Health Access Connect

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Letter from the Executive Director

HAC brings healthcare to remote, marginalised communities. 2022 was a year of success, opportunity, growth, and challenges for Health Access Connect (HAC). HAC continues to work with organisations like Erik and Edith Bergstrom Foundation, International Foundation, Beckon Foundation, Mulago Foundation, and Roddenberry Foundation while the year saw new partnerships from Segal Foundation, Dovetail Impact Foundation among other individual donations created. Our vision is to open and manage integrated monthly/bi-monthly outreach clinic services all over Uganda and beyond. We started expansion activities to reach new villages and health facilities in the districts of Iganga, Bugiri, Buikwe, Mukono among others this year. This was an opportunity for growth, but with it came some challenges as we rolled out our flagship program using Local community Associations (LCA's) in these new districts. Currently, HAC serves 11 districts of Masaka, Rakai, Kalangala, Lwengo, Sembabule, Gomba, Lyantonde, Masaka City, Buikwe, Bugiri, Iganga, Mukono with Gomba being onboarded.

Expansion to new districts has had its share of challenges and opportunities as we bring our services into a village. Two of our biggest assets are our knowledge of the areas that we serve and our relationships with government officials, healthcare workers, and community members. These relationships have allowed us to expand to difficult-to-reach areas, figure out how to give community groups a leadership role, and navigate how to do this across a large section of the country.

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 under the Medicycles programme. By the end of 2022, with your continued support, we were serving 98 active villages. All of us here at HAC and I are looking forward to an exciting year ahead!

THANK YOU FOR YOUR CONTINUED SUPPORT THAT ENABLES US TO REALISE OUR VISION.
Mwebale Nnyo! We hope you are "revved" up to join us, now, and for the future!

Sincerely,
Kevin Gibbons
Executive Director

Health Access Connect

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Organization Overview

What We Do

We set up a community-led, sustainable way to bring government healthcare workers (HCWs) and their medicines to remote villages on a monthly or bi-monthly basis.

Why we do it

Because health outcomes are worse in areas over 5km from the nearest health facility, and we believe that the world has the resources and creativity to close that gap.

The longer version

We started our journey in the fishing communities of the islands of Kalangala District. The people of these islands have worse outcomes because of the distance and cost of reaching the nearest health facility. Since then we have learned that millions of vulnerable Ugandans are located in remote, difficult-to-reach communities. HAC was founded to present a sustainable solution to this saddening problem. Our mission is **to link remote communities to healthcare**, with a vision **to set the standard for sustainable, equitable healthcare**.

We partner with government health facilities to set up community-led, financially sustainable outreach clinics in remote communities and provide primary healthcare services, including antiretroviral treatment, immunizations, antenatal care, malaria treatment, family planning, health education sessions, and others.

Three things that distinguish our work:

1 We **establish a community-led wealth pooling system** (e.g., each patient contributes $0.55 / UGX 2,000) to facilitate the transport costs of the HCWs and their medicines (this is 1/3 to 1/10 of the cost to reach the nearest health facility).

2 We **use existing resources** (e.g., the public health system, motorcycle & boat taxis, CHWs) to address a global health access inequity.

3 We **use microfinance as a tool for addressing gaps in access to healthcare transportation** rather than as an end in itself. We microfinance motorcycle taxis to local entrepreneurs, and as a condition of the lease-to-own agreement, they provide reliable transportation to HCWs. You can read more about our model here: doi.org/10.1080/16549716.2021.1988280

Health Access Connect

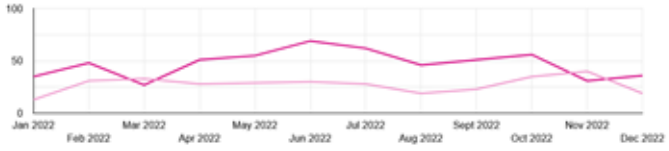
Proven Impact: HAC in 2022

Outreach Clinics

567

↑ 72.9%

Outreach Clinics per Month

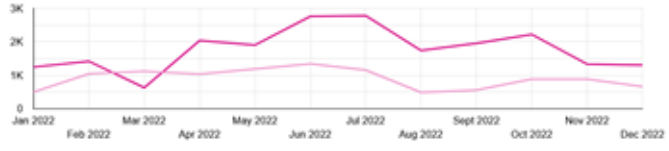


Patient Services Distributed

21,333

↑ 96.1%

Patient Services Distributed per Month

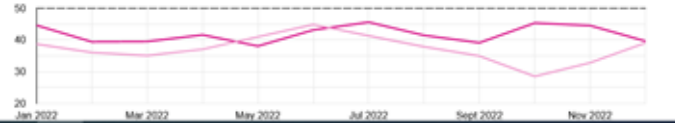


Patients per Outreach Clinic

42.0

↑ 13.1%

Patients per Outreach Clinic



PATIENT DEMOGRAPHICS

lumber of Female Patients (Percentage of Total)

11,420

62.7%

Number of Male Patients (Percentage of Total)

6,800

37.3%

Patient Age and Gender Breakdowns

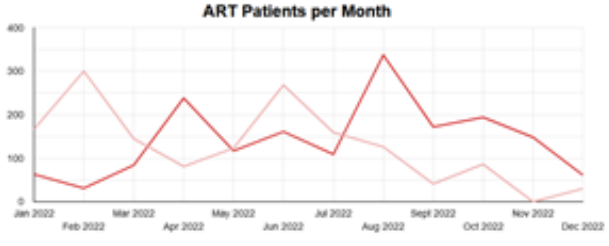
HIV TESTING & ANTI-RETROVIRAL TREATMENT (ART)

Total ART Patient Services

1,715

↑ 12.5%

ART Patients per Month



Number of Female ART Patients (Percentage of Total)

783

53.6%

Number of Male ART Patients (Percentage of Total)

694

46.4%

HIV Testing & Counseling Patients

1,550

↑ 73.2%

New HIV+ Results

13

↑ 333.3%

Newly Linked to Care

5

0.0%

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FAMILY PLANNING

Total FP Patients Served

2,440

39.7%

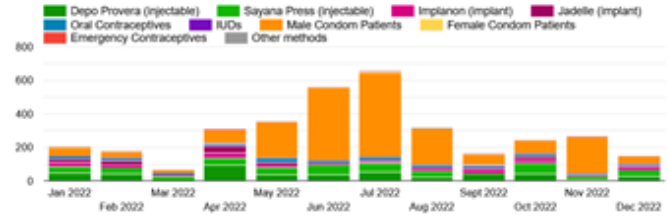
Average FP Patients per Outreach

5.7

-7.4%

Family Planning Patients per Month

Method Mix of Family Planning Patients

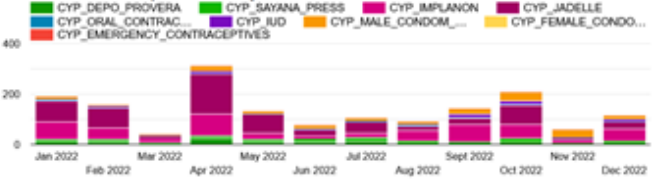


CYPs Distributed

1,624.0

-3.2%

CYPs Distributed per Month by Method

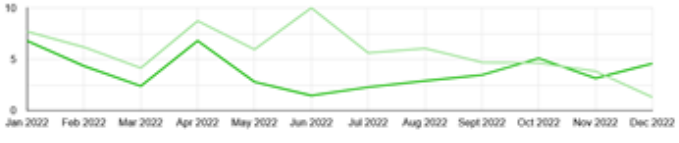


Average CYPs per Outreach

3.8

-35.5%

Average CYPs per Outreach Clinic



MATERNAL & CHILD HEALTH

Total Immunization Patients

814

-32.2%

Total Child Checkups

1,360

5.0%

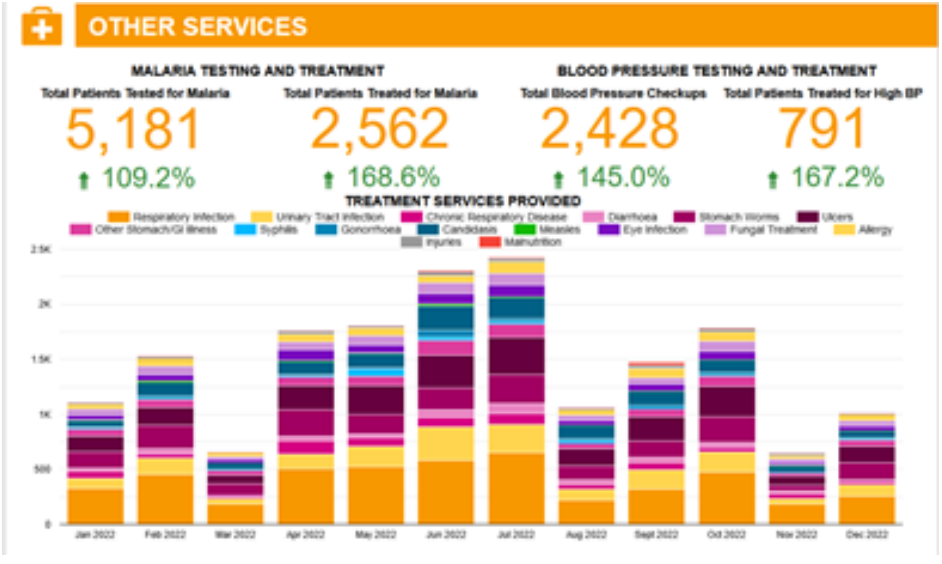
Total Antenatal Care Patients

400

3.9%

Immunization Patients per Month

Antenatal Care Patients per Month



Ongoing Projects

Medicycles

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 marginalised communities. At the strategy level, we set in place priorities to help us fulfil this vision as stated below:

Maintain outreach clinics in areas where they are operating: HAC managed to expand and maintain 98 outreach sites and reached and conducted 565 outreach clinics in all the sites where we established them. Our end goal is sustainability. We want to make sure that in all the communities where we start outreach clinics, they keep on going even without us.

Improve the privacy and quality of service at 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, thermometers and aprons. We want our vulnerable target beneficiaries to receive quality medical attention at the outreach clinics.

Expand to new sites and districts: In 2022 alone, we were able to expand to Buikwe, Bugiri, Iganga, and Mukono with further expansion work in Mpigi district. We also established outreach clinic sites in 31 additional remote communities. Scaling up our last-mile differentiated health service delivery approach is core to us. We want it to be adopted all over Uganda and around the world in the long run.

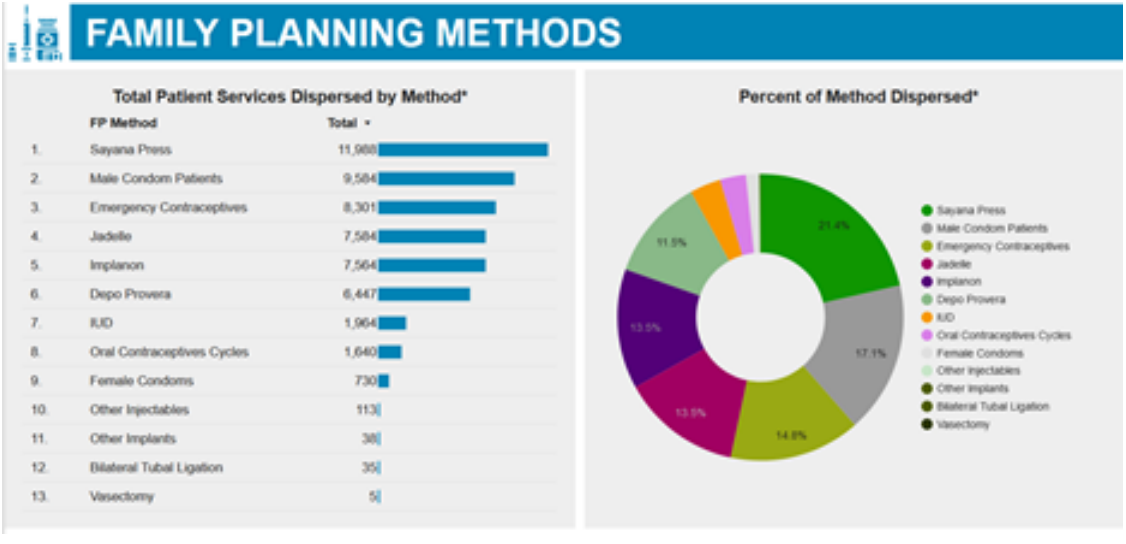
Conducted stakeholder meetings: In collaboration with all implementing districts, HAC conducted stakeholder meetings to seek views on its programmes and how they can be improved. We pride ourselves in learning and streamlining our programmes through engaging Key stakeholders from communities, health facilities and districts.

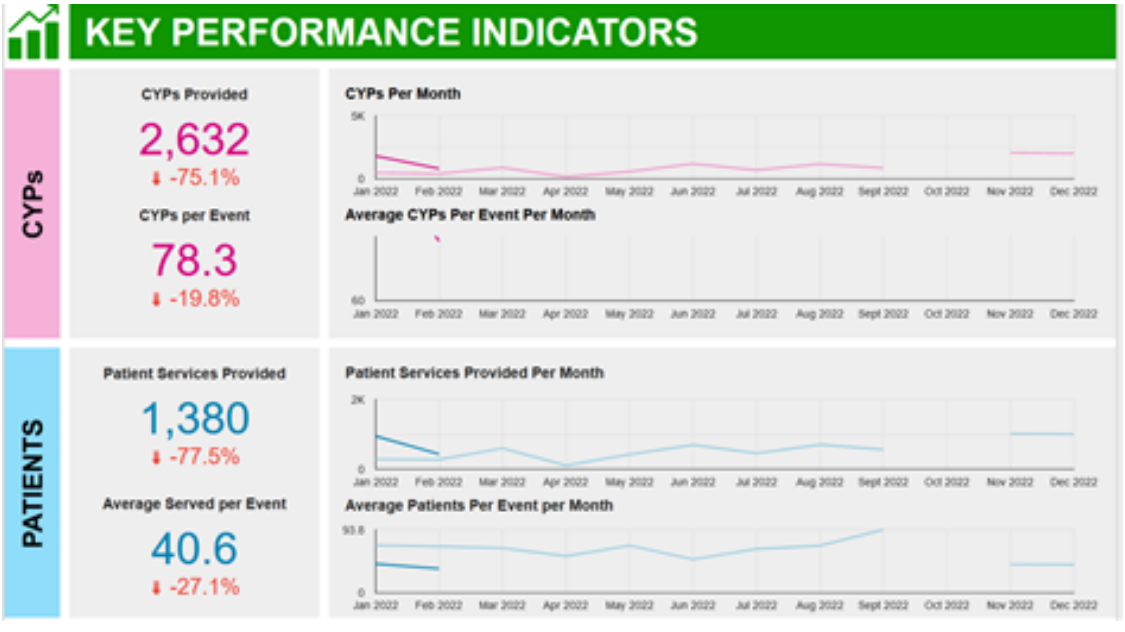
C**onducted Radio talk shows in all implementing districts.** HAC continues to encourage all people in remote villages to seek free medical care at its integrated outreaches. The mobilisation was done by conducting 6 radio talk shows to explain the Medicycles program and how different stakeholders can partner to improve health outcomes among vulnerable populations in remote communities.

Program Director (Right) handing over a motorcycle to an entrepreneur who supports in transporting health workers to outreaches.

Treat & Teach Project:

HAC is undertaking the Treat & Teach program in Kalangala, Masaka and Lwengo districts to build on and extend the successes from our work providing outreach clinic services to remote communities in Uganda. We saw gaps in a) family planning (FP) service availability at outreach clinics, b) health worker familiarity with FP service and counseling and c) stockouts of FP commodities and supplies at health facilities. We build the program goal, objectives, and outputs around these gaps.





Technical Advising:

HAC continues to work with the Africa Resource Centre, the Uganda Ministry of Health, and implementing partner (IP) organizations to put the Medicycles model into national guidelines and teach IPs how to implement the model.

Health Access Connect staff hosted the Commissioner for Community Health at the Ministry of Health together with the DHO's office and African Resource centre officials. The aim was to understand how HAC's Medicycles model works.

Conferences

Kevin Gibbons attended the following international conferences where we could discuss the Africa Resource Centre technical assistance work and also HAC implementation work:

1.A**IDS Conference** in Montreal, Canada: We were able to get a better idea of the importance of Preexposure Prophylaxis (PrEP) and HIV self testing. We were able to connect with people from the MOH Zambia delegation. They are quite interested in the dashboards and Monitoring & Evaluation tools that we have worked on with MOH Uganda.

2.**Global Health Supply Chain Summit** in Dakar, Senegal: Our MOH colleagues presented on the pharmacy refill model, and we were able to connect with other health logistics professionals.

3.**CQUIN Conference** in Durban, South Africa: We made more connections with MOH Zambia delegates and saw what other countries are doing in relation to Differentiated Service Delivery.

Health Access Connect

Sustainability

Sustainability is part of our core strategies. The Medicycles model is replicable, scalable, and financially sustainable. HAC deploys low-cost models of high impact yet replicable using a community-centred approach with the capacity to focus on geographical areas at community levels with the greatest need for life-saving primary health care services.

This project currently uses community-led wealth pooling to foster self-reliance, reduce aid dependency, ensure continuity of service, and strengthen the health system. HAC also uses microfinance as a tool for guaranteeing service delivery, rather than as an end in itself. This approach ensures that the government itself is incentivized to participate in a hybrid funding model that encourages longitudinal partnerships while reducing aid dependency and encouraging community-led and sustained health programs.

Financial Report 2022

This year we dealt with a number of new huddles that affected the way we do business. The drug stock outs prevented us from expanding as we expected to but meant that we did not deliver all the program supplies like we had intended. Some of these issues will be presented below in our budget versus actual report for the calendar year 2022.

Admin Expenses,
Largely we stayed on budget on most of the sections apart from a few as mentioned in the table below. We managed to pay less for the medical cover and the admin transport. There were areas we paid a little more than we budgeted for like stationery and printing and bank charges. For the printing this was due to the increase in the VHR referral booklets that we use in the Bergstrom project but they did agree to increase this budget line on their side as well. The bank charges we have moved to a Beyonic platform that will see us bring these costs further down.

Program Expenses
As earlier explained the uptake of some of the facilities we give like the boda boda loan has gone down so we could not give out as many as we had earlier budgeted. Since we also could not procure for the new sites the needed equipment supplies since the drug stock outs prevented them from starting. We got the balance shown. We did over spend on the areas travel due to high fuel prices that were caused by the ongoing inflation.

Exchange Gain and Loss
We did budget for the year at an exchange rate of 3500 at that time. This was the best rate at the time. With the inflation that happened during the year, it caused the dollar to raise. This was shown in the difference below. We have since changed the rate to go with the existing conditions in the country.

Health Access Connect

Budget vs Actual Financial Report CY 2022						
	Actual		Budgeted		Difference	
	UGX	USD	UGX	USD	UGX	USD
Admin	422,766,583.92	120,790.45	424,551,600.00	121,300.46	USh1,785,016.08	$510
Some areas under spent						
Medical Insurance	32,678,154.00	9,336.62	40,000,000.00	11,428.57	USh7,321,846.00	$2,092
Admin Transport	3,273,874.00	935.39	5,600,000.00	1,600.00	USh2,326,126.00	$665
Some areas over spent						
Stationary & Printing	14,568,075.00	4,162.31	7,565,000.00	2,161.43	USh7,003,075.00	$2,001
Bank Charges	6,790,331.77	1,940.09	5,787,500.00	1,653.57	USh1,002,831.77	$287
Program	533,925,677.22	152,550.19	604,218,355.00	172,633.82	USh70,292,677.78	$20,084
Some areas under spent						
Program Supplies	158,275,052.50	45,221.44	213,288,355.00	60,939.53	USh55,013,302.50	$15,718
Some areas over spent						
Program Travel	146,302,930.22	41,800.84	125,050,000.00	35,728.57	USh21,252,930.22	$6,072
Payroll	454,465,000.00	129,847.14	475,365,000.00	135,818.57	USh20,900,000.00	$5,971
Capital Expenses	40,311,437.76	11,517.55	58,300,000.00	16,657.14	USh17,988,562.24	$5,140
Exchange Gain & loss	-44,523,479.00	-12,720.99	0	0	USh44,523,479.00	$12,721

Testimonials:

"I am Nabakenza Maria Gorreth. I live at Kasaalira B Village, Ndagwe sub county in Lwengo district. I have always wanted to get an injectable but failed to go to the health facility because of transport. The distance is too long. I finally went to Kayirira which is quite distant too. It costed me 10,000 Uganda shillings and an hour to reach the facility by a motorcycle. while there, It took me over 5hours to get the desired services from this public health facility since I had to wait for the health workers to finish the many patients in the line." Nabakenza narrates.

''I got the information about this clinic for Health Access Connect from my sister in-law who tipped me and I also rushed because I had been interested for quite a long time''. ''…While in this out reach, the health worker exhibited privacy while attending to me and there were no interruptions from other people''. she continued.

Nabakenza is glad to have the outreach because it has enabled the community to have services they were longing for.''We shall also inform other people in the community who may need such services'' said Nabakenza with a beaming smile.

''It has been a great pleasure for us to have this clinic nearer because it has solved the transport problem that always acts as an obstacle''. Nabakenza equipped.

she no query about the services since it was her first time to use the outreach services but promised to mobilise other community members.

Thank you very much!

"It still mesmerizes us with joy that we can access family planning services near here. It has exempted many of us from getting unwanted pregnancies."

A woman (name withheld) aged 40 years from Ssemuto village, Masaka district recalls a time when she wanted to get a family planning method and failed because it was quite expensive to reach Naluzaali Health Center, which is almost 10 miles and 2 hours away from her homestead. She asserts how she needs 10,000 Ugandan shillings to reach the nearest health facility, money she can barely afford.

''I got to know about the outreach after the mobilization made by the health workers. I walked around 1 mile to reach, It didn't even take me over 5 minutes. The health worker attended to me for 10 minutes and also gave me health education. The place has been very conducive with recommendable privacy. It mesmerizes us with joy to have family planning services from nearer here. Many of us are now exempted from getting unwanted pregnancies''.

''I have no problem with the family planning method I got. It has indeed benefited our community since many people have always yearned for such services but couldn't…'' She thanks HAC for enabling Family planning services to be brought closer to their communities.

Thanks very much!

Family Planning Success Story

‘’I would be making wrong choices had I followed the myths and misconceptions about family planning…’

“My husband told me he never wanted to see me using family planning, he hated it. The people in my neighborhood also discouraged me from ever using it. They told me it doesn’t work, and that I could still conceive even when using it. All these words frightened me and I never used family planning,” Ms. Mariam Asiimwe, a 30-year-old mother of 5, remembers how the community shaped her attitude toward family planning in the past.

With several myths, misconceptions, superstitions, and stigmatization attached to it, Ms. Mariam had no option but to turn a deaf ear to all the advice she got from those that supported family planning. Nonetheless, even though she wanted to practice family planning, there was no way she could access it in her community.

The mother of 5 hails from a small hard-to-reach marginalized community called Mikunyu village. It’s at least 13km away from its nearest health facility. One has to incur a transport cost of 10,000 Uganda shillings(US$2) to reach the health centre, yet Ms Mariam lives on less than $1 a day. Squeezed between these constraints, she had given up on ever having access to family planning services. At least not until she got to know about Health Access Connect’s activities in the neighbouring community, Kitunga.

“One day, while in the garden, I heard an announcement from the public speaker that every month, an organization called Health Access Connect brings family planning outreach clinics to Kitunga. I was so reluctant about visiting the outreach clinic. Then, I also heard a group of ladies talk about how family planning and how has helped them have control over their reproductive health and they love it. I was convinced to visit the outreach clinic” Ms. Mariam retorted.

When she got back home that day, Mariam told her husband all about what the ladies said and then convinced him to visit the family planning outreach clinic with her. At the outreach clinic, Ms Mariam and her husband presented all the myths and misconceptions they heard about family planning, and the health worker counselled them about all that information and left the decision in their hands.

“The health workers educated us about many aspects concerning family planning before letting us have a final decision on the method that we would want to practice. They made sure that our decision was kept confidential between us and the health worker,” she said

Mothers listen to a family planning health education session before receiving family planning services at the outreach.

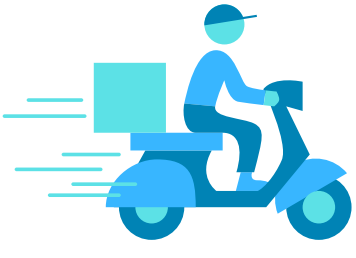
In 2019, Health Access Connect, funded by Bergstrom Foundation, began activities in remote communities within Masaka and Kalangala districts. Since then, the organization has trained over 80 community health workers on how to offer family planning counselling, offer short-term methods of family planning, and refer clients for long-term and permanent methods of family planning. HAC has also conducted many family planning health education sessions in the community, with the intention to break the misconceptions and myths that were previously attached to practising family planning. This has over time changed people's perspectives, and they have continuously embraced the family planning outreach clinics in their community. So far, over 17000 patients have been reached with family planning.

Today, Ms Mariam and her husband's attitude towards family planning means success to us. She says, "Since I started using family planning, I have never been disappointed. I even see that the rate of unwanted pregnancies in our community has reduced."

Ms Mariam only has to walk one kilometre to access the family planning services that she needs. she was also happy to tell us how her husband is actually the one who always reminds her to visit the family planning outreach clinic when it is happening.

"I am so grateful for the services given out by Health Access Connect. These services are really so meaningful to us because many times a person may fail to access health services due to the distance, transport costs, and the time it may take to be attended to at the health Centre, because of the long line. Even the education we have get is wonderful! We have acquired much knowledge. Indeed, there are many benefits we have got from the clinics." This is what Ms Mariam had to say when asked what she would tell the donors that have chosen to fund the work HAC is doing in her community.

Health Access Connect hopes to continue linking many more marginalized remote communities in Uganda and around the world to family planning services, as well as other lifesaving health services.



Linking communities to Healtcare

Health Access Connect STAFF

Health Access Connect

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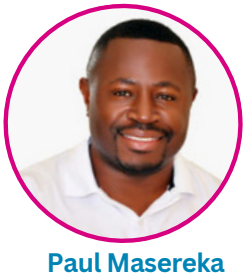

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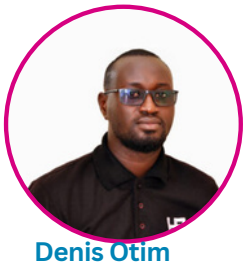

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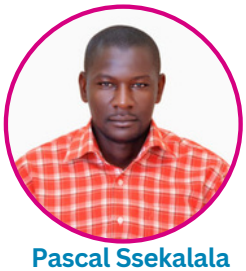

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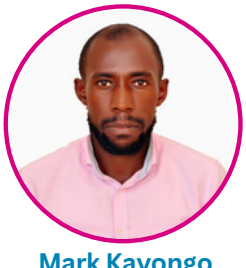

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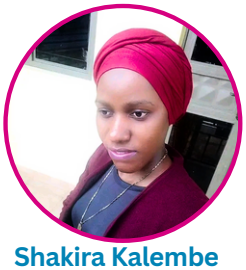

Shakira Kalembe
Family Planning Field Officer

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Thank you!

Health Access Connect is thankful to its Partners! 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 2023!

END