



Health Access Connect



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Executive Director's Foreword

2021 was an eventful year for Health Access Connect. We had COVID-19 related restrictions and risks dominating our work! But in 2021, we had figured out how to respond to all these challenges and we were able to accomplish a number of things that we had prioritized at the beginning of the year.

We greatly appreciate the funding we received from Bergstrom Foundation, International Foundation, Roddenberry Foundation, and our generous individual donors. Through this funding we were able to accomplish the priorities that we had set out to achieve through the year!

Appreciatively,
Kevin Gibbons

Our key priorities for the year 2021 were:

1. Expanding outreach clinics to atleast 3 additional districts
2. Growing our family planning program
3. Continuing our capacity building work with the Ugandan Ministry of Health

We are now a bigger team! and we feel momentum in building our model and becoming a center of excellence in community health in remote areas.

Thank you to our partners and supporters for all that you have allowed us to do.



Kevin Gibbons, Executive Director & Co-founder, Health Access Connect, visits Kyempewo community, Rakai district in Uganda. He speaks to some of the community members as they wait to receive treatment at the ongoing outreach clinic.

We are Health Access Connect

Our Vision

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

Our Mission

To link remote communities to healthcare

Our Core Values

- Do alot with little
- Sustainability from day 1
- Share and collaborate
- Tell it as it is
- Root for eachother

We are focused on empowering vulnerable men, women and children in the hard-to-reach remote communities of Uganda to take responsibility over their access to healthcare. These communities are located greater than 5km from the nearest health facility and they struggle to access healthcare services because of the long distance and unaffordable transport costs involved in travelling to their nearest health facility.

As a nonprofit organization, we labour alongside donors, government health facilities, community health workers and district health officials we ensure that remote underserved communities have sustainable access to healthcare, inpedent of donor funding.

Our approach is a last-mile differentiated service delivery project titled 'Medicycles' that involves setting up a sustainable, community-led way for government health workers and their medicines to reach remote villages. Everyday our dedicated staff employ proven and effective strategies to ensure that this approach is being implemented to develop empowered communities that are able to take lead in accessing healthcare easily.

We are
closing the distance



Denis Otim, Field Officer (left) and Ivan Walukhu, Field Coordinator (Right) walking the 8km journey to Nkundwa village, Lwengo district during the HAC walkathon 2021



During the past year, HAC has taken a number of significant actions to reach its vision to set the standard for how to bring sustainable, equitable health services to remote marginalized communities.

At strategy level, we set in place priorities to help us fulfill this vision as stated below:

- Maintain outreach clinics in areas where they are operating.
- Improve the privacy and quality of service at outreach clinics
- Expand to new sites and districts
- Research and document the HAC outreach clinic model operations and outcomes



Ann Kugonza, Field Officer talking to community members of Kingugwe community about kickstarting the Medicycles project in their community. Kingugwe is located about 6km from the nearest health facility.

Progress on our four priorities for 2021



Maintain outreach clinics in areas where they are operating.

Amidst the strict COVID-19 restrictions we still managed to maintain our outreach clinics in all the sites where we established them.

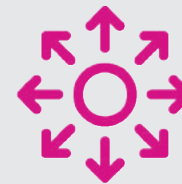
Our end goal is sustainability. We want to make sure of that in all the communities where we start outreach clinics, they keep on going even without us.



Improve the privacy and quality of services offered at the outreach clinics.

We equipped more than 50% of our existing outreach clinics and health facilities with medical kits packed with BP machines, stethoscopes, weighing scales, thermometres and aprons.

We want our vulnerable target beneficiaries to receive quality medical attention at the outreach clinics.



Expand to new sites and districts.

In 2021 alone, we were able to expand to Gomba and Mpigi districts. Work in Gomba has already started and we are still working out entries to start work in Mpigi. We also established outreach clinic sites in 25 additional remote communities.

Scaling up our last-mile differentiated health service delivery approach is core to us. We want for it to be adapted all over Uganda and around the world in the long run.



Research and document the HAC outreach clinic model operations and outcomes

In collaboration with a number of professional writers, we documented our Medicycles outreach clinic model. It is one of our 2021 milestones in explaining what our work is all about.

You can read the article on <https://www.tandfonline.com/doi/full/10.1080/16549716.2021.1988280>



Ivan Walukhu (Field Coordinator, HAC) and Pascal Ssekalala (Field Officer) hand over iron sheets to Village Chairperson to support in the construction of an outreach clinic site in Rakai district.

Our Impact since 2015,
in the difficult - to - reach communities

1,090

outreach clinics have been conducted in response to the difficulty in access to healthcare faced by over 55 remote communities in Central Uganda



More than
42,142 patient services
have been distributed



in partnership with 54 government health facilities

Serving at least 40 patients per outreach clinic

Key patients/clients served

Over

10,000

patients living with HIV/AIDs in remote communities have been served

6,438

Family planning clients we served

2,667

patients immunized

1,427

antenatal care patients attended to



About

10 motorcycles have been microfinanced to local entrepreneurs among our target beneficiaries. As condition to loan, they provide transport to health workers supporting outreach clinics

IN 2021

We provided

10,646 patient services

In 2021 we helped, more than **5000** vulnerable populations



44

health workers

&

community health workers

respectively

They have been empowered to increase access to modern family planning methods and information to men and women of reproductive age.

More than

1,486

ART services were provided vulnerable patients that can't access the nearest health facility easily

In total

1,740

Clients within rural communities were administered with family planning methods according to their choice.

A total of

1,155

Immunization patient services were offered at the outreach clinics

383

Antenatal care services were offered to pregnant mothers at the outreach clinics

More than

900 patients

were treated for malaria at the outreach clics



We gave

8 clinic kits

The kits include: weighing scales, BP monitors, stethoscopes, thermometres and aprons



to enable health workers at the outrech clinics to attend to patients

4 megaphones



to community health workers to support them in mobilizing the community to come to the outreach clinics

1 shelter grant



To contribute to Lwanga remote community's innitiative to build a permant outreach clinic site



Every month ...

HAC is expanding to 3 new remote communities bringing to them **public health workers and critical health services...**

Vulnerable men, women and children are assured to **receive healthcare within their communities.**

We are reaching patients living with HIV/AIDS, pregnant mother, men and women in need of modern family planning methods

Together we have impacted the lives of over

40,000 vulnerable people

empowering them to take responsibility in their access to healthcare

\$32.00

can support a remote community in establishing monthly outreach clinics







Financial Summary


We are focused on expanding our work to the **most difficult-to-reach vulnerable communities**

Total expenditures by category
(all amounts in US dollars)

 Capital
\$16,963.6

 Program work
\$42,005.4

 Payroll
\$55,949

 Administration
\$63,189.9

Total revenue per financial year (US dollars)

2017/2018
(\$20,326.6)

2017/2018
(\$44,004.1)

2019/2020
(\$70,744.9)

2020/2021
(\$178,107.9)





Health Access Connect
Closing the distance



Some of the HAC staff walking a 5.2km journey to Nkundwa remote village from its nearest health facility