

# 2012

Annual Report



UGANDA  
VILLAGE  
PROJECT



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## Note from the Director

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Dear friends and supporters,

If I take a moment to think it through, I'm awestruck: it's been a decade. Ten years since Kirk Scirto, Brent Anderson, and I took our first trip to Uganda to perform a needs assessment in the rural Iganga District. It was Kirk who had the inspiration to start a Village Project following a model he had learned about at a national convention for medical students. I will forever admire his ability to turn a dream into reality. It is easy for an idea to take flight - keeping it aloft is the challenge. It takes idealism, altruism, and a pioneering spirit to decide to begin a program to assist people in need whom you have not met, in a distant place you have never visited. But it takes a great deal more than that to actually execute the plan. Hard work, motivation, and perseverance. If Kirk had not had all of these attributes, Uganda Village Project (UVP) would not be here today.

There were many moments when our path might have changed. When we first realized that our original host was a corrupt organization that had been siphoning money from Kirk and me, for example. But by that time we had already fallen in love with the beauty of the lush and rolling hills in the Iganga District; the friendly crowds of children. We had already seen how immense the need was. The first house in which we stayed, in the Kiroba village, had a small graveyard just a few feet from the back door. The majority of the markers were miniature, indicating the deaths of small children.

Two years later, we had invested a small windfall of money into sponsoring our first full-time staff members who would live in Iganga and continue work on our programs year round. After a few months on the job, both staff members elected to leave their positions. At that point, there was a time I thought that the challenge was too much for us to overcome, and that our young organization's existence might have run its course.

Little did I know what the years to come would have in store, from hyperinflation sending the value of our Ugandan shillings plummeting, to political unrest sweeping the streets around elections, to concerns about thieves around our office in Iganga Town. Our most challenging moment was when a kind volunteer, Henry Wandera, was involved in a serious accident on a motorcycle while on the way to a sanitation push campaign - just on the heels of the tragic death of our friend, former intern and board member Sujal Parikh, also by motorcycle accident.

The family of UVP volunteers, staff, and supporters came together in grief across continents, raising funds to create a memorial fellowship in Sujal's name and to assist in Henry's rehabilitation.



Despite the many challenges that could have brought UVP to an end, I have seen the organization grow stronger. Although we have encountered death, we have also encountered birth. We have come through times of sadness and experienced joy. It is difficult to convey the heights of emotion experienced during our successful achievements. How to describe the feelings of hearing a cheering, ululating crowd when the first water falls from a new well pump? Witnessing the smile of a child who has, against all odds, graduated from secondary school? A team of Ugandan and international students, dancing at dusk with the community members of a new Healthy Village gathered around to welcome them - this experience, and many more like it, make the work we do endlessly worthwhile. There are moments that restore faith in the human race - a child holding a lemonade stand fundraiser because he doesn't want Ugandan children to suffer, a woman enduring an Ironman triathlon to raise funds in the name of bringing safe water to a rural village that otherwise would not have it. There are anonymous donors and unsung heroes who have quietly given, in abundance, both of their money and of their time, so that we could continue to run our programs - without any thought to receiving recognition for their incredible philanthropy.

Although we are a small organization, we are a growing family. We have experienced 10 years of triumph, tragedy, heroism, generosity; of the best and the worst that the world has to offer. So many years ago, UVP started with a single idea. I can only hope that UVP's ideas taking flight today can soar to similar heights.

Webale emirimo.

Alison





## Water, Hygiene, and Sanitation Campaigns (WASH):

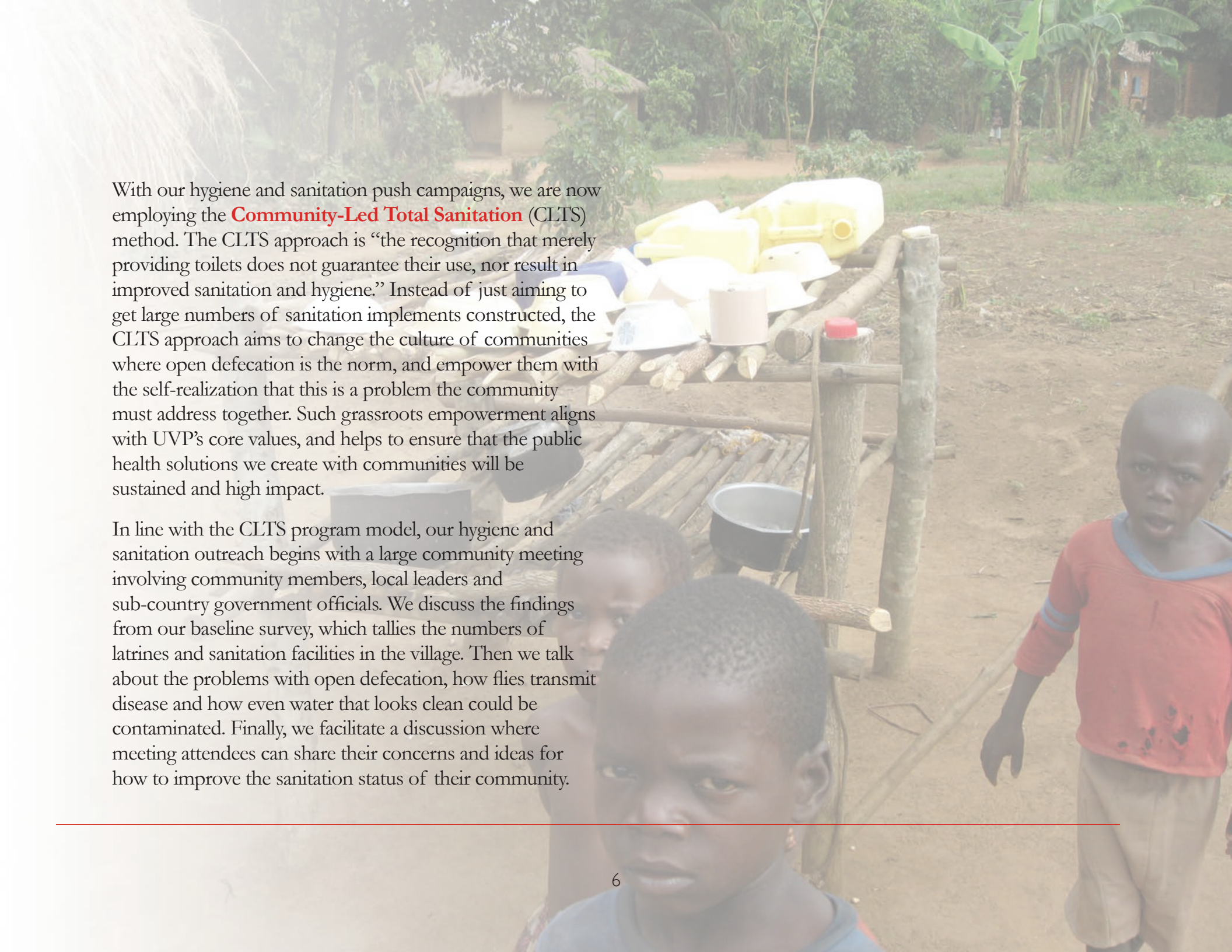
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2012 was another great year for the safe water, hygiene and sanitation program, recently merged into the **WASH** Program. The merge of the two programs (previously Safe Water and Sanitation and Hygiene) allows for greater flexibility with funding, gives recognition to the interconnectedness between safe water and sanitation in disease prevention, and models UVP's programs after other international NGOs.

Now that the programs are combined, we have also decided to integrate our approaches to safe water and sanitation. We now set milestones for our **Healthy Villages** to reach before we began to sink a well to provide a further incentive for sanitation improvements. For the first well, a community must meet the minimum standard in sanitation facilities set by the district, reaching the goal of 65% latrine coverage. To receive a second well a community will need a 10% increase over the minimum standard. Incentives for subsequent wells, if warranted by community need, will be determined on a case-by-case basis.

Based on past experience, we have learned that shallow wells are prioritized in communities because their health and time-saving benefits are more readily apparent, whereas the health benefits of sanitation improvements like latrines and handwashing devices are not always recognized by those not used to using them. Our strategy is to use the community's desire for a well to help motivate them to build facilities for sanitation, knowing that both of these measures can prevent potentially life-threatening diseases which are particularly dangerous for children.





With our hygiene and sanitation push campaigns, we are now employing the **Community-Led Total Sanitation** (CLTS) method. The CLTS approach is “the recognition that merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene.” Instead of just aiming to get large numbers of sanitation implements constructed, the CLTS approach aims to change the culture of communities where open defecation is the norm, and empower them with the self-realization that this is a problem the community must address together. Such grassroots empowerment aligns with UVP’s core values, and helps to ensure that the public health solutions we create with communities will be sustained and high impact.

In line with the CLTS program model, our hygiene and sanitation outreach begins with a large community meeting involving community members, local leaders and sub-country government officials. We discuss the findings from our baseline survey, which tallies the numbers of latrines and sanitation facilities in the village. Then we talk about the problems with open defecation, how flies transmit disease and how even water that looks clean could be contaminated. Finally, we facilitate a discussion where meeting attendees can share their concerns and ideas for how to improve the sanitation status of their community.

## WASH: Shallow Wells

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This year, we continued our work providing safe water to rural communities that otherwise would have to travel long distances for access. **In March 2012, Uganda Village Project built our 60th shallow well!**

We are using a double lining method that filters the water from the bottom and the sides of the well. This prevents runoff water from entering the well, which could produce bacterial contamination.

Our Community Constructed Shallow Well Program remains a collaborative effort. The **recipient communities** dig the actual well and feed and house the mason; the **District Water Office** provides the well parts; and **UVP** provides the maintenance training, additional materials and labor.



The community forms a Water and Sanitation Committee charged with well ownership and maintenance for the future. UVP also conducts a series of workshops on the safe water chain in the communities to help ensure that safe water collected at the newly constructed wells avoids subsequent contamination in the household during the storage or drinking process.

**Five wells** have been sunk this year; they are in the villages of Bulamagi, Buganza, Buwolomera, Buzaya and Bumulungula. By district estimates, these wells will give **400 homes** and **2,800 people** access to clean and safe water.

#	Village	Number of Households	Estimated Population Served
1.	Bulamagi	70	490
2.	Buwolomera	50	350
3.	Buganza	150	1050
4.	Bumulungula - Namusisi	60	420
5.	Buzaaya	70	490

Four water sources (boreholes and shallow wells) were cleaned and fenced with local materials by our hardworking summer interns. These efforts will help to prevent source contamination of water, thereby preventing the spread of waterborne disease. As with all community public health programs, the ‘ripple effect’ means that a few metaphorical drops of prevention are worth a pound of cure!



## The Buganza Shallow Well Story

**Buganza village of Nawandala Sub County in Iganga District** was one of the beneficiaries from the Uganda Village Project (UVP) shallow well project. Initially, the village was unable to muster the motivated group of community members we require to fulfill their side of the commitment to the shallow well project. UVP put the project on hold, citing our strict guidelines for community collaboration on shallow well construction.

After a short while, we received communication from the chairperson of the **Water and Sanitation Committee** inviting us to continue the work in Buganza. **We returned and found a much more focused and dedicated group of people.** The women had divided themselves into two groups: one was charged with the preparation of the food for the people sinking the well, and the other was charged with the collection of the local materials to the site.

**The men were actively involved in the mining of sand and sinking the well.** The shallow well project turned out to be fun when the people gathered and made jokes while working. The community members present also shared old stories or events happening around their community. At the end of the day when the well was installed, the community came together to celebrate their success.



## WASH: Hygiene & Sanitation

We conducted sanitation campaigns in two of the newly launched 2012 villages. Over the duration of the campaigns, a total of **90 new latrines were built, 128 latrines improved, 676 tippy taps constructed, 138 plate stands put up, 166 plate stands improved, 88 washrooms (showers) built, 165 washrooms improved and 326 garbage pits constructed.**

**Our hygiene and sanitation program managers** led two education awareness/community meetings using the Community-Led Total Sanitation approach, discussing with community members the sanitation status of the communities in question, acting as facilitators to assist villagers in ensuring their own health with their own sanitation and hygiene solutions.

This year UVP conducted **seven sanitation follow-up surveys** in Nabukone, Buwolomera, Walukuba, and Buwaiswa, Nakamini, Bulamagi and Nawansega B. The sanitation follow up survey is an exercise UVP conducts one year after our sanitation campaigns to ensure that the facilities built during the campaign are still standing and are in use. It also gives us a way of monitoring changes. When the original campaign is completed, **Village Health Teams** are provided with materials to continue the sanitation work and are encouraged to monitor their neighbors in the village and encourage them to continue improving their homes. As sanitation standards increase over time, the goal is that they become the norm in the village, and there is more pressure for all in the village to maintain standards of good sanitation. These follow-ups ensure that these goals are being met.

**Results from Nawansega B show a 12% increase in rudimentary latrine coverage, and a 26% increase in households that had latrines with walls.**

The villages in our program were selected because latrine coverage was originally below the district standards of 65%. In the follow-up survey, we found that **after the campaigns 85% had latrine coverage**, suggesting that open defecation in villages has significantly decreased. **Tippy tap coverage was at 38%, plate stands were at 42%, as 30% and washrooms at 58%.** While latrine coverage has improved and now exceeds district sanitation standards, the other sanitation facilities are still only present in the minority of households, suggesting we need to press forward with our efforts.





## HIV/Sexually Transmitted Infections Program

*Our Healthy Villages* communities are generally found at the end of dusty paths or small country roads, with the nearest access to an HIV test at a local health center several kilometers walk away. Although the importance of HIV testing is common knowledge across Uganda, this knowledge does not transfer into action, given the numerous barriers faced by rural community members - including cost, distance, and stigma.

According to the 2011 Uganda Demographic and Health Survey, **93% of people in the Eastern region of Uganda know where to get an HIV test.** However, in practice, many fewer actually get tested.

Seventy percent of women in Eastern region have ever gotten tested and found out their results and only **41% of women** had tested in the last 12 months and received the results. For men the statistics are even lower. **Only 50% of men** in the Eastern region were ever tested and found their results while **32%** had been tested in the past 12 months. More work must be done to fill the gap between knowledge and action.

UVP brings testing to the village level to decrease some of the barriers that prevent people from being tested. **By partnering with local health centers and St. Mary's**, a community based organization that conducts HIV testing outreaches, UVP fosters connections between community members and health center staff to encourage community members to take advantage of the HIV testing services at their nearest health center as well.



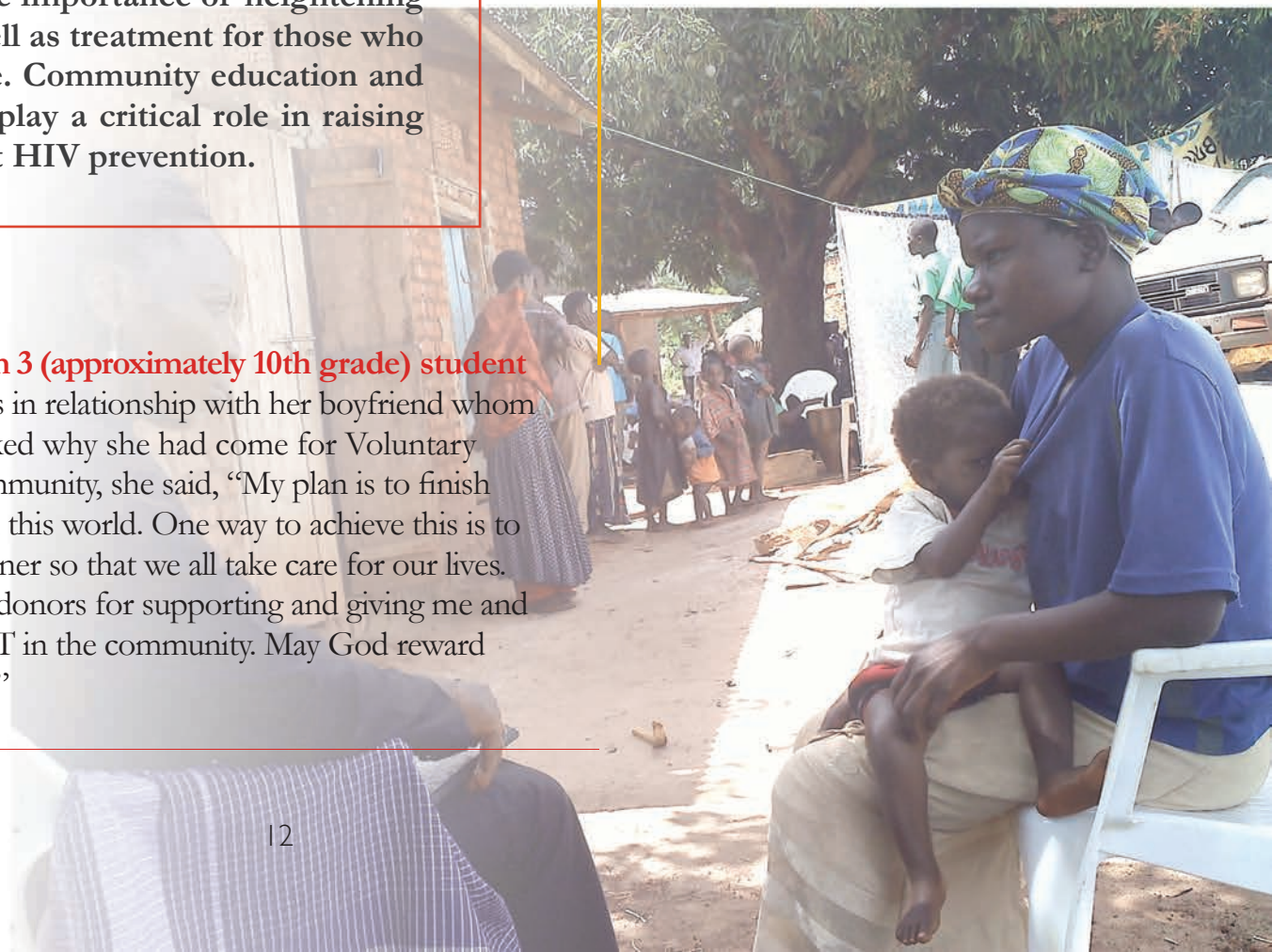
UVP also partners with a local drama group for the HIV outreaches. The drama group offers an exciting mix of education about HIV and entertainment that draws large crowds from the community. **In 2012 over 3,500 children, youth and adults attended the drama group performances.** After the drama performances, a nurse from the health center answers questions from the community and community members are encouraged to take action and get tested the following day.

Using this approach, UVP successfully facilitated the **provision of HIV counseling and testing for 2,479 people** throughout our 13 Healthy Villages. Of those tested for HIV, 91 clients (3.5%) were identified as HIV positive and referred to The AIDS Support Organization (TASO) and high-level health centers who can provide regular CD4 count readings, access to free antiretroviral therapy, and opportunistic infection management. Of **130 clients** tested for syphilis, 5.2% were identified as syphilis positive and referred to their closest health center and or Iganga District Hospital for antibiotic treatment of syphilis.

We remain convinced of the importance of heightening access to HIV testing as well as treatment for those who have contracted the disease. Community education and individual counseling also play a critical role in raising awareness about HIV prevention.

## HIV STORY

**Namukose Irene, 19 years old, is a Form 3 (approximately 10th grade) student and a resident of Nawansega B.** She is in relationship with her boyfriend whom she intends to marry in future. When asked why she had come for Voluntary Counseling and Testing (VCT) in the community, she said, “My plan is to finish my studies and live better and healthier in this world. One way to achieve this is to know my HIV status and that of my partner so that we all take care for our lives. I thank Uganda Village Project and their donors for supporting and giving me and other community members access to VCT in the community. May God reward them good things for their support to us.”





## Family Planning

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The recent **2011 Demographic and Health Survey** in Uganda reveals that on average, women are having about two more children than they desire. **The average fertility rate is 6.17 and the average woman wants 4.5 children.** One reason for this discrepancy is unmet need for family planning. In the Eastern region, the unmet need is 38 percent.

Therefore, over one third of women who desire control over family size are not using contraceptives. There are many difficulties that these women face in accessing family planning methods, including living far from a health center, religious beliefs, consent from her husband, and inadequate information on different types of methods.

With this in mind, UVP addresses the access barrier to family planning services by partnering with a local nurse to conduct outreaches in each of our **Healthy Villages every three months**, delivering family planning education and providing contraceptives to those interested.

In 2012, the Family Planning Program held education and awareness sessions with 717 women, and 370 women obtained 927 family planning consultations over the 12 month period. Of the 370 that opted to use a contraceptive method after consultation, 47% chose Depo Provera, 21% chose the pill, 1% chose Norplant and 4% chose tubal ligation.

This year UVP conducted focus groups as part of the continued needs assessment for our new **Men as Partners Program**, which targets men to promote sexual and reproductive health, enabling them to share in the responsibility for reproductive health.

Through the focus group discussions we gained a glimpse into men's attitudes and perspectives to family planning, indicating numerous areas in which more awareness and education is needed in that population. **We plan to roll out the program in 2013, pending the necessary funding.**



## Malaria Program

**Malaria** is the leading cause of morbidity and mortality in Uganda. It is endemic in 95% of Uganda and is responsible for 30-50% of outpatient visits at health facilities. Illness from malaria is especially dangerous and deadly for high-risk groups including pregnant women, children under five, and those with HIV/AIDS.

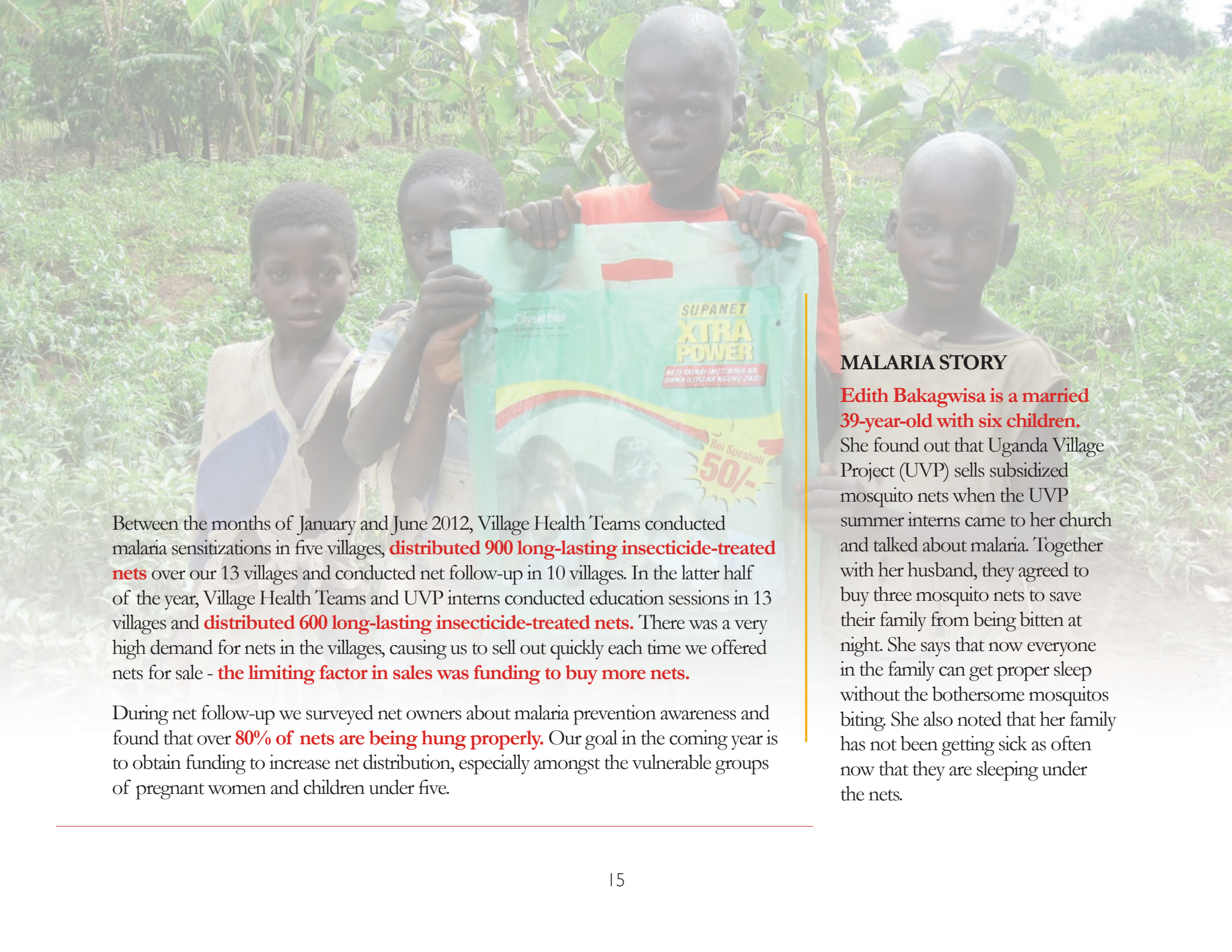
Sleeping under an insecticide-treated net has been proven an effective method for decreasing transmission of malaria. Through efforts from the government and NGOs alike, mosquito net coverage has greatly increased in the last few years. **In the 2006 Demographic and Health Survey**, 16% of households reported having at least one insecticide-treated net, while in 2011 60% of households report having at least one insecticide-treated net. However, with Uganda's large families, not all members can be protected with one net per household.

In the Eastern region, only 20% of households had a least one net for every two people in the household. **Only four in 10 children under five and only five in 10 pregnant women** slept under an insecticide-treated net the night before the Demographic and Health Survey. Our goal, which is shared by the World Health Organization (WHO), is at least eight of 10 of the members of these high-risk groups should be sleeping under a net. We must scale up net distribution to prevent illness and death from malaria.

UVP works across all of our communities to sensitize villagers to the cause, methods of prevention and appropriate treatment of malaria. We subsidize **WHO-standard long-lasting insecticide-treated bed nets** to bring affordable malaria prevention to people in the villages.

We train Village Health Teams in malaria prevention and treatment and work closely with mosquito net distributors in each village to ensure nets are accessible to everyone in the village. UVP also works with net distributors to visit homes and follow up on proper net usage, as well as conduct one-on-one malaria education with household heads.





Between the months of January and June 2012, Village Health Teams conducted malaria sensitizations in five villages, **distributed 900 long-lasting insecticide-treated nets** over our 13 villages and conducted net follow-up in 10 villages. In the latter half of the year, Village Health Teams and UVP interns conducted education sessions in 13 villages and **distributed 600 long-lasting insecticide-treated nets**. There was a very high demand for nets in the villages, causing us to sell out quickly each time we offered nets for sale - **the limiting factor in sales was funding to buy more nets**.

During net follow-up we surveyed net owners about malaria prevention awareness and found that over **80% of nets are being hung properly**. Our goal in the coming year is to obtain funding to increase net distribution, especially amongst the vulnerable groups of pregnant women and children under five.

## MALARIA STORY

**Edith Bakagwisa is a married 39-year-old with six children.**

She found out that Uganda Village Project (UVP) sells subsidized mosquito nets when the UVP summer interns came to her church and talked about malaria. Together with her husband, they agreed to buy three mosquito nets to save their family from being bitten at night. She says that now everyone in the family can get proper sleep without the bothersome mosquitos biting. She also noted that her family has not been getting sick as often now that they are sleeping under the nets.



## Eye Care Program

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According to the **World Health Organization**, 285 million people are blind or visually impaired. Eighty percent of this blindness is treatable or preventable and 90% of those who are blind are people live in developing countries.

Eye care in Uganda is an underfunded and overlooked health issue. Many Ugandans lose their vision due to treatable and preventable eye problems. Nabirye Fazila is one such case living in Iganga District. She lost sight in both eyes five years ago. When she went blind, it was a difficult life for Fazila as she struggled to look after her children, carry out household chores like cooking, fetching water, and farming in her garden. Fortunately, through UVP eye care outreaches and partnership with **Sight Savers International**, Fazila was screened and diagnosed with cataracts. She has now received cataract surgery in both eyes and was able to see her last born child for the first time.

**In 2012, UVP continued our work of educating the communities about eye problems and supporting those who need eye surgery in partnership with various health centers and Sight Savers International.**

**We ensured that over 87 villagers received medication to cure early-stage trachoma, trichiasis, conjunctivitis and other potentially blinding eye infections.**

**We screened and transported 26 patients to eye camps for treatment and surgery.** In the latter half of the year, six patients had cataract surgery, three patients had lid rotation surgery and two patients had excision procedures done for eye growths. Additionally, one child was sent to Kamuli Hospital, where they had a children's eye camp.

Each surgery becomes a success story returned to the village, **proof to others that eye infections and diseases are preventable, treatable, and curable.** In 2013 we will rely on our partners for providing medications and surgeries while we focus on education and awareness.



## Internship Program

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UVP's summer internship program brings together **Ugandan and international volunteers** to live and work in the rural villages of **Iganga District**. This year **22 international** and **14 Ugandan interns** worked together to improve the health of residents in the villages. We had five teams in the five new Healthy Villages that we launched in June 2012, one follow up team that reinforced the previous year's work, and one nutrition team that conducted a survey on the different attitudes and practices with regard to feeding and nutrition in mothers of with toddler-age children in rural Uganda.

The interns worked alongside the people in the village and conducted malaria, eye care, nutrition, family planning, HIV and safe water sensitizations. They also distributed long-lasting insecticide-treated nets, de-wormed children, and mobilized community members for outreaches. The interns also played a seminal role in mobilizing the village to elect a **Village Health Team** and helping train the team across a range of health issues.

Many of the interns extended themselves to gain clinical experience as well; **20 interns undertook clinical shadowing at Iganga District Hospital** in the labor ward, children's ward and general surgery ward, while **16 attended the eye camp held at Iganga Hospital**.

UVP's 2012 interns teamed with a local **Peace Corps Volunteer** and had a tree-planting day in various sections of **Iganga Town**. Twenty interns and all staff went to six sites around town and planted trees in community solidarity with local citizens.

In 2013, we will be experimenting with a new five week winter internship program (January through February), as well as continuing the summer internship program. **This winter team will play a critical role in following up in the 2012 Healthy Villages.**

Summer interns play a pivotal role in helping energize communities to protect their families with insecticide treated mosquito nets. **UVP summer interns sold over 600 nets in their short stay in the villages, representing two thirds of our total net sales for the year! Interns also assisted in training over 40 Village Health Team members, increasing their health knowledge to disseminate to community members.**





## Obstetric Fistula

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A condition that is virtually unheard of in developed countries, obstetric fistula is estimated to affect between **50,000 to 100,000 women** every year in sub-Saharan Africa. It is a stigmatized affliction of poor rural women, resulting in limited funding for data collection and resources for women suffering with fistula.

**Fistula** is essentially a hole between the bladder and vagina or rectum and vagina that causes constant uncontrollable leaking of urine or feces. The main cause of fistula in Uganda is prolonged and obstructed labor. **Women who give birth at home or in small village clinics may have complications during birth that require a C-section.** However, traveling from home, to small clinic, to a clinic that can perform the surgery can take hours or even days. By the time the surgery is completed, many times the baby has died and the pressure of the baby against the other internal organs for that extended time causes the fistula to form. The only treatment for fistula is a surgery to close the hole. Most health centers are not staffed by surgeons who can perform the surgery. Many women are thus sent home with fistulas thinking they are untreatable.

There are many misconceptions and a great deal of stigma surrounding fistula. Women who suffer from fistula are often sent back to their parent's home.

**Many women are isolated from their communities because of the smell and unfortunately, some women commit suicide when faced with a life with fistula.**

In recognition of our continued work to address the needs of women living with obstetric fistula in rural Uganda, UVP now sits at the table of **the national Fistula Task Force Working Group**, a partnership which includes members of the Ugandan Ministry of Health, the UNFPA, and other stakeholders involved in aid for the fistula patients in Uganda.

**The group is tasked with ensuring the collaboration and coordination** of partner efforts for all issues relating to fistula including data collection, prevention, treatment and social reintegration of fistula survivors.

The UVP fistula program begins with outreaches to sensitize communities to the issue of obstetric fistula. **In 2012, outreaches in all 13 of UVP's Healthy Villages reached over 160 attendees.** After the sensitizations, our fistula coordinator locates women in the communities who are suffering and encourages them to come to a repair camp.



UVP transports the women and their caretakers to the repair camp at **Kamuli Mission Hospital** and provides food for them while they are there. UVP continues our strong partnership with the **UK-based Uganda Childbirth Injuries Fund (UCIF)**, who sends surgeons to complete the surgical repairs. Together UVP and UCIF were able to provide surgical repairs for **33 women from eight districts at three camps throughout the year.**

**Since June 2007 Uganda Village Project has facilitated over 200 fistula repair surgeries.**

After the women begin healing and are stable, UVP provides transport back to their homes. **The fistula coordinator then visits the women to follow up on their healing.** If the surgery was unsuccessful, the coordinator encourages with women to return for the next repair camp.



## Nandango's Stories

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### FISTULA

Nandago got pregnant with her first child at the tender age of 15. “My parents were not very happy, but they still supported me,” she explains. **“One day I started having [labor] pains and told my mother. After some time, my family managed to gather some money to take me to the health clinic. There, they said I needed to go to the district hospital.”**



Nandago had endured prolonged obstructed labor, which clinics in the village are not equipped to handle. By the time she arrived at the district hospital, it was too late - she had a stillbirth that resulted in both vesicovaginal (bladder to vagina) and rectovaginal fistula. **This was devastating both physically and emotionally for her and her whole family.**

Her father heard about Uganda Village Project's (UVP) fistula repair camps and immediately came to find out when the next camp would take place. **Nandago received free and safe fistula repair surgery at that camp.** Unfortunately, her injuries were very severe and she remains incontinent, but she is scheduled for a repeat surgery at the next camp.

## Orphan Support Program

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In 1997 Uganda established **Universal Primary Education**, providing tuition-free primary schools that have increased the number of students able to attend. Secondary school, however, was beyond reach for many rural students in Iganga District when UVP established its **Orphan Support Program (OSP)** in 2005. The aim was to allow students to continue their education despite economic barriers. This year UVP paid the school fees and, where necessary, boarding or hostel fees for 13 students.

**UVP sponsorship enables students to attend less crowded schools and reap the full benefits of their education.** Moses, Josephine, Mercy and Robert are students who, upon completion of their secondary studies (and with the generous help of sponsors) enrolled in university, and have one and two years left to completion of undergraduate degrees.

**In 2013, we hope through tireless efforts of our donors to continue supporting the remaining nine students who have yet to finish their programs.**





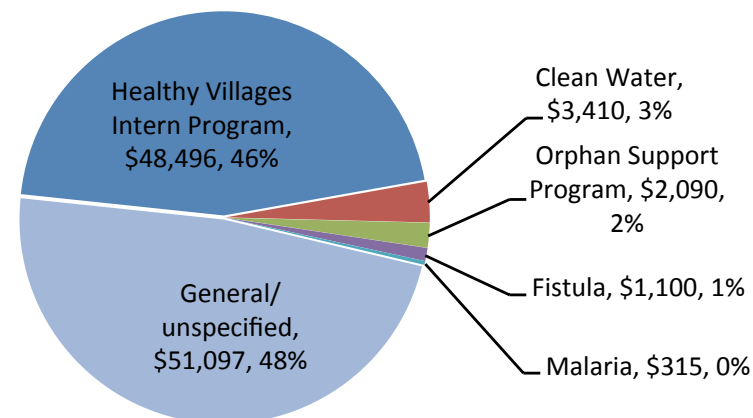
## Financial Summary

UVP Statement of Activities, by Program	2011	2012
Revenue	\$152,802	\$145,193
Prior Year Surplus	\$2,472	\$16,391
Deposits, Intern Program	\$10,000	\$9,500
Donations, by Program	\$140,330	\$119,302
Healthy Villages - Intern Program	\$44,699	\$49,090
Clean Water	\$1,410	\$4,705
Orphan Support Program	\$10,100	\$6,850
Fistula	\$984	\$9,145
Malaria	\$1,640	\$1,494
HIV/AIDS		\$4,180
General/unspecified Donation	\$81,497	\$43,838

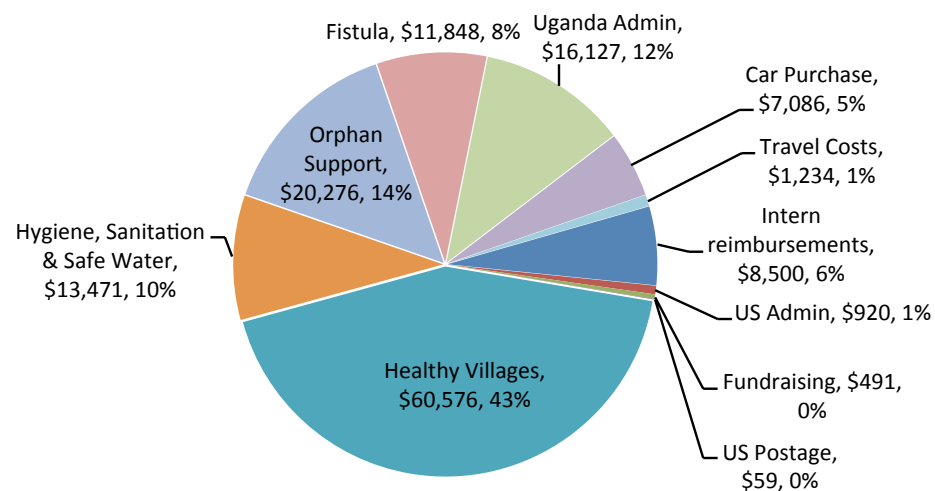
Expenses	\$136,411	\$140,588
Intern Deposit Returns	\$10,000	\$8,500
US Expenses	\$1,241	\$1,470
Fees	\$1,094	\$920
Fundraising	\$0	\$491
Postage	\$147	\$59
Uganda Expenses	\$125,170	\$130,618
Healthy Villages	\$56,438	\$60,576
Hygiene, Sanitation & Safe Water	\$16,563	\$13,471
Orphan Support Program	\$19,832	\$20,276
Fistula	\$11,727	\$11,848
Goats for Widows	\$0	
Acute Care	\$0	
Administration	\$15,895	\$16,127
Car Purchase		\$7,086
Travel	\$4,715	\$1,234
Net Assets (rolled over into next year)	\$16,391	\$4,605

UVP Statement of Financial Position	12/31/11	12/31/12
<b>Assets</b>	<b>\$19,058</b>	<b>\$10,686</b>
Current assets	\$17,058	\$3,686
Checking (US)	\$16,291	\$3,205
Savings (US)	\$100	\$306
Checking (Uganda)	\$431	\$26
Cash on Hand (Uganda)	\$236	\$149
Fixed assets	\$2,000	\$7,000
Property and equipment (car)*	\$2,000	\$7,000
<b>Liabilities</b>	<b>\$0</b>	<b>\$0</b>
Current liabilities:	\$0	\$0
Long-term liabilities:	\$0	\$0
<b>Balance</b>	<b>\$19,058</b>	<b>\$10,686</b>
* estimated value		
Exchange rate, UGX : USD	2,485	2,682

## UVP FY12 Donations by Program



## UVP FY12 Expenses





## Executive Board

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Alison Hayward	Director
Lawrence Mumbere	Assistant Director
Andrew Lowe	Treasurer
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Kathleen Bongiovanni	Board Member At Large
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Dick Schroth	IT Officer

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Caroline Nyuguto	Assistant Country Director
Patrick Tulibagenyi	Program Coordinator
Maureen Nakalinzi	Program Coordinator
Titus Obbo	Program Coordinator
Loy Tumusime	Program Coordinator

## Trustees

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Leah Bevis  
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