

A field trip to Uganda June 2009

For 2 ½ weeks in June members of Water for Kids and Daventry Friends of Iganga once again joined forces to undertake public health work in Uganda using money raised through our own fundraising, donations and with the help of our sponsors. A group of volunteers have been visiting the town of Iganga in Eastern Uganda since 2005. There were 14 of us this time, for some of us it was our second or third visit and we were led by our two team leaders who were involved in setting up the link between Iganga and Daventry.

We worked alongside the local health inspectors on a number of projects including:

- Protecting new water sources and repairing others (including pumps to 2 existing boreholes)
- Health and hygiene education
- Plumbing repairs
- Cleaning and decorating



Three new water sources were protected to provide safe water to communities, one of which has a population of approximately 2000. Several volunteers spent some time working on a spring protection project. This involved digging, moving earth from the eye of the spring, draining the dug out hole of water and then filling it with rocks which filter the water before it drains through the new pipe. This was hard work and really showed how unused to hard labour most of us are when compared to the locals. Even the small children were managing to carry heavy rocks some distance and the whole community enjoyed being part of the project to provide them with safe water for the first time.

A local ladies' drama group put on an educational play for local communities, teaching them the importance of keeping their water source clean and well maintained,

how safe drinking water can help prevent illness and the importance of hand washing and clean storage containers.

Water was sampled at a number of sources to test pH, turbidity and microbiological load. One volunteer was visiting Iganga for the second time in 6 months to undertake sampling for her Environmental Health dissertation. We had a few problems with the incubator in the testing kit but once that was overcome, we were able to get results for comparisons before and after two water sources had been protected: Buwande and Magogo. The results following protection showed a reduction in bacterial content to an acceptable standard. Turbidity analysis showed improved clarity of the water. The pools of water formed by natural springs are often deep. If no protection work is done, it is not uncommon for children collecting water to fall in, putting them at risk of drowning. The unprotected pools also provide breeding grounds for malaria carrying mosquitoes. Protecting and maintaining water sources removes stagnant pools of water, reducing mosquito breeding grounds. Draining gullies also help irrigate crops surrounding the water source.

We repaired plumbing in the Muslim Clinic in the town centre and provided additional wash basins as only the laboratory and labour ward had wash basins. The basin in the labour ward had no water connection so that was repaired and basins were installed in other wards including deep sinks in the laboratory. Contrary to its name this clinic is used by all in the community but we did receive a special thanks from the Elder of the Muslim Community who has an office based at the clinic.

We helped to improve the rain water harvesting system at Namunsaala village clinic (a project Water for Kids carried out in 2008) we installed a divert to remove the dirty water from the first few minutes of rain. This was not without its glitches and the first heavy downpour burst the seals. But we helped the plumber find a solution to get it fixed and we have all learned from the experience so future projects will run more smoothly. We visited another clinic 30 miles north of Iganga in Naigobya where a similar water harvesting project will mean the nurses will not have to walk the 2 kilometres to the nearest borehole to collect water.

Some of us helped with a mass measles immunisation programme. We helped the nurses at the Town Council Clinic administer measles vaccinations, polio sub lingual drops, worming tablets and vitamin A supplement tablets to all children under 5 years. We saw in excess of 100 children in just the first morning, which continued to be well attended over the course of the 3 day programme.

Several days were spent painting and repairing the maternity ward of Iganga District Hospital. This was particularly challenging. We were trying to work while patients were in a state of post anaesthesia after childbirth by caesarean section, or in other discomfort and in the heat of the day. The condition of the ward was poor, with blood, faeces, bird excrement and needles present. Some of the sinks were hanging off the walls, hot water was not an option, most cold taps did not work and there was long term brown staining in all of the sinks. The showers had stagnant old blood stained water in the trough area, altogether an unsanitary sight. Repairs were carried out to wash basins and showers and we hope that after speaking with the hospital administrator there will be greater emphasis on cleaning. We found someone to make drip stands for the ward and



then a few of us spent a day painting them to keep them free of rust and easy to clean. The ward did look refreshed after all the work had been done. We worked alongside some of the locals who always help whenever visiting members arrive in their town. It is a sign of their appreciation that they are willing to stop what they would normally do.

We were all invited for a meal by the Town Councillor and the Mayor of Iganga to thank us for all the work that had been done in the town and surrounding district. Charitable work is an important factor in improving standards as government financial help is hardly ever forthcoming. Water for Kids and Daventry Friends of Iganga are working more closely than ever with the local environmental health team to try and make the projects more sustainable. We have started training which has resulted in improvements and the local inspectors are now spending more time visiting projects and advising village headmen on the importance of maintenance. We have learnt from past problems and now hope that by advising the local communities they will understand that they need to take care of their water sources and health projects.

The fact that the locals want to get involved with whatever project we are doing is a great advert that the projects are wanted, as well as needed. Older projects may sometimes need a bit of maintenance and we may have to motivate and encourage the communities to look after what we have helped to provide, but that is all part of the education and sustainability we are trying to provide. Alongside local people, we have improved the lives of some and given hope to others. I am certain they cannot wait for our return.

If these success stories spark an interest and you would like to become a member of one or both of the organisations or if think you could help by volunteering then please email administrator@waterforkids.org or info@friendsofiganga.org. For more information see the websites at www.waterforkids.org and www.friendsofiganga.org

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