Bugoye Subcounty

- Bugoye is a rural community in the verdant Rwenzori Mountains in southwestern Uganda. The village surrounding the health center sits along a dirt road lined with small shop stalls and some mud-and-thatch homes.

Background

- Data collected by Village Health Teams (VHTs) showed that Ihani Village, a nearby group of scattered homes deeper in the mountains, had a disproportionately high incidence of diarrheal diseases in children under 5 years old. The Bugoye Community Health Center (BCHC) needed data to determine the cause.

Experience

Information

Our team of U of M and Mbarara University of Science and Technology (MUST) students created a community survey to assess understanding of diarrheal diseases in Ihani Village. This was used to determine knowledge gaps, provide in-home education, and assess existing hygiene and sanitation facilities. The Bugoye Community Health Center (BCHC) graciously allowed us to study their records and sent a guide to lead our hike to the village homes and to interpret between English and Lukonjo.

Purpose of Trip:

The goal of our abroad travel was cultural and clinical immersion in the community health setting.

Outcomes

We were unfortunately only able to visit 7 homes due to program delays and an eventual evacuation due to an Ebola outbreak. We compiled the data collected from our household assessments and compiled it into a report which was given to the Bugoye Community Health Center. BCHC could then continue the assessments, develop interventions based on the trends established by our findings, and continue the educational process to teach families more about how to prevent diarrheal disease.

Skills Utilized/Developed

The ability to form respectful relationships with leaders of the community opened doors to resources and information crucial to an effective intervention. Being politically savvy to form connections with local government officials ensured our safety and access to resources during our time in the community. The ability to form friendly relationships with citizens made performing assessments and collecting data not only much easier, but enjoyable too!

Classroom Connections

N420/421 Global Health and N456 Community Health laid the foundation for a culturally competent, attainable intervention supported by the community, both for their health and our educational benefit.

Lessons Learned

Our global experience taught me to trust my own abilities, be confident, and trust the process.