



Bukoto, Kampala, Uganda
healthaccessconnect.org
+256 772 529648
+256 706 129648
*Linking remote communities
to healthcare*

ANNUAL REPORT
Health Access Connect



Health Access Connect

HAC Vision, Mission, Core Values, and Commitments	03
Letter from the Board Chairperson	04
Letter from the Executive Director	05
Who We Are	07
Staff	
Board Members	
Our Donors	
What We Do	10
Why We Do What We Do	
Programs	
Key Accomplishments	12
Supporting Ugandan COVID-19 Response	
Bouncing Back From COVID-19	
Inclusion in the Ugandan Ministry of Health's National Differentiated Service Delivery Plan	
Technical Advising	
Financial Report	14

VISION

To set the standard for how to bring sustainable, equitable health services to remote, marginalized communities.

MISSION

To link remote communities to healthcare

CORE VALUES

*Do a lot with a little
Sustainability from Day One
Share and collaborate
Give the real story
Root for each other*

COMMITMENTS

To the communities we serve...

We commit to partnering with you to improve your health in the long term.

To the health workers we serve...

We commit to partnering with you to develop long-term solutions to serving your patients.

To our donors, investors, and friends...

We commit to being a steward of your investment toward making a better life for marginalized groups.

To our employees...

We commit to helping you to maximize your positive impact on the world.

To our world...

We commit to sharing openly, serving vulnerable communities, and working at the highest levels of integrity.

Sincerely,

Board Chairperson

“No matter how full the river is, it still wants to grow.”
~ African proverb

In 2015, we set out to find a solution to a long-lived problem that people in the fishing villages of Uganda had faced over the years: limited access to healthcare services. We envisioned communities that live in an abundance of good health and are fully insured with professional life-saving medical treatment in case of illness.

Five years down the road our vision is even stronger. We are focused not just on fishing villages in Uganda but also on remote communities throughout Uganda and beyond. Despite the challenge and change that 2020 presented to us, especially during the earlier stages of COVID-19 in Uganda, we believe that Health Access Connect’s medicycles model is now more important than ever. We also realized that Health Access Connect is not the final solution to the problem remote communities are facing in accessing healthcare. The final solution is in the hands of these remote communities. They have the ability to lead and sustain access to health services through medicycles without the intervention of Health Access Connect.

This year, presented an opportunity to engage with the communities we serve and see how we can further support them with regards to their health. Their feedback enabled us to sit back, re-think, re-learn and re-engineer the way we work. Right now, we are proud to report that our **average outreach clinic numbers are higher** than they have been in the past two years. We have been able to secure some project grant funding from Bergstrom Foundation and The International Foundation, and we are going to be able to expand our activities under a collaborative USAID-funded project to teach other

organizations how to implement the HAC model. We are particularly proud of the USAID project and one of our goals is to expand the HAC model to other organizations. As if that isn't enough, we challenged ourselves to fundraise \$25,000 USD during our 2020 End of Year Campaign and we exceeded our target with a total of more than \$28,000 USD. We are so proud of our supporters!

Our five-year journey has been a process of accomplishing and learning a lot. 2020 in itself has been a year of challenge, opportunity, change, and hope.

Sincerely,
Kevin Gibbons
Executive Director

STAFF



Kevin Gibbons
Executive Director, Uganda



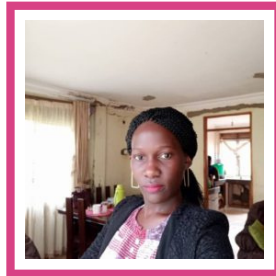
Carolyne Ariokot
Program Director, Uganda



Bridget Nanyonjo
Monitoring & Evaluation
Officer, Uganda



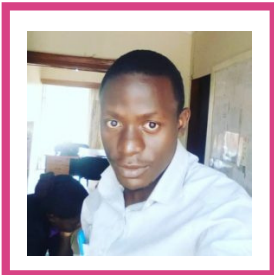
Winfred Nakaweesi
Family Planning Coordinator
& Trainer, Uganda



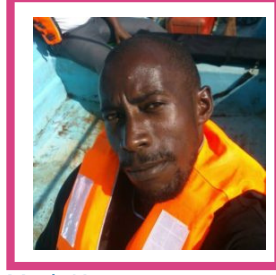
Costaritah Nalukwago
Field Coordinator, Uganda



Anthony Tisasirana
Finance & Administration
Officer, Uganda



Ivan Walukhu
Health Promotion
Coordinator, Uganda



Mark Kayongo
Field Officer, Kalanagala,
Uganda



Ann Kugonza
Field Officer, Masaka,
Uganda



Pascal Ssekhalala
Field Officer, Rakai, Uganda

BOARD MEMBERS



Jan Baskin
Board Chairperson
*Business Enhancement
Strategies, LLC, USA*



Dr. Benson Chirwa
Board Member
Right to Care, Zambia



Denise Birungi Evans
Board Member
*Hillsborough County Anti-
Drug Alliance, USA*



Dr. Rebecca Kinney
Board Member
*Primary Care Physician,
USA*



Nazeem Mohamed
Board Member
*Aga Khan Foundation,
Uganda*



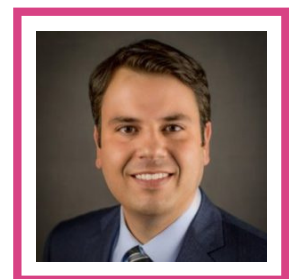
Allie Kibwika Muyinda
Board Member
*Retired Ugandan Ministry of
Health, Uganda*



Amelia Nicholson
Board Member
Retired nurse, USA



Ronald Tibiita
Board Member
Global Health CITY, Uganda



Bruce Willis, JD
Board Member
Musgrove Law Firm, P.C., USA

OUR DONORS & PARTNERS

Health Access Connect extends its deepest gratitude to our donors. You help us provide basic healthcare services that also help restore dignity and hope to people whose lives are profoundly changed by your generosity. Your donations and the financial support of other individuals, foundations, and governments is what fuels every mile we travel. HAC mobile clinics make it possible for poor and underserved men, women and children to receive basic and preventive healthcare in the remote villages where they live and work -- some for the first time ever.

Your [tax-deductible gifts](#) provide services including antiretroviral therapy, family planning, immunizations, and health screening now in more than 49 remote communities. It is thanks to our donors that we are able to reach more people every few months -- many of whom have lived caught in crisis their entire lives without the benefit of regular, accessible healthcare.

We also are thankful for the support of our grantors and partner organizations. They have supported our human-focused healthcare outreach, and our numbers-focused measurement and evaluation studies, which are essential to securing additional grant support. This year we received outstanding support from the Erik and Edith Bergstrom Foundation, Roddenberry Foundation, Beckon Foundation, The International Foundation, and the Africa Resource Centre.

We work with local District leaders to identify locations and establish community-supported programs that bring public sector health workers to remote communities (those over 5km from the nearest health facility) for one-day outreach clinics. The clinics provide integrated primary healthcare services like: antiretroviral treatment, antenatal care, immunizations, and family planning. We believe by leveraging existing government healthcare resources and operating in collaboration with local leaders our model is versatile and sustainable. We can adapt to individual community needs, global health priorities, campaigns, technologies, and evolving treatment regimens.

Our model of service implementation is at once simple and unconventional: health workers deliver healthcare directly to communities. HAC currently establishes a regular schedule for monthly, one-day, comprehensive health outreach clinics in 49 remote villages. Three-to-four government health workers and medical equipment (supplies, health information, and medications) are transported on a schedule to these locations. Patients contribute the equivalent of \$0.55 (2,000 Ugandan shillings) to defray fuel costs-- significantly less than what they would pay to travel to the nearest health facility. All services offered are free to patients as they are provided by the Ugandan government. After an outreach site is established, health workers return on at least a bi-monthly basis to ensure continuity of care. We are steadily building our reputation in the communities we serve as an organization capable of linking existing healthcare services to even the most remote and vulnerable patients on a sustainable basis.

HAC develops partnerships with groups in these communities to help oversee the clinics -- fee collections, distribution of information, and communicating clinic availability -- so that operations can eventually be fully run by the community itself. Over time, HAC has helped many local communities take ownership of their health and has fully transitioned outreach clinic scheduling and programming to the villages, requiring less direct involvement by HAC.

In Uganda as in other countries around the world, people fail to access health services because of the expense and difficulty of traveling from their homes to the nearest health facility. Eighty-six percent of Ugandans live in rural areas, where only 15-20 percent of the country's doctors work, and round-trip transportation to a health facility can cost \$2-12. These costs are above the means of the many rural residents who live on less than \$2 a day. The model of waiting for patients to reach the health facility is anachronistic. We take healthcare to the patients. We help our partners use existing resources (public sector health workers, medicine, motorcycle taxis) to meet a pressing need: the lack of access to healthcare in remote areas.

PROGRAMS

HAC's primary programs include:

- **Medicycles:** Uses community contributions and micro-financed motorcycle taxis to deliver health workers and supplies for monthly or bimonthly integrated outreach clinics in remote areas.
- **Treat & Teach:** Improves access to family planning services by:
 - Providing low density, high-frequency training certificates to healthcare workers;
 - Integrating family planning services into outreach clinics; and,
 - Providing family planning commodities to health facilities to reduce stockouts.
- **Health Promotion:** Improves access to reliable health information by training community health workers (VHTs) about family planning and the prevention of sexually transmitted infections.
- **Technical Advising with Africa Resource Center:** Teaching and empowering large implementing partner organizations to expand the model in remote communities all over Uganda.

Supporting Ugandan COVID-19 Response

Last year, from April to June, HAC conducted a needs assessment in 35 villages found in Lwengo, Kalangala, Rakai, and Masaka. This assessment was focused on understanding how we could best support the health of the communities we serve during the pandemic. Our main objectives were to:

1. Explore community knowledge of COVID-19,
2. Assess the capacity of health workers to respond to COVID-19,
3. Understand gaps in health service provision, and
4. Provide participants with correct information about COVID-19.

For detail on our findings: <https://healthaccessconnect.org/covid-19-needs-assessment/>

Bounding Back From COVID-19

Once the Ugandan government enforced strict travel restrictions during the earlier months of COVID-19 in Uganda (March to July), our operations dropped from 49 villages to only 17 villages. We managed to gradually get back our establishment in all 49 villages by December 2020 and were able to further expand to 2 new villages

Inclusion in the Ugandan Ministry of Health's National Differentiated Service Delivery Plan

We have been able to be present and discuss the guidelines for HAC's sustainable, community-led outreach model with the Ugandan Ministry of Health. They saw the innovation and potential for further success of HAC's model and are ready to include it and roll it out in the national differentiated service delivery plan.

Technical Advising

Under a collaborative USAID-funded project with the Africa Resource Centre we shall be teaching other organizations how to implement the HAC model. We are particularly excited about this accomplishment because it is an opportunity for us to achieve our mission and vision in expanding the HAC model to other organizations.

More than most other global health nonprofit organizations, the core healthcare delivery and clinic outreach we do is funded primarily by our individual donors. We thank all our donors for their support of our mission to link remote communities to healthcare. We appreciate that all of our donors trust Health Access Connect to be a responsible steward of their investments in our ongoing work.

Year	Outreach Clinics	Villages	Patient Services Provided	Expenses	Cost per Patient Service
2015	9	3	458	\$1,839	\$4.02
2016	20	6	1,073	\$2,952	\$2.75
2017	59	9	2,765	\$19,533	\$7.06
2018	137	25	5,629	\$34,720	\$6.17
2019	235	43	11,104	\$55,794	\$5.02
2020	160	149	7,610	\$99,610	\$13.11

5

NEW COMMUNITIES

Health Access Connect extended healthcare to 49 communities in 2020

31%

DECREASE IN PATIENT SERVICES PROVIDED

Health Access Connect provided 7,610 patient services in 2020

In 2020, our donors, foundations, and partners enabled Health Access Connect to extend healthcare to 49 communities (5 new), providing more than 7,610 patient interactions and services to mothers and fathers, children, aunties, grandmothers, and others who continue to contribute to their communities' unique histories. With ongoing support for Health Access Connect, people in additional villages, whose fragile lives and livelihoods are one health crisis away from disaster, will be able to stay on their life-saving medications, get preventative care, and receive the treatments they need to live healthier lives.