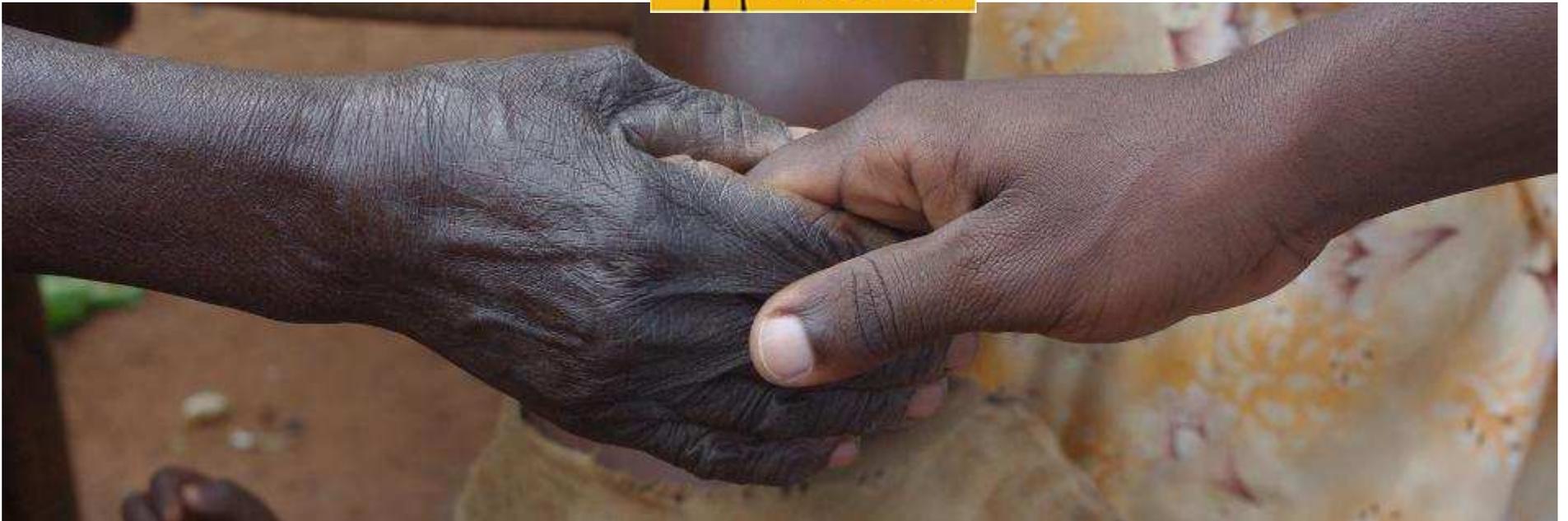


# Annual Report

2010



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<http://www.ugandavillageproject.org>



*In 2010 Uganda Village Project met new challenges, created new opportunities, and kept the people of Iganga district at the forefront of its work.*



*2010 By the Numbers*

**7** community-constructed shallow wells providing safe water for rural villages, **26** scholarships for vulnerable children and orphans, **1253** mosquito nets to protect villagers against malaria, **32** widows assisted through dairy goat rearing program, **39** patients to **3** obstetric fistula repair camps, **953** tippy tap hand washing facilities built, **10** Village Health Teams trained to promote community health and well being, **62** latrines built, **516** maternal health consultations, **283** people received glasses, **54** cataract surgeries, **1419** people screened for HIV .

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

## 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, Uganda Village Project was originally based on the “village concept model” through which students and professionals create a working development partnership with local communities. UVP has enlisted almost 200 summer volunteers from nearly a dozen different countries to assist in 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 seven years, UVP has quickly established a solid reputation with the local government and the residents of Iganga District. As a result of our work serving the rural poor, 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 935 square kilometers and is composed of 2 counties, which are divided into 15 sub-counties.

Iganga has a total population of 466,200. The district has a very high fertility rate, which in turn leads to an annual population growth higher than the national average.

## Obstetric Fistula



Since June 2007 UVP has facilitated 115 fistula repairs

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 causing persistent incontinence and rank odor. Though a simple surgical repair can mend most cases of obstetric fistula, most women go untreated, unaware of what it is, afraid to admit to the condition if they do, or 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.

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 39 women with fistulae at 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 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 when the repair was not successful.

## *Sulain's Risk, Resilience, and Hope*

At 15 Naiwumbwe Sulain was molested by her uncle. Her mother silenced Sulain's confession to avoid the expense of the traditional ritual cleaning ceremony necessary to remove the shame.

When her mother heard that a man was looking for a wife, Sulain was married to the much older man without her consent, and by 16 she was pregnant. She did not receive antenatal care at the local health center; instead she took local herbs meant to soften the pelvis bone, treat morning sickness, stimulate contractions, and reduce pain.

At midnight nine months later Sulain went into labor. Her mother-in law examined her and told her to be brave, it was



labor pains. After five hours they called a traditional birth attendant who referred them to health centre. In labor, Sulain walked for four hours with husband and mother-in law. On the way they hit her with a stick and pinched her to make her walk faster. At the health centre, the providers

shouted at them for not going at the district hospital, but arranged a chair and a bicycle to transport her. On the way she fell unconscious.

Later she was informed that her baby had died and she had developed a fistula.

Things worsened.

Sulain's husband rejected her; told her he couldn't live with a woman who rots the mattress with urine. Initially, after the divorce, she lived with her mother-in-law; but she said she was tired of Sulain's smell and kicked her out. Neighbors yelled at Sulain that she was divorced for wetting the mattress.

Coping with her fistula was difficult for Sulain, she was told to bathe regularly and wash frequently to avoid the bad smell; however, water scarcity did not allow her to do so. She was living alone with no child to send for water and had problems walking for long distances because the padding she wore to absorb her leaking urine caused sores.

In June of 2010, Uganda Village Project prepared 26-year-old Sulain for repair surgery at the June Kamuli fistula camp. Her surgery was successful and she followed the discharge instructions carefully.

Today Sulain stays in Buseyi, on the outskirts of Iganga town. A friend has helped her to set up a retail shop and fish smoking business. She smiles now. She attends church regularly. There is no more odor, no reason for ridicule.

Sulain says getting an income generating business has helped her to overcome psychological and social torture she endured for ten years. Through her business she earns money to sustain herself and in her business dealings she is able to talk with people and has overcome the isolation. She is even dating someone. Ever mindful of her new life, she is using family planning – allowing her body to heal fully before she becomes pregnant again – and when she is ready for children, she plans to seek out antenatal care and to deliver through cesarean section.

Fistula surgery changed Sulain's circumstances and now she is changing her life.



## *Healthy Villages*

*Healthy Villages* – initiated in April 2009 – is an innovative approach to increasing access to basic healthcare for Iganga’s most marginalized rural population by working in tandem with the local government, community based organizations, and the communities UVP serves. In cooperation with Iganga District officials, UVP identified 70 villages with some of the poorest access to safe water and latrine coverage.

With the help of our summer interns, this June UVP added five new villages to Healthy Villages (Bunio, Buwaiswa, Buwolomera, Nabukone, and Namungulwe Rural) bringing our total number of communities in the program to 10. From conducting outreaches on hygiene and sanitation, to selling subsidized mosquito nets, from organizing HIV/AIDS testing days to establishing Village Health Teams – UVP continues to improve the health of people living in rural Iganga district.



# Healthy Villages

Hygiene  
&  
Sanitation

Maternal  
Health

Eye Care

HIV/STI

Malaria

## *Healthy Villages* *Hygiene & Sanitation*



2010 was a huge year for hygiene and sanitation at UVP. We scaled up our program and conducted sanitation campaigns in 7 of our 10 Healthy Villages. The sanitation campaign, which runs for one week in each village and is spearheaded by the UVP-trained Village Health Team, aims to increase hand-washing and face washing behaviors at each home by constructing hand-washing facilities (called tippy taps) from locally available materials. The campaign is aimed at reducing the rate of poor-hygiene related eye infections, diarrheal diseases, all rampant in the Busoga region and is a great way to get the whole village working together to improve health.

Our achievements this year highlight that good hygiene and sanitation doesn't have to be just for the rich, and that with the right approach every man, woman and child in the village is willing to get involved and help out to improve their village.

### Uganda Village Project:

- Constructed 953 tippy taps; improving hand -washing coverage in our villages on average by 81%
- Constructed 62 latrines
- Built over 473 plate stands, to aid households to sun-sterilize their dishes
- Dug 565 rubbish pits to reduce fly infestations, the cause of many eye infections in children.

## *Healthy Villages*

### *Maternal Health*

With the world's second highest total fertility rate (6.73 children per woman) and a disturbing mortality rate of 510 maternal deaths per 100,000 live births, poor access to family planning services contributes to needless maternal and child mortality in Uganda. Rural families carry the bulk of the burden of new births; it is common to find families from 4 to 10 children in the village. Large family size puts a strain on a family's resources, and parents are unable to afford the cost of necessities such as school fees, malaria medication, or adequate nutrition for their children.

UVP helps to increase access to family planning services by working with local nurses to reach each of our 10 healthy villages every three months to offer family planning education and free access to contraception.

This year UVP provided 516 consultations across our villages, to 373 women. Over 59% of women chose Depo Provera; an injectable contraceptive with the protective effect for 3 months. Another 24% chose the birth control pill.

516 nurse consultations to 373 women;  
59% chose 3-month injectable,  
24% chose the pill

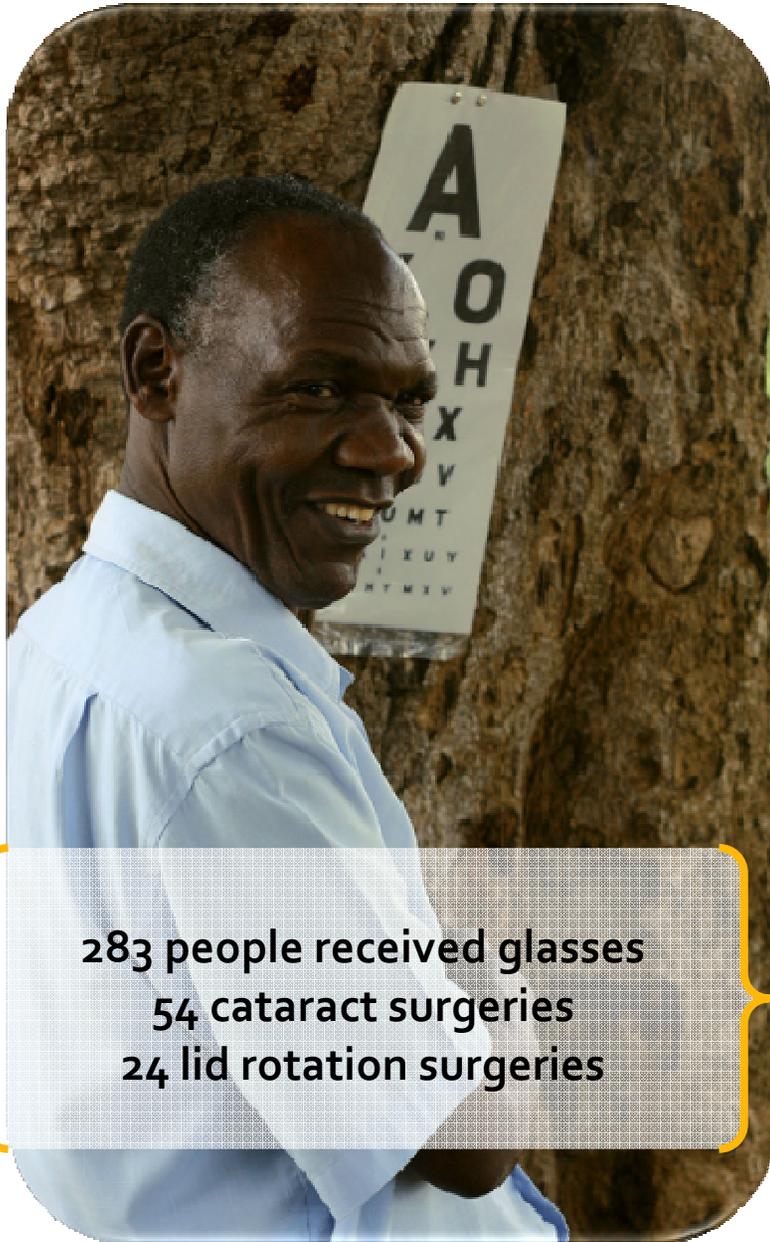


The program faced challenges from local suspicions that birth control causes cancer and other side effects, as well as the traditional belief that the role of women is to produce as many children for her husband as possible. Many of the women accessing our services wait until nightfall to visit the nurse, often opting for the injection so that their birth control remains a secret.

In 2011 we will be raising awareness of the maternal health benefits of family planning, working with opinion leaders and village health teams. We plan to expand the program so more men and women have the opportunity to learn about family planning and assess its benefits in reducing poverty and maternal mortality.



## *Healthy Villages Eye Care*



**283 people received glasses**  
**54 cataract surgeries**  
**24 lid rotation surgeries**

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.

In addition to our work preventing eye infections through sanitation programs, each of our 10 Healthy Villages has a trained Eye care Focus Person on the Village Health Team who identifies those needing eye care. UVP works with Sight Savers International to transport those suffering eye problems to free eye care camps sponsored by Lions Club International.

In 2010, 248 people were transported to eye camps for treatment and surgery. 54 people received sight-restoring cataract surgery, and 24 people received lid rotation surgery for severe trachoma. Over 283 people received glasses donated to UVP primarily from the USA, delivered by UVP interns. Over **200** received medication to cure early-stage trachoma, trichiasis (eyelash scarring), 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 treatable and curable.

## *Healthy Villages HIV / STIs*

HIV and sexually transmitted infections remain a blight on rural populations in Uganda, the prime challenges being awareness and access to testing and treatment. UVP brings voluntary counselling and testing to the Healthy Villages through our partnership with St Mary's Community Based Organization, a dedicated group of trained counsellors and lab technicians who perform outreach in many districts throughout Uganda.

were positive for this potentially fatal disease, 50% higher than the national average. UVP is looking to expand our syphilis program in 2011 to offer a much larger syphilis testing capacity, and is working with Iganga district offices to offer treatment at the village level. With increased donor support we can work to close the treatment gap in isolated rural communities in Iganga district.

UVP and St Mary's provided HIV counselling and testing for **1419** people in our 10 villages this year. Of those tested for HIV, **2.4%** were identified as positive and referred to The AIDS Support Organization for regular CD4 count readings, access to free antiretroviral therapy, and opportunistic infections management.

In 2010 we also offered syphilis testing to our villages for the first time. Out of 250 people tested we found a startling 54%



## *Healthy Villages* *Malaria*

With over 90% of the world's cases of malaria occurring in Africa and Uganda ranking third in the world, malaria is a daily cause of illness and death in villages. Unlike many diseases effective preventative strategies are known and treatment is readily available. Despite this, poverty is the largest barrier to ridding Uganda of malaria.



Insecticide Treated Nets are more effective than conventional un-treated nets.

UVP works across all our communities to train Village Health teams in malaria prevention and treatment, establish a village net distributor, and work closely to ensure nets are accessible to everyone in the village. UVP also works with net distributors to visit homes and follow-up sales to encourage proper net usage and to conduct one-on-one malaria education with heads of the household. UVP and the Village Health Teams work to sensitise villagers of the cause, methods of prevention

and appropriate treatment of malaria. UVP also subsidizes WHO-standard long lasting Insecticide Treated Nets to bring affordable malaria prevention to people in the village.

This year we distributed **1253** long lasting insecticide treated nets. During net follow up we identified that knowledge among net owners on malaria is good and that over 81% of nets are being hung properly; however, our follow-up revealed that there is a long way to go. In households surveyed we found that only 54% of people in each household are sleeping under a net, and that only 44% of pregnant women and 57% of children under 5 are sleeping under nets. These two groups are the most vulnerable to malaria. In 2011 UVP will continue our net distribution. We will also continue house-to-house follow-up to encourage families to prioritize pregnant women and children with nets, and 100% net coverage for all family members.

## *Internship Program*

UVP's summer internship brings together Ugandan and international volunteers to live and work in Iganga villages. This year 30 international and 15 Ugandan interns participated in the program. One team of interns worked in each of the five new Healthy Villages, while one other team worked with local health centers and another worked on follow up for previous Healthy Villages.

The living conditions can be challenging with a team of interns living in a single house, usually with

no running water or electricity. The village teams 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. The Health Centre team improved stock management in our five affiliated health centers and encouraged proper medication management by building shelves, ceilings, and helping to



**De-wormed 2,512 children in 5 villages;  
Assisted a child with malnutrition from  
'tongue-tie' to receive surgery**

develop systems. They also launched the 'Patients' Rights' Project, training the five new Village Health Teams about the rights of Ugandans to be able to seek free medical care in government health centers and hospitals. At the same time, the Follow-Up team conducted surveys and interviews in the five 2009 Healthy Villages to

determine how effective UVP's programs are, as well as providing further trainings.

Many of the interns extended themselves

to also gain clinical experience; several interns attended an eye care surgical camp to learn about cataract surgery, another intern visited the pediatric neurosurgery centre in Mbale, and more than 20 interns undertook clinical shadowing at Iganga hospital in the labour ward.

Most of all, the interns spent their summers immersed in rural African life, gaining a true understanding of the issues facing Ugandan families in the villages, and voluntarily giving their time and effort to create grassroots change to improve the public health in Iganga .

## *Goats for Widows*

Beyond the few paved roads of Iganga town, the district's capital, along narrow dirt roads peppered with bushes and trees and dotted with mud brick houses you will find the three rural communities with widow groups participating in the Goats for Widows program.

Rearing goats may seem a long stretch from UVP's public health mission, but Basil Edeket, the follow-up coordinator and a veterinarian of five years, makes the connection. "Most of these widows before they came in had poor nutrition," he said, "now they are doing sustainable agriculture. She sells milk and gets money for paraffin or to take the children to the hospital. They also benefit from the mature goats giving manure that they use for their gardens." All of those things make for healthier women and healthier families.

This year marks the successful transition of the project from UVP coordination to the participants. With a generous initial donation of \$64,000 USD (Choose A Need), health and livelihoods of the participating widows and their families have improved in the last two years. What began as 14 goats and widows in three villages has turned into 32 goats and as many widows.

With each female kid birthed a new widow is given an opportunity to change their health and wealth circumstances. In addition to the female goats that were passed onto other widows, 19 male goats were sold (for between \$50 and \$100). The money from the sale of male goats and surplus milk goes a long way to help these widows help themselves.



- This year:**
- **19 Goats kidded**
  - **7 females; 5 passed to other widows**
  - **12 males; 9 sold, 3 ready for sale**

## *Safe Water*

This year has seen a dramatic change in the safe water program. This follows the adoption of a new safe water strategic plan embracing the safe water chain more comprehensively than ever before. We improved our shallow well construction method and are now using a double lining method which filters the water from the bottom and the sides and prevents runoff water from entering the well. 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 Safe Water 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 seven villages this year; shallow well governance workshops were conducted in all seven 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 .



## UVP 2010 Shallow Wells (Donated by...)

Buwaiswa (Nausheen Khokhar)

Lwaki (Nausheen Khokhar)

Lukhunu A ( Syed Ashraf )

Nabukone (Mehrun Nahar )

Kabira (Meg Kilcup)

Nawansega B (ChooseAneed)

Namunkesu ( ChooseAneed)



## *Orphan Support Program*

In 1997 Uganda established Universal Primary Education (UPE), 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.



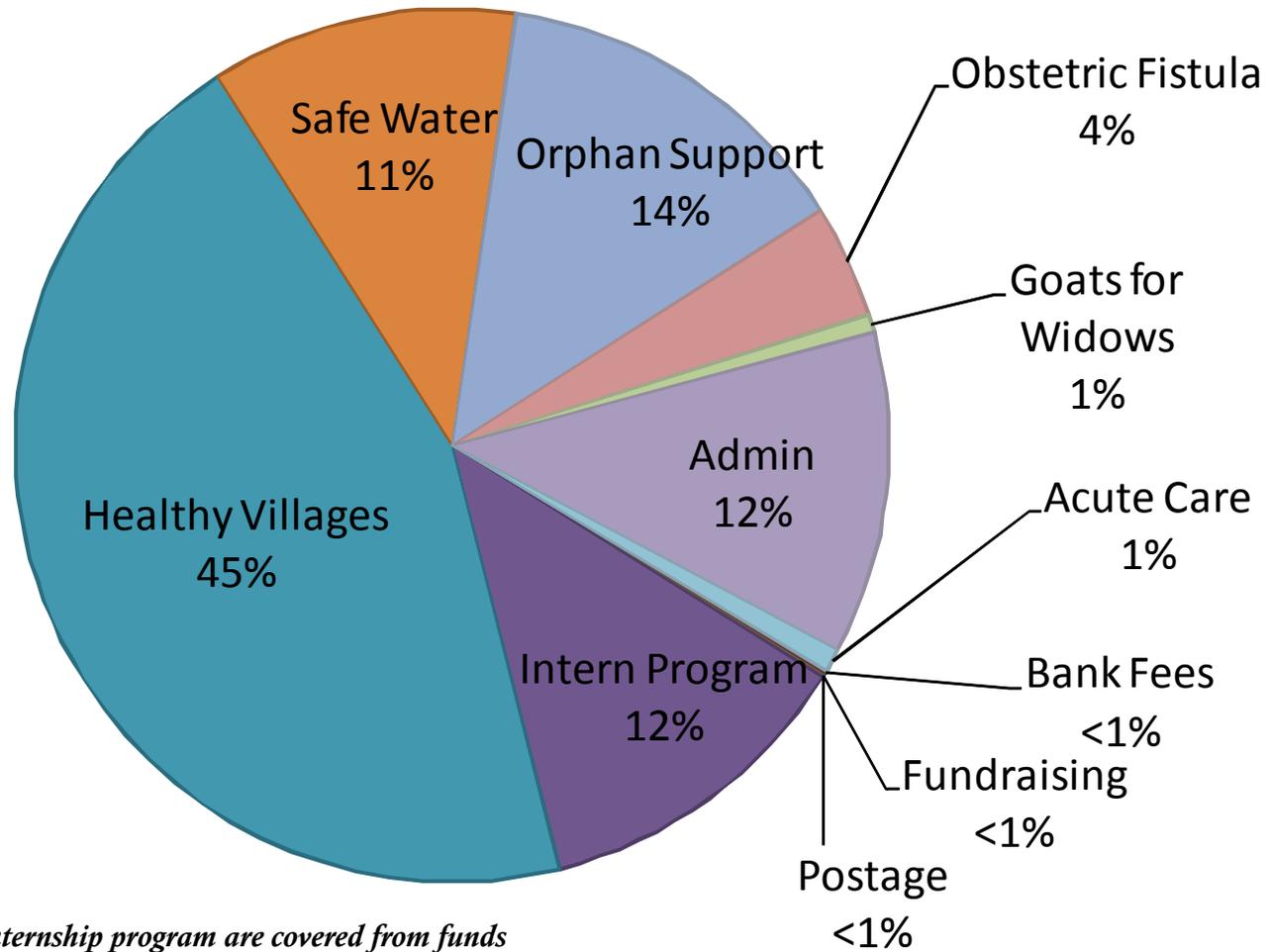
Attend they have, this year UVP paid the school fees and, where necessary, boarding and other costs, for 26 students.

In 2007 Uganda became the first African nation to establish Universal Secondary Education (USE). Rolled out incrementally, this year tuition-free classes are available up to standard 5 (equivalent of a junior in high school). But, while UPE and USE have greatly expanded the educational opportunities for the country's youth, challenges persist. Students attending UPE/USE schools face overcrowded classrooms, understaffed schools, and a dearth of materials.



UVP sponsorship enables students to attend less crowded schools and reap the full benefits of their education. Proof of the success of this program appears in the form of Mercy and Robert, two students who, upon completion of their secondary studies (and with the generous help of a sponsor) completed their first semester at university in 2010.

*Financial Information*  
*2010 Expenditures*

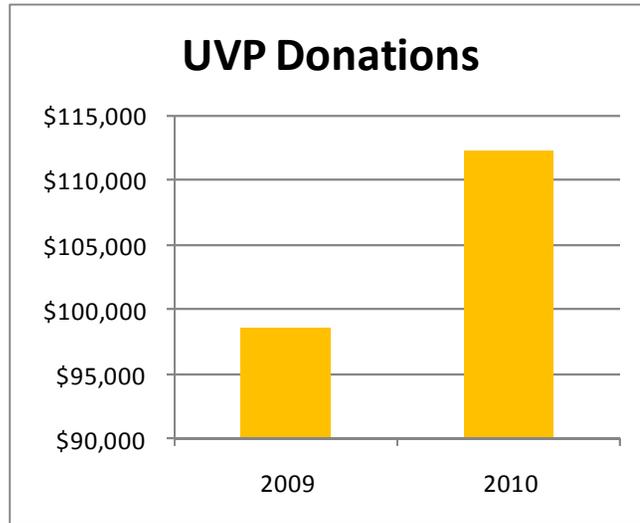


*Expenses relating to the internship program are covered from funds raised by the interns/volunteers for this purpose.*



## Financial Information

### Income and Expenditures



*UVP's board covers all administrative costs incurred outside Uganda, so that 100% of donations for programs are spent in Uganda.*



	<u>2009</u>	<u>2010</u>
<b>TOTAL REVENUES</b>	<b>\$ 110,525</b>	<b>\$ 121,622</b>
Prior Year Surplus	\$ 11,887	\$ 9,314
Donations	\$ 98,638	\$ 112,308
Intern Program	\$ 44,953	\$ 51,546
Healthy Villages	\$ 450	\$ 2,750
Clean Water	\$ 8,615	\$ 3,410
Orphan Support	\$ 3,484	\$ 40
Fistula	\$ 276	\$ 1,100
Malaria	\$ 6	\$ 315
Medie Mukalu University Scholarship	\$ 3,200	\$ 2,050
General/unspecified Donation	\$ 37,654	\$ 51,097
<b>TOTAL EXPENSES</b>	<b>\$ 101,210</b>	<b>\$ 119,150</b>
US Expenses	\$ 17,626	\$ 14,810
Volunteer Program	\$ 16,618	\$ 14,457
Admin:		
Bank Fees	\$ 460	\$ 255
Fundraising	\$ 523	\$ 12
Postage	\$ 25	\$ 86
Others/Misc.	\$ -	\$ -
Uganda Expenses	\$ 83,584	\$ 104,340
Healthy Villages	\$ 31,428	\$ 53,547
Safe Water	\$ 17,310	\$ 13,491
Orphan Support	\$ 12,630	\$ 16,256
Obstetric Fistula	\$ 1,153	\$ 5,019
Goats for Widows	\$ 401	\$ 793
Admin	\$ 12,287	\$ 14,222
Other	\$ 8,375	
Acute Care	\$ -	\$ 1,012
<b>NET (rolled over into next year)</b>	<b>\$ 9,315</b>	<b>\$ 2,472</b>

*Looking Ahead...*

2011

- A new Strategic Plan
- Three new communities in the Healthy Villages program
  - Preparing for the first Healthy Villages communities to 'graduate' the program
    - New programs, including syphilis treatment and jiggers sensitizations
  - Presenting UVP's obstetric fistula work at conferences
- A re-vamped need and merit-based orphan scholarship program that provides financial support for students
  - A social justice fellowship to honor the memory of our friend Sujal Parikh

*Will you help us?*



## **Board**

Alison Hayward  
*Director*

Lawrence Mumba  
*Assistant Director*

Andrew Lowe  
*Treasurer*

Fyfe Strachan  
*Fundraising Chair*

Kyla Holcomb  
*Internship Coordinator*

Leah Bevis  
Kathleen Bongiovanni  
Bruce Cormack  
Cameron Gibson  
Medie Mukalu  
Kristen Shuken  
Michael Thornton  
*Board Members At Large*



## **Staff**

Linnea Ashley  
*Program Manager*

Patrick Tulibagenyi  
*Safe Water Coordinator*

Alanta Colley  
*Healthy Villages Coordinator*

Julius Ntalo  
*Fistula Coordinator and Assistant Healthy Villages Coordinator*

Titus Obbo  
*Safe Water Assistant Coordinator*





*Uganda Village Project has a new address.*

*If you would like to support our programs with a donation, please send it to:*

*Uganda Village Project*

*c/o Andrew Lowe*

*2632 42nd Ave West*

*Seattle, WA 98199*

*Or online:*

*<http://www.ugandavillageproject.org>*





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