



Health Access Connect

Annual Report 2018

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Letter from the Executive Director

2018 was a year of success, opportunity, growth, and challenges for Health Access Connect. After some lessons learned from difficulty expanding in 2017, we have been able to reach over 30 villages with monthly outreach clinics! Our vision is to open and manage mobile outreach clinic services all over Uganda and then beyond. These are some of the challenges and opportunities we faced so that you can have an idea of what it takes to bring our services into a village:

1. **Community Infrastructure.** Within an environment that is not consistent in practices or robust with resources, we needed to reach out to and establish appropriate relationships with partners for the delivery of care and outreach clinic oversight. Community groups were at the center of our model for coordination and oversight of the outreach clinics, but it can be difficult to find reliable and effective partners. We found a key partner with community health workers (VHTs). This adjustment has made a huge difference in the quality and consistency of care.
2. **Time to operation.** It takes a lot of time, explanation, and assurances to be welcomed into a village. Sometimes you just have to go in and do it. Our amazing Field Officers work with the villagers, engaging them and earning their trust. Once need is established, our goal is to get on the motorcycles and deliver life-saving and life-improving healthcare as quickly as possible.
3. **Talent.** For our outreach clinics to expand, our organization must expand. We have a truly talented staff, but with expansion we need more people going to the villages, traveling with health workers, and doing what they need to do daily to make the outreach clinics work.
4. **New and deeper relationships.** Before we expand to new districts, we need to get approval from district government officials. As with many government bureaucracies, it can take a lot of effort and time to get Memorandums of Understanding (MOUs) signed! After some meetings with our management team, calls with our partners in Kalangala District, and showing evidence of our success, officials enthusiastically signed the MOUs!

I hope you see the common thread in all of the above: relationships. People helping people, people working together to save lives. People like you, who understand and support what we do and why we do it. This *is* what we do, on motorcycle, in remote villages, for those who otherwise will have no access to healthcare. By the end of 2017, we served nine villages. By the end of 2018, with your continued support, were serving 30 villages. By the end of 2019, we aim to be in at least 60. All of us here at HAC and I are looking forward to an exciting year ahead!

Sincerely,
Kevin Gibbons
Executive Director

Organization Overview

What We Do

Our mission is to link Ugandans living in remote areas with healthcare resources. Through the Medicycles program, HAC has established a model for mobile health clinics in remote villages that uses microfinance medicycles to transport health workers and medical supplies to ensure increased and sustainable access to robust healthcare services. HAC connects difficult to reach villages in Uganda with their healthcare system. Services offered include HIV testing, counseling, ART, maternal and child healthcare, family planning, perinatal treatment and essential health services like vaccinations, malaria testing, and deworming to people who would otherwise struggle to reach living saving health services.

The main components of our program include:

- 1.) Transportation & microfinancing
Micro-financed motorcycle taxis/boats transport medical staff and supplies to remote villages
- 2.) One-day clinics
Monthly one-day health outreach clinics in hard to reach underserved villages
- 3.) Community oversight and cost sharing

Why We Do What We Do

Insert something about the AIDS epidemic in Uganda: percentage of adults who have it, children who have it, mortality rates due to it, which becomes the reason for being there with this program.

HAC by the Numbers

Choose 4-5 most important stats of 2018

- Average number of patients at each clinic: 43.0
- Number of HAC supported outreach clinics in 2018: 187
- Number of villages served: 30
- Total number of patients served: 9,613 (August 2015-December 2018)

Monitoring and Evaluation Update

How we're growing as an evidence-based organization:

- **Outreach Clinic Reporting and Data Collection:** We have gotten better at collecting and analyzing data from the outreach clinics to measure the impact of our services and programs.

- **Patient Feedback Interviews:** We have been conducting exit interviews with patients. Their feedback helps to inform our focus.

Partnerships

Developing partnerships and local counterparts are key to the Medicycles program. The overarching goal is to improve the ability of the Ugandan health system to serve its citizens. Thus, collaborating is at the center of all we do. Below are some of the key roles that are filled by our partners.

Identifying Sites: Ugandan Ministry of Health Officials

Before we begin working in a district, we conduct meetings with the District Health Officer and other key administrators who let us know which communities we should target. These are villages that are over 5 km (3 miles) away from the nearest health facility, have high prevalence rates of HIV, and are difficult for health workers to reach.

Providing Services: Ugandan Ministry of Health

Health workers, medicine, and equipment are provided free by the Ugandan government at government-run health facilities. Three or four government health workers and their medical equipment (supplies, health information, medications) are transported to our clinics by motorcycle drivers from our Medicycles program.

Paying Transportation Costs of Clinics: Communities

By collecting \$0.55 (2,000 Ugandan shillings) from each patient, our partner community groups pay for the overhead to conduct the clinics from month to month (\$22-28 per clinic).

Offering Additional Services: Civil Society Partners

Partner NGOs (including Kalangala Forum for People Living with HIV/AIDS Network, Kalangala Comprehensive Public Health Services Project, and Brick by Brick) have helped us to add additional services, such as teaching savings and loan management, counseling patients, and providing emergency medical services.

Bringing It All Together: Health Access Connect

Our major value-added is that we guarantee monthly service in targeted communities by establishing the clinics and making sure that partners are ready and available every month to provide care. When challenges arise, such as low turnout, medicine stock-outs, staff shortages, etc., HAC helps to overcome these obstacles and assure continuity of care.

Funding

Grants

In 2017 we won a \$50,000 Incubation Prize from Viiv Healthcare's Positive Action Challenges and a \$2,000 award from the New Life OpenIDEO challenge.

Crowdfunding

Through our annual crowdfunding campaign and Giving Tuesday, we have raised around \$41,000 in 2018,

- Giving Tuesday
 - mostly through our annual fundraiser that starts on Giving Tuesday at the end of November and running through December 31.

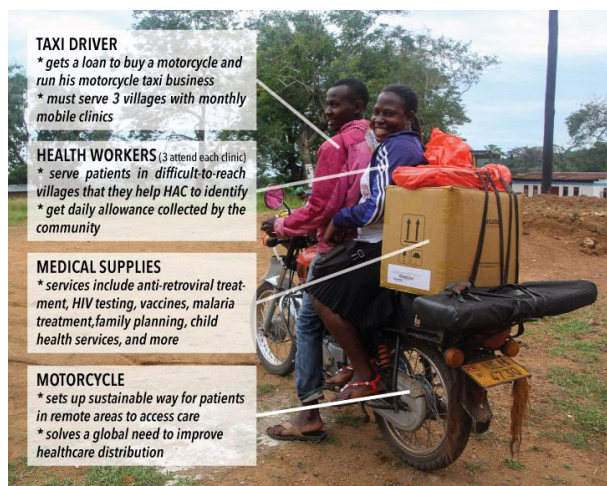
Staff

- **Carolyn Ariokot**, Programme Director
- **Pamela Adkins**, Development Officer
- **Kevin Gibbons**, Executive Director
- **Mark Kayongo**, Field Officer, Kalangala
- **Ann Kugonza**, Field Officer, Masaka
- **Costa Ritah Nalukwago**, Field Coordinator
- **Bridget Nanyonjo**, Monitoring & Evaluation Officer
- **Pascal Ssekalala**, Field Officer, Rakai

Board Members

- **Jan Baskin**, Board Chairperson; Business Enhancement Strategies, LLC, *Tampa, FL, USA*
- **Dr Benson Chirwa**, Board Member; Kheth'Impilo
- **Denise Birungi Evans**, Board Member; Hillsborough County Anti-Drug Alliance, *Tampa, FL, USA*
- **Allie Kibwika Muyinda**, Board Member; Retired Ugandan Ministry of Health, *Iganga, Uganda*
- **Ronald Tibiita**, Board Member; Global Health Uganda
- **Bruce Willis**, Board Member; Musgrove Law Firm, P.C., *Dallas, TX, USA*

Pictures



Thank you!

Health Access Connect is thankful to its many supporters and followers! We thank all who believe in our mission of enhancing the capacity of the Ugandan healthcare system to provide medical care to underserved populations in rural Uganda. We could not do this without your support!

We hope to continue to be worthy of your support and to foster new relationships this coming year. You can help us with this effort by reaching out to your friends, family, affiliations, workplace, and colleagues to engage their support.

Here's to a hac-a-licious 2019!