



EMPOWER THROUGH HEALTH

2020 Annual
Report





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WELCOME

Dear Friends,

2020 was a difficult year. We saw COVID-19 disrupt our way of life as we dealt with this once in a century crisis. In Uganda and in America, livelihoods were affected, but as usual in a crisis, the most marginalized suffered the most with food, housing, and healthcare disruptions. Despite these difficulties, we are proud to say that we not only continued to deliver modern medical care and public health interventions to a catchment area of 70,000 people, but we were also able to grow our organization's footprint. We provided platforms for young leaders in Uganda and America to engage in global health to become advocates, practitioners, and future leaders for global equity.

In the summer of 2020, we started the Global Leaders Fellowship which gave undergraduate students at five American universities a unique opportunity to develop grassroots Empower Through Health 'Chapters' at their respective universities to collaboratively tackle some of the most pressing global health issues in the Global South. Fellows had the opportunity to work with public health professionals and academics from a variety of intercultural backgrounds and expertise to develop their knowledge and understanding of global health. The chapters that the students founded currently engage over 200 students and provide a renewable way for us to engage with emerging young leaders while ensuring a measure of financial sustainability. In 2021, we plan to double our chapters in addition to providing experiential educational fellowships with integrated teams of Ugandan and American students to conduct on-the-ground interventions in Eastern Uganda.

As our community grows, our mission is the same – honor the humanity of every individual and treat everyone with the dignity and opportunity found in health. No one should have to walk three hours with their sick child on their back to find an empty health center. To our community – staff, friends, board members, and partners – thank you from the bottom of our hearts for helping us bring equity and justice to our sacred global community.

With gratitude,

Jae Lee, CEO



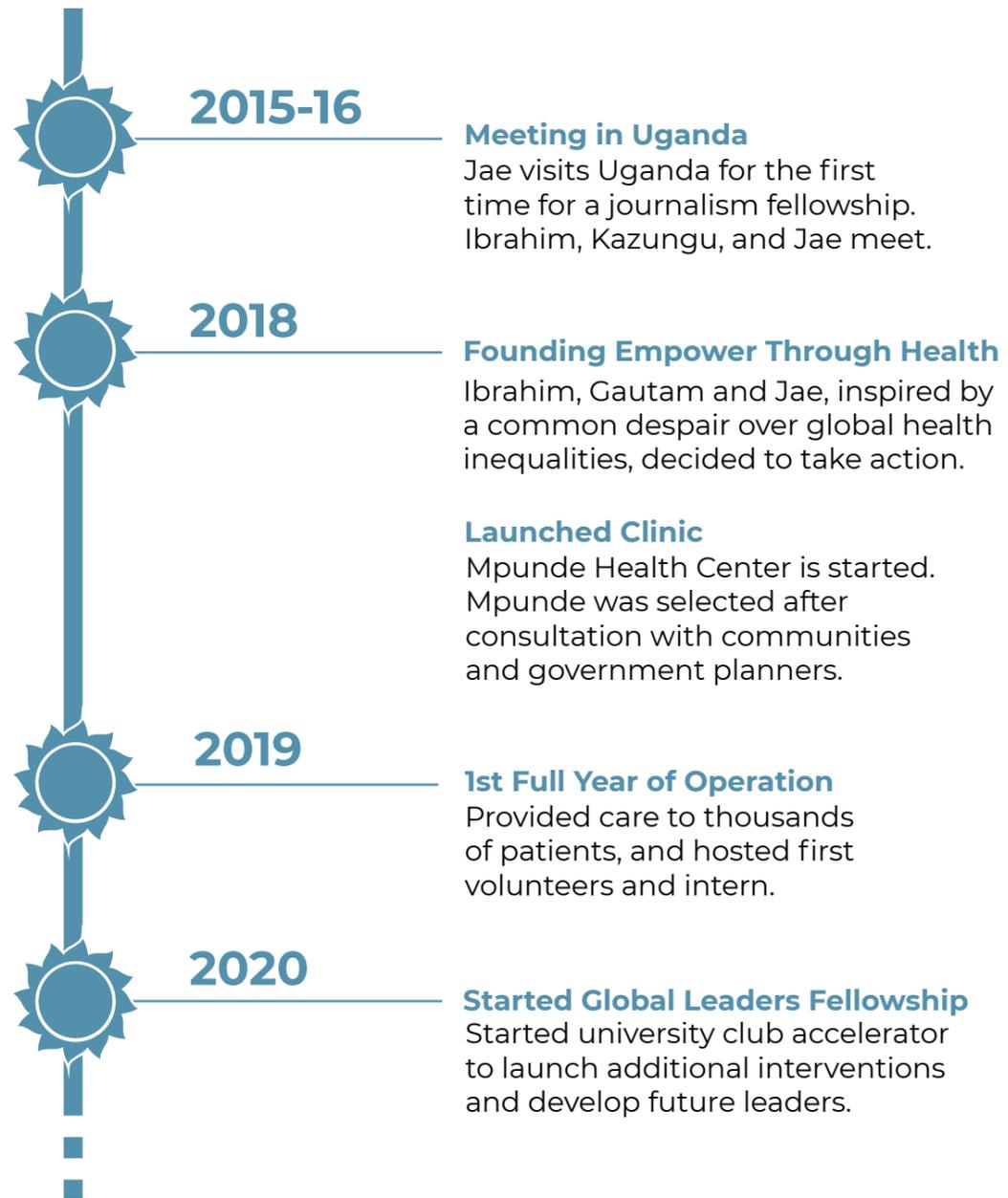


THE CHALLENGE

More than 1.6 billion people live in places where weak health services and chronic crises (drought, famine, conflict, etc.) leave them without basic medical care. For example, the Busoga region in Eastern Uganda has 40% rate of stunting and 60% rate of iron deficiency anemia in children under 5. A 16% birth registration rate in the region suggests low uptake and availability of formalized healthcare services. Busoga region also consistently ranks low on other health indicators compared to other regions of Uganda.

Available data suggests that 10% of children perish before their fifth birthday in rural areas of the Busoga region. However, accurate mortality rates for under five children are difficult to obtain given the low birth registration rate, and it is not unreasonable to assume that the true mortality rate could be above 10%. Additionally, there is a severe shortage of healthcare providers in the region. Buyende District, which has a population of 363,300 people, has only one full-time practicing physician. In the face of such severe health worker shortage, accessing a physician or even a mid-level provider remains unrealistic for most of the population.

OUR STORY





OUR MISSION

It is our mission to improve healthcare access to the world's most vulnerable by providing direct evidence based medical care, helping build local healthcare capacity, and addressing root causes of poor health outcomes with the full participation of communities.

To accomplish our mission, we have created a Global Health Institute where extraordinary challenges in global health can be addressed through interdisciplinary and intercultural collaboration. We seek to advance the frontiers of global health and development while providing educational opportunities rooted in equity for future generations of leaders with the aspiration that they will develop into advocates, practitioners, and leaders for global equity.

When our patients are ill, we will do whatever it takes to cure and heal them. When our patients do not have the resources required to live life with dignity, we will do everything that we can to empower them to achieve their full potential. The world is our community, and our patients are our family.

PROJECTS

Healthcare
Education
Research
Entrepreneurship

Our organization strives for excellence in healthcare delivery, research, and education innovation in rural areas of low-income countries.



HEALTHCARE

MODEL

Our healthcare delivery is defined by a partnership between global staff and committed volunteers that empower our Ugandan team to deliver healthcare as effectively as possible. Over the past two years (2019 and 2020), we have provided healthcare to 11,906 people in our catchment area of 70,000 people from our Mpunde Health Center. We selected Mpunde as our clinical site after many consultations with the government and independent needs assessments to determine the location of the greatest need. Our healthcare is entirely administered by Ugandan healthcare providers, ensuring sustainability of operation and strengthening community and local government trust. We provide maternity services (antenatal, delivery, etc), inpatient and outpatient care, and immunizations. We work with the government to implement public health programs such as immunizations, filling gaps in the system. We ensure that our public health and healthcare gaps in the system. We ensure that our public health and healthcare services work synergistically with the efforts of the government and other NGOs to provide maximum benefit for our catchment area communities.

EFFICIENCY

Our average cost per patient cared for in Uganda is \$8.24 over the past two years. This includes total organizational costs (including U.S.) divided by our total patient treatments and community health encounters. The total organizational costs also include costs for our programs to meet our research mission of advancing the frontiers of global health and our educational mission of training future leaders in global equity. Therefore, the true average cost per patient cared for in Uganda is less than the stated number. 98.7% of our expenditures went directly towards our Ugandan operation; only 1.3% of our operating costs went towards administration and fundraising.

COMMUNITY

We ensure that our work is rooted in the community. Fifty-nine Ugandans have been employed on a full-time or a part-time basis. These include over 40 Community Health Workers who are a vital component in community organizing, mobilization and empowerment. We have our office not in Kampala, the capital, but in Iganga, the heartland of the neglected Busoga Region whose poverty levels are second highest out of eleven regions in Uganda, gaps in the system. We ensure that our public health and healthcare.

FUTURE DIRECTION

1. Contraception

Many women in our catchment area do not know that safe and effective contraception is an option. Fertility rate in rural Busoga region is over seven per woman.

INTERVENTION

- Avail consistent contraceptive options at Mpunde Health Center
- Decrease stigma against contraceptive use
- Increase number of mothers seeking antenatal care through education campaigns and - subsidization of costs

In partnership with University of Michigan ETH.

2. Deworming

60% of children in our catchment area are estimated to live with worm infections

INTERVENTION

- Implement biannual deworming for children under 15 in our catchment area per WHO guidelines
- Community-wide education campaign on best practices for infection prevention, WASH, and infection detection, and care utilization

In partnership with Students at Washington University ETH and Vitamin Angels





3. Malaria Prevention

Malaria is the most commonly seen disease at Mpunde Health Center. Over 50% of children under 5 have parasitemia with malaria

Intervention

- Implement a mosquito net use educational behavioral change program to encourage proper mosquito net utilization
- Subsidized mosquito net distribution

In partnership with Students at University of Chicago ETH

4. Malnutrition

40% of children under 5 experience stunting and 60% experience anemia in our catchment area

Intervention

- Implement an educational program targeted to mothers and caregivers of children on nutrition knowledge
- Improve breastfeeding practices and quality of supplementary foods to prevent micronutrient deficiency

In partnership with Students Against Malnutrition at ETH

5. Mental Health

Greater than 90% of Ugandans believe psychiatric diseases are caused by spirits, and there is incredible stigma against people with mental illnesses.

Intervention

- Decrease stigma through educational campaigns
- Provide psychiatric treatments at Mpunde Health Center
- Evaluate adherence, effectiveness, and follow-up of psychiatric treatments with community health workers

In partnership with Williams College ETH

EDUCATION

We seek to empower promising students with the tools to build a platform to become effective global equity leaders, advocates, and practitioners.

GLOBAL LEADERS FELLOWSHIP

Global Leaders Fellowship, conducted in summer of 2020, offered 19 undergraduate students at five American universities - Notre Dame University, University of Chicago, University of Michigan, Washington University in St. Louis, and Williams College - the unique opportunity to develop grassroots Empower Through Health 'Chapter' within their respective university communities to collaboratively tackle some of the most pressing global health issues in the Global South. Fellows had the opportunity to work with public health professionals and academics from a variety of intercultural backgrounds and expertise to develop their knowledge and understanding of global health.

STUDENT CHAPTERS

The five chapters that the students founded currently engage over 200 students and work to increase global health awareness on campus, educate peers on global health issues, and raise funds for a specific global health intervention conducted by ETH.

GLOBAL HEALTH EXPERIENTIAL FELLOWSHIP

Global Health Experiential Fellowship gives self-directed students a unique opportunity to work on an intercultural team for an immersive collaborative project on a global health project related to their chapters' topic of concentration. Fellows will be placed on a team consisting of two Ugandan students and three to four American students. Tuition of American students allows Ugandan students to participate for free and also allows us to evaluate our global health projects. Participating students will spend six weeks over the summer living and volunteering in the rural village of Mpunde working to evaluate and/or implement our high impact interventions with relevant mentorship. The profound benefits of their projects are twofold: not only will their tuition and participation allow project evaluation and implementation to proceed, but they will also gain valuable insight through working directly in a global health setting thus cultivating an understanding of their responsibility as global citizens.



RESEARCH

Over the past two years, we have had four peer-reviewed articles published through our organizational infrastructure.

MALARIA

We investigated the care-seeking habits of caretakers of children under five years old, as well as modalities used for healthcare. This informed us of community knowledge, attitudes, and practices towards community management of pediatric febrile illnesses as well as documenting home herbal remedies popularly used. ETH team worked with Makerere University and University of Southampton faculty to conduct [this project](#).

DYSPEPSIA

“Ulcers,” or dyspepsia, were one of the top five most common conditions seen at local health centers in Uganda. Our team investigated further and found that 57.9% of the general population have this complaint. ETH team members worked with Washington University School of Medicine faculty to conduct a follow-up study to investigate the cause, and we found the general prevalence of *H. pylori* and assessed the efficacy of triple therapy for *H. pylori* eradication to examine for antibiotic resistance. It appears from our results that *H. pylori*

prevalence is likely not the causal agent for the high prevalence of dyspepsia in the area.

[Initial Study](#) & [Follow-up Study](#) (pending revisions on PLOS ONE)

EMERGENCY MEDICINE

In Uganda, there is a paucity of emergency medical transport. Effectively, motorcycle taxi drivers function as ambulances for medical emergencies, but most drivers have no skills in basic first aid which can result in devastating consequences. Along with LFR International, an organization working to improve emergency care in low resource settings, ETH conducted a study where 154 motorcycle taxi drivers were trained in first aid. Initial results showed the trained drivers used their training to treat 250 injuries in the first nine months, suggesting that the training was an effective means of reducing mortality. A follow-up study conducted by ETH in collaboration with LFR International and University of Michigan School of Medicine faculty also revealed that the motorcycle taxi drivers benefit financially from their training with trained individuals reporting 20% more income, as they acquire more customers.

[Initial Study](#) & [Follow-up Study](#)



ENTREPRENEURSHIP

ENTREPRENEURSHIP COMPETITIONS

We had the privilege of finishing first place in Olin Africa Business Forum's pitch competition as well as placing as the third runner up in Olin Big Idea Bounce, a competition with over 100 entrants. We intend to enter additional social entrepreneurship competitions in 2021, as our educational programs are powerful and compelling models for how educational social enterprises might look in the future: highly equitable and individualized global experiences that empower both the learner and the hosting community.



FINANCES

2020 Finance Report



2020 FINANCES

2020 REVENUE

REVENUE TYPE	% of to	\$
Individual Donations	72.3%	\$40,238.75
Grants/Foundations	7.5%	\$3,250.00
TOTAL:	100%	\$43,488.75

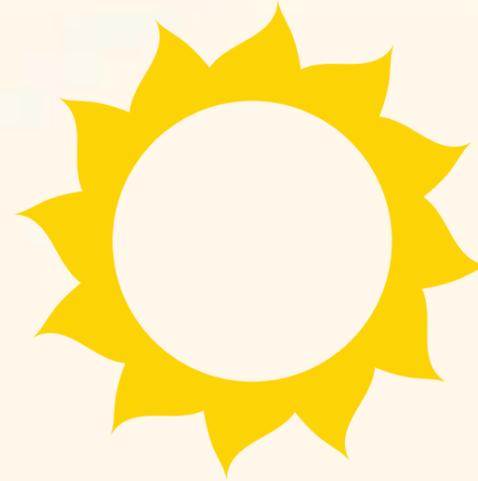
2020 EXPENSES

EXPENDITURE TYPE	% of total	\$
Uganda Operating Expenses*	98.7%	\$40,698.96
Bank Fees	0.9%	\$356.00
Miscellaneous**	0.4%	\$194.90
American Salary	0.0%	\$0
TOTAL:	100%	\$41,249.86

*medicines, Ugandan staff salary etc.

** website, registration, etc.





EMPOWER THROUGH HEALTH

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