



Partnering for Public Health Initiatives

*Uganda Village Project and
the Village Health Teams*

By Alison Hayward

Origins

Iganga, Uganda - Uganda Village Project (UVP) was started in 2003 by Kirk Scirto, who was inspired during a medical student conference upon hearing about "Village Concept Projects". Later that year, Kirk and the other two co-founders, Brent Anderson and Alison Hayward, visited a small village in Uganda's Iganga District called Kiroba. From 2004 to 2008, they partnered with NGOs local to the Iganga District. Through these partnerships, they gained experience in programming involving HIV/AIDS, sanitation and safe water, malaria, healthcare referral networks in eye health and obstetric fistula, orphan support, and sustainable agriculture. They kept one volunteer staff member on the ground continuously during that time, and in 2008 they hired their first paid program manager. Over the subsequent 5 years, they expanded further and now employ 5 full-time staff members, and one part-time obstetric fistula program coordinator.



The Work

In the winter of 2008-2009, UVP restructured their operations and began establishing partnerships with local governments and NGOs to provide complementary programmatic support in the areas where they worked.

UVP's **Healthy Villages** program is an outcome of this initiative; it prioritizes the neediest communities in the Iganga District and, in partnership with other organizations, brings a 'basic health package' to those communities. This includes the construction of shallow wells and the development of sales networks to distribute public health improvement products such as mosquito nets and family planning services/condoms. Additionally, and perhaps most importantly, the package also includes the establishment of a Village Health Team, which functions as a Level I Health Center in each community.

This Village Health Team is the cornerstone of UVP's grassroots public health programmatic efforts. It is made up of a volunteer team of concerned citizens, elected by democratic vote. The team acts on their own initiative to improve their community through education, healthcare intervention, and public health strategies. Education campaigns include such items as family planning outreaches, nutrition education, fistula awareness, and sanitation campaigns, which pair the manual labor of sanitation improvement construction with teaching neighbors about the benefits of improved sanitation and how to construct their own sanitary home improvement projects.

