

# Annual Report 2009

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Striving for public health & development  
in Iganga District.



For the past 6 years,  
Uganda Village Project  
has been growing & evolving.

*2009 was our most exciting and successful year to date.* This year, UVP partnered with more local organizations, implemented more projects, collaborated with more District officials, and reached more rural Iganga residents than ever before.

UVP conducted a survey of **1000** households in Iganga, increased access to safe water by sinking **17** community-dug shallow wells in **16** villages, paid school fees for **38** vulnerable children and orphans, distributed **835** mosquito nets to protect villagers against malaria, supported **23** widows through overseeing a milking goat program, transported **44** patients to **3** obstetric fistula repair camps, and created **5** Village Health Teams.

**2009 WAS OUR  
MOST *EXCITING* &  
*SUCCESSFUL* YEAR  
TO DATE**

**Thank you to all of you who have so generously donated your time and resources over the past year.** *Without your support for UVP, these accomplishments would not have been possible.*

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## NOTE FROM THE DIRECTOR

Dear friends of UVP,

When acquaintances ask me, *"What is Uganda Village Project?"* I often give them a simple answer: *"We are a nonprofit organization that works in rural Uganda on public health and development projects."* Though this is true, it hardly conveys what Uganda Village Project really is, and more importantly, what is so special about it. After all, there are innumerable small charities that work on similar issues; and on the surface, we may appear to be similar to those other groups. *What is different about us?*

UVP tailors all our interventions to meet the individual needs of each community, with a specific emphasis on...

**Caring, compassion, and a commitment to the ideals of volunteer service:**

Since its inception, our executive board has run UVP with no compensation and with an incredible amount of work put in from many different people to create a solid, efficient, and creative nonprofit. We have brought 20-30 amazing volunteers to Uganda every year that have energetically and selflessly helped us to achieve important goals in our healthcare, safe water, and orphan support projects – including a growing number of Ugandan volunteers who also commit to working with us, because they simply want to help the poorest of the poor in their country.

**Flexibility:** Being a small organization that is funded almost completely by private, individual donors who believe in our work, as well as by the income we generate from our volunteer projects, our programming is agile and efficient. We can quickly and easily modify our programs based on challenges we encounter, as well as being able to scale up and build on successes.

**Creativity:** Our projects are based on tried and true public health and development concepts, such as providing safe water; still, we achieve our goals through innovative means, such as the promotion of a cutting edge chlorination product now available locally in Uganda (WaterGuard), or the creation, with the help of local craftsmen, of clay pots with faucets – a simple innovation that, if brought into wide usage, could save an unbelievable number of lives through prevention of waterborne infectious diseases.



Iganga District

**Creating links:** Our model of partnering with local village community based organizations and non-governmental groups, as well as governmental offices such as the District Water Office, allows us to focus not just on activities such as building and teaching, but also on making connections and building capacity. We find common ground between our partners, lobby for support for our partners, work to prevent duplication of efforts between different groups, and try to spread "best practices" to other organizations. We are able to help Ugandan NGOs connect with NGOs abroad by helping them with finding internet resources and assistance with grant proposals.

We raise awareness amongst local groups about resources that are available but underutilized, and quite often available at no cost – we have done this with resources as diverse as antiretroviral medications sitting unused in a warehouse in Uganda's capital to ophthalmologic training for healthcare workers in order to establish local eye health clinics, to publicizing international health conferences in the city to which small local groups were welcomed for amazing networking and educational opportunities.

**Efficiency:** To put it simply, we use our money carefully. In our 6 years of existence, we've only spent a few hundred dollars on fundraising – mainly on fees to process credit card donations. Despite that minimal cost, we have managed to increase our operating budget by greater than 20% every year! Last year we more than *doubled* our budget from the prior year. To make this fact even more astounding to me, the majority of this money was raised or donated by students and young professionals with very little disposable income. The people who support Uganda Village Project do so because they are passionate about our work and are willing to make sacrifices to help that work continue to improve the lives of families living in desperate poverty. I suspect the reason for this is that most of these people have traveled with us to Uganda and know that despite living in what I can easily describe as "desperate" poverty, our partners, collaborators, and friends in Uganda are some of the most joyful, inspiring, and exuberant people I can imagine to work with.



*When people ask me about Uganda Village Project, many things come to mind.* Being surrounded by a sea of singing, laughing children, all wearing bright pink school uniforms. Seeing the emptiness reflected on hundreds of faces of parents, grandparents, and children lined up at the HIV clinic that cannot provide them antiretroviral drugs. Watching a clear stream of water rush from a newly dug well, while women in patterned dresses clap and dance in celebration. I know these things defy a simple explanation. So I give them my basic description of who we are, but then add with a smile, *"You've got to come to Uganda to find out."*

With thanks,

Alison S. Hayward, MD  
Executive Director  
Uganda Village Project

## ABOUT UGANDA VILLAGE PROJECT

Uganda Village Project (UVP) promotes public health and development initiatives in Iganga District in the Busoga region of Uganda.

Founded in 2003, as a summer immersion project for US students, UVP began as an independent project of the International Federation of Medical Students' Associations (IFMSA). Based on the "village concept model" through which medical students and professionals create a working development partnership with local communities, UVP has enlisted more than 150 summer volunteers from nearly a dozen different countries to assist in its various village development projects.

UVP has expanded from this all-volunteer summer project to a year-round, non-governmental organization registered both in the United States and in Uganda. Over the past six years, UVP has quickly established a solid reputation with the local government and the residents of Iganga District. Due to this, and because government offices and health centers are understaffed and underfunded, UVP is uniquely positioned to help fill the gap in public health services in Iganga.



### In Focus: Iganga

Iganga District – situated halfway between the capital, Kampala, and the border of Kenya – is one of Uganda's most impoverished areas.

The district covers a total area of 1,700 square kilometers and is composed of 3 counties, which are divided into 19 sub-counties.

Iganga has a total population of 672,800 and the median age is 16 years. The district has a very high fertility rate, which in turn leads to an annual population growth higher than the national average.

## HEALTHY VILLAGES

### MAKING BASIC HEALTHCARE ACCESSIBLE

# improved basic healthcare

#### village-level interventions

Educating villagers regarding common preventable diseases and introducing tailor-made interventions to meet the needs of each individual community

#### health center strengthening

Training staff at the 5 health facilities serving the 70 “Healthy Villages” in collaboration with experts in various fields of medicine and creating Village Health Teams

#### policy advocacy

Advocating to the government to increase the amount of resources – both monetary and medical supplies – allocated to Iganga District Health Centers

This year, UVP launched our most comprehensive public health project to date: *Healthy Villages* (HV).

*Healthy Villages* – initiated in April 2009 – is an innovative approach to increasing access to basic healthcare for Iganga’s most marginalized rural population by networking with local non-governmental organizations, international donors, and all levels of the Ugandan government – from village councils to the Ministry of Health.

In cooperation with Iganga District officials, UVP identified 70 villages with some of the poorest access to safe water and latrine coverage. Over the next 5 years, we will strive to make basic healthcare an accessible reality for these villagers by pursuing 3 strategies: (1) village-level outreaches and interventions, (2) health center strengthening, and (3) policy advocacy.

In May 2009, UVP started working in our first 5 *Healthy Villages*: Walukuba, Bugabula, Nabitovu, Bulumwaki, and Butongole with the help of 40 American, Canadian, and Ugandan volunteers. From conducting outreaches on hygiene and sanitation, to selling subsidized mosquito nets, from organizing HIV/AIDS testing days to facilitating immunizations – UVP successfully launched our *Healthy Villages* campaign this summer.



## Village Health Teams

UVP's biggest accomplishment of 2009 was creating 5 Village Health Teams (VHTs) – volunteer groups of villagers who serve as the first line of healthcare for rural communities. Our program is the first to introduce the VHT concept – a government model in place in other parts of the country – to villages in Iganga District. Now, all 5 HV communities have a trained and motivated VHT whose members act as model citizens for their fellow villagers, educate their neighbors about preventable diseases, and distribute subsidized health products such as insecticide-treated mosquito nets and WaterGuard.



Bulumwaki 1 VHT with UVP summer volunteers



Namungalwe Health Center

### In Focus: Government Health Centers

Public Health Centers (HC) in Uganda – overseen by the government – are accorded numerical levels from 1 to 5. Level 5 HCs are Hospitals. Each District should have one. Each sub-county is to have a Level 3/4 HC – which are more like large clinics. Each parish is to have a Level 2 Health Center. Each village should have a HC 1 – also known as a Village Health Team (VHT) – which is a voluntary structure that acts as the first point of access to healthcare for villagers. Unfortunately, VHT's generally do not exist in the country, and higher level HC's are chronically understaffed and underfunded.

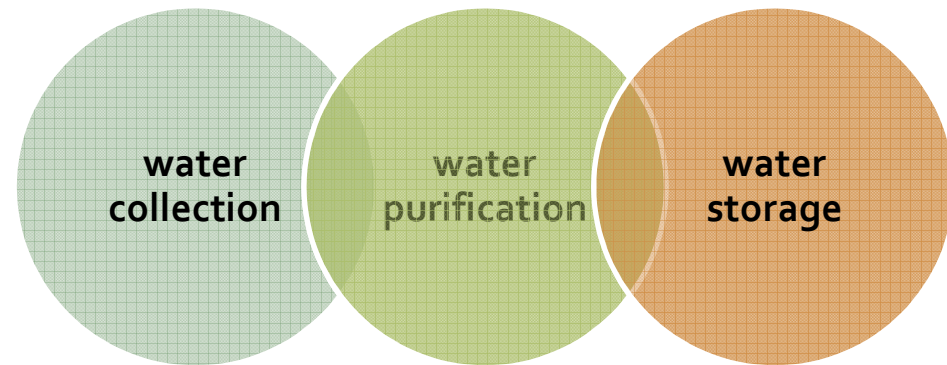


## SAFE WATER

### BRINGING CLEAN WATER TO RURAL COMMUNITIES

Safe drinking water is a scarcity in Iganga District; still, safe water is essential to good health. Unsafe water and poor household hygiene lead to an increased rate of water-borne diseases; diarrhea alone is among the top-five killers of children under 5 in Uganda. In Iganga District, the high prevalence of water-borne diseases result in lost work and school time, impaired childhood development, and money spent on treatments at Health Centers or local pharmacies.

UVP started digging wells in 2004 to increase the number of safe water sources in Iganga. We did not stop there. This year, UVP began working on other pieces of the “safe water chain.” Our innovative and comprehensive water program strives to ensure that water stays contamination free from the source to the drinking cup.



#### Protected shallow wells

In 2009, UVP sank 17 community-dug shallow wells in 16 villages across Iganga – providing safe water sources to more than 8,000 people – more than in the last 2 years combined.

In addition to building 6 wells in our first 5 *Healthy Villages*, UVP also identified 11 other villages in the district with a need for a protected water source. In collaborative process with the Iganga District Water Office, we worked with these communities to make shallow wells.

This year, UVP sank 2 wells in Makutu Sub-County – the area in Iganga with the worst access to clean water. The wells we sank in two villages in Makutu, Bunalweni and Nakafunvu, were the first shallow wells for these communities. Prior to the UVP shallow wells, the residents of these villages walked several miles to neighboring villages to collect safe water, or just consumed water from nearby open wells.

## Water purification

This year, UVP held village-level outreaches in various parts of Iganga to educate people about the importance of treating water – even if it is collected from a protected source. At these sessions, we discussed many purification options: from boiling water to treating it with a simple chlorination product called WaterGuard, which UVP provides to villagers at a subsidized price.



Chlorination dispenser in Bukondo

In order to increase and retain household use of chlorine disinfection, UVP teamed up with Innovations for Poverty Action in June 2009 to pilot a modern delivery mechanism where a point-of-collection chlorine dispenser is installed near a water source. The dispenser provides convenient access to chlorine, integrates disinfection into the act of collecting water, and generates public awareness and peer-to-peer learning. In 2009, UVP successfully piloted the dispenser in Bukondo village, where a community-elected caretaker oversees maintenance.

## Mod-Pot Project

In 2009, UVP began incorporating a third part of the safe water chain: improved storage. Our Mod-Pot venture is an innovative approach to the sustainable delivery of a culturally appropriate product for rural communities, while at the same time acting as a source of income for local potters.

In the tropical climate of Uganda, there is a cultural preference for storing water in clay pots that cool water. However, water stored this way is easily contaminated because it is collected by submerging a cup by hand into the large, open top of the pot; these pots become a reservoir for the transmission of diarrheal diseases– even with improvements at the water source and chlorination.

This year, UVP began promoting Mod-Pots – with a narrow opening to block hand contamination and plastic spigots as an alternative method of withdrawing water.



Godfrey and Ronald holding Mod-Pots

### In focus: Godfrey Mulumba

Godfrey Mulumba is a 30-year-old artisan from a pottery cooperative in Kamuli District. Pottery is an art that has been in his family for 3 generations, and he is now passing it on to his 10-year-old son, Ronald. He tells us that Mod-Pots have positively impacted his business: “The pots I make for UVP are guaranteed to sell because I get paid in advance, and I don't need to worry about finding customers or transporting the product. For every Mod-Pot I make, I get 50% more money than from molding a traditional pot. Producing Mod-Pots will help pay for my children's' school and expand my business.”

Over the next year, we will connect over 20 artisans to new markets – creating opportunities for income generation.

## ORPHAN SUPPORT

### SUPPORTING IGANGA'S FUTURE

At present, there are nearly 2 million HIV/AIDS orphans in Uganda. It is estimated that this number will balloon to 8-10 million in the next 10 years as a result of currently-infected parents succumbing to the disease. In a country of just 33 million people, this number is staggering. The effects of this reality are inescapable in every part of the country; Iganga District is no exception.

Many orphans are left to live in child-headed households, increasing the likelihood of early marriages and unwanted pregnancies. Due to a lack of emotional and monetary support, the majority of these children do not complete secondary school, making it harder to secure dependable jobs, thus continuing a cycle of poverty.

We at UVP believe that one of the best ways to improve Iganga's future is to invest in its children. With this philosophy at heart, UVP supported orphaned and vulnerable children through paying school fees, providing food to a local vocational school, and promoting hand-made crafts.



**One of the best ways to improve Iganga's future is to invest in its children.**



### School fees: Opening the doors to education

In rural Iganga District most children – especially girls – never make it past primary school. Those who do reach secondary school usually drop out after 1 or 2 years due to the cost of school fees, normally just \$150 per year. These children will have few career options; they will likely end up farming as their parents did and probably will never make enough to send their children to secondary school, continuing the cycle of rural poverty in Iganga.

UVP is helping to break this cycle by sending orphans and other vulnerable children to school. In 2009, we paid school fees for 38 secondary-level students. In order to make this program more sustainable, this year, UVP created our official student sponsorship program. This initiative links individual students with donors, creating a personal relationship that we hope will provide extra support for these youth to excel in school.



Mercy Bakirya - Iganga Progressive Secondary School

### Food donation: Nourishing students

Women's Alliance and Children's Association (WAACHA) is a tailoring boarding school for orphans and vulnerable girls based in Iganga District. The compound is simple, but the skills that these girls learn could potentially become a lifeline – a source of sustained income. Still, WAACHA lacks the funds to provide food for the 25 girls attending the school. To support the students enrolled in the tailoring program, this year, UVP provided food – *posho* (a maize-based porridge) and beans – each term.

### Crafts: Supporting livelihoods

In 2009, UVP began promoting hand-made crafts prepared by orphaned students and youth. We purchased backpacks sewn of vibrant, traditional African fabrics from girls who graduated from WAACHA's tailoring program and resold them in the United States. UVP also bought bead necklaces made by two local Iganga orphanages and promoted them on our website. By selling these items, UVP hopes to boost income generation for these youth.



Examples of cloth bags & bead necklaces hand-made by orphans and vulnerable youth in Iganga

# GOATS FOR WIDOWS

## ASSISTING WIDOWS AND THEIR FAMILIES

In 2007, UVP launched a “loan-in-kind” program for improved milk-producing goats with the aim of supporting 12 widows residing in 3 villages in Iganga: Kiwani, Bugole, and Busalaamu. The “improved goats” that UVP purchased for these widows have high milk production yield and fast growth. As such, these goats command a significantly higher market price than other readily available species of goats.

### Sustainable benefits

This innovative program has led to three central benefits for the recipients and their communities:

First, UVP’s Goats for Widows initiative is a source of nutrition for the widows’ families. Given the traditionally high birth rates among rural populations, food scarcity – especially nutrient-rich food – is a common dilemma for Ugandan families. Families with easy access to the vitamins and protein found in milk, however, can enhance their nutritional intake. Therefore, widows with UVP goats can add milk to their families’ diets, helping to fight the widespread malnutrition that exists in Iganga District.

Secondly, these improved milk-producing goats are a source of income for their owners. Not only can extra milk be sold to other villagers, but all male goats born can be sold at market – earning the widow and her family greatly needed income.

Finally, the first female goat born must be passed on to another widow in the village. This way, nutritional and financial benefits are extended further and further into the community. Over the past few years, UVP’s goat program has flourished and is now benefitting 23 families.

### Monitoring and looking forward

In 2009, UVP closely monitored the health of all of these goats in collaboration with a local veterinarian by making monthly visits to each of the 23 widows. Through this close evaluation, we ensured that the goats are healthy, properly fed, and sheltered in a clean shed. UVP also monitored the health of the widows and their families, as well as collected data on income generation based on the selling of kidded goats.

Next year, Uganda Village Project hopes to further strengthen this successful initiative by conducting comprehensive educational outreaches and trainings for our three widows’ groups, focusing on proper goat care and good shed maintenance, amongst other things, in order to maximize the benefits of our Goats for Widows program.



A Kiwanyi widow with her goats and son

# FAMILY PLANNING & OBSTETRIC FISTULA

## EMPOWERING WOMEN, HELPING FAMILIES

The *World Bank* reports that 47% of girls between the age of 15 and 24 have given birth in Uganda. Iganga District has one of the country's highest fertility rates – with young girls often dropping out of school due to pregnancy. Moreover, in rural Iganga District, the process of childbirth often leads to serious health problems – or even death – for both mother and child. Unplanned pregnancies and improper spacing between children also create financial hardships for families who cannot afford to feed their children properly or pay for an education. This year, UVP launched a multi-tiered approach to address these issues through educating about family planning and safe motherhood, providing free birth control options to women, and transporting women to obstetric fistula repair camps. Through targeting both women and men in our village outreaches and interventions, UVP aimed to create a forum for open discussion of these often taboo topics.

### Safe motherhood workshops

Over the summer months, UVP's volunteer Emergency Obstetric Care team – composed of doctors, medical students, and university students from the US and Uganda – conducted educational outreaches on safe motherhood in each of the 5 Healthy Villages. The village-level workshops covered family planning, antenatal care and postnatal care, nutrition, clean and safe delivery, and immunizations. The team developed a curriculum drawing from material already approved by the Ugandan Ministry of Health in order to ensure alignment with national maternal and neonatal health objectives. In order to make the information as culturally appropriate and accessible as possible, the UVP team incorporated drama as well as audience participation.



UVP eCare team conducting safe motherhood workshop in Nabitovu A

### Family planning outreaches

In partnership with Soft Power Health – an NGO based in neighboring Jinja District – UVP launched family planning workshops in each of our 5 *Healthy Villages*. At these workshops, villagers were taught about family planning methods – including birth control and spacing – and the risks of not seeking proper healthcare during pregnancy.

Following these informational outreaches, women were offered free birth control plans, which they will continue to receive quarterly.



## Obstetric fistula: education and repair

Obstetric fistula is a devastating maternal injury – characterized by the persistent leaking of urine and/or feces from the vagina, resulting from obstructed labor.

This condition – a non-issue in the developed world – is particularly prevalent in Sub-Saharan Africa, with Uganda reportedly having the 3<sup>rd</sup> highest rate of obstetric fistula in the world.

If the obstruction is unrelieved by a Cesarean section, the baby usually dies, and the prolonged impaction of the baby's head compresses the mother's soft tissues against her pelvic bones, resulting in ischemia, tissue death, and the development of a fistula.

The loss of the baby and persistent incontinence that follow, together with a diverse array of other possible outcomes such as infertility, chronic infection, and neurological injury, all conspire towards a devastating outcome whereby the woman is isolated from family, society, and employment. Despite the fact that surgical repair can cure most cases of obstetric fistula, poverty, social stigmatization, widespread misconceptions effectively make treatment unattainable for most of these women.

Thanks to the tireless hard work of the Namungulwe Health Center and Doctors Brian Hancock and Glyn Constantine of Uganda Childbirth Injuries Trust, a UK-based charity, 26 of the 44 women that UVP transported were successfully repaired. Moreover, we conducted more village-level fistula education outreaches than any other year in an effort to prevent future cases of obstetric fistula, as well as to diminish the stigmas associated with the condition.



Beatrice alongside UVP staff, Julius Ntalo

### In Focus: Beatrice Nawume Nanangwe

UVP staff had the pleasure to visit Beatrice Nawume Nanangwe, a radiant woman – about 80-years-old – who we brought to be repaired at a 2009 obstetric fistula camp. Our conversation was candid –interspersed with spontaneous dancing and singing.

UVP: How long did you live with the condition?

Beatrice: Oh! It was for over 20 years.

UVP: How was living with obstetric fistula?

Beatrice: I used to feel bad about myself. I feared to associate with people; I couldn't share a meal with the rest of my family members. I was always in isolation because of the bad smell I always had.

UVP: Had you ever sought medical advice before having this surgery?

Beatrice: I had tried several traditional healers but all in vain and after that, I lost hope and was just waiting for my last breath.

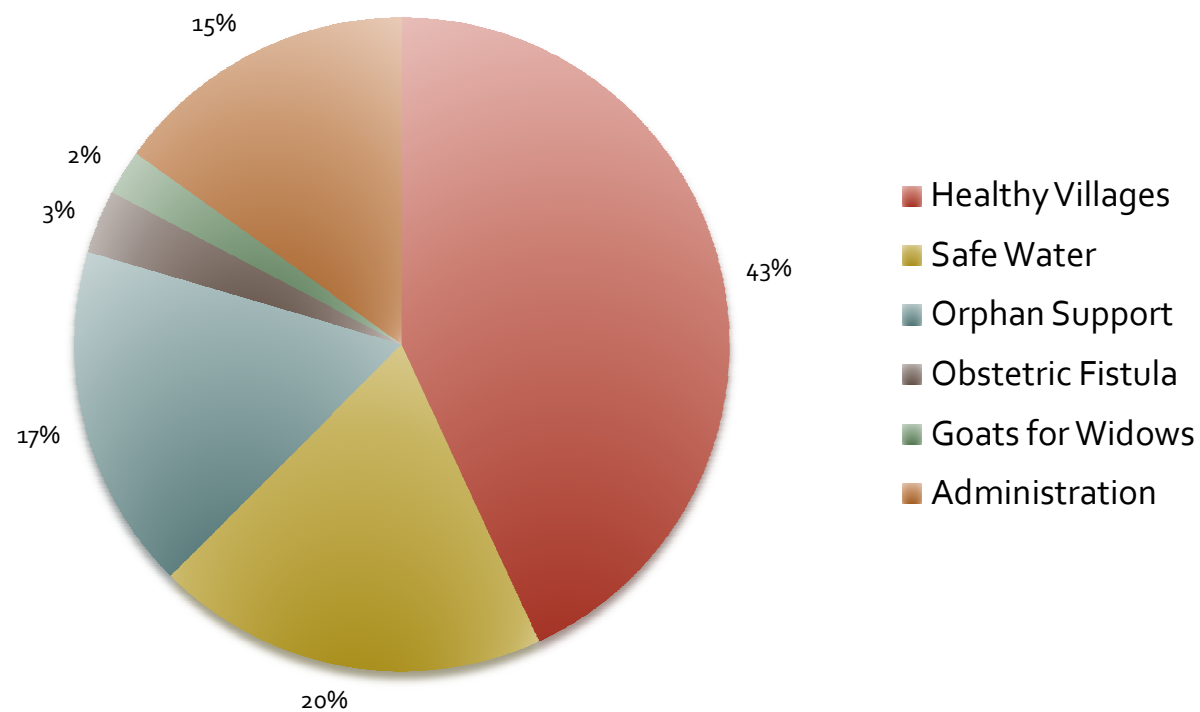
Finally, we ask how her life has changed since the surgery. Breaking into song and dance and with a radiant smile on her face, Beatrice responds, "I am now healed. I can now work in the garden with lots of hope. I can freely associate with people to the extent that I can now share a meal with my family members."



## FINANCIALS

### ALLOCATING FUNDS RESPONSIBLY

As a small non-profit organization that is always aware that our money comes from hard-working individuals, UVP ensures that the funds we receive reach their intended programs. We are proud that 85% of the money UVP raised in 2009 went directly to ensure the implementation, monitoring, and evaluation of our projects on the ground. The remaining 15%, allocated below as “administration” allowed our field staff to conduct the programs discussed in this report.



## BOARD OF DIRECTORS

2009-2010

Alison Hayward  
**Executive Director**

Sarah Dunigan  
**Assistant Director**

Kristina Wang  
**Treasurer**

Kelly Burba  
**Fundraising Chair**

Archana Jayakumar  
**Publicity Chair**

Kristen Shuken  
**Internships Coordinator**

Benjamin Krause  
David Dinh  
Hailey Davis  
Medie Mukalu  
Christine Poquiz  
**Board Members at Large**

## STAFF

### UGANDA FIELD STAFF

Mariam Khokhar  
**Program Manager**

Patrick Tulibagenyi  
**Safe Water Coordinator**

Leah Bevis  
**Healthy Villages Coordinator**

Julius Ntalo  
**Assistant Healthy Villages Coordinator**

Titus Obbo  
**Mod Pot Project Coordinator &  
Chlorine Dispenser Field Assistant**

## LOOKING FORWARD

### UVP IN 2010

**2009 WAS A REMARKABLY SUCCESSFUL YEAR FOR UGANDA VILLAGE PROJECT.**

***We are planning to ensure that 2010 is even better.***

UVP will expand our Healthy Villages initiative to 5 new villages in Iganga District, while continuing to work in our current five communities. We will bring on 40 new international summer volunteers. We will work with government officials and several local NGOs in order to make our programs as effective as possible.

### **IN 2010, UVP WILL STRIVE TO...**

- ✓ make healthcare accessible to villagers
- ✓ make education possible for orphans
- ✓ make income generation plausible for widows
- ✓ make obstetric fistula a thing of the past within Iganga
- ✓ make safe water a reality for rural residents of the district

***Will you help us?***



Child in Bugabula B village