



Health Access Connect

The logo consists of the letters 'HAC' in a bold, white, sans-serif font. The letter 'A' is stylized with a square cutout in the center. To the right of the letters is a graphic element consisting of two parallel, chevron-like shapes pointing to the right, one in blue and one in pink.

2015 ANNUAL REPORT

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Accomplishments

Message from the directors

2015 was a formative year for Health Access Connect. From our perspective here are the major accomplishments:

- After months of talking with communities and adjusting our model for **Medicycles**, we purchased our first motorcycle in July and have been running mobile clinics since August. In that time we have learned a great deal about how to best implement the program.
- We have been supporting the **Dr Ssesse radio program**, which is hosted by Livingston Musoke on Radio Ssesse. Community members have been tuning in and asking a variety of questions.
- We also partnered with **emBOLDen Alliances** and started a partnership with **AHF-Uganda Cares**. EmBOLDen Alliances has helped us to improve our monitoring and evaluation practices and to submit stronger proposals to potential funders. AHF-Uganda Cares will be a strategic partner as we move forward with our mobile clinic activities.

By the end of the year, we started an online fundraiser and were preparing to apply for more resources to expand our activities in 2016. It's an exciting time!

- Kevin Gibbons and Carolyne Ariokot

Message from the board:

United by a deep commitment to health equity, five diverse professionals from Uganda and the US created Health Access Connect's Board of Directors in 2015. With experience across communications, law, governance, research, and public health programming, our newly formed team has had the pleasure of working with HAC staff to help set a strategic direction and path forward for the organization. Particular milestones include finalizing our constitution; formalizing key sub-committees; supporting end-of-year fundraising efforts, and analyzing organizational challenges and opportunities. The board is proud of HAC's hard work in forming strong relationships with the communities in which it works and building new partnerships both domestically and globally. In the coming year, we're looking forward to improving and expanding program activities in order to provide remote communities with the critical access to the healthcare that they deserve.

- Chelsea Ducharme

The Problem

In Uganda people who live in remote areas have trouble accessing basic healthcare. There are clinics and doctors, but patients often have to travel far, which can be expensive and time-consuming.

WHAT WE KNOW



Uganda has clinics, medical professionals, and a lot of services available to citizens free or at reasonable prices. While there may not be health workers near many villages, there are many ways to reach the people who live there.



Motorcycles Go EVERYWHERE

Motorcycle taxis are the principal mode of transportation in remote areas. A motorcycle costs about \$1,300 and is a reliable, profitable source of income for a young man.



EVERYONE Listens to the Radio

Most Ugandans in rural areas have a radio in their household. At night and throughout the day, people listen to informational and entertainment programmes.

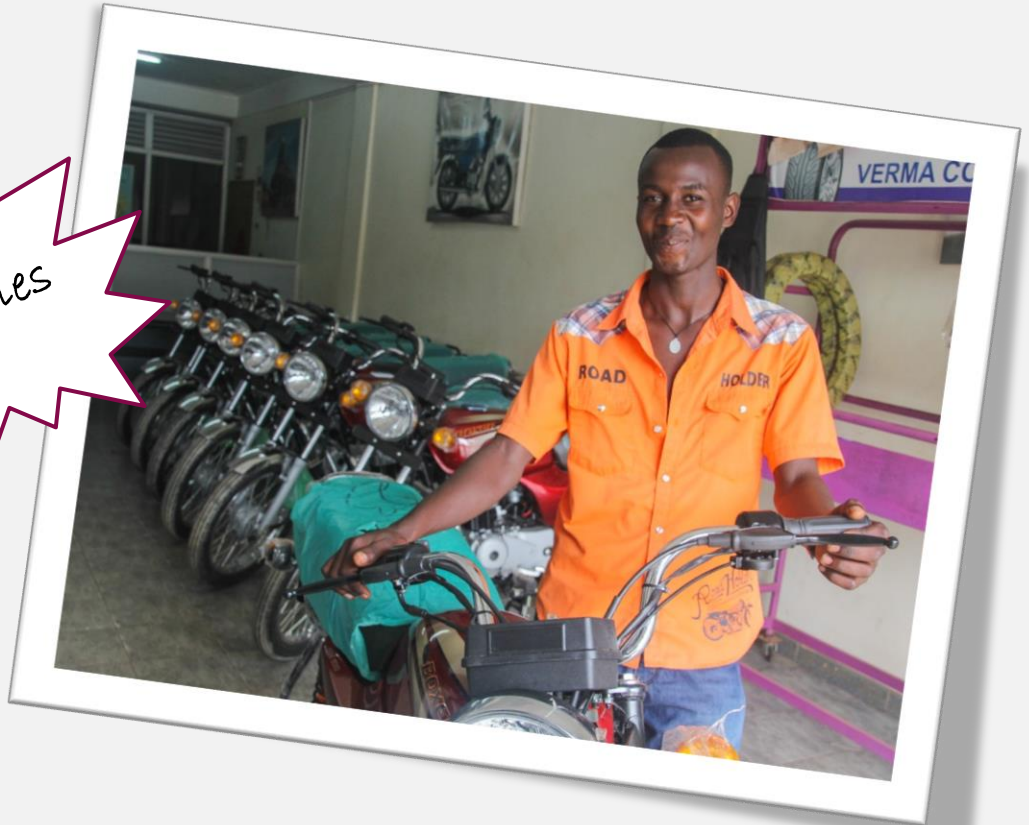


SOLUTIONS THAT WE IMPLEMENT AIM TO SOLVE THE PROBLEM OF THE DISTRIBUTION OF MEDICAL CARE BY UTILIZING HEALTHCARE RESOURCES IN THE COUNTRY MORE EFFECTIVELY.



Health Talk Radio

Medicycles





HEALTH TALK RADIO

Quality Medical Information to People's Homes

Advice where it's needed

What happens if you get a concussion, you have chest pains, or you have a reaction to medicine, and the nearest hospital is over an hour away? You need advice from a health worker.

How most people get their information

In rural areas of Uganda, radio is the most common form of media. Late at night and throughout the day, all families are tuned into their radios.

Focus on quality

People get dubious health advice from many different sources (local healers, neighbors, advertisements, editorials etc.). Health workers have the information that people need to make good decisions.

Answer questions

Each program should have a time for people to call in and ask questions. Health workers can diagnose the problem and give advice, or they can tell the patient that they need to visit the hospital.

We have had **Radio Ssesse** running weekly since April 2014. Radio listeners have responded well to our programming and there are health workers and government officials who would like to see more. Livingston Musoke, a health worker who knows everyone in Kalangala District and is widely respected, is the presenter with Flavia, one of Radio Ssesse's regular presenters. However, other than Radio Ssesse, the program has been stagnant lately due to lack of funding and lack of connections with potential advertisers. This can be improved by bringing in a system that allows for tracking of audience data and metrics of impact.



Using motorcycle taxis to link medical services to remote villages in Uganda

A motorcycle taxi driver in the village receives a low interest lease-to-own agreement to purchase a motorcycle and pays off that motorcycle over 18 months.



As a condition of that loan, the driver has to make monthly trips to 3 or 4 nearby villages. On these trips, the driver transports two medical workers who carry medicine and testing supplies.



Costs of fuel and stipends for medical workers are paid for by a \$0.17-\$0.40 fee that community members collect from the people who attend the mobile clinics.





A Growing Success

Mpola Mpola (right) our first field officer, with Kevin Gibbons (left) in Kalangala

the impact of

\$2,000



buys **1 motorcycle**



serves **3-4 villages** with monthly clinics



gives **140 people living with HIV/AIDS** access to life-saving treatment



gives **1,050 people** access to monthly medical services



gives **1 motorcycle taxi driver** capital to start a small business to better support his family



empowers **3-4 community groups** to improve healthcare in their villages for years to come



enables **the Ugandan healthcare system** to better serve its citizens

In 2015, and moving into the New Year, one of our main focuses has been on the **Medicycle** program. We have seen the impact that it has made so far and there is a growing interest from donors. We have received a great response where we work, and health workers and community members want us to service other areas. We have started to build relationships in new areas, and we have a plan of where to focus on next.

We collect a lot of data on population health and patients served at clinics. We are analyzing what is working and what isn't. We also want to test different variables, like whether the community should pay for transport expenses or how much oversight is the right amount to assure success. We will make our findings open source so that other organizations can use our model in other countries.



We currently have:

- ★ 1 motorcycle serving 3 villages
- ★ 4 staff members working as volunteers (for now)
- ★ 5 board members





emBOLDen Alliances

Partnerships



Health Access Connect directors met Neena Jain and Bill Rohs of emBOLDen Alliances. Based out of Denver, Colorado, emBOLDen helps international public health organizations to improve their outcomes by providing support services like monitoring and evaluation, programme design, mapping, grant writing, and strategic planning. We are so excited to work with them! We are going to work together to build our strategic plan and submit proposals to granting organizations — among many other ideas!

Visit embolden at www.emboldenalliances.org

Another major partner of Health Access Connect is the Pie in The Sky Foundation. This foundation strives to support the efforts of Ugandans working together to confront the challenges of poverty in their communities, such as how to care for the large number of orphans and other extremely vulnerable children and youth living in precarious situations in Uganda. They have a 501(c)3 status (EIN number 46-4741312) and can be found at www.pieinthefoundation.org



We have also been in the process of beginning a partnership with Uganda Cares. Partnerships are important to the work we do because when we work together we can reach more people and have a bigger impact. If it's the right fit, we're always looking to form new partnerships. Huge thank you to our existing partners for all they do!

List of major accomplishments this year

- Developed our Medicycles model from our original idea to deliver anti-retroviral medication to high HIV communities in remote areas into a program that provides comprehensive medical services through one-day clinics remote communities.
- Facilitated the Dr Ssesse radio program which gave medical advice and answered health-related questions on a weekly basis.
- Collaborated with Ministry of Health officials who identified the villages to target and provided the services for the clinics.
- Collaborated with community groups who oversaw the clinics and coordinated with health centre workers.
- Purchased our first motorcycle and implemented monthly mobile clinics in 3 villages.
- Partnered with emBOLDen Alliances which helped us to develop our strategic plan and improve our grant applications.
- Began partnership discussions with Uganda Cares in order to better serve the communities on Lake Victoria.
- Formed a Board of Directors, which is made up of 5 members with backgrounds in public health, research, law, organizational development, and social services.





Health Access Connect

**www.healthaccessconnect.org
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