



2012

ANNUAL REPORT
engeye.org





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MISSION & VALUES

Engeye's focus is to improve health care in Ddegeya Village in a sustainable manner – a tangible, realistic goal that we can achieve working with the people of Ddegeya. With this focus in mind, we understand this shift in health care standards is not possible and will not make a dramatic impact unless we engage the villagers in this transition and empower them with the knowledge and tools necessary to improve overall health care standards.

Disparities, such as access to medical care, opportunities for education, ability to earn income, environmental degradation, and lack of clean water are inter-related. Engeye works to make progress in improving all of these areas, keeping the health of Ddegeya in mind. As such, Engeye's mission seeks:

To improve living conditions and reduce unnecessary suffering in rural Africa through education and compassionate health care.

Implicit to every project we undertake is the understanding that it will ultimately be sustainable with little or no outside assistance, and that it will be accomplished free of the imposition of any foreign, social, political, or spiritual values.



BOARD OF DIRECTORS

The Board of Directors oversees the daily operations of the clinic and educational activities. Some of the duties of the Board include: collaborating with the clinic management and staff, building partnerships between the U.S. and Ugandan organizations, fundraising, facilitating communications between U.S. volunteers and Ugandan staff, organizing medical missions, and seeking potential funding and collaborative opportunities. In 2012, the Board of Directors consisted of:

Dr. Stephanie Van Dyke

Dr. Misty Richards

Stephen Po-Chedley

Dr. Carlos Elguero

Dr. James Walker

ADVISORY BOARD

The Board of Directors receives input and assistance from an advisory board. The Advisory Board is composed of individuals who oversee more focused organizational objectives including medical advice, marketing, website maintenance, financial advising, grant writing and volunteer coordination. Together, both the Board of Directors and the Advisory Board work to ensure the sustainability of the organization. In 2012, the Advisory Board consisted of:

Theresa Weinman

Elaine Pers Hickey

Amanda Wilson

Julie McMurchie

Dr. Mike DiMaio

Dr. Scott Struck

Dr. Janet Lin

Dawna Lee Heising

Dr. Benjamin Johnson

Becky Broadwin

Dr. Kim Robinson

Dr. Neelum Aggarwal

CLINIC STAFF

The full-time clinic staff in Uganda is the heartbeat of Engeye, overseeing the day-to-day operations and providing the hands-on medical care the people of Ddegeya have come to depend upon. The staff, including the operations manager and clinic medical personnel, is in regular communication with the board members in the U.S.

The clinic staff and management are native Ugandans and live and work in Ddegeya Village. Engeye's commitment to employing local staff is advantageous because it provides income opportunities for villagers and allows the clinic staff in Uganda to develop a thorough understanding of health problems in Ddegeya Village. In 2012, the Engeye staff included:

John Kalule, *Co-founder, Clinic Manager and Director of Operations in Uganda*

Tushabe Innocent, *Clinical Officer*

Nandawula Bridget, *Clinical Officer*

Sitenda Immaculate, *Comprehensive Nurse*

Resty Nanyongo, *Nursing Assistant and Pharmacy Tech*

Rita Munyango, *HIV Counselor and Testing*



ENGEYE SCHOLARS OVERVIEW

Education is one of the cornerstones of Engeye's Mission. Engeye Scholars was created to help meet the educational needs of children living in and around Ddegeya Village who would otherwise not be unable to afford an adequate education on their own. Educating youth empowers the entire Ddegeya community.

The Engeye Scholars program was inspired by the courage and strength of Susan Nabukenya, one of the very first patients treated at the Engeye Health Clinic in 2007. Through Engeye and its supporters, Susan was brought to the United States to obtain life saving medical treatment. The friends she met during her stay in America learned that her injuries had forced her to drop out of school and that her family did not have the means to pay for school upon her return to Uganda. Inspired by her story, her United States friends made a commitment to pay for her education upon her return to Uganda. From Susan's experience grew a desire to help other children in her village and in 2008 the Engeye Scholars Program officially began.

With the help of generous, caring donors, Engeye Scholars supports and offers educational opportunities to deserving children in and around Ddegeya. The chance for an education provides the students with potential to not only help themselves, but also other families in their village.

This past year the first Engeye Scholars Fellow, David Robinson, helped further the ideas and dreams of the Scholars Program. David's dedication to the children and families of Ddegeya was evident in his commitment to teaching, tutoring and mentoring the students, as well as the valuable connections he made with members of the community. Engeye is forever grateful for David's photographs and blogs that have allowed so many to better understand the work being done at Engeye. There have been several recent achievements of the Scholars Program including the news that all five of our older elementary students passed their final exams and they all moved on to Secondary school. Scholars also held its 3rd annual holiday party which expanded from 300 children in 2011 to approximately 600 children in 2012. The children in attendance were provided with a Nokero solar reading light to help them with their studies and to provide a safe light source for their families.



Scholars also worked to make significant improvements at a local school including the installation of solar lighting, beds for the boarding students, and major classroom renovations. Scholars continues to work on other priority projects such as clean water initiatives and ensuring that schools have sufficient books and teaching supplies. We continue our successful efforts to provide hope to the schools and the students through our Scholar and School support program.

Scholars also began 2013 working to develop a Scholars Education and Training Center. Through a partnership with Babson College and their business project, MixIt-Mug, Scholars is working to develop education, business and training opportunities for children and families in the villages around Engeye. The Engeye Teen Connection is working to bring clean water to a village primary school and families in the community through their Clean Water Project.

The Scholars Program works to provide Ugandans with education, training and business opportunities so that families can provide for themselves and future generations and create their own lasting solutions.



INFRASTRUCTURE

WATER

One of the most meaningful structural improvements during 2012 was the “Water Project,” which features an in-ground 45,000L rain catchment tank. The project was proposed and developed by the 2011-2012 Union College Minerva Fellows, Brendan Kinnane and Mark O’Shea.

Water usage at the clinic changes depending on the number of patients seen and how many people reside on Engeye’s compound throughout the year, making water requirements higher during certain seasons and lower in others. Prior to the Water Project, many daily functions required more water than Engeye could offer without continuous rainfall – clinical patient care, bathing, washing and cooking – and the previous 5,000L and 2,000L above-ground tanks would often be exhausted only two weeks into the dry seasons. Additionally, the portable hand washing stations in use required continuous refilling – one jerry can at a time – and the bulky units took up precious space in exam rooms.

Thanks to the Water Project, we now have running water



flowing into all clinical rooms, the dispensary, laboratory, and sterilizer room. A tap has also been installed in the kitchen and each bunkhouse’s bathing room. Additionally, we added plumbing and sinks at the patient latrines, re-plumbed the staff latrine hand washing station and added a sink at the front of the clinic waiting area for patient use. In light of the importance of personal hygiene for the safety of our staff and patients, the Water Project provided a vast improvement in the quality of care we are able to provide.

ELECTRICAL GRID CONNECTION

Engeye benefited greatly from the photovoltaic system installed years ago and recently updated by Engineers Without Borders – Massachusetts Institutes of Technology (EWB-MIT). The first two-panel unit was initially sufficient for lighting most rooms for patient care, but would dissipate when stored power was expended – usually shortly after dusk.

This system was then expanded to a six-panel unit with a larger battery bank, intended for the additional support of a new compound microscope, a heat lamp for drying microscope slides, and a refrigerator for vaccines. While the six-panel unit was a vast improvement, the increased number of visitors during peak seasons still led to occasional overuse of the available power supply. When power is insufficient and the EMR not accessible, patient care reverts to paper records – handwritten pages in small notebooks, with visits recorded in a patient register book. Safe vac-

cine storage also requires uninterrupted electrical power, and our use of microscopy for malaria diagnosis has led to significant savings over rapid diagnostic tests, which we are able to pass onto our patients. Therefore, in order to protect our daily function and long-term investments, Engeye is now connected to Uganda's hydroelectric power grid.

Many of our donors have followed Engeye's progress as we have worked toward installing electricity poles, and we are happy to report that through John's tireless efforts with Umeme, the local electric company, and the support of a generous donor, the system is now complete. This Umeme grid connection provides the much-needed cushion for the solar battery bank to avoid repeated over-discharging of the battery. A changeover switch enables a "top-up" for the battery bank when needed after prolonged cloudy or high-usage periods. This switch and the new surge in energy allows Engeye to monitor power usage and maintain the long-life expectancy of the battery bank by preemptively recharging it when levels fall below the ideal 70% charge.

Overall, the anticipated increased cost to the clinic for using metered hydroelectric power on an as needed basis is minimal compared to the benefit of protecting the lifespan of our solar battery bank. In keeping with awareness and

reduction of our power usage, lower wattage light bulbs have been installed where possible to reduce power consumption. Kitchen lights were also relocated to more efficiently illuminate both the cooking and eating areas.

EMR UPDATE

With the availability of the increased power capacity, Engeye installed an electronic medical records (EMR) system in January of 2011. The initial server and router were replaced due to sub-optimal functioning, and the new equipment includes a 4GB solid-state server, a Linksys wireless router, and a locally purchased network printer. There are laptops at each workstation and our staff has been pleased with the more efficient workflow and the opportunity to increase computer literacy. Visitors are still encouraged to bring their own computers when participating in daily clinical activities in order to preserve computers for clinic use.

A recent update to the EMR software added an accounting function, which enabled Engeye to better summarize visit charges and daily patient contributions in daily reports. We are currently working to update the EMR software to include the government mandated reporting forms.

Because of power supply interruptions in June and July



of 2012, we did experience server downtime due to IT difficulties. We are investigating options for increased local IT support to minimize interruptions, which will help us efficiently care for our patients and generate data that we can use for quality assurance.

MAIN CLINIC REMODEL

The large, central clinic building was designed for openness and is furnished with patient beds lining the walls with adjacent standing height desks for provider use. While this was adequate for the first several years, over time, the main clinic space was increasingly used for storage of valuable items, like construction and Scholars' materials, since there were few other safe storage areas. While most patient visits were moved to the adjacent building with private exam rooms, the large clinic was still used for patient observation and other clinical activities. However, construction materials, cement dust, and children eager to play with supplies, created significant disruptions.

With alterations in the new staff house floor plans, a storage room was created and is now available and padlocked for security. To organize the remainder of the space inside the central building, a local builder was hired to partition off two new areas on the east wall, one for a Scholars' closet, the other for a sterilization room. The new sterilization "clean" room is complete with plumbing and built-in, dust-free cabinets for washing, sterilizing and storing procedural instruments. The storage space provides shielding for the solar battery bank as well as a safe haven for other donated items.

NEW INCINERATOR

We replaced the old, steel incinerator with a custom-built masonry incinerator that follows the design recommended by the World Health Organization. This has enabled Engeye's waste and sharps disposal process to be cleaner and safer. A dry and secure waste storage area was built adjacent to the new incinerator to allow rubbish to be burned in batches. This reduces the risk that community members, especially children, will be injured with contaminated waste waiting to be burned. The lifespan of the new incinerator is reportedly between 3-5 years.

Despite best practices, the pollutants from incineration, especially from plastics, is still high. With this in mind, Engeye is trying to reduce all general waste requiring incineration.

Disposable plastic water and urine cups used for patient care were previously one of our largest waste items. These



were replaced by sturdier, reusable plastic drinking containers and urine specimen cups that are washed and restocked. Since there is no ideal method to dispose of our rubbish, we continue to minimize waste whenever possible.

GROUND'S DRAINAGE AND LANDSCAPING

The first phase of restructuring the landscape immediately around the clinic is well under way at Engeye. This project focuses on paving the high traffic areas around the clinic buildings and bunkhouses, including the driveway. Soil grading and additional retention walls are improving drainage and reducing erosion.

The driveway has been dug out and filled with 'murram', a rocky clay sublayer that is found underneath topsoil, which has already significantly decreased the amount of mud being tracked into the clinic. We are awaiting sufficient packing of the fill before proceeding with the installation of paver bricks down the length of the driveway. The new paving project is also redirecting foot traffic through designated areas, which allows us to grow grass and gardens in open areas, which was not possible in the past due to constant pedestrian traffic.

CLINIC KITCHEN

We have extended both the veranda and awning from the bunkhouse to include the area outside of the adjoined kitchen in order to shield Engeye's cook from the rain. A concrete counter and metal cabinets were also installed for storage and organization. Roofing was also extended over the charcoal storage area to prevent the rain from degrading the cooking fuel. This has made a small but very noticeable change in the quality of our cook's working environment and in the area that all of our staff frequent throughout the day.

STAFF HOUSING UNITS

This year saw the completion of two staff housing units, both of which are duplexes, now occupied by Engeye's clinical staff. On-site residence is an important issue to Engeye and will serve to improve employee retention. Previously, Engeye's clinicians and the chef all shared living quarters with short-term visitors and interpreters. We are hopeful that the new, private housing will help entice long-term employment of existing staff.

Engeye staff worked closely with architectural and design teams to construct the second housing unit. The



blueprints were created thanks to the help of a volunteer architect, and our staff now occupies all four individual apartments. This is a good start to our goal of housing our staff away from the immediate clinical area, which will allow for re-purposing of the existing buildings for service expansion in the future.



CLINICAL SERVICES

PRIVATE EXAM ROOMS, REDEFINED LAB AND OFFICE SPACE

We have regained the use of private exam rooms with the addition of ceilings to both the front office and dispensary rooms. This has created a larger, cleaner laboratory space that is protected from dust and bat guano. This has also allowed us to move patient registration to a more central location in the clinic. Some of the shelving from the reception space was re-purposed into additional medication stock shelves for the dispensary, which is also much easier to maintain now that it is also enclosed. With the increase in medication stock space, it has finally been possible to re-organize the dispensary into alphabetical order to increase the efficiency and safety of dispensing.

CLINICIAN TRAINING

During 2012, new clinicians were hired and trained as our chief clinical officer, Tushabe, temporarily left to pursue further studies. Engeye's comprehensive nurse is now Immaculate Sitenda, who studied at Masaka's School of Comprehensive Nursing, and our clinical officer is Bridget Nandawula, who comes to us after completing her training at Kampala International University at their Ishaka medical campus.

Since Engeye Clinic had been pursuing the expansion of family planning services, we were happy to be approached by Marie Stopes Uganda (MSU) with the offer to be a franchise site. All of our clinicians are now trained for MSU services and reporting.

Our on-site volunteer physician, Dr. Kathy Chang, has worked with our clinicians on patient consultations and office procedures, helped improve patient monitoring and follow-up care, and has enhanced our knowledge and use of local organizations for referral services. Engeye now submits monthly reports with the Health Management Information System (HMIS), a national Ugandan initiative to report and monitor key indicators of disease. Our clini-

cians also receive on-site training for a new mobile tracking system (mTrac) that monitors major communicable diseases and appropriate testing and treatment of malaria on a weekly basis.

EQUIPMENT STERILIZATION

Sterilization of equipment is crucial for surgical and gynecological procedures. Engeye had previously owned a small pressure cooker, but it was broken, leaving Engeye temporarily without sterilization equipment. Thanks to the 2012 OHSU medical student team, who donated their medication contributions for an autoclave/sterilization kit, Engeye can once again sterilize its equipment. The OHSU team also helped set up the autoclave to follow the guidelines provided by Marie Stopes. This autoclave was purchased from Sino-Africa in Kampala, and is a standard, non-electric steam sterilizer that can be used with a gas or a charcoal stove. The new protocols are posted, and there is dust-free storage for the sterilized equipment in our new sterilization room.

IMMUNIZATIONS

After initial delays, a continuous supply of immunizations from the MOH is finally established and is being offered at Engeye Clinic on Wednesdays! The vaccines we offer include: BCG, DPT-HepB-Hib, Polio (oral), Measles, and Tetanus. Vaccines are free of charge to patients, since we also receive them at no cost from the government center. The vaccine refrigerator is monitored during the week to avoid vaccine stock damage by temperature instability.

PELVIC EXAM STIRRUPS

We installed gynecological exam stirrups in a private examination room. This is expected to bring more ease and comfort during pelvic exams and IUD insertions/removals for the patient and provider.



OPERATIONS

HOUSEKEEPING AND GROUNDSKEEPING

The red, earthy mud and dust that previously covered the floors of the clinic, worst during the rainy season, is much improved thanks to a new daily cleaning schedule (previously once weekly). Patient and staff latrine maintenance is now performed on a regular basis and covered by a higher budget for cleaning. Our staff custodian now begins his

work after all patients have been seen and spends roughly 3 hours daily on the main usage areas, with deeper cleaning of corners, cobwebs, and window bars once weekly. In 2013, we hope to further improve the incineration schedule and grounds maintenance.

COLLABORATION WITH VILLAGE HEALTH TEAMS

Spring of 2012 launched the first Village Health Teams (VHT) meeting that Engeye had with 14 members of the Health Care Package (HCP) team of volunteers as recommended by the district health office. Since then, Engeye has established a working relationship with the two types of VHTs in Nakateete parish - "Health Care Package" (HCP) and "Integrated Community Case Management" (ICCM). Engeye now holds regular meetings to collaborate, educate and assist with health data reporting. Each VHT member is offered 5,000 Ugandan schillings (\$2.50 USD) for transport and refreshments as incentive to attend each training meeting. We have been pleased to see continued strength of attendance by our VHT members, and they are a motivated group, seeking to expand community outreach activities with the help of Engeye's trained health-care workers.

We are focusing on partnerships with VHTs and the local village leadership (Local Councils) because this offers the best avenue for empowering local ownership of community health. A major deficiency in our region is the lack of available health statistics, frequently requested in grants and by donors. As a way to improve the quality of health and vital statistics reporting, Engeye's current MPH Fellow from the State University of New York at Albany, Zohra Afzal, is reaching out to VHT members to improve their use of existing reporting forms by offering additional training and materials support. The goal is for community outreach to be passed on to the Engeye Clinic clinician in-charge and project manager, planned for hire in 2013, and that it will be expanded and maintained by Ugandan staff, rather than be dependent on short-term visitor efforts. It has taken time to build trust and align similar goals with the village health teams, and we are hopeful that through local support, the partnership will continue to grow.

ACCOUNTING

Given the increased complexity of accounting for tax and donor purposes, we are working towards a shared accounting program enabling more effective financial communication between the Ugandan and U.S. operations. The trial of the Quicken Home & Business software is going smoothly



thus far, with operations manager, John Kalule, now using the Quicken program for weekly accounting reports. The program facilitates better organization to maintain separate accounts for general clinic funds and special, miscellaneous projects (e.g. individual health initiatives, like repair of Mary's club feet). Engeye is actively seeking increased organizational staff for help with accounting and fundraising tasks on the U.S. side of operations.

MEDICATIONS

Unlike many Ugandan clinics, we rarely run out of medications because we perform regular inventory checks and purchase medications on an as-needed basis. The Joint Medical Store (JMS) in Kampala and Byansi Pharmacy in Masaka are Engeye's primary pharmaceutical suppliers. They have quality control measures in place, are consistent with their stock and are registered wholesalers who sell to Engeye at wholesale price. Furthermore, because they are high-volume retailers with constant turnover, the medications usually have longer shelf lives. The Engeye formulary list has been updated and maintained by Joe Freeman, PharmD, but oversight will be passed on to the medical manager in 2013.

Artemether/ lumefantrine (i.e. Lonart, Coartem) is a medication rarely available at JMS and expensive to order from Byansi Pharmacy, necessitating purchase from Quality Chemicals, where we also obtain mosquito nets in bulk. Since malaria is one of the predominant reasons for patient visits to Engeye Clinic, we believe that first-line malaria treatment should be maintained in-stock at all times.

An important pharmaceutical goal for 2012 was to improve the sustainability of Engeye's prescribing habits by decreasing reliance on imported goods and to use locally

available medications almost exclusively. This has led to the exclusion of some items from the clinic formulary, but appropriate substitutions have been made to ensure responsible, locally maintainable medical practices.

LABORATORY QUALITY CONTROL

We are developing quality control measures for our laboratory results. Our first targeted area will be the quality of our malaria blood smears, as results are largely dependent on technical skill and experience. Engeye will be partnering with the certified malaria technicians from the Ministry of Health in early 2013 to review and improve our laboratory procedures. Further quality assurance checks will be planned and implemented depending on the results of this initial step.



FUNDRAISING

GRANT WRITING

Grant writing is an area Engeye hopes to develop and we are grateful for one of our first grants from the Ross Foundation, who generously contributed \$15,000 USD towards laboratory expansion. Our EMR data was used for reporting to the Ross Foundation in a follow-up review of malaria diagnosis and treatment for that most vulnerable population of children ages 0-5 years.

Data from children diagnosed with malaria at the Engeye Clinic who were aged 0-5 years showed that over 99% of the children received testing prior to their treatment. With the changes in subsidies for artemisin combination therapies and increasing parasite resistance, Engeye is glad to adhere to international and national recommendations to test for malaria prior to dispensing treatment.

During 2012, Engeye submitted a grant application to the Saving Lives at Birth Challenge for the expansion of clinical services to include maternity care, which did not pass the innovation screening round. The experience, however, was helpful in planning maternity services at the Engeye Clinic, which will help us compete for funding in the future.

We will continue our efforts in service improvements and project sustainability, which will be aided by the AMWA Carter Fellows in 2013. Emphasis will be placed on sustainability and project oversight by a local project manager and will be partnered with the UIC Global Health Program and longer-term projects.

LONG-TERM LOCAL SUSTAINABILITY OPTIONS

Because of the paucity of local resources, foreign donors provide approximately fifty percent of Engeye's ongoing expenses. Engeye is an important resource to patients as it offers a wider selection of medications and supplies than government health centers, incentivizing patients to contribute a significant portion of their family's expendable income to invest in their medical expenses. One of Engeye's chief assets is the clinic's five acres of land. Currently, parts of the land are used for animal grazing and for cultivating staple crops - corn, beans, groundnuts, and sweet potatoes - for villagers without land of their own. Despite the anticipation of clinic expansion in the near future, we believe that much of this land can be more purposefully used in the meantime, to improve the sustainable use of local resources.

With the income generation possibilities in mind, approximately 100 native timbers and coffee from the Uganda Forest Authority have so far been planted adjacent to the clinic. The land itself can support several hundred more

trees, which is a project that can be maintained to bring future income while also re-beautifying the land. This revitalization is meaningful because it will allow us to ensure local resource stewardship. Furthermore, we intend to involve local farmers, because their expertise in coffee production



will be an invaluable asset to the success of our land development. The rains have been plentiful this season - coffee seedlings and the banana trees included for shade are off to a good start.

One of our hopes is that in several years Engeye staff and neighbors enjoy the shaded walking paths as they traverse the property and travel to and from the watering hole. Future visitors could spend time helping to maintain the property, learning about the crops and enjoying locally grown Engeye coffee.

DONOR CONTACT

This year we have reviewed our list of donors, including both large and small contributors, and we have made strides in addressing the apparent need for improved contact with our supporters. As we have had some organizational shifts in strategic planning and U.S. based volunteer staff, Engeye is seeking ways to improve our acknowledgement of current donors and to expand our financial and operational support base.



INTER AGENCY COOPERATION

MARIE STOPES AND PACE

We are proud to have partnered with Marie Stopes Uganda (MSU) to be a BlueStar Network family planning provider site. Birth control implants and IUDs are now being provided, with vouchers available through community mobilizers, and we are continuing to offer their Depo-Provera injections and oral contraceptive pills free-of-charge.

We are excited to grow our partnership with an active international agency formerly known as Population Services International and now referred to as the Programme for Accessible Health, Communication and Education in Uganda. Through this partnership we are able to offer affordable and quality Maama Kits (clean delivery kits), enabling our clinic to provide maternal and newborn healthcare without embarking on full-scale maternity delivery services. Fifty kits were initially purchased, thanks to a generous donor, to assess their demand without the stock expiring. Though there are no perishable items in the kits, they carry expiration dates based on the sterility of packaged items.

LWENGO DISTRICT AND MINISTRY OF HEALTH

Engeye has increased dialogue with the District govern-



ment and the Ministry of Health, which has helped incorporate Engeye into the larger Ugandan health-care system. Our staff works as a team to compile HMIS 105 monthly reports for the health district, serving as an opportunity to empower staff to take ownership of their work.

Engeye also now participates in the mandated weekly mTrac (mobile tracking) communicable disease and malaria test and treat reports. This is a joint initiative led by the Ugandan Ministry of Health UNICEF in which Engeye submits reports via text message before midnight every Monday.

UGANDA CARES

Engeye has continued its partnership with Uganda Cares to combat the HIV/AIDS epidemic in Uganda. Dr. Sulaiman Kawooya, Medical Director of Uganda Cares in Masaka, works closely with Engeye staff to ensure that all patients have access to HIV/AIDS testing, treatment, counseling, and education. Uganda Cares supplies the Engeye Health Clinic with HIV test kits and condoms. The clinic is also staffed with a full-time HIV/AIDS counselor, who administers HIV tests and provides counseling to patients. All HIV positive patients are referred to Uganda Cares in Masaka, where they can then receive treatment.



SPECIAL PROJECTS

MOSQUITO NET DISTRIBUTION

Mosquito nets (5ft x 6ft) have been restocked at Engeye Clinic (from Quality Chemicals) for sale to patients at a subsidized price of approximately \$2.50 USD. Laminated signs with unit price and contents of both mosquito nets and maama kits have been posted at the clinic to help promote patient awareness while they wait in queue.

LONG-TERM VOLUNTEER MEDICAL STAFF

Since Engeye's beginnings in 2006, the organization has grown because of relentless and enduring team efforts. The tasks of coordinating patient care and organizational processes are rarely easy, but thanks to the key Engeye staff, volunteers, board members and advisory board, we have grown from small beginnings to being a Monday-Friday outpatient clinic that serves an average of 40 patients per day and is staffed with full-time Ugandan employees. Dr. Kathy and Joe are Engeye's first long-term professional medical volunteers who are finishing their one and a half year commitment on-site, and Engeye will be forever grateful for their dedication to the organization, determination to see many worthwhile projects through and foresight with sustainable planning.



The presence of full-time staff in Uganda has allowed Engeye to capitalize on its potential, as the clinic has improved in both patient care and overall organizational infrastructure. Part of Engeye's administrative efforts in 2013 will be to invite more U.S. based staff to the Clinic in order to collaborate with our Ugandan-based operations.



LONG-TERM PARTNERSHIPS

Long-term partnerships with organizations based in both the U.S. and Uganda are key to the sustainability of Engeye's operations. Working with other organizations and institutions allows Engeye to tap into existing resources, to collaborate on specific elements of Engeye's mission, as well as to learn from these partners. Engeye is dedicated towards inspiring and enlisting progressive, proactive, passionate and socially conscious individuals and organizations in addressing the basic needs of the world's most underserved populations.

UNION COLLEGE

Union College, Engeye, and the residents of Uganda's Ddegeya Village are embarking on a novel partnership that has the potential to change many lives. Each year there are two students through the Minerva Fellowship who are supported to visit Engeye to learn from the villagers, build lasting





friendships, and gain a rich understanding of the culture in rural Uganda. Upon return to the United States, the recipients will inspire fellow students by assisting in co-teaching a course at their home school in New York.

MIT ENGINEERS WITHOUT BORDERS

In Fall 2008, Engeye formed a partnership with the MIT Chapter of Engineers Without Borders-USA, a non-profit organization dedicated to working with communities in developing areas to find appropriate, sustainable engineering solutions to water, sanitation, energy, and shelter systems.

Both Engeye and EWB realize that the only solutions are sustainable solutions, ones that engage and empower the local community in which the project serves. Thus, collaboration with local community members and working incrementally to build capacities in the design, engineering and maintenance of Ddegeya's water, energy, and health systems are the core visions of this partnership.

PROVIDENCE HOSPITAL

The partnership between Providence Hospital in Portland, Oregon, and Engeye was born from the efforts of Sallie Tisdale, RN. Providence Hospital adopted Engeye Health Clinic as an approved international site where employees can travel and engage in medical missions. They led their

first medical mission in February 2008 and their team varied from oncologists and family practitioners to lab technicians and ICU nurses. Together, this renaissance team treated hundreds of patients and contributed a plethora of ideas to improve the overall functioning of the clinic.

UNIVERSITY OF ILLINOIS AT CHICAGO (UIC)

UIC College of Medicine and the International Emergency Medicine and Health Fellowship program in the department of Emergency Medicine are partnering with Engeye Health Clinic in Uganda to initiate a global health program. This program aims to provide an international clinical experience for students and to help build sustainable programs and projects with the goal of improving the health of the surrounding community and country.

UIC's first trip was in August 2010 and consisted of a team of attending physicians with extensive global health experience and medical students. This trip not only had a clinical component, where students were exposed to the health needs of the community, but the team also conducted an assessment of the community to help plan for future cooperation with Engeye Health Clinic. UIC's second mission was in July 2011, when the group consisted of both medical and public health students. The visiting teams continue to work alongside our local medical staff and with community members to learn about the primary health care needs in rural Uganda and the barriers to seeking care.

ALBANY MEDICAL COLLEGE FAMILY MEDICINE RESIDENCY PROGRAM

The Albany Medical College Family Medicine Residency Program is proud of their partnership with Engeye Health Clinic in Ddegeya Village, Uganda. The clinic founder, Dr. Stephanie Van Dyke, is an AMC Alumnus so the relationship with Engeye Health Clinic was a natural fit for the Family Medicine residency program.

As a caring group of faculty, residents, staff and medical students, they have set out beyond their own office walls and medical campuses into the community to better serve the medically underserved both at Albany and in Uganda. They have developed strong ties with Engeye Health Clinic and have used their unique abilities to address the needs of the patients in this rural community.

The faculty members and residents from AMC have traveled to Engeye Health Clinic on several medical missions so far, with each team being comprised of Family Medicine faculty, residents and medical students. The medical stu-

dents work side by side with their mentors dealing with the management of challenging issues such as malaria and HIV/AIDS.

When the teams return home, they continue to work with the Engeye Board of Directors to improve protocols and treatment plans for future medical mission trips. Our partnership goals are clear:

- To provide a valuable global health experience for faculty, residents and students while bringing compassionate health care to the patients at Engeye Health Clinic.
- To enhance sustainable health care by partnering with Engeye Health Clinic and the on-site Ugandan medical team.

AMERICAN MEDICAL WOMEN'S ASSOCIATION

AMWA (American Medical Women's Association) and Engeye are now partners through the Carter Fellowship. The primary goal of the Carter Fellowship is to create Global Health Fellows who will be leaders in their schools, communities, practices and beyond.

Carter Global Health Fellows will partner with Engeye Health Clinic in Uganda through the development and implementation of small projects intended to bolster the sustainability of the clinic. Scholars will also be required to create three global health programs to help educate others.

2012 VISITORS AND MEDICAL TEAMS

Engeye hosted many visitors during 2012, starting with Minerva and Watson Fellow, Sam Merlin, who worked with local families during meal preparation with an ultimate goal of connecting food cultures of all Minerva sites with a socio-economic understanding of the region and people. Engeye also welcomes our new Volunteer Coordinator, Julie McMurchie, to the Engeye team. With her help, we have been working on streamlining the process of international medical mission trips to Uganda to ensure that volunteers make the most out of their experience.

URGENT

Ben Abo and Quincy Chopra, visitors from URGENT, brought a LifePak defibrillator and donated stethoscopes, in addition to a stock of much needed supplies.





PROVIDENCE

In February, a medical team from Providence Portland Medical Center, led by Sallie Tisdale, participated in patient care and assisted with data analysis for the Engeye family planning survey (conducted in April of 2011). One team member, Laura Vail used her background in medical record systems to work with visiting American Medical Women's Association (AMWA) Carter Fellow, Savitha Bonthala, on compiling the data into the CDC's Epi Info data system for further analysis. The Providence clinicians came across Mary Nakanwagi, a small girl with bilateral club feet, and Christine Najjumba, a baby with a complete AV-canal heart defect. Both were in great need of further medical care that was within reach of the Ugandan health care system, but far outside the families' financial reach. Thanks to Providence's fundraising and on-site Engeye staff support, Mary has now been integrated into the OURS program at Ruharo Hospital in Mbarara for orthopedic care and rehabilitation, having received corrective surgery at CoRSU Hospital after a series of splints. Mary is now walking upright on her own and excited about going to school. Baby Christine is still waiting to hear about possibilities for corrective surgery through compassionate programs connected to the Uganda Heart Institute, as she is too small to use the available life-support machines in Uganda.

ALBANY MEDICAL COLLEGE

Engeye was glad to host two teams from Albany Medical College (AMC), a March and May team. Both teams participated in clinical patient care and our staff benefited from educational topic reviews taught by the students and faculty.

OREGON HEALTH AND SCIENCES UNIVERSITY

Three enthusiastic Oregon Health and Sciences University (OHSU) medical students, Emmy Davison, Kira Paisley, and Anne Siler, partnered with our local staff in April, helping with patient care under Dr. Kathy Chang and with chart review utilizing our EMR system. Their clinical background and Emmy's previous work as a medical interpreter trainer was a boon to Engeye. The team consolidated a 3-month review of hypertensive patients and discussed potential practice improvements with our Ugandan clinicians. They also helped create interpretation guidelines for our interpreters and clinicians so that future work between clinician-interpreter pairs could be done more efficiently and effectively.

UNIVERSITY OF ILLINOIS AT CHICAGO

University of Illinois at Chicago (UIC) sent a medical and a public health team in July, led by advisory board member, Dr. Janet Lin, that continued to examine common health-seeking behaviors and how Engeye can work to reduce the community's barriers to receiving medical care. This has been our opportunity to seek a connection with local researchers, with the IRB at the Joint Clinical Research Council (JCRC) and the Uganda National Council for Science and Technology (UNCST), and join the field of contributors to improving the health of all Ugandans.

AMWA CARTER FELLOWSHIP

2011-2012 Carter Fellows Nisha Viswanathan and Savitha Bonthala worked with community members and local schools on malaria education. 2012-2013 Carter Fellows Olivia Chang and Dyani Loo have now also been able to spend clinical time at Engeye, contributing to patient care and practice improvement of chart reviews. Their continued enthusiasm and energy for the work that Engeye is doing for the people of Ddegeya and our surrounding community is being directed towards the advancement of sustainability project proposals.

SUNY ALBANY SCHOOL OF PUBLIC HEALTH

We started off a new partnership with The State University of New York (SUNY) School of Public Health with MPH intern Daryl Spak, who worked on expanding our Village Health Team (VHT) collaboration. With his help, Engeye was able to empower all 25 active community volunteers and build a bridge between the clinic and government mandated Health Management Information Systems (HMIS) reporting. Engeye's current SUNY MPH Fellow, Zohra Afzal, is also the first of her Fellowship and has been working on continuing the projects that Daryl initiated, while working on data analysis and moving our health education into community outreach projects through the VHT program. We hope to continue this partnership even as we seek to train a Ugandan counterpart to become our clinical and public health project manager, as there will be plenty of work that this team will be able to accomplish together.

MINERVA FELLOWSHIP

We said farewell to 2011-2012 Minerva Fellows, Mark O'Shea and Brenny Kinnane, who left the large underground water tank as their contribution to improving

Engeye's infrastructure. We were happy, however, to welcome 2012-2013 Minerva Fellow, Alexis "Biz" Deeb, who helped revive Engeye's e-newsletters, which are the primary way we stay in contact with supporters. She also teaches in the local schools and is working on a business proposal with Sarah Abwooli (one of our medical interpreters) regarding a women's craft cooperative for Ddegeya. Biz and David Robinson, Engeye Scholars' Fellow, have a talent for photography, and so have generously contributed many beautiful photographs of the local children and clinic for the Engeye website and newsletters.

KRISTINA HEALTH CENTER, AWAKE VILLAGE

We also received friends Julius Achon and Jim Fee, founders of Achon Uganda Children's Fund, with whom we are partners. They recently opened the Kristina Health Center in Julius' home village of Awake in Otuke District of Northern Uganda. Engeye was glad to host and help train their new head clinical officer, Emmanuel, and operations manager, John Bosco, during a week-long intensive session at our clinic. Thanks to Jim Fee's efforts, we also received a brand new automated electronic defibrillator (AED) from Welch Allyn. +



BACKGROUND ON DDEGEYA, UGANDA

THE CLINIC

Engeye is comprised of a health clinic and laboratory located in Ddegeya Village, Uganda. There are also bunkhouses available for medical and community-based volunteers. The clinic allows local families to grow crops on the clinic grounds and often operates a garden to provide nutritious crops to local kids and their families. The facility is within walking distance of Ddegeya's main trading area (1 km) and is only a few hundred feet from the village's main water supply.

PHYSICAL LOCATION

The clinic is located 15 miles west of Masaka on Masaka-Mbarara Road. The village is located at latitude 0.383 degrees south and 31.517 degrees east at an elevation of 1,239 meters. The nearest major villages along Masaka-Mbararra Road are Kinoni to the east (6 km) and Mbiriizi to the west (6 km). The surrounding villages are Bunyere to the north, Nakateete to the south, Kyamaganda to the east, and Mbiriizi to the west.

CLIMATE AND CROPS

The climate in Ddegeya is tropical, but the temperature is moderated by relatively high elevation. The average temperature is 20 - 23 degrees centigrade (about 70 degrees Fahrenheit) throughout the year. The farmers plant their main crops (corn, cassava, beans, peanuts, eggplant, onions,

cabbage, tomatoes, etc.) during the two main rainy seasons that peak in November and March. Coffee and plantains are some of the village's largest cash crops, which help the people of Ddegeya earn cash in the local currency, Ugandan shillings (UGX).

In 2008, President Museveni announced that 9 million Ugandans were starving (of a population of 32 million people) even though the equatorial nation is food secure - food exports being a large part of the problem according to the World Food Program (Emojong). Malnutrition is a larger problem; families often receive enough calories from plantains, cassava, and corn staples, but often lack essential nutrients from an unvaried diet.

This region of Uganda is witnessing shifting and shortening wet seasons and a long-term drying effect due to climate change. Changing climate, growing population, and nutrient hemorrhaging from soils continues to threaten the nutritional well being of Ugandans and the villagers in Ddegeya (Bifubyeke).

GEOGRAPHY AND ECOLOGY

The clinic is built on the eastern slope of a long hill that runs roughly north to south; the main trading center in Ddegeya is on the top of this hill. The village of Kyamaganda is on a parallel hill to the east of the clinic and in between the two hills is a wetland. Ddegeyans have observed a long-term drying of this wetland over the past several decades. Stands of eucalyptus trees dot the area, but the general vegetation



Maps generated courtesy of Google Maps



includes grasslands, wetland vegetation, and planted crops, predominantly plantain fields and coffee.

It is suspected that the wetlands are drying in part due to the surrounding eucalyptus trees and by encroaching farmers and plantations.

Preliminary soil samples taken around the clinic show that the clay soil, while good at retaining water, is structurally poor and depleted of essential nutrients. Maintaining soil health has become increasingly urgent and problematic for African farmers. As one of the world's oldest continents, Africa's soils are ancient and have been weathered over millennia. Fertilizers in Africa are far more expensive than the global average, and rarely available to farmers in remote areas. Continued cultivation of this land without replacement of soil nutrients (using fertilizers) will result in ever-worsening soil fertility and soil structure.

VILLAGE WATER SUPPLY

The main village water supply is just a few hundred feet east of the clinic and is an open pit several meters in diameter. Several logs are laid across the well so that villagers can walk across the logs and reach their containers into the water for filling. Although we have found no contamination in the well and 84 ± 11 percent of households boil their water to treat it, significant debris and mud washes into the supply during heavy rains, which is followed by

heavy algal growth. A hand pump is also available at this site, but has been in need of maintenance off and on since the clinic opened in 2007. The pump has recently been repaired again, but when heavy usage takes the pump out of service, villagers rely on the open pit. There are more reliable boreholes with hand pumps within three kilometers of the clinic, but most villagers choose the open pit near the clinic largely due to location. Water has been an increasingly urgent problem in the region as many water sources dried up during an extended dry season in 2009.

Visiting engineering teams have been over-viewing the various water supply alternatives, though funding is the major barrier to improving the water supply to the villagers.

HEALTH CENTER OVERVIEW

Engeye owns and operates a health clinic in conjunction with the members of the Ddegeya Village community. When the clinic opened in 2007, it saw on average 30 patients a week. Now the clinic sees on average 40-50 patients per day. In 2010 the clinic saw over 10,000 patients. These patients were from over 70 different villages in the area and often walked hours to get to the clinic. The clinic manager oversees the clinic along with a clinical officer. Health services are provided by the clinical officer (a position equivalent to a nurse practitioner in the U.S.), a certified nurse, a nursing assistant and an HIV counselor. An additional flow of volunteers from both Africa



and the U.S. also assist in providing health services at the clinic. The clinic focuses on providing affordable, compassionate, quality outpatient care and follow-up.

AFFORDABLE

Health Care Co-Ops in Uganda finds that a typical Ugandan family can afford 10,000 UGX or roughly 5 USD of health care per year (Halvorson). Ddegeya is no different; most families survive as subsistence farmers. The median family in Ddegeya has no electricity (96 percent of families do not have power), no bicycle or vehicle (40 percent of families own a bicycle), no cell phone (40 percent of families own a cell phone) and survives predominately off of matooke (plantain based staple), posho (corn based staple), and cassava, literally living hand to mouth (Maimon). In such desperate poverty, calories, acute healthcare problems, and continuing domestic farm work are top priorities, overshadowing long-term health, nutrition, and education priorities - not out of choice, but necessity. People are forced to ignore health problems, forego vegetables, and save school fees to survive.

Engeye believes these conditions are intolerable and is working with Ddegeya to raise the baseline standard of affordable care. In an effort to make health care accessible to the people in the community, Engeye subsidizes health care. A patient at Engeye will pay, on average, approximately 5,000 UGX (\$2.50 US) to be seen by a certified professional nurse (or doctor in some cases), receive care, and receive any



prescriptions that may be necessary to manage the presenting illness. In some instances, Engeye will also help patients with travel and health costs at other facilities if treatment is available in Uganda (referrals for x-rays, for example).

To illustrate the need for subsidized healthcare, consider malaria, a disease that kills over 100,000 Ugandans every year or 320 people every day (Nabusoba). Just one adult dose of the drug recommended for malaria in Uganda (Coartem: artemether/lumefantrine) costs roughly 3 USD or 6,000 UGX; in addition, a standard diagnostic test to differentiate malaria from other febrile illnesses costs roughly 1.5 USD or 3,000 UGX. This implies that the typical family with an ability to pay 10,000 UGX in health expenses, even without factoring in the cost to pay the health care provider seeing them, would be unable to obtain care if more than one person became ill with malaria, a disease endemic to 95 percent of Uganda (Nabusoba).

The costs for treating the most common diseases that afflict and kill the people in Ddegeya are not too high - it is a tragedy that so many die from problems such as malaria or diarrhea when the difference between what is affordable and the costs of treatment are so small. Engeye helps bridge this cost gap. By making health costs affordable, Engeye is dramatically increasing health and living standards. We seek to improve the health and living conditions of Ddegeyans in a variety of ways, but it is important to note that improving living standards through individual projects (our clinic, our

nutrition programs, our income-generating opportunities, etc.) can have a cascading effect on education, nutrition, village and family economic potential, health, and the rights of women and children. For this reason, Engeye takes a holistic approach in improving the health and living standards in and around Ddegeya – every project has the potential to improve a variety of related socioeconomic and health indicators (Wamani et al.).

COMPASSIONATE

Health care anywhere in the world can be a rather impersonal experience. In Uganda, where health care workers are in short supply, providers are often tempted or forced to simply diagnose and hand over medications with little explanation about the ailment, treatment, or ways to prevent future illness.

As Engeye has expanded from 10 to 20 to 30 to now nearly 50 patients per day, we have increased medical staffing to ensure that each patient gets the attention he or she deserves. Our current medical staff consists of a clinical officer (the equivalent of a nurse practitioner in the U.S.), a certified nurse, a nurse's aid/pharmacy tech, and an HIV/AIDS counselor. Although Engeye is busy, the medical staff lives within the Ddegeya community and works as a team to ensure that the patients are informed about their health problems.

Although Engeye charges a small fee for services (one-tenth of the cost of most private health care providers), Engeye will work with patients who do not immediately have the money for services. This is the advantage to having a truly community-oriented health care system. While the nurses at Engeye do not turn away patients who do not have cash available, the patients return with the fee (sometimes months later)

to uphold their end of the bargain. This gives the members of the community pride in supporting a clinic that is truly their own. To this end, Engeye also does everything in its power to help patients obtain access to medical services that are not offered at Engeye. The staff is committed and compassionate about the health of their patients, their neighbors.

QUALITY CARE

Engeye always strives to provide the best possible medical care with the resources available. We have integrated World Health Organization (WHO) guidelines with local information about available drugs and disease prevalence to create our own best practices, diagnostic, and treatment protocols. The doctors that volunteer for Engeye also work to learn as much as possible from the clinic staff, while imparting as much medical information as possible to them. This follows the model of reciprocal learning while also demonstrating cultural awareness and respect. With every medical mission we learn more about how to provide the most effective treatment to patients.

Since Engeye is not-for-profit we can also emphasize preventative measures and education to all patients as a means of improving quality of life and, ideally, decreasing the number of times we will see patients for preventable diseases. Actions such as mosquito net distribution or working with Engineers Without Borders to help provide access to clean water make sense when quality community health is the bottom line – Engeye judges progress by the improvements in our treatment and prevention programs, not the number of patients seen or the patient contributions to care.

In 2009, Engeye opened a new building comprised of rooms that will function as the primary health facility (including two private patient rooms), laboratory, pharmacy area, office for clinic management and community volunteers, as well as storage. This building helps advance the quality of care because the rooms are private – a novelty for most Ugandans – and it allows for efficient patient flow and care as the clinic grows.

Engeye has also expanded our available laboratory services, with the use of a grant from the Ross Foundation. Most recently, in July 2011, our laboratory technician has an improved work area that was the result of a dedicated team of volunteers, donors, and local carpenters. Using a donated deionizer system for water purification, donated centrifuge and high-power microscopes, our previous dependence on malaria RDTs for diagnosis has been upgraded to the improved standard of blood smear exam for each suspected malaria patient. +



OVERVIEW OF DIAGNOSES

CATCHMENT AREA

Although the clinic is based in Ddegeya, the clinic sees and treats villagers from over 70 other villages in the region including Bunyere, Nakateete, Kyamaganda, Kabalungi, Busubi, Mbiriizi, Kinoni, Bukumbula, Ddongwa, Kalububbu, Kyereme, Rwabiwoko, Nakyenye, Mayira, Kafumu, Rukaka, Migongo, Kirayangoma, Kiwande, Nkoma, Kyasonko, Kibulala, Rwembogo, Kabasanda and others as far as Lyantonde, Ntusi, Gwanika, Kabwami, Rwensinga, Wabiwoko, Misubilo and Mateete. People will often walk hours from their village to the clinic in Ddegeya to receive treatment.

PATIENT DEMOGRAPHICS

While patient volume varies month-to-month the clinic sees and treats between 800-900 patients a month, or approximately 40-50 patients a day. Engeye saw 11,416 patient visits in 2012. In terms of the age of patients seen at the clinic, the breakdown is as follows:

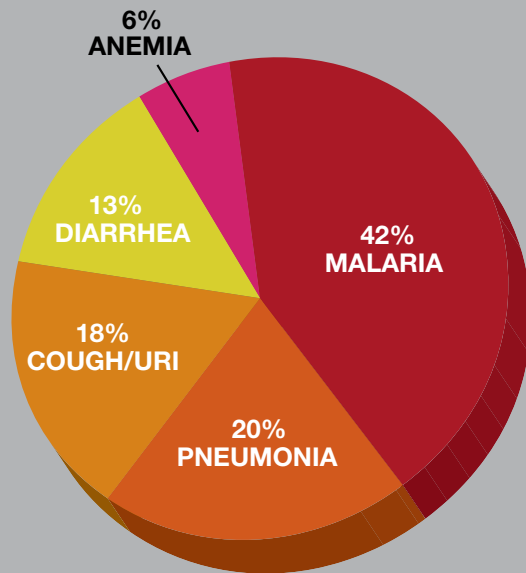
- 1711 patient visits for children < 5 years of age
- 9705 patient visits for individuals five years and above
- An average of 53% of our patients are females > 5 years of age

CLINIC STATISTICS

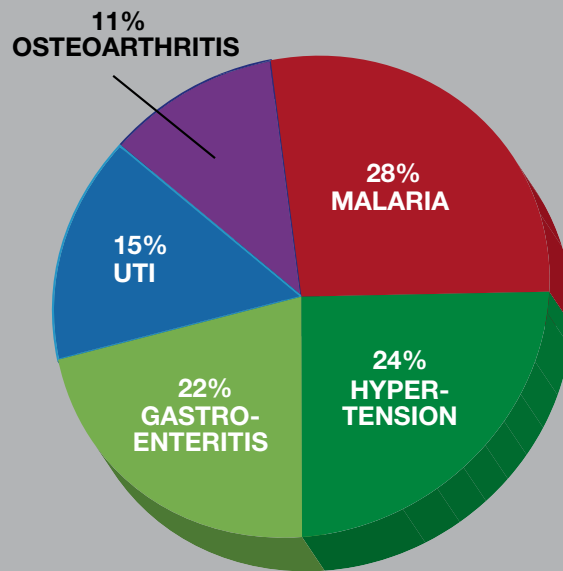
During 2012, a total of 12968 laboratory tests were completed including, malaria smear: 4961, urine dip stick: 2306, hemoglobin: 1791, VCT (HIV): 1456, glucose: 1315, syphilis: 652, pregnancy: 431 and malaria RDT: 56 +



top five diagnoses for patients under the age of five



top five diagnoses for patients over the age of five



TOTAL NUMBER OF PATIENTS SEEN

11,416

number under 5 years of age

1,711

number over 5 years of age

9,705

AVERAGE NUMBER SEEN PER DAY

41

OPPORTUNITIES TAKEN FOR HEALTH MAINTENANCE

4,588

number under 5 years of age

674

number over 5 years of age

3,914

IMMUNIZATION VISITS (children under 5 years of age)

320

TREATED CASES OF STI'S

265

female

122

male

143

TREATMENT VISITS FOR PID

199

Education is one of the cornerstones of Engeye's Mission. Theresa Weinman and Elaine Pers Hickey founded Engeye Scholars to advance educational opportunities around the Engeye Health Clinic. Specifically, its purpose is to help meet the educational needs of children living in and around Ddegeya Village who would otherwise not be able to afford an adequate education on their own. Engeye Scholars supports Ddegeyans in their pursuit of primary through higher education. Educating Ddegeya's youth will empower the population, improving the prospects of the community as a whole.

ENGEYE SCHOLARS OVERVIEW

With the help of generous donors, Engeye Scholars organizes and oversees the sponsorship of 23 children from Ddegeya Village and surrounding villages at local primary and secondary boarding schools. The chance for an education provides the students with potential to not only help themselves, but also other families in their village. The Engeye Scholars Program began in September of 2008 and has grown to include programs that extend beyond individual student sponsorship. These programs include

a clean water initiative and business development plan to provide expanded benefits for the entire community. The education program also added student scholarships and classroom improvement projects at deserving village schools. These schools are currently operating with little or no teaching supplies or student supplies. Local schools in the United States and youth organizations have collected supplies for these schools and students and sent them to Engeye for distribution. These organizations have been involved in fundraising efforts to provide funds for the purchase of supplies in Uganda in an effort to support the local economy while also providing the needed supplies.

The Mission of the Engeye Scholars program is to support the educational initiative of the Engeye Health Clinic. It is our hope to positively impact the lives of children who may not have the opportunity to seek an adequate education on their own. It is a Ugandan's greatest hope to be able to obtain an education and have opportunities to provide for themselves. The Scholars Program works to empower Ugandans so they can create their own lasting changes and solutions. We will work to do this one village at a time. +





FINANCIAL OVERVIEW

Engeye is a registered 501(c)3 charitable organization that is recognized on Network for Good and Guidestar. Engeye is officially recognized as an NGO in both Uganda and the United States.

Engeye thrives on a grassroots structure and is committed to organizational efficiency and the reduction of any overhead and unnecessary costs. Engeye is proud that every project is planned with efficiency and cost-effectiveness in mind. Every dollar raised through fundraisers and private donations goes a long way and over 94% of donations are devoted to clinic needs and other projects being implemented in Ddegeya.

In 2012, Engeye received a total of \$126,080 in donations, including \$3,980 from the American Medical Women's Association. Engeye Health Clinic collected \$24,710 from patients seeking treatment in Ddegeya. Engeye recommends a donation of approximately \$2.50 per patient visit, but provides medical care regardless of a patient's ability to donate. During the year, Engeye treated 11,322 patients, directly supported 34 students, and invested in a number of community and infrastructure projects.

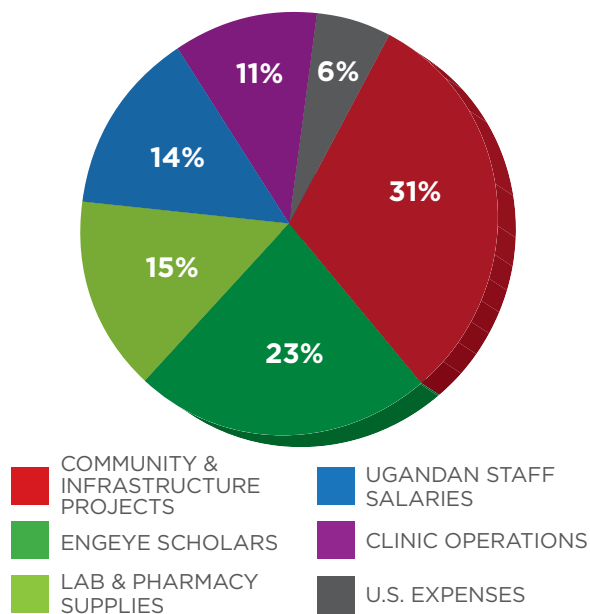
Engeye spent \$147,335 in 2012, including:

- \$32,412 on Engeye Scholars Program expenses, which included support for 34 students, support for a fellow to work in Uganda, and program supplies and events;
- \$21,214 on staff salaries including our manager, clinical officer, nurses, lab technician, counselor, cooks, translators, and maintenance employees;
- \$21,586 on medications and laboratory supplies;
- \$16,141 on clinic operations, including staff meals, licensing fees, transportation, clinic supplies, cleaning and maintenance, staff training, and communications fees;
- \$46,501 on community and infrastructure projects, including the construction of our second staff house (\$13,952), St. Gertrude's School improvements (\$11,880), a new in-

cinerator (\$2,045), repair of village water source (\$1,108), connecting to the electrical grid (\$1,060), the completion of a water storage tank (\$10,643), special health projects including Noeline's care (\$3,364) and Mary's care (\$1,478);

- \$9,480 in US organizational expenses (6%), including program supplies, administrative expenses, bank and transaction fees, non-profit registration and taxes, and fundraising efforts.

As an ever-increasing number of Ddegeya citizens come to rely on Engeye for healthcare and education, we feel it is prudent to create a cash reserve sufficient to fund one year of clinic activities. After funding this cash reserve, our spending priorities for 2013 are to continue to fund the construction of staff housing (which we believe is instrumental in retaining our invaluable local staff). +





Engeye is a growing organization that makes the most out of all its resources. Every hour volunteered, every piece of medical equipment or box of school supplies shipped over, and every dollar donated goes a long way in helping the people in and around Ddegeya.

Engeye is a 501(c)3 not for profit organization and donations are one of the most effective and straight forward ways to help raise the health and living standards for the people in Ddegeya. Every dollar counts, and often times one dollar is all it takes to make health care accessible and affordable. For example, a case of malaria typically costs \$3.00 USD to treat, of which the patient typically contributes \$2.00. For a little over \$1.00 we can overcome the cost barriers that stop many Ugandans from accessing the health care they need and deserve and raise the bottom line in health care.

Since Engeye is a small organization and is powered solely by volunteers and the Ugandan medical staff, very little is lost in administrative or salary expenses - your dollars go to helping Ugandans to access medicine, hire local medical staff, expand and improve clinic operations, fund community projects, and create infrastructure for income generating projects so that the people can afford a higher and higher standard of health care. Your tax deductible donations can be sent through our website (connected with PayPal), or via mail to:

Engeye, Inc.
P.O. Box 11613
Albany, NY 12211-1613

Often times, Engeye is also in need of specialized skills or expertise from volunteers. There is an incredible diversity of opportunities to help from every background - artists, media specialists, health care workers, grant writers, engineers, law-



yers, entrepreneurs, laboratory technicians, teachers, and so on. Engeye appreciates help from any discipline and any corner of the world. Engeye is always open-minded and looking for progressive ideas and individuals willing to help the organization's cause.

Another similar way that your business or organization can help is via partnership. It is so helpful when others highlight the causes we are working for and ways individuals can help. Some businesses will match employee donations, or offer paid leaves for employees who volunteer at our clinic. Bars have worked with Engeye to donate a night's cover charge toward the clinic, which helps attract new customers and gives Engeye much needed attention and funding. Some firms can offer expertise or services for free or at a reduced cost to help Engeye make the most informed choices and act in the most professional manner, whether it be in medical diagnostics, engineering consultation, newsletter design and printing, media work, or research. We always welcome any offers for services and partnerships that can help advance this organization and the people of Ddegeya Village. +

ADDITIONAL RESOURCES

- Engeye Health Website: www.engeye.org
- Engeye Scholars Website: www.engeyescholars.org
- *Health Care Co-Ops in Uganda* by George Halvorson
- UN Millennium Development Goals Profile for Uganda: www.undp.or.ug/mdgs/25
- Uganda Poverty Eradication Action Plan (PEAP):
www.imf.org/external/NP/prsp/2000/Uga/01/index.htm

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We would like to thank photographer David Robinson for allowing us to reproduce his beautiful photography throughout this report. His love for Ddegeya and the villagers is evident through his photographs. We would also like to thank graphic designer and photographer Amanda Wilson for her time and talent devoted to Engeye throughout the year and in creating this annual report.

David and Amanda enable us to appreciate the beauty of Engeye through their work.

To view additional photographs by David Robinson, visit his website.

To view additional work by Amanda Wilson or to contact her for freelance work, visit her website.

