

I spent the summer of 2011 working with as a Project and Administration Leader with the Uganda Village Project for a team of six interns in the Iganga District of Uganda. The Uganda Village Project (UVP) is a NGO that works to improve the public health of the people in this poor and unhealthy region of Uganda. The Iganga District has an HIV/AIDS rate of 15%, about 8% higher than the national average. All of the villages that UVP serves were chosen because the village has less than 60% clean water and latrine coverage.

Our village, Nawansega B, was new to UVP, and so we spent the beginning of the summer holding community meetings and conducting a needs-based analysis of the village's health needs.



Figure 1: Playing with my favorite girl from our village



Figure 2: A local pond and water source

After specific concerns were identified by the leaders of the village, we surveyed the village to develop a baseline understanding of the sanitation conditions. The conditions were poorer than I had imagined. It took us two weeks to survey 236 houses, of which only two had a tippy tap (an invention that allows one to wash their hands), for example. Once a sanitation baseline was established, we facilitated the elections of a Village Health Team (VHT) to act as the "Health Centre Level 1". This will be the first line of health volunteers that villagers go to

before having to get to a hospital or clinic. After elections, we trained the VHT in communication, record keeping and advising skills, knowing the government would provide them with health-related training a few months after we left. Soon after VHT elections, we began conducting sensitizations on different health concerns that the village had identified in the SWOT community meetings. These included malaria, nutrition, and a whole week dedicated to HIV/AIDS awareness and free testing. My favorite was the hygiene/sanitation sensitization that I taught at the local elementary school. We wrapped up the summer with a several week "Sanitation Push". Using the information we had found earlier from the Baseline Sanitation Survey, we worked with villagers to teach them how to build hygienic appliances like tippy taps, plate stands (to the right), proper washrooms, latrines, and trash pits.

This experience was absolutely incredible; I learned so much from my team, my village and the people of Uganda. I feel so humbled to have been able to have this opportunity. Public Health is no easy field, but it is absolutely necessary to not lose faith in its progress.



Figure 1: Working with UVP and team to build a plate stand with villagers