

Annual Report 2013



Twekembe!
for a healthier Uganda



Note from Board Chair:

During my first summer in Uganda, there was an afternoon ritual I often performed. I would walk through the gardens and paths around Kiroba village with the children who were my neighbors there, and let them lead me from one place to the next, pointing out the plants and animals and naming them for me. Although we did not speak one another's language well enough to carry on a conversation, the exchange of names was a way that we shared smiles and laughs together regardless of that fact. To understand another community's culture, I believe that one must strive to understand language – which words to use, and how those words are spoken. Several of the Lusoga words I learned seem to encapsulate my experience working with the hundreds of incredibly dedicated and passionate people who make up Uganda Village Project, and I'd like to share them with you. The way language is spoken in Lusoga is melodic, like a song. I hope that by explaining what these words mean to me you will see how they harmonize.

Mpolo mpola – This is a Lusoga saying that is loosely translated to “slowly by slowly.” One of the most important lessons that living in Ugandan communities has taught our interns over the years is that the fastest way is not always the best way. By taking life slowly, we can better appreciate the value of our experiences. I believe that slowly by slowly is the best way for a nonprofit to create sustainable change in a community. How did Uganda Village Project become the organization it is today? Mpolo mpola.

Mukwano wange – my friend. I remember being taught this phrase by a very small child in the village. He had such a big smile when I said it back to him – “mukwano wange!” In the rural areas around Iganga, even those who you have just met and exchanged greetings with quickly become friends.

Mutekanga! – When a person visits the Basoga region, they must be given a Lusoga name. Having a Lusoga name means that those who visit, who become friends of the Basoga region, also leave a part of themselves behind. The name Mutekanga, given to one of UVP's co-founding members, Brent, means “we shall not be afraid”. At times, it seems easy to be defeated by all the challenges the rural poor face. Although the needs are great, and even small changes can have large impacts, the enormity of the needs can appear overwhelming. But we shall not be afraid. When friends from around the world and from around Uganda come together, slowly by slowly, to create healthy villages in solidarity with rural community members, we can achieve amazing things.

Sincerely,



Alison





Alison with Josephine, one of UVP's sponsored students, during a visit to Uganda in 2009

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Note from Executive Director:



In this annual report, we're celebrating achievements from the past 10 years. When I joined the team last year, I was amazed by what a dedicated group of supporters had been able to create. Although many things have changed from 2003 to 2013, what remains the same is an organization that cares deeply about the people of Iganga. Despite shifts in focus and incredible growth, UVP remains dedicated to the health of each woman, man, and child in Iganga District.

In 2013 we not only celebrated 10 years as an organization, but we received our first grant funding. This allowed us to expand our fistula programming, but we still couldn't do it without you—our donors, volunteers, and supporters. Without your help, we wouldn't be adding new Healthy Villages each year, we wouldn't be digging wells to provide safe water, and we wouldn't be healing women from fistula. I don't know what the next 10 years will bring, but I am confident that with your help, we will continue to help people in rural villages improve their lives.

One of our interns from 2013 told us about meeting a young girl, Medina, in Buvule village. Medina was severely malnourished, probably in part from parasites in her water that kept her from holding on to the nutrition in food. The intern realized that safe water was crucial to getting Medina healthy again. Just like building a well in Buvule will be one step to giving Medina a healthier and more nourishing future, our programs lay the foundation for a better life. When women are educated about how to control their family size, their children grow up with more resources to attend school and achieve their dreams. When men attend an HIV outreach, they learn how to make better choices that protect themselves and their families, starting in motion a healthier family that can last generations. The stories from the villages where we work inspire me, and I'm proud to be part of the next 10 years of UVP's programs.

With thanks,



Leslie Stroud-Romero

Staff

Managing Director	Kaitlyn Maloney
Program Manager, Safe Water	Patrick Tulibagenyi
Program Manager, Healthy Villages	Maureen Nakalinzi
Program Coordinator, Healthy Villages	Titus Obbo
Program Coordinator, Fistula	Loy Tumusiime
Executive Director	Leslie Stroud-Romero



From left to right: Patrick, Maureen, Kait, Titus, and Loy outside the UVP office

Celebrating 10 years!



From 2003 to 2013, UVP:

- Served **hundreds of patients** through medical clinics and outreaches
- Supported community efforts to improve health in **23 Healthy Villages**
- Distributed 5,362 mosquito nets to keep people **safe from malaria**
- **Sponsored 130 children** to attend school
- Gave 239 women new life by bringing them for **fistula repair surgeries** and educated 1,266 community members about fistula through outreaches
- **Provided safe water** for more than 3,500 households by building 57 shallow wells and 5 protected springs
- Tested 6,920 people for HIV and supported them with **counseling and referrals to services**
- **Provided contraceptives** to help 1,571 women control their family size and educated an additional 1,261 women about **safe motherhood and family planning**

We also helped communities build tippy tap hand washing stations, improve their latrines, gave goats to widows, built the capacity of Village Health Team members to continue helping their communities, and more. We've come a long way, and we couldn't have done it without you. Below, we asked our co-founders to share their thoughts about UVP's early days and where we are today.



Memories of the First Trip of the Uganda Village Project

Written by Kirk Scirto, MD, co-founder of Uganda Village Project

“Mom, Dad, can you send me money through Western Union? They need a lot of help here in Uganda.”

I sent this desperate request halfway through the Uganda Village Project's first trip to the village of Kiroba. In the summer of 2003, Brent Anderson, Alison Hayward, and I travelled by dirt road to this poor village. We were inspired by its hospitality, but also quickly overwhelmed by its public health needs.

TEACHERS BY BIKE

Leaders of a local NGO had asked us to teach about HIV, given that local prevalence rates were thought to be a staggering 30%! We rode our bikes from village to village doing community HIV education sessions under mango trees on the edges of soccer fields. In an effort to build local capacity, we organized “Train-the-Trainer” workshops so that local health workers and high school leaders could continue HIV education after we left. These were appreciated, but a response to our teaching usually went like this:

“Well thank you for teaching us, but now I must wonder if I have HIV. Please test us; we need to know”

This is where the Western Union plea came from; with my parents' help, we hired the national HIV testing and counseling organization to extend services to this forgotten rural corner of Uganda. We checked locals' blood for HIV, and checked my blood for malaria to explain my cyclical fever!

A CLEAN PRESENT

Alison and I fine-tuned our HIV curriculum with local feedback, and Brent and I did the same with our sanitation and hygiene curriculum. We also taught sanitation under mango trees, but the real demo was in our house; Alison invited a full school of kids through our house every day to learn hand washing! We also gave soap as a present for households that completed our needs assessment survey. Clean drinking water was quickly revealed as one of the greatest needs, so we hired a local clean water engineer to build a concrete-protected spring water source. The Western Union funds had gone far!

BEGINNINGS

After hearing a talk on the Kenya Village Project a year earlier, I felt a strong calling to create a “village concept project” in rural Uganda. This involves “adopting” a village in a lower income country and forming a public health partnership. Alison and Brent eagerly created this dream with me, with much help from friends in Uganda and Buffalo, NY including ParisimaMirzakazemi, Maureen Maliszewski, Matt Baker, and Katie Love.

CONTINUING THE DREAM

After three months in Kiroba, we had taken our first step in “adopting” this friendly village. Now—ten years later—this partnership continues in Uganda's Iganga District! It has expanded much in the areas of clean water, orphan care, community education, mosquito nets, and promoting safe motherhood. Our Ugandan friends have given us a great opportunity to make a lasting difference in their community; the “mzungu” healers on bikes are much appreciated here 10 years later!



Reflections on 10 Years

Written by Brent Anderson, MD, co-founder of Uganda Village Project

I deeply treasure the people who gave me a home in the village, shared their lives with me, patiently tolerated all my gaffs in speaking Lusoga, showed me how to really “dig” (farming), and revealed me to myself: observing my hoard of jerry cans on the hot days, and saying “Mutekanga, you drink like a cow!” And noticing my typical Western tendency of rushing, graciously invited me to slow down and enjoy the beauty around me, “Mutekanga! Mpola. Mpola.” Most of all, I appreciate the imaginative capacity that village after village shared with me, as they shared their visions for their community’s flourishing, which often included visions of improved health.

A metaphor for UVP that comes up in my reflection is that of a “yoke” (think oxen harness.) So often, the energy of the community is ready to be unleashed and move toward its vision, and often there are storehouses of energy and resources in the government and NGO communities that are helpful in this movement... but for many systemic reasons there, these energies don’t connect. In program after program, UVP yokes these energies together to create something extraordinary. The community envisions safer sources of water, and UVP yokes it with the energy at the District Water Office to get the well parts that it needs. The community envisions a way to decontaminate water, and UVP yokes this with sustainable household chlorine treatment options. The community wants to procure HIV testing, and UVP yokes the desire with the excess HIV testing kits at the National Medical Office that are just waiting to be used. The community desires HIV treatment, and UVP yokes the rural clinical staff with the training they need to be able to access and administer this treatment. The community birth attendants identify candidates who would benefit from life-changing fistula surgery, and UVP yokes their efforts with surgeons at quarterly fistula camps.

One of the reasons my family and I love donating to UVP year after year is that it’s so wonderful to be a part of a movement that is so responsive to village needs, and addresses them collaboratively in a way that is so radically efficient. Having assessed dozens of nonprofits, I’ve not found any that come close to the efficacy of UVP, which does all this transforming work on an annual budget that does not even top 200k. Donating a percentage of our annual income to UVP allows my family and I to help our hopes and dreams of a healthier world come true. Thank you UVP!



Healthy Villages

UVP's Healthy Villages initiative is an umbrella program that encompasses our malaria, family planning, HIV, and hygiene and sanitation activities. Villages are taken on for a three year program where we provide education and services in these public health areas while also building the relationship with existing health centers so community members know where to get services after UVP finishes work in that village.

In May 2013, UVP took on five new villages in Nabitende sub-county: Buvule, Bukaigo, Buwerempe, Kasambika 1 and Kasambika 2. Communities elected Village Health Teams in each village and UVP trained them. Work in the villages has progressed well with help from our summer interns and the dedication of UVP staff.

Also this year, UVP celebrated the graduation of five villages from the Healthy Villages program: Buwaiswa, Nabukone, Namungalwe Rural, Bunio and Buwolomera. They were the first villages to participate in an exciting change to the graduation activities. In the past, UVP staff held a large community meeting to share the activities and outcomes of the three years of work in the village. This year, staff wanted the meetings to be a true celebration of the work in the village, so we scaled up the event. A community health fair was held in each of the graduating villages. The Village Health Teams were recognized and presented with certificates for their work, UVP and partners at the district and Marie Stopes delivered education and services and told community members where they could receive services after UVP is finished working, a local youth drama group performed skits about the work UVP did in the village, and staff shared the results from the three years of work. There was music and dancing the whole day. The community fairs were a great success and will be done when the other Healthy Villages graduate as well.



Reproductive Health

UVP is excited to share that we expanded the reproductive health program in 2013. Now, we are offering the Implanon implant—a long-term family planning method lasting 5-7 years along with the short-term methods we have always provided (condoms, pills, and three month injectables). In addition, we added cervical cancer screening to our outreaches. Cervical cancer is the most common women's cancer in Uganda--and the leading cause of cancer deaths--but it is easily treated if detected early. The nurses we partner with were trained to do cervical cancer screening in the field setting by the district, so we incorporated this service to the outreaches. Offering these new services has drawn more clients to our outreach activities. **In 2013, there were 1,264 participants at our outreaches. We distributed 932 methods and 98 women were screened for cervical cancer** with one woman referred for treatment. Along with the methods offered in the field, UVP facilitated the costs for 19 women to receive tubal ligations. Our strong partnership with district health centers and nurses allow these activities to continue to be successful.



With the help of our summer interns, UVP piloted potential activities for a male involvement in family planning program called Men as Partners. Such activities included soccer matches partnered with condom education and distribution and informal chats in trading centers about family planning. We look forward to applying for grant funding in 2014 to pilot the full Men as Partners program.

Lembo Margaret is a 35-year-old mother of seven children living in Kazigo A village. Her husband currently lives in Jinja town, but plans to move back to the village very soon. Her husband's imminent return prompted Lembo's desire to start using contraceptives as she felt that their economic situation would not allow them to support more children. She found out about UVP's family planning program through a Village Health Team member. At first Lembo's husband did not support her decision but after attending an education outreach, Lembo and her husband both agreed that she should go ahead and get a Depo injection. Lembo now feels that she will be able to plan efficiently for her family as an unintended pregnancy is no longer a risk. Because of her experience, Lembo has become a strong supporter of UVP's work in the community. She has spoken to numerous other women about family planning and encouraged them to think about planning their own families.



HIV/AIDS

In January, UVP decided to pilot a new approach to our HIV outreaches with the goal of finding the most cost-effective way to deliver these services. We changed the mobilization strategy by screening HIV movies instead of drama group performances and piloted it at two outreaches. This approach did not draw quite the crowd that we had seen with use of the drama group in the past and participants were not as engaged as with the drama performances. Therefore, in the later outreaches of the year, we resumed use of the drama group with continued success. We are always open to trying new strategies, but willing to admit when something doesn't work.

Throughout 2013, UVP held 18 HIV testing outreaches. **A total of 3,326 community members tested, of which 65 tested positive.** When community members test positive, we refer them to the closest health center to confirm the results from the field and to register to receive free antiretroviral therapy. Our community outreaches are effective because of our partnership with St. Mary's, a local community based organization, and the government health center staff.



Nabirye Zaituna is aged 33 and a mother of seven children. Before UVP came to her village, she would only get HIV tests at antenatal clinic visits when she was pregnant and her husband had refused to go with her. UVP started activities in 2011 in Nabirye's village and with the help of the education sessions and a convenient location for testing in the village, Nabirye's husband agreed to go for testing. Now the entire family tests for HIV together. Nabirye says, "I am happy that now my family knows all our HIV status including young children in school. We decided as husband

and wife to be faithful to one another in our marriage and agreed to go for medical checkups at least twice a year as a family. I thank all the VHTs for the good work in our community. I also thank all the donors, supporters, and well-wishers of Uganda Village Project for extending all these services to our community. Long live UVP and may God reward you generously for your support to our communities."



Malaria

In 2013, we held malaria education sessions and net distribution in all 18 Healthy Villages. At least 1,000 people--or up to 2,000 children, since most families have two children sleep under each net--will be protected from malaria due to the **918 mosquito nets distributed and sold at a subsidized price** between February and July 2013. In November, the Ugandan government held wide-scale mosquito net distribution throughout Iganga District. During the government distribution activities, UVP stopped selling nets so our nets would not be confused with those that the government was giving out for free. At the end of the government activity, UVP worked with the Village Health Teams to plan for malaria education sessions to ensure community members were caring for the new nets properly. UVP distribution of mosquito nets will continue in 2014 to ensure that families who missed out on the government program still have access to nets at a subsidized price.



WASH

Hygiene and Sanitation

Three-month-long sanitation pushes were carried out in five villages in 2013.

Village Health Teams in each community led the way by creating a customized strategy for sanitation improvement in each village. Because of their efforts and partnership with UVP staff and the sub-county Health Assistant, we made great progress in each village. **We had 994 community members in five villages participating in the sanitation pushes by attending educational meetings, building latrines, constructing hand washing stations, and more.**

In addition to the sanitation pushes, our summer interns conducted sanitation follow-up in the five 2012 villages. At the time of follow-up, six months after the push was conducted, they found increased latrine coverage. For example, in Kazigo A, **latrine coverage increased by 23%**; now, more than 80% of households have a latrine—suggesting a decrease in open defecation in the village. While the sanitation pushes have been successful in encouraging that facilities be put in place, some are not maintained or fall into disrepair without being fixed. In the coming years, we will stress the importance of maintenance for sanitation improvements to continue.



Shallow Wells

In 2013, UVP built three shallow wells. Water Users Committees were elected in each of the communities and education sessions were given on keeping water clean from source to cup. **Because of these efforts, 183 households—made up of more than 1,100 people—now have access to clean and safe water** which can be used for drinking, cooking, and maintaining hygiene in the household, contributing to decreased diarrheal diseases. One challenge we faced in 2013 was that the procurement process at the district was delayed causing a lack of well parts and resulting in a temporary suspension of the project for the second half of the year. Sinking shallow wells will be a priority for 2014 because of this setback in 2013.



Among the villages that benefited from the UVP shallow well project in 2013 is the village of Bubeeko. The community of Bubeeko was getting water for domestic use from an unprotected open well and drinking water from a borehole which was a kilometer away. The community members saw the value in having a shallow well, and agreed to contribute the local materials and labor—a requirement before the commencement of the project. During the digging and the construction process, the community was very active. The women carried the local materials to the site

and the men were involved in the digging.

The shallow well in the village of Bubeeko is to serve two villages. The community was so happy to get a well in their locality and they worked hard to see to it that the shallow well project was a success. The commissioning ceremony was also graced with a church service where the clergy prayed for the people who will be using the water from the newly constructed well and at the same time, they blessed the water. It was a huge celebration with singing, dancing, and a new well overflowing with clean water for everyone.



Fistula

This was a great year for the UVP fistula program. We grew the program by focusing on quality of services provided to patients and increased scope of outreach activities. In addition, **thirty women with fistula were identified and went for repair surgery**. Twenty-two women left the camp dry and healed while eight women were scheduled to attend an upcoming camp. There were only two camps held in 2013 instead of the usual three because of the surgeons' schedules, but we put a lot of effort into outreaches so women will be prepared to go for surgery in 2014.



Katende Suzan, 15, was in primary school when she got pregnant and dropped out of school. Her parents were not very happy but they let her keep the baby. When it was time for delivery, Suzan was taken to a nearby private clinic but even after two days of labor, she wasn't able to deliver because the baby was in a breech position. She was sent to the government hospital where they operated. Sadly, the baby didn't survive and Suzan also woke up to the realization that she could not control her urine. Fortunately, she met a UVP Fistula Ambassador who was able to put

Suzan on the list for surgery. Suzan was transported to a fistula camp where she was repaired. Suzan is grateful for the help provided to her and hopes to join a vocational school.

This year also marked the first grant given for UVP programming. UVP received a grant from the Fistula Foundation to run fistula program activities for 2014 and to fund our new Fistula Ambassador program. Drawing on the example set by our current Fistula Coordinator, Loy, the Fistula Ambassador program identifies former UVP fistula patients and trains them to do community outreaches and find women who could be candidates for surgery. Women were chosen from eight districts to join the program. In this way, the Ambassadors can provide support for women closer to their homes and can give more direct support than our Fistula Coordinator, who must travel long distances to some locations. This makes UVP work more efficient while still providing personal support to women with fistula. **In November of 2013, UVP staff trained 18 Fistula Ambassadors.** The Ambassadors returned to their communities and



began holding outreaches. **By the end of the year, they had already identified 28 potential candidates for fistula repair.** The 18 ambassadors also held educational sessions in their communities. **They were able to reach 3,093 community members in these sessions—many more than we could have done on our own.** We look forward to continued success of the new Ambassadors in the year to come.

Julius Ntalo, advocate for fistula patients and close friend of UVP, reflected on 10 years of UVP:

“The 2006 intern footprints of Ozge, McMorrow, Chava, Bogale are no longer on the red soils of Iganga, but much are visible among the surgically treated fistula survivors and the fistula inoperable mothers who are enabled with urine caps. The 2007 team of Zheng, Jess, Love, Sophia, Medie and Linda’s assessment of public practices regarding obstetric care laid a foundation for health centre referrals that enabled the formation of Fistula Ambassadors. The formation is a breakthrough in the campaign to curb this menace. Doubt not, it will take decades to eradicate it. But we needed to start from somewhere. The 2008 team of William, Kiki, Hung, Shih, Fernando and Archana rooted for the Village Health Teams (VHT). It was alarming when some mothers who had their fistulas repaired successfully kept coming back, with repeated injuries after giving birth to dead babies because they lacked gynecologist attention. With the help of the VHTs, fistula survivors are accompanied to understand that maternal injuries are not their fault and are curable.”



Internships

UVP piloted a five week winter internship in January and February 2013. The interns immersed themselves in the village life of Namunkesu and focused on follow-up of UVP activities. They worked with the Village Health Team, held sensitizations, and organized for a shallow well clean-up day, among other activities. Simon Peter, a Ugandan intern in our program, had this to say about the internship: “I recommend everyone who would like to get the best experience in community work and problem solving skills to intern with Uganda Village Project.”

In June, UVP hosted 42 interns: 14 Ugandan and 28 international students.

Interns were divided into seven teams. We had five launch teams in our new Healthy Villages, one follow-up team and one nutrition project team. Interns conducted house-to-house surveys, held sensitizations, mobilized for UVP outreaches, and worked side-by-side the Village Health Teams. They worked creatively to mobilize community members to attend education sessions and kept the sessions lively with skits and songs.

Intern teams also implemented a hand washing in schools project that was funded by the Baltimore City Rotary Club. This project involved holding hand washing sensitizations at primary schools, building hand washing stations, and observing use of the stations. Interns successfully completed the project activities in each of the four primary schools.

“I strongly believe that in order to help people, you must be able to walk a mile in their shoes. UVP gets its interns as close as possible to that experience, and I think that’s what makes its program so strong. -

Chloe Canetti, 2013 Summer Intern

“This summer I experienced happiness, awe, frustration, kindness, and faith. I don’t think I will ever again be immersed in a culture as beautiful as what we found in Iganga. - Tina Khiani,

2013 Summer Team Leader



Orphan Support

UVP continued to support nine youth from Iganga with school and hostel fees so they can realize their potential. One student is in secondary school while the other eight are completing university level diploma or degree courses. We are excited to announce that **three of our students completed their studies in 2013**. Bagonza Lydia graduated from Busoga University with a certificate in Public Administration. Nakirya Mercy graduated from Kampala International University with a degree in Procurement and Logistic management. Mukholi Robert graduated from Kyambogo University with a degree in Community-Based Rehabilitation.



Robert was one of UVP's first Orphan Support Program students. From the time he began secondary school in 2004, UVP has been supporting Robert with school fees, hostel fees, and other scholastic needs. Right after graduation, Robert is already making an impact in his community. He is currently volunteering with a nonprofit organization called Uganda Parents of Persons with Intellectual Disabilities (UPPID). They work in schools and the community helping children with intellectual disabilities by conducting guidance and counseling sessions for

parents. These sessions bring hope and support to families with children with special needs. Robert's dream is to establish a rehabilitation center that caters for all categories of disabilities. He has begun the journey to realize his dream by successfully completing university. We look forward to keeping in touch with Robert as he continues on in his career.





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