

November, 2013



Omni Med is changing the way Ugandans in Mukono District get drinking water, see page 2

**Special points of interest:**

- Omni Med Turns fifteen (1998-now)
- Omni Med trains its 1000th VHT in Uganda
- Partnership with the Global Peace Foundation in WHO Initiative
- Randomized Controlled Trial Completed with Life Saving Demonstrated

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**Omni Med Update 2013**

Greetings,

Once again, we take this time to share our progress with all of our supporters, on whom we rely greatly. 2013 has been a wonderful year for Omni Med, our sixteenth year doing this work! We surpassed 1000 community health workers trained in Mukono District, Uganda this summer; (as of 11/15/13, we have trained 1105 total VHTs); we finally sorted through all of the data in our randomized controlled trial and are now ready to publish; we hired additional office staff in Ntenjeru and have expanded our efforts; and we started an exciting new partnership with the Global Peace Foundation in an effort to greatly slash mortality in children in Mukono, Uganda from pneumonia and diarrhea.

We are sending this newsletter early

**Ministry Asks Omni Med to Train Rest of Mukono**

Over the past five years, we have become the largest organization training VHTs in Mukono district, just east of Kampala and north of Lake Victoria. This year, we finished all of Mukono South, which includes Ntenjeru, Nakisunga, and the islands of Lake Victoria (see map to the right). Given our success training and maintaining VHTs in Mukono South, Uganda's Ministry of Health has asked us to train the rest of the Mukono District, from Mukono

this year in an effort to give our supporters more time to plan their annual giving. We have also changed the format this year. I understand that people prefer to read shorter pieces about what we are doing in lieu of the long pieces I have sent out in years past. As always, we welcome your input, your comments, and your support. Without you, our work ceases to go on. As you will see in the pieces herein, we not only claim to save lives, but we can prove it through rigorous, objective research. Our new ventures are promising, well structured, and have an evaluation piece built in. And our volunteers and expanding staff in Uganda continue to bring impressive results. Please read the following brief stories to understand what we do. And then, please consider supporting this work. Thank you.



Ugandan Omni Med Director, Edward Mwebe



Map of Uganda showing Kampala to the west, Lake Victoria to the south, and Mukono District in the center



Before: Rural Ugandans Collecting Dirty Water for Drinking



Omni Med staff working with local villagers, constructing a ditch that will be filled with sand, clay, and porous rock to filter and clean the water



Ambassador Harry Barnes, friend, mentor, and someone long concerned with the global poor.

## Protected Water Source Program Scales Up

Since last year, we have engaged local villages to build protected water sources that turn contaminated drinking holes into clean drinking water. Our studies show that the process of re-routing this water through a series of clay, sand, porous rock and then out a clean pipe makes the water fifty times cleaner! This means that kids are far less likely to contract diarrheal illness, which is the second leading killer of kids in Uganda.

As you can see in these photos, it truly does take a village to build these protected water sources. We supply

the know-how and the materials, but we work *with* the villagers every step of the way in this process. *They* build it, so *they* own it, and will take care of it. We recently hired additional staff to increase production from building one new source every other month to building one new source every month. Currently, we have 10 functioning protected water sources serving close to 600 households and over 3,200 people. Over the next year, we look to at least double this capacity. Part of this expansion will honor our long time friend and board member,

## Honoring Ambassador Harry Barnes

Harry Barnes was a good friend, a mentor and a long time Omni Med board member. Harry passed away last year following a long illness. Harry served as the US Ambassador to Romania, India and Chile. In that last locale, he served heroically as a bulwark against the abuses of the Pinochet regime. He risked his life defending an ideal, that all people have a right to freedom, dignity, and opportunity. To honor Harry's legacy, and in cooperation with Harry's widow Bet-

sey and Omni Med's board, we are raising funds to build protected water sources throughout Mukono South, each with Harry's name carved into the concrete where local villagers collect their water. Harry cared about the global poor and loved our work here at Omni Med. It is only fitting that our tribute to him is one that will be both life giving and long lasting. We will raise funds for this effort in an upcoming fund-raising campaign.



Rural Ugandan Women Working on New Protected Water Sources for *their* village

Ambassador Harry Barnes, as in the story below.



After: Water is now Clean for Drinking

## Dr Alan Penman Joins Omni Med; Volunteers Continue to Shine

Dr Alan Penman, a Professor of Epidemiology at the University of Mississippi, has twice traveled to Uganda with medical students from UMMC. He has since joined in Omni Med's efforts there as well as put his considerable talents as a researcher to good use as we initiate a new study measuring the impact of the combined VHT program/ protected water sources/

cook stoves project undertaken with the Global Peace Foundation.

In addition to Dr Penman, we would like to offer a heartfelt thanks to our other volunteers this year: Dr Mimi Abadie, Dr Hiroki Saito, Zac Tabb, Tatiana Elghossain, Alex Ruhl, Simone Williams, and Olivia Bucaciuc. Of note, Ms Bucaciuc is spending four months

in Uganda, from August through December, helping to roll out the cook stove program and launch this next study. Our volunteers remain the lifeblood of this program. Thanks to each of you!



Professor Alan Penman

## New Partnership with the Global Peace Foundation

Pneumonia is the leading killer of children under age 5 in the world, while diarrheal illness is #2. A main contributor to this pneumonia mortality is the common practice of indoor cooking over open fires and the resultant indoor air pollution (IAP), the equivalent of smoking 2 packs of cigarettes per day. The WHO estimates that 4 million children under age 5 are exposed to IAP, causing at least 13,200 deaths per year.

The Global Peace Foundation is an NGO that recently agreed to work with Omni Med in Mukono District to build indoor cook stoves throughout the

areas served by our VHTs. These cook stoves are built inexpensively from local materials, and, as of October, our VHTs are beginning to construct them with the GPF's oversight and financial support. We are indebted to Mike Sommer, who heads up the GPF's "Global Peace Women" section, which builds these cook stoves all over the world. GPF will provide the know-how and the funding to build 200 cook stoves in Mukono this year—40 thus far. The upper two photos at the right show the smoke filled huts that so many Ugandans now occupy, while the lower photo shows a properly ventilat-

ed dwelling with dramatically improved air quality due to a GPF cook stove.

As per usual, we are not just assuming that this will work. We are collecting data on rates of occurrences and deaths due to diarrhea and pneumonia in Mukono before and after our program is in place. We will measure what impact our VHT program, combined with building protected water sources and cook stoves will have on the mortality of these communities. Given what we know from our initial work, we expect the impact will be profound.



## Randomized Trial is Completed: Under 5 Mortality Reduced by 9-11%

As we have reported here previously, Omni Med completed a randomized controlled trial measuring the efficacy of our VHT training and maintenance program. The study period was 3/11-3/12 and we have spent the past year plus clarifying and interpreting the data. A summary chart on the right shows that this program made a significant impact in at least 12 out of 14 areas studied. These areas are the most important intervention areas to

save lives in very poor settings. Just last month, we received more specific data from a colleague at Johns Hopkins University, who plugged our data into a tool (LIST) that converts behavioral data into the percentage of lives saved in an area based on the intervention. The net impact of our program is to reduce the death rate of kids in the area by 9-11%. To be fair, some of this reduction (~half) is due to larger macroeconomic changes that are reducing Uganda's child mortality rates nationally. We also had

significant problems keeping the knowledge within the study Intervention areas, accounting for dramatic improvements in the control areas. The bottom line, however, is that we have demonstrated, via the scientific gold standard of the controlled trial, that our program works very well and is making a clear difference for those in the communities we serve. We expect even better results in the next trial when protected water sources and cook stoves are added in.

**Omni Med's Randomized Controlled Trial:** Intervention Areas vs. Control Areas; + = positive impact; - = no or negative impact

Area	Intervention	Control
Health Center Visits	+	-
Water	+	-
Hand-Washing	+	+
Sanitation	+	+
Diarrhea Treatment	+/-	+/-
VHT Consultations	+	-
ITN Use	+	+
Malaria Treatment	+	+
Pneumonia Treatment	+	+
ANC	-	+
Breast feeding	+/-	+/-
Vaccinations	-	-
HIV/AIDS prevention	+	-
Family planning	+	-
Nutrition	+	+

## Random Pieces



The Omni Med office in Ntenjeru, Mukono district, Uganda

-We expanded our Ugandan staff this year. We hired Elizabeth Nalweyiso as a full time administrator, and hired an assistant to John Lubanga for the water program.

-We purchased a used car this year so we can access more remotes sites and organize our time more efficiently (and safely).

-We expanded the protected water source program (see story on page 2) to construction of a new site every month.

-We completed training all of the VHTs in Mukono District, South with a special thanks to Marc Pigott, who helped us complete this goal.

-Finally, 2013 is the 16th year of Omni Med's work overseas. With work in several countries, close to one million dollars worth of donated supplies, over 6,000 books sold, several hundred health volunteers sent overseas, 1100 VHTs trained to date, and many, many lives saved, we are pleased with what we've been able to accomplish and greatly appreciative of all the support we have received.



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### ***Please Provide Support***

Omni Med is a 501 (c)(3) non-profit organization. We rely on donations from individuals, companies, foundations and governments to fund all of our efforts. Most of our services are donated, but we still incur significant costs training and maintaining the VHTs, building the protected water sources, and maintaining our ever expanding staff in Uganda. Virtually all of your funds go directly to Uganda to save lives, with only a small amount used here to maintain an office with an all volunteer staff. Your contributions help us make a difference in the lives of those who need better health care. In rural Uganda, a little goes a long way! Please consider supporting this work. Thank you!

### ***Omni Med Bequest Society***

*Leave a Lasting Legacy:  
Remember Omni Med in  
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*For more information,  
please call:*

*Susan DameGreene,  
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*If you would like to make a tax deductible donation to Omni Med,  
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***Omni Med  
81 Wyman St #1  
Waban, MA 02468***

*There is a return envelope enclosed with a slip so we know you are.  
All of your support helps!*

*Omni Med comes from the Latin, loosely translated as "health care for all." Our mission is to reduce global disparities in health care, primarily through health volunteerism and education. Recognizing the interconnected nature of this shared human experience, we heed Dr. Albert Schweitzer's "ethical imperative," calling all health providers to bring quality health care to all the world's people—including those not in our traditional realm of concern. During our fifteen years of operation, Omni Med has run teaching/ service programs cooperatively with indigenous health providers in Belize, Kenya, Guyana and Uganda, helps physician volunteers develop ongoing relationships with host providers, and works collaboratively on other projects deemed important by host providers or governments. We have also published books on global health, poverty and health service that prepare prospective volunteers for service opportunities throughout the world. As of this writing, 6,654 copies have been sold, helping literally thousands of health providers serve where they are most needed. Our current work focuses on using US health volunteers to train and maintain community health workers in rural Uganda, while improving quality of drinking water and reducing indoor air pollution. We have demonstrated that these efforts are life saving. As our work expands, we will save still more lives. None of this work happens without you. Thanks for your ongoing support.*