahead with our outreaches and follow-ups, as we have seen that buy-in from the communities, and lasting behavior change, come when people have some "skin in the game," as Soft Power Health's program requires. To combat the rash of net misuse (such as using nets for squeezing juice or fencing chickens!) we have gone to communities just to educate about the correct use of mosquito nets. This education is always well-received and there is a high demand for it, so the malaria team will continue to address this need as well. As we have seen first hand, education and proper usage of nets is what prevents malaria—not the mere presence of a free net!

DIG Garden

The DIG garden continues to be unbelievably abundant! Our long-anticipated pineapples are now ready, and they are beautiful! Our head gardener Patrick, and his amazing knowledge, continues to make a great difference in the communities by helping local residents improve their own gardens and, as a result, their own nutrition and overall health.

Thank you again for your support of Soft Power Health's work! We could not do this without your help and we sincerely appreciate your contributions!



Patrick. SPH's head gardener, with a beautiful pineapple from our garden.