



Annual Report 2016

Revving Up Our Partners, Gearing Up For Growth

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Letter from the Board Chairperson

For Health Access Connect (HAC), 2016 has been characterized by strategic growth and deep learning. As an organization, we moved from making plans to implementing plans, all in strong partnership with the communities that we work with. We're not only working smarter, but also more thoughtfully, ensuring our work will support communities sustainably over time.

Our internationally-based Board of Directors, armed with diverse perspectives, has had the opportunity to work with HAC staff in solving challenges, dreaming big ideas, and aligning on a path forward together. As a team, united in our commitment to HAC's mission, we're looking forward to kicking off a year of growth and expansion, with humble gratitude to the partners, supporters, and community members that cheer us on along the way. Join us in this healthy equity journey as we rev into 2017!

Enthusiastically,
Chelsea Takamine
Board Chairperson
Health Access Connect

Letter from the Executive Director

Dear Friends of Health Access Connect,

2016 was the year that Health Access Connect went *from an idea* to deliver medicine to Ugandans in remote areas *to a working organization* that works with health workers and community members to set up monthly mobile clinics.

Back in 2014, our Programme Director Carolyn Ariokot and I started working in earnest to figure out how we could solve this problem that we saw in communities that people were dying of HIV/AIDS when medicine was only 5 to 10 km (3 to 6.2 miles) away. FREE services! And yet there are motorcycles and resources in these communities. It seemed so easy! Our first clinics started in August 2015, and we've been trying to expand ever since.

In 2016, we maintained the clinics in the three villages where we started, and we started clinics in 3 new villages. We learned a lot! Some things we thought would be easy (getting patients to show up, fostering communication between community groups and health workers, developing a monthly schedule, and expanding to new communities) were not! We spent a lot of time in the villages and talking to health workers. We incorporated megaphones to announce clinics. We held community meetings in which health workers could answer questions. We met with government officials to help us improve how quickly we could start in new villages. And we hired full-time staff! We went from being entirely volunteer-run to being a (non-profit) business that hums ... kind of like a motorcycle engine!

Oh, and, by the way, we received an award for \$50,000 at the end of the year from Positive Action Challenges of ViiV Healthcare, and we raised over \$15,000 in our December crowdfunding campaign. Things are revving up!

Thank you to everyone who has donated to us and helped us along the way. Special thanks to Smith & Associates Real Estate for supporting *two* motorcycles and to ViiV Healthcare and the Positive Action Challenges team for believing in us. Very special thanks to health workers and government officials in the District of Kalangala, Uganda who have made our work possible. And the most specialist thanks to our community partners in Bungo, Bbanga, Senero, Kagolomolo, Buziga, and Kasenyi for making our work worthwhile.

Vroom vroom,
Kevin Gibbons
Executive Director
Health Access Connect

What does Health Access Connect do?

Our mission is to **link Ugandans living in remote areas with healthcare resources**. When we craft programs, we are constantly thinking of how to best serve these populations -- how to serve their needs.

In our Medicycles program, we use microfinanced motorcycle taxis to set up monthly, one-day, serve people living in remote, difficult-to-reach communities in Uganda. How do we do that?

Transportation & Microfinance

We utilize motorcycle taxis and boats to reach remote villages. We first engage with the local health facility to choose which villages to target. If the health workers do not have access to transportation, we microfinance a motorcycle or boat taxi to a local resident searching for economic opportunity. The person who takes out the loan runs his own motorcycle or boat taxi business and, as a condition of the loan, serves three nearby villages with monthly one-day clinics. On those days that he serves the villages, he is only compensated for fuel. Thus, the taxi driver runs his business for 27 days in a month and must be available for clinics three days that month.



One-day Clinics

Our main goal is to help the Ugandan health system to provide continuity of care. We establish a system to conduct monthly, one-day comprehensive health clinics in remote villages. Three-to-four health workers and their equipment are transported to villages, so they can provide anti-retroviral treatment, maternal health services, immunizations, family planning, malaria treatment, HIV tests, child checkups, among others.



Community Partnerships

We partner with community groups to oversee the project, so that it is eventually successfully transitioned to them. Community groups collect \$0.55 from each patient to pay fuel costs and health worker stipends. This small amount is able to pay the travel expenses (\$21-28) of a one-day clinic. Over time, there is less need for HAC to oversee the clinic activities.



The impact of one motorcycle?

The impact of 1 motorcycle in the Medicycles program:¹

- Program Costs \$2,300
 - \$1,300 to purchase the motorcycle
 - \$1,000 for travel expenses to conduct community organizing implementation
- Serves 3 villages with monthly clinics
- 1,750 patients served per year (some of that includes return patients)
- 72 people living with HIV/AIDS given regular monthly ART
- 288 people tested for HIV per year
- 220 people given malaria treatment per year
- 56.8% of patients are female
- 31.6% of patients under 18 years old
- Enables Ugandan health workers to serve patients in hard-to-reach areas
- Empowers 3 community groups to create sustainable programs that improve healthcare in their villages
- Gives one resident capital to start a small business to better support his family and serve his community



¹ Numbers based on monitoring data between August 2015 and May 2017

Who is HAC?

Staff



Kevin Gibbons
Executive Director, Co-Founder, November 2014 to present



Carolyne Ariokot
Programme Director, Co-Founder, November 2014 to present



Miiró "Mpola Mpola" Deo
Field Officer, Kalangala District, November 2014 to present

Board



Chelsea Takamine

Board Chairperson, July 2015 to present



Agnes Igoye

Board Member, November 2014 to November 2016



Prossy Kawala

Board Member, November 2014 to present



Monica Kuteesa

Board Member, April 2015 to November 2016



C. Bruce Willis II

Board Member, November 2014 to present

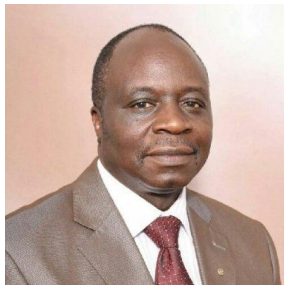
Special thanks to outgoing Board Members Agnes Igoye and Monica Kuteesa for their service and leadership!

Incoming Board Members



Ronald Tibiita

Board Member, February 2017



Benson Chirwa

Board Member, May 2017

What did HAC do in 2016?

What were our accomplishments this year? We'll break it down into five categories.

Impact²

In 2016, HAC helped to

- Set up more than **25 one-day clinics**
- Serve **6 villages with monthly one-day comprehensive health clinics**
- Serve **patients** more than **1,100 times** at the clinics³
- Serve **children** more than **320 times** at the clinics
- Distribute **anti-retroviral treatment** more than **520 times**
- **Test for HIV** over **200 times**
- Start more than **58 people living with HIV/AIDS on anti-retroviral treatment**
- Distribute **malaria treatment** more than **78 times**
- Distribute **deworming medicine** more than **125 times**
- Provide a **small business** to **2 motorcycle drivers' households**

Not bad for our first full year of operating clinics!

Partnerships

In 2016, HAC has built and continued the following partnerships:

- **Over 6 village community groups**, which have maintained the clinics
- **3 health centres**, which have brought the services provided at the clinics
- **1 District Health Office**, which has overseen and supported the clinics
- [EmBOLDen Alliances](#), which helped us to build a Monitoring & Evaluation Framework and to map our activities in villages
- [Kalangala Forum for People Living with HIV/AIDS Network](#), which has helped us to identify villages to target and community leaders to partner with
- [Smith & Associates Real Estate](#), which has supported our work through direct donations and help organizing fundraising events
- [ViiV Healthcare](#) through their [Positive Action Challenges](#) program, which supports innovative solutions to fighting the global HIV/AIDS epidemic

² Data taken from clinic reporting forms filled out by health workers. There are some gaps in the forms, so we have put in "more than" when we're sure that we've helped serve at least that many patients.

³ There are a lot of repeating patients, so we've helped to serve patients a certain number of times, but many patients have been served multiple times. And that's a good thing!

Organizational Development

- We built up our Board of Directors to have five members.
- We registered as a 501(c)3 charitable non-profit in the USA to allow us to raise tax-deductible donations from there.

Monitoring & Evaluation

- We drafted and began implementing our M&E Framework.
- We hired a full-time M&E Officer.
- We began preparing to conduct a Population Health Survey in partner communities to better understand health needs and track our impact.
- We maintain a database of patient services provided at each clinic.
- We began our #accessforall campaign in which we document our stakeholders' stories and testimonials.

Fundraising

- We raised over \$20,000 through two crowdfunding campaigns and event fundraisers.
- We were awarded a grant of \$50,000 through [ViiV Healthcare's Positive Action Challenges](#).
- We developed a grant proposal that more clearly defines what the contributions of our programs are and how our model is innovative.

What are people saying?



I support the project, and I like it so much because there is a way how even we service providers are motivated. The health workers, we gain much experience in [HIV Counseling and Testing], and we get a small allowance. The patients do get medications; those who are on [anti-retroviral treatment] do get their [anti-retroviral medication]. They are excited and inspired in getting their results that are being tested and screening and such.

Nagwa Rosette
Medical Laboratory Personnel
Health Centre 3 Mugoye, Kalangala District



I love this project 100%! There are a lot of good things about this project. One of those good things: I can get many health services right here nearby. Because they're found right here, I can save [money]. And that money that I would have spent, I can spend it somewhere else. For example, rather than going from Buziga all the way to [the hospital in] Masaka, I get the medicine from here, it means that I've saved a lot of money. On top of that, I can also save a lot in my job. I only use a little time to get medicine right here, and I can finish my work in time. And I can be here to cook for my children because I'm a parent. Then I would not get tired moving from one place to the other. But if I stay here, I can be healthy and strong. I really enjoy it because we get this medicine right here, and this project will really help us.

Naziwa Prossy
Buziga
Farmer and Animal rearer
Secretary of Community Group



I like the project very much, because when it started bringing health workers close to us, it has helped me a lot. First of all, I am poor. It is not easy to save money for transport to take me to the health centre to get medical treatment. I do not have the money. At times I have to walk up to the health centre. Imagine that distance! If the health workers find me here, it helps me a lot. I feel relieved, because on that day, I don't get worried of where to get transport money like 15,000 or 17,000 shillings (\$4-5) to go to the health centre. At times the day arrives when I do not have money.

Florence Nalwadda
Kagolomolo, Kalangala District
Farmer

Health Access Connect was a great fit for our Challenge Prize to more effectively connect people to clinics in rural and hard-to-reach locations within resource-limited settings. HAC's partnership approach with local communities using motorcycles to run mobile clinics provides an innovative, scalable and replicable approach to increase access to vital healthcare in Uganda. Reducing time-to-treatment while empowering local communities to sustainably manage the mobile clinics in the long-term supports local capacity building and ensures a people-centred approach. Positive Action Challenges wishes HAC all the best for the future of their innovative programme!

[Positive Action Challenges](#) is an initiative of [ViiV Healthcare](#)



What are our plans for the next few years?

These numbers are the projected impact of adding on 40 motorcycles and 5 boats as part of our two-year plan.

- Serve 75 villages with monthly clinics
- 73,500 patients served per year (some of that includes return patients)
- 3,024 people living with HIV/AIDS given regular monthly ART
- 12,096 people tested for HIV per year
- 9,240 people given malaria treatment per year
- 3,000 women given family planning services

