

Annual Report

2011



UGANDA
VILLAGE
PROJECT

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Note from the Director

Dear friends and supporters,

Hard to believe it's been nine years since a few American students first ventured out to the Iganga District to meet and work with Busoga community members, founding the Uganda Village Project. Nearly every day, I find myself surprised at how much we've grown since that summer, and despite our growth, how many of our supporters I still count as personal friends. Nine years later, Uganda Village Project is still run by an all-volunteer executive board and supported entirely by individual private donors who have passion, and just as importantly, compassion, for the rural communities in eastern Uganda and the public health challenges they are facing.

Our friends support us because they want to ensure their money is going directly to the cause that none of it will be spent on fundraising or marketing. That instead of giving it to a large, faceless charity based in a big city, they're giving it to people they know, who ensure that every dollar is spent as effectively as it can be spent to support our mission – reaching remote and rural villages where the need is greatest.

Thanks to the hard work and dedication of our staff, the countless hours of volunteering donated by our board members and interns, and our supporters who make it all possible, we're making a difference. Starting with Healthy Villages, and working towards a healthy eastern Uganda.

*With gratitude-
Alison*





Water, Hygiene and Sanitation: Hygiene and Sanitation Campaigns

2011 was a great year for the hygiene and sanitation program at UVP. We conducted sanitation campaigns in our three new 2011 villages and conducted the remaining two sanitation campaigns in our 2010 Healthy Villages: Nakamini, Nawansega B, Bulamagi, Buwolomera and Namungalwe. The campaign is aimed at reducing the rate of poor-hygiene related diarrhoeal diseases, eye infections, all rampant in the Busoga region. The sanitation campaign is a great way to get the whole village working together to improve their own health and that of their neighbors.

The sanitation campaign aims to increase frequency of hand-washing by constructing household hand washing facilities (called tippy taps) from locally available materials at each home. Our new approach expands the sanitation

campaign timeframe to a three month period, giving a village enough time to complete latrines and complete greater numbers of sanitation facilities.

In 2011, using this new approach, we achieved great results in our villages. By the end our villages had constructed **881** tippy taps, vastly improving handwashing coverage in our villages.

Most village homes in Uganda do not have any facilities for hand washing when we start working with them. As an example, we conducted a follow-up evaluation in one of our original village communities, Nabitovu, in 2011. Baseline tippy-tap coverage in Nabitovu when the Healthy Villages program began in 2009 was 6%, and increased to 37% several months later, after completion of the sanitation campaign. At follow-up in 2011, tippy taps were found in 45% of the households. This follow-up survey also allowed us to evaluate for broken tippy taps and show household members how to fix them. During the follow-up in Nabitovu, approximately half the tippy taps found to be broken in the survey were fixed on the spot.

Water, Sanitation and Hygiene: Community Constructed Shallow Wells

Other campaign accomplishments included the completion of **120** latrines, which are more time and labor intensive to build. Additionally, **545** plate stands were constructed to aid households to sun-sterilise their plates and get their eating utensils off the ground, and over **506** rubbish pits were dug to reduce fly infestations, the cause of many eye infections in children.

Our achievements this year highlight that energizing the younger generation to improve hygiene and sanitation goes a long way towards changing behavior in the village. In 2012, we thus plan to focus on schools and youth groups, who represent the future of Uganda.

This past year, we continued our work providing safe water to rural communities who otherwise would have to travel long distances for access. We still are now using a double lining method that filters the water from the bottom and the sides. This prevents runoff water from entering the well, which could produce bacterial contamination.

In addition, we have strengthened the community-elected water and sanitation committees (WSC) by fully involving them in the construction process and through our shallow well governance and sanitation trainings.

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.

We successfully sunk seven shallow wells in five villages this year; shallow well governance workshops were conducted in all five villages. UVP has now improved its strategy from quantity to quality; investing more in each community by placing a greater focus on the quality and sustainability of the wells we construct.



HIV/Sexually Transmitted Infections Program

HIV and sexually transmitted infections (STIs) remain a burden on rural populations in Uganda, with the prime challenges being access to and uptake of testing, counselling and treatment. Though Uganda was the first country in sub-Saharan Africa to promote voluntary counselling and testing (VCT) clinics, those in rural remote areas still face the challenge of access, as most VCT clinics serve urban populations. With 85% of Uganda's population not knowing their HIV status, according to the Uganda Ministry of Health, the need for such services remains dire. UVP brings voluntary counselling and testing to the village through our partnership with St Mary's, a community based organization that consists of a dedicated team of trained counsellors and lab technicians who perform outreach to many sub-counties in Iganga district.

In 2011, UVP and St Mary's successfully provided HIV counselling and testing for **1421** people throughout our 13 Healthy Villages. Of those tested for HIV, **2%** were identified as positive and referred to The AIDS Support Organization (TASO) and high-level Health Centres who can provide regular CD4 count readings, access to free antiretroviral therapy, and opportunistic infection management.

As a new program for 2011, we also offered syphilis testing to our villages. All 1421 attendees to our program were offered

testing for syphilis. Of those tested **4%** were identified as positive, with men being identified as a particularly at-risk population for this potentially deadly disease, which can cause life-threatening congenital infections.

With increased support, we can expand our work to close the testing and treatment gaps to isolated rural communities in Iganga district.



Family Planning

It is estimated that a Uganda woman will give birth to 6.7 children in her lifetime, placing Uganda second in the world for the highest total fertility rate.¹ In a developing country such as Uganda, large family sizes are linked to poverty, poor nutrition, low education levels and various health dangers including an increase in a woman's risk of maternal death with each birth.

Making contraceptives available to every woman who wants them would prevent approximately 53 million unintended pregnancies, 150,000 pregnancy-related deaths and 640,000 newborn deaths worldwide.² With this in mind, UVP aims to reduce the access barrier for women to family planning services by working with a local nurse to reach each of our 13 Healthy Villages every 3 months to offer family planning education and access to contraceptives.

In 2011 UVP held education sessions with 1066 women. Of those attending, 865 received consultations and a contraceptive method of their choice. Sixty four percent of women chose Depo Provera, an injectable contraceptive that provides protection for 3 months. Fourteen percent chose the birth control pill, 1% chose Norplant, 2% together with their husband chose tubal ligation and roughly 18% chose condoms.

This year UVP faced challenges in implementing family planning programs due to local suspicions that birth control causes cancer and other side effects. Additionally, traditional understandings that the role of women is to produce as many children for her husband as possible create further challenges to successful programs. Many of the women accessing our services waited until nightfall to visit the nurse, often opting for the injection so that their birth control remains a secret. We thus launched a pilot project, "Family Development for Men," an educational program aimed specifically at men about family planning.

In 2012, we hope to expand the program so more men and women have the opportunity to learn about family planning and assess the benefits in reducing poverty. We will be expanding the training and education to men, traditional birth attendants, and opinion leaders.

1 CIA World Factbook. Country Comparison: Total Fertility Rate. Found online at: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2127rank.html>

2 United Nations Population Fund (UNFPA) and Guttmacher Institute. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*

Malaria Program

In Africa, Uganda has the third highest death rate from malaria and has the highest recorded transmission rate in the continent. According to Malaria Consortium (2012) this creates a heavy burden on Uganda's health care system with malaria accounting for approximately 30%-50% of death in the country.

With over 90% of the world's cases of malaria occurring in Africa, and Uganda ranking as the 3rd most malarious country in the world, malaria is a daily cause of suffering and death in the village. Unlike many diseases, treatment and prevention of malaria is no mystery, and poverty remains the major barrier to eradicating it from rural Uganda.

UVP works across all our communities to educate villagers of the cause, methods of prevention and appropriate treatment of malaria. We subsidise WHO-standard long lasting insecticide treated bed nets to bring affordable malaria prevention to people in the village. We train Village Health teams in malaria prevention and treatment and work closely in each village with mosquito net distributors, thus ensuring that nets are accessible to everyone in the village. UVP also works with net distributors to visit homes and follow up proper net usage, as well as conducting one-on-one malaria education with heads of the household.

In 2011, we distributed **1890** long lasting insecticide treated nets. During follow up, we identified that knowledge of malaria prevention concepts among net owners is good and that over 81% of nets are being hung properly. In households surveyed, we found that only 57% of people in

each household are sleeping under a net. Importantly, though, the two most vulnerable groups were utilizing the nets at higher rates, with 76.7% of pregnant women and 65.1% of children under 5 sleeping under nets. The World Health Organization's goal is for 80% of these groups to be sleeping under nets, so we still have work to do – our limiting factor is funding to purchase more nets.

In 2012, UVP aims to continue getting as many nets as possible out into the community. We also want to continue to follow up house to house to encourage families to prioritize their pregnant women and children with nets, and to increase net coverage to include all members of the family.



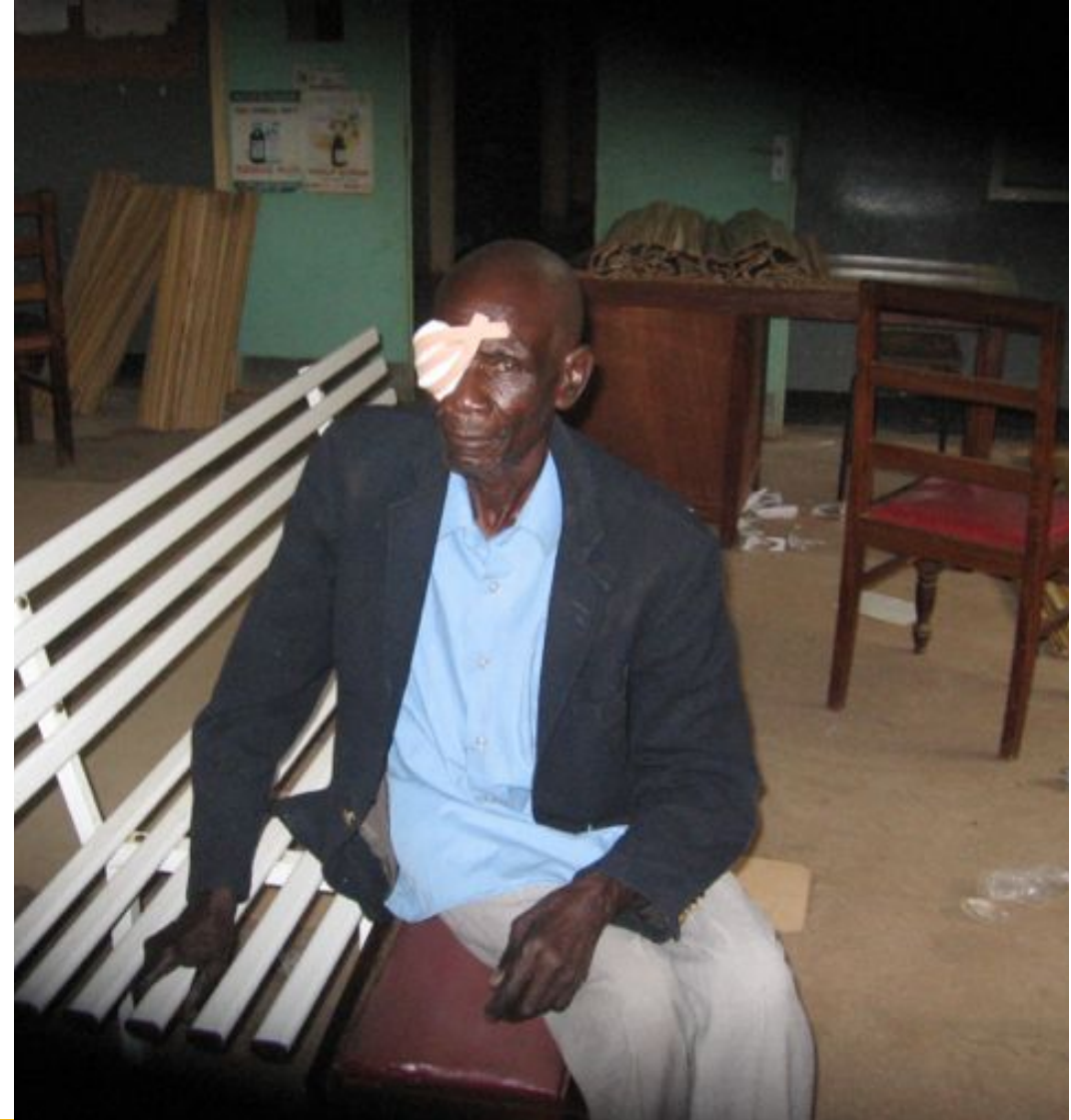
Eye Care Program

Eye treatment and surgery is for most Ugandans, a luxury that they can't afford. Each year thousands go blind from preventable and treatable eye problems, both chronic and infectious. Uganda Village Project, together with our partners at Sight Savers International, works to eliminate these avoidable issues by sponsoring eye camps

In each of our 13 Healthy Villages UVP trained an Eye Care Focal Person on the Village Health Team who identifies those needing eye care. In each of our 13 Healthy Villages, we partnered with Sight Savers International to train an Eye Care focus person on the Village Health Team (VHT). The VHT members were trained in comprehensive eye care services including eye health, trachoma, cataracts and allergies, giving them the necessary skills to be able to identify these issues in individuals in their villages.

In 2011, 529 villagers were screened and transported to eye camps for treatment and surgery. 53 people received sight-restoring cataract surgery, and 24 people received lid rotation surgery for severe trachoma. Over 33 people received glasses donated to UVP primarily from the USA, delivered by UVP interns. Over 380 received medication to cure early-stage trachoma, trichiasis, conjunctivitis and other potentially blinding eye infections.

Each surgery becomes a success story returned to the village, proof to others that eye infections and diseases are preventable, treatable, and curable.





Internship Program

UVP's summer internship program brings together Ugandan and international volunteers to live and work in rural Iganga villages. This year 27 international and 14 Ugandan interns worked together to improve the health of residents in the villages. Our program consisted of three teams in new Healthy Villages that were launched in June 2011, two follow up teams that re-enforced the previous year's work, and two support teams who worked with the local Village Health Teams directly. All the teams used the Village Health Teams as their key partners in the communities; these trained, volunteer community health workers are growing to have the necessary tools and expertise to ensure the health of the villages for years to come

The living conditions can be challenging with a team of interns living in a single house, usually with no running water or electricity. 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 helped train the team across a range of health issues.

Many of the interns extended themselves to also gain clinical experience; twenty interns undertook clinical shadowing at Iganga hospital covering the labour ward, children's ward and general surgery ward, while three extended themselves to the local health centres near their villages.

This year UVP awarded the first Sujal Parikh fellowship to Cat Kirk, who researched on 'Experiences of older adults in rural Uganda: health, well-being, and the impact of HIV/AIDS'. The Sujal Parikh Social Justice Fellowship was founded to honor the memory of our friend, a tireless advocate for global health and social justice. Although his life was prematurely cut short in an accident on the Kampala roads in 2010, his memory lives on through the inspiration he provided to his friends and colleagues in the field of global health.

Conclusions from the inaugural Sujal Parikh fellow, Cat Kirk's research:

"Expansion of Village Health Teams [has] the potential to improve the health and well-being of older adults, and all residents, of rural villages in Uganda. However, there are still major policy gaps that must be addressed to meet the needs of older adults. HIV/AIDS prevention and treatment programs must also be expanded to directly address the needs of elderly populations; current surveillance and prevention programs focus only on younger populations. Additionally, specific health policies and training for health workers in the area of geriatrics is needed."



Intern Quotes: *The benefits and opportunities afforded to me by participating in UVP were numerous and far outweighed the difficulties of abandoning my first-world comforts. A truly rewarding experience that I will forever hold close to my heart.*

Intern Quotes: *It gave me the opportunity to see how the skills I've learned in the classroom can be applied "on the ground" and strengthened my resolve to use a community-focused approach in my future public health work.*

Intern Quotes: *I believe...[experience with] multi-cultural collaboration and networking was the greatest benefit I gained from my time in Bulamagi village.*

**3063 CHILDREN UNDER FIVE IN IGANGA VILLAGES
WERE DE- WORMED BY OUR 2011 INTERNS**

Obstetric Fistula

Virtually unheard of in wealthier nations, obstetric fistula (Latin for hole) is an affliction of the very poor, and is predominantly caused by neglected, obstructed labour. The prolonged impaction of the baby's head against the mother's internal tissue results in a severe medical condition in which an opening develops between either the rectum and vagina or between the bladder and vagina. This opening then causes persistent incontinence and rank odor. Though a simple surgical repair can mend most cases of obstetric fistula, most women go untreated. Many are unaware of what it is, may be afraid to admit to the condition if they do, or are too poor to afford the repair. Because of the impoverished, rural demographic most affected by fistula it has historically been difficult to collect accurate statistics.

Since June 2007 UVP has facilitated 180 fistula repairs

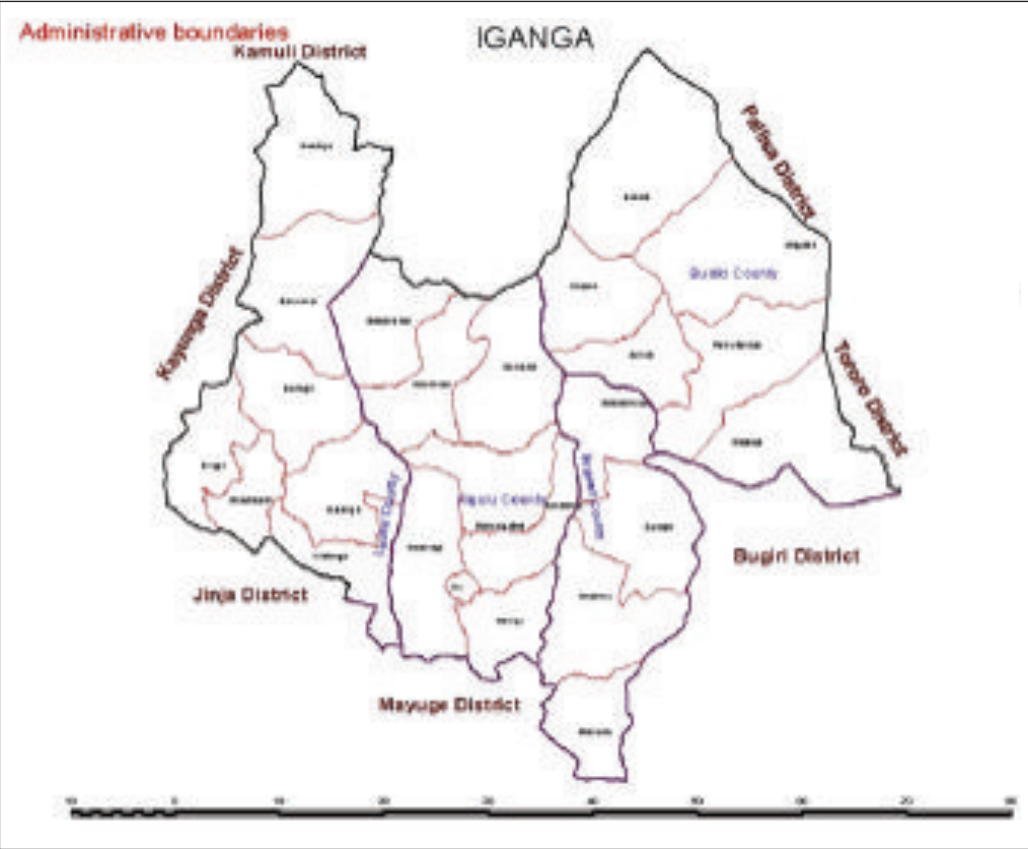
In addition to the physical damage done to a woman's body there are other ramifications of the condition. Misinformation leads to stigma that often leads to women being ostracized from their homes or communities. Relegated to the periphery of community living, these women are, effectively, removed from engaging in society and at the same time are limited in their ability to care for themselves.

UVP, in partnership with UK-based Uganda Childbirth Injuries Fund (UCIF), helped facilitate surgical repairs for 65 women from 11 different

districts at the three repair camps this year. The partnership allows UVP and UCIF to remain faithful to their strengths for the greatest impact. UVP identifies women with obstetric fistula through village outreaches, health center referrals, radio shows, and simple word-of-mouth between women. UVP then transports women to "repair camps" at Kamuli Mission Hospital, where they are repaired by surgeons from UCIF. UVP supports our patients at the repair camp by providing food for them as well as their caregivers. UVP also transports one attendant for each patient and after surgery, UVP transports the women home (an important step, because if they go home by motorcycle taxi, or walk long distances, they risk re-opening their healing fistula).

Our fistula program staff then follow-up at the women's homes to check on the repair's success, to monitor for surgical complications, and to assist the women with further steps in the cases where the repair was not successful.

(Map of Uganda Village Project's Work)



Financial Summary

UVP Statement of Activities, by Program

2010

2011

Revenue	\$121,622	\$152,819
Prior Year Surplus	\$9,314	\$2,472
Bank Credit		\$17
Deposits, Intern Program	\$5,800	\$10,600
Donations, by Program	\$106,508	\$139,730
Healthy Villages		
HV Intern Program	\$45,746	\$42,876
HV General	\$2,750	\$1,823
Clean Water	\$3,410	\$1,410
Orphan Support Program	\$2,090	\$10,100
Fistula	\$1,100	\$984
Malaria	\$315	\$1,640
General/unspecified Donation	\$51,097	\$80,897

UVP Statement of Financial Position

12/31/11

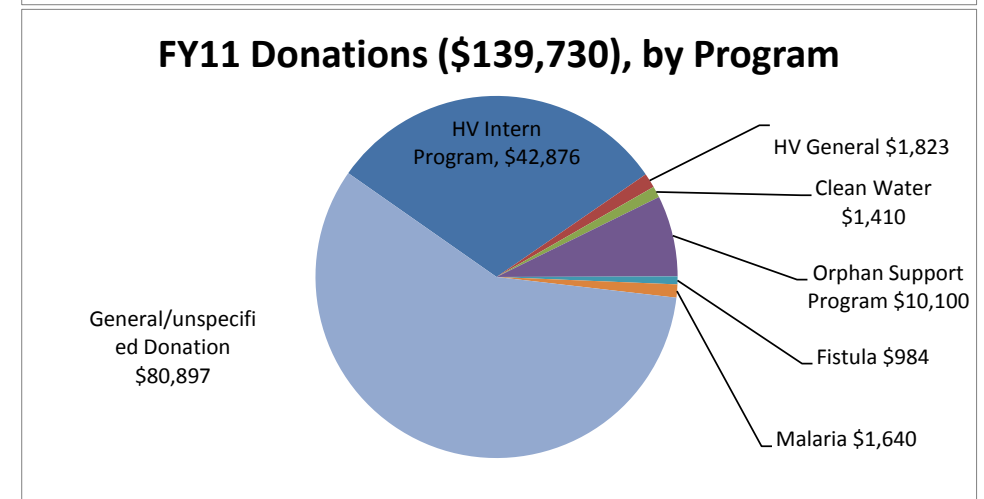
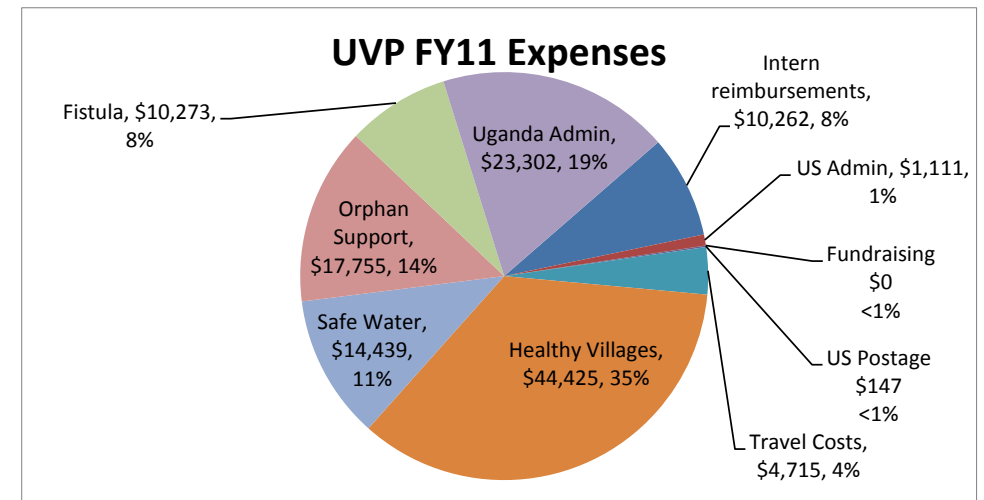
Assets	\$19,057
Current assets	\$17,057
Checking (US)	\$16,290
Savings (US)	\$100
Checking (Uganda)	\$431
Cash on Hand (Uganda)	\$236
Fixed assets	\$2,000
Property and equipment (car)*	\$2,000
Liabilities	-
Current liabilities:	-
Long-term liabilities:	-
Balance	19,057

** estimated value*

Exchange rate, UGX : USD

2,485

Expenses	\$119,150	\$136,428
Intern Deposit Returns	\$5,600	\$10,000
US Expenses	\$9,210	\$16,235
Intern Program, reimbursements	\$8,857	\$10,262
Admin:		
Fees	\$255	\$1,111
Fundraising	\$12	\$0
Postage	\$86	\$147
Travel (for staff to/from Uganda)		\$4,715
Uganda Expenses, by Program	\$104,340	\$110,193
Healthy Villages	\$53,547	\$44,425
Safe Water	\$13,491	\$14,439
Orphan Support Program	\$16,256	\$17,755
Fistula	\$5,019	\$10,273
Administration	\$14,222	\$23,302
Goats for Widows	\$793	\$0
Acute Care	\$1,012	\$0
Net Assets (rolled over into next year)	\$2,472	\$16,391





Executive Board

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