Hello Friends!

Many changes were realized in 2017: expanding our reproductive health programming, expanding our data collection for malaria and HIV programming, and some very important staffing shifts.

Our work in reproductive health widened to include two important groups: adolescents and men. We started with a humble football (soccer) game with about 10 young people and eventually expanded to an event of nearly 100 participants between two villages. Young people proved eager for information and we realized we were filling a gap; adolescents weren't receiving this education in school and were too shy to talk to their VHTs about it. We created a platform for learning that did not exist before.

Men attending our reproductive outreaches were shy at first, but began to open up with each new outreach. At one outreach in Mwendanfuko, Moses, a prominent community member, stood up at the end of the outreach, and with a humble voice, told our staff members, Loy and Keneth, that, had he known this information about child spacing and planning finances for his family, he would have chosen to have fewer children. Other men in the group nodded in agreement. It was a powerful moment for all involved.

To better understand our participants, we expanded our data collection of HIV and malaria programs in late 2016, completing this work in early 2017. We began
collecting more detailed demographic information and realized that only 13% of attendees testing for HIV were adolescents, one of the groups at highest risk for contracting or spreading the disease. Armed with this knowledge, we adjusted our programming to create more inclusion of this group in 2018.

2017 also brought us our first Ugandan Managing Director, Edmund Okiboko. As an organization dedicated to empowering and partnering with communities, Edmund is a perfect fit with background and education in program management. As a Global Health Corps alumni, he is well connected and continually seeks learning opportunities for himself and our staff members.

With these changes, we are growing stronger each day by seeking better information to guide our programmatic implementation. We are excited about what 2018 holds and the answers we will find that will allow us to better serve our partner communities.

Thank you for your continued contribution and I look forward to reporting on the work we accomplish together in 2018.

In health,

Kelly Child, Executive Director
Water Access, Sanitation, and Hygiene (WASH)

Based on our program review activity late in 2016, we made some improvements to our WASH programming. 2017 saw mini-sanitation pushes: smaller versions of the launch sanitation campaigns. This VHT-led activity is highlighted by house-to-house visits to observe sanitation facilities and talk about the importance of clean water. In addition to education, we provide subsidized tippy tap materials for interested families.

We’re looking forward to evaluating the data to see how these additional activities impact WASH knowledge and practices in our partner communities.

- 1 shallow well constructed, serving 342 people
- 71 latrines constructed
- 442 tippy taps installed
- 224 trash pits dug
- 267 plate stands constructed
Reproductive Health

- 282 unique patients provided with contraceptives
- 502 doses of contraceptives delivered to rural communities
- 2,192 women, men, and adolescents educated on sexual reproductive health

In the first quarter, we incorporated outreaches targeting specifically to adolescents and men. Throughout the year, we received feedback from the youth about activities they were interested in and began incorporating football (soccer) matches to add some excitement. Participation grew exponentially!

Men’s outreaches started small; 5 – 8 men attended early outreaches. At the end of one notable meeting, a village elder stood and said, “I wish I would have known this information years ago. I wouldn’t have decided to have so many children!” With support from community leaders, participation in outreaches specifically for men has grown.
Malaria

• 2,099 people reached with malaria prevention education
• 4,111 people tested for malaria
• 78 subsidized mosquito nets sold

In coordination with our HIV outreaches, we provide malaria testing and treatment. Because this happens directly in the village, many children are able to receive timely testing and treatment before it progresses too far. Parents greatly appreciate this service as they can save time and resources by not having to travel to health centers.

The Ministry of Health distributed free mosquito nets to communities in 2017, so the need for nets in our partner villages was very low.
We continued our valued partnership with Uganda Childbirth Injury Fund by conducting two camps at Kamuli Mission Hospital and added another camp at Jinja Regional Referral Hospital with Engender Health. After receiving feedback from participants, we expanded our extended social reintegration program to include additional trades such as hairstyling. In follow up visits with past reintegration participants, we have seen them flourishing in their new trade and filling a gap in service provision to their communities.

In an effort to reach more people with education of fistula, we increased our Fistula Ambassadors by 50% bringing our total to 30! These men and women work voluntarily reaching thousands of people each year. In partnership with The Fistula Foundation and Co-op Uganda, we provided every Ambassador with a brand new bicycle!

- 126 women provided with reconstructive surgery
- 16 women participated in the social reintegration program
- 15,094 people reached with fistula education
- 10 additional Fistula Ambassadors recruited
Staff Pictured: Kelly Child, Keneth Kaggwa, Titus Obbo, Soby Grace, Patrick Tulibagenyi
At the close of 2017, UVP has completed the Healthy Villages program in 24 villages and is actively working in 13 villages.

**Graduated 2014 village Buwoira**

Upon graduating from the Healthy Villages Program, the people of Buwoira demonstrated the following metrics:

- 92.9% know how malaria is spread
- 88.9% know what obstetric fistula is
- 96.2% use a latrine to defecate
- 56% have a tippy tap
- 70.4% have tested for HIV in the last 6 months

**Continued work in 2015 villages Kitukiro, Bukakaire, Nabirere A and Nabirere B and 2016 villages Bufutula A, Bufutula B, Mwendanfuko, Namunsala, and Namufuma**

**Launched 2017 villages Bulondo, Irenzi, Kamira, and Muira**

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Staff Members

Back Row: Titus Obbo, HIV and Malaria Program Coordinator; Tom Karrell, International Intern Coordinator; Patrick Tulibagenyi, WASH Program Manager; Edmund Okiboko, Managing Director (May-Dec); Keneth Kaggwa, Internship and VHT Program Coordinator; Evelyn Nabwiire, Fistula Program Coordinator

Front Row: Ngobi, Support Staff; Miriam, Housekeeping; Loy Tumusiime, Reproductive Health Program Coordinator

Not Pictured: Soby Grace, Driver; Leslie Stroud-Romero, Interim Executive Director (Jan-May); Kelly Child, Managing Director (Jan-May), Executive Director (May-Dec).
Executive Board Members

Board Chair
Alison Hayward

Treasurer
Winnie Sabbat (Jul – Dec)

IT Chair
Dick Schroth

Fundraising Chair
Noortje Trienekens (Jan – Jul)

Marketing and Communications Chair
Brian Ourien

Grants Chair
Kim Lomax (Jan – Sep)

Grants Chair
Nathan Tauger (Sep – Dec)

Member at Large
Alicia Majeau

Member at Large
Laurel Hamilton

Not Pictured
Internship Chair
Chelsea Powell
Financials

Revenue: $118,778
Expenses: $115,932

- Obstetric Fistula: 41%
- Healthy Villages: 47%
- Safe Water: 12%
- Intern Fees: 27%
- Grants: 35%
- Individuals: 38%
Without you, our lives (and work) would be incomplete. Thank you for your support as we strengthen our organization and serve more communities with health programming.

And THANK YOU to UVP staff and interns for providing the photos used in this report!