

PFA- ACCESS REPORT NOVEMBER 2013 TO DECEMBER 2014



Abstract.

For the past three years ACCESS (African Community Center for Social Sustainability) Uganda has been in partnership with Partners for ACCESS (PFA), working together to support people living with HIV/AIDS along with orphans and other vulnerable children in Nakaseke district. Our purpose is to provide a comprehensive model of health care services, education and economic empowerment to help community members alleviate poverty and disease, obtain higher education, and create sustainable development. We have several projects consisting of the community nurse training program; community health worker outreach program; the income generating projects; school support for orphans and vulnerable children; social support groups as well as a medical center called Life care center supporting the community with primary health care activities. This report presents the key accomplishments of the ACCESS during the period of November 2013 to December 2014.

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1.0 History of ACCESS

1.1 Location

ACCESS is based in the Nakaseke sub-county of the Nakaseke District (formerly part of Luweero District) in Uganda. The headquarters are situated in Nakaseke Village. ACCESS operates in two sub-counties (Nakaseke and Kasangombe) serving a total population of 56,600 and a total area of 356 sq. km (demographic survey, 2000). In this region, 68% of working inhabitants are peasant farmers from six tribes—most of which are Baganda. The GDP is \$245 and 55% of the population is below the poverty level. Accessibility to the area is challenging as there are no paved roads. The area has no plumbing, and electricity is intermittent. There is one government Hospital in the region, but it often lacks medical supplies and there are limited specialized community services for PLWAs (People Living with HIV-AIDS). HIV prevalence in this area is higher than the average for the rest of the country. These figures compounded with a recent civil war that took the lives of many adults have led to a surge in orphans and other vulnerable children (OVCs). Over 15% of the children in this region are orphans, and over half of these have been orphaned by AIDS. The fertility rate is 7.19 with an infant mortality rate of 117/1000. The life expectancy is 49.4 years and nearly 50% of people in this region are below age of 15.

1.2 History and Background of ACCESS

African Community Center for Social Sustainability (ACCESS)—initially Nakaseke Community Development Initiative (NACODI)—was founded in 2002 by Dr. Robert Kalyesubula who was both a native to the village and orphaned by the civil war. He wanted to provide support for PLWAs in the Nakaseke District after working in the local government hospital and seeing how scarce the resources were for PLWAs. At the time of its founding, there was no center to provide voluntary counseling and testing (VCT) and all patients had to be referred to Kampala or Kiwoko Hospitals (60km and 18km away respectively). Dr. Kalyesubula put together a medical team consisting of a nurse-counselor, a clinical officer, and a health visitor to offer community outreach care through home visits and routine static clinics offered once a month. Today the medical team works with volunteers known as community health workers (CHWs) who are in contact with patients that ACCESS supports in the community. The goals of the ACCESS medical team and the CHWs are to follow up on the progress of PLWAs and OVCs, and to offer guidance on other health related issues that affect the community (like malaria, HIV, diarrhea, and other common illnesses). Above all, our team works to encourage community members to take an active part in the care and support of PLWAs within their communities.

After seven years of growth and positive partnerships with the community as NACODI, Dr. Kalyesubula was awarded the Sawa Global (now Sawa World) “Local Heroes” award in 2009 which allowed him to travel to Vancouver for the Dalai Lama Conference. Here, he met and partnered with Janice Levine and other colleagues who realized that NACODI had the potential to grow beyond Nakaseke and to make a wider impact. It was then decided to change the name to the African Community Center for Social Sustainability (ACCESS).

1.3 Mission

ACCESS is dedicated to strengthening and improving the lives of people with HIV-AIDS, orphans, and other vulnerable individuals. Our purpose is to provide a comprehensive model of health care services, education and economic empowerment to help community members alleviate poverty and disease, obtain higher education, and create sustainable development.

2.0 Progress Report of August 2013-December 2014

2.1 Current status of the program activities

The core program activities of ACCESS namely; support for OVCs, clinical care for general patients and PLWAs, school fees support program; income generation projects, community outreaches and school health programs have been largely curtailed. We have largely focused on getting the Nursing school set up as the main project for ACCESS future sustainability.

We have however continued to run project activities as outlined in the following sections.

Clinical care and support

The Lifecare center remains a source of medical services for both the community and the supported beneficiaries including orphans and other vulnerable children together with people living with HIV. We continue to support 76 orphans with HIV with medical care services including transport to access lifesaving ART which is not available at Nakaseke hospital. This year we received 1,440 patients at Life care center and provided care for 828 patients during the two day medical camp. Through the Samahope program we have been able to support an additional 48 families with maternal child health services with Nakaseke hospital.

In September this year we got a grant from the Bergstroms Foundation in collaboration with One World Children's fund who have supported us to provide family planning services to over 150 clients.

In the same way we have received support from the central government through the district. We were supplied with a refrigerator for vaccines and have also received a continuous supply of HIV testing kits. Close to 3000 (2870) children have been immunized and while 8000 rounds deworming have been effected to community members. These have greatly improved children's health in Nakaseke community and have helped to emphasize the benefits of immunization in the community.

We also received a large freezer from Nama Wellness Center (NAWEC) in Mukono as part of support from KOMO Learning Centers. This freezer has further supported the immunization as well as the family planning program.



Immunization coordinator during his teaching to mothers



donated freezer by NAWEC



Mothers with their kids ready for immunization at ACCESS.

OVC support

ACCESS has a big mandate of supporting orphans and vulnerable children (OVCs) but this has largely been curtailed by limitation of resources. We have so far listed 926 OVCs in need of support but are currently only supporting 126 OVCs. We continue to offer full scholarships with school fees and scholastic materials to 8 children with support from Dr Michael Lee and family. In addition we provide medical care to 76 children living with HIV-AIDS as well as 56 vulnerable families that have been supported with gardens and income generation projects. This year we have not been able to recruit any new families but have continued to follow up the supported families with the help of community health workers.



Mutyaba is in senior three at Christ the rock senior secondary school and is hoping to seat or his ordinary leaving exams (senior four). Was abandoned by his aunt after some few years when his parents had died. He has been supported by ACCESS for the last nine years up to date.



Namagembe Suzan is currently in senior two at Timuna secondary school. Suzan is now living with Mrs. Kabunga Allen her grandmother and they are residing at Kasangombe in Nakaseke district. She has been supported by ACCESS for 5 years.

2.4 Community outreach activities.

Outreaches like other program activities have been restricted by funding and prioritization of the ACCESS Nursing School. However, a good number of community healthworkers reached communities around all Nakaseke sub counties where they treated, dewormed and referred patients to Nakaseke hospital, ACCESS health care center. This greatly improved on self-medication in the community, rate of child ignorance, death and malnutrition in children. Under ACCESS's fixed current operation budget, the organization have been able to facilitate community health workers with transport monthly to at list deeply manage to reach communities with their medical kits, providing medical services. This program has continuously identified many child headed families, bed ridden patients and school drop outs.



Sozzi Eddie (ACCESS CHW)



Nalongo Nakibule (ACCESS CHW coordinator)

ACCESS Health Training Institute School of Nursing and Midwifery

In a bid to improve health service provision, ACCESS has focused on training nursing assistants as well as community health workers. The training of nursing assistants was stopped in 2011 due to a change in government policy. Since then we have embarked on setting up a Nursing School valued at a cost of about \$300,000.

To this end ACCESS has made progress with the support of international partners and friends. The funding efforts have been spear headed by the Partners for ACCESS (PFA) team based in USA. We have received great support from Segal Family Foundation and other partners who have helped us to move closer to our goal. The greatest boost came in July 2014 when ACCESS was accepted as one of the supported members of One World Children's Fund. Through this collaboration we got a USA based champion, Erin Shaw who is spearheading the fundraising efforts. With her leadership we managed to raise \$18,000 towards support of the teaching staff for ACCESS. This was in addition to the \$25,000 which was donated towards the family planning program

We are now close to opening our doors to the first students to our Nursing school. Among the key steps in this area were; recruitment of the principal tutor, establishment of the skills laboratory, student's library and the computer laboratory. We have constructed an Ecosan toilet for the students, furnished the school compound and installed office equipment. The school's official registration will be after the nursing council's second visit scheduled for February 2015.

We plan to buy a school bus, recruit more staff and set up the computer laboratory as well as put finishing touches on the school buildings.



Front elevation of classroom block



Way to Moe Ziedan library and skills lab block



Inside classroom.



Front elevation of classroom and Moe library



Newly constructed ACCESS store



Female students' dormitory



Male students' dorm



Newly constructed toilet



Kitchen and dining hall.



Inside the dining



Maize plantation for students' flour preparation.



Banana plantation for students

International program and Visitors

We have hosted a number of visitors from different organization such as University of British Colombia medical student(UBC) ,Sama hope, Yale university Global health Initiative as well as many well-wishers.

During their stay, the UBC medical students were involved in many activities like teaching first aid, sexual health, HIV prevention and life skills in four secondary schools around Nakaseke district. They participated in ACCESS community out reaches where they visited most of the ACCESS supported families. They co-organized and supported the ACCESS health day where hundreds of people received free medication of any kind



medical students teaching to ACCESS community health workers



UBC medical students during their visits to ACCESS supported families

The Samahope team members also visited ACCESS. Samahope works with grass root doctors to support safe deliveries in rural communities. Dr Kalyesubula was selected as one of the beneficiaries for the program. Under this program, ACCESS life care health center workers together with Nakaseke hospital identify and support the needy patients. Mothers are helped to pay their hospital bills ,buy bed sheets, vacuum flask, blankets, food, drinks among others. Mothers are looked upon until they get better and fit to look after their newborn children.



Visitors meet Nakaseke hospital administrator and senior nursing officer. Nakaseke hospital



Beneficiaries (Sama hope patients) of the program with different items

We also hosted the Director Global health Mr. sadigh at ACCESS Nakaseke whose aim is to partner with us and Nakaseke hospital with an objective of improving the community health. This partnership will involve community out reaches with Global health volunteers, direct participation in treating patients and other exchange programs for the betterment -of partnership and the community. We also got Jammie and Mitra evaluating our former trainees and provided great support in generating baseline data.



Western Connecticut Health Network Global health visitors with ACCESS team Visitors during ACCESS premises touring.

Yale University global health team also visited ACCESS in October 2014. Dr Rabin Tracy thanked ACCESS for the work done for the community. The visit was aimed at looking into a possible collaboration between ACCESS health training institute and Yale University Global Health in US A. The team visited Nakaseke hospital where they met the administration and ACCESS community health workers.



Visitors touring ACCESS



Yale-ACCESS group photo



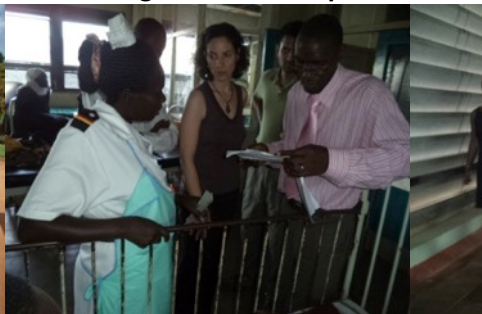
Yale- ACCESS meeting



Yale university visitors-ACCESS team meet Nakaseke hospital administrator and nursing officer.



Yale –ACCESS visitors touring Nakaseke hospital with hospital administrator.



3.0 Challenges of 2014 and Recommendations

- The major challenge has been downsizing of all the program activities in order to prioritize the Nursing school. As such most of the traditional activities of ACCESS have been largely curtailed.
- The other big challenge has been limited number of staff especially for the medical center. We only have one Nurse and it becomes difficult to conduct community visits and run the Lifecare center at the same time. It would be great if we could enroll one clinical officer as well as a registered nurse for the medical care team.
- We also have a big challenge with the power supply –electricity which is unstable. It would be great to have solar power or a generator to address this problem.
- Other challenges include limited funds to construct housing for accommodating our site visitors as well as setting up new classrooms and dormitories for the students.

4.0 Conclusion

As we continue to grow towards the goals of ACCESS. It gives us great joy to know that a lot of people internationally and locally have put in a lot of effort to help us.

Though much still needs to be done, we are very hopeful that the Nursing school will start next year and open the ACCESS doors to new opportunities.

We deeply appreciate all our sponsors without which most of this good work would have been impossible.

5.0 APPENDIX:

Sad news:

On 05/September/ 2014 evening we lost our former program manager(2011) Mr. Moe Ziedan in an accident in Boston US while he was cycling.

During his stay with us at ACCESS Nakaseke involved in many ACCESS programs/ activities like community out reaches, ACCESS life care health center administration improvement and general ACCESS future plan development.

His so much remembered for his skills in administration and improved a lot in ACCESS as an organization. He identified very many orphans and vulnerable children during community out reaches exercise. By the time he passed away was one of directors 'partners for ACCESS' (PFA) based in USA. May his soul rest in peace.



Mr. Moe with Henry (OVC) at ACCESS Uganda

Medical camp details

The following below is the information about the number of patients treated with in their respective years as per each village and district.

District	Village	No of male	No of female	Age(a month to a year)	Age (2years to four)	Age(five to ten years)	Age(11 to 17 years)	Age(18 to 35 years)	Age(36 and above	Total of patients per village
Nakaseke	Nakaseke	139	217	18	23	38	50	66	88	356
Nakaseke	Kiziba	48	74	6	5	6	13	30	62	122
Nakaseke	Nongo	2	2	0	0	0	1	0	3	4
Nakaseke	Kimwanyi	1	4	0	0	0	3	4	9	15
Nakaseke	Timuna	16	20	2	7	3	7	11	6	36
Nakaseke	Nabika	3	1	0	0	0	0	3	1	4
Nakaseke	Mpwede	1	2	0	0	0	0	1	2	3
Nakaseke	Kibowa	2	17	4	3	1	3	4	4	19
Luweero	Bukolwa	1	2	0	0	1	0	0	2	3
Nakaseke	Bwanga	13	17	0	0	1	1	2	16	30
Nakaseke	Lumpewe	1	0	0	3	2	0	6	0	11
Nakaseke	Kasambya	11	6	1	0	0	0	14	3	17
Nakaseke	Nambega	10	20	2	2	9	4	5	8	30
Nakaseke	Namirali	4	1	0	0	0	0	0	5	5
Nakaseke	Nakawungu	2	3	0	0	0	0	0	5	5
Nakaseke	Bugala	12	28	4	2	4	5	11	14	40
Nakaseke	Kiteredde	2	4	1	2	0	0	1	2	6
Nakaseke	Kibale	14	6	0	1	0	2	10	7	20

Nakaseke	Kigegge	20	11	0	9	5	15	11	5	30
Nakaseke	Kiwembe	0	1	0	0	0	0	0	1	1
Nakaseke	Kiboba	6	3	1	0	1	2	3	2	9
Nakaseke	Nakaseeta	3	4	0	1	1	1	0	4	7
Nakaseke	Sakabusolo	3	8	1	2	1	4	5	7	20
Nakaseke	Mifunya	6	8	2	1		0	2	9	14
Nakaseke	Kivule	2	4	0	1	0	0	1	4	6
Luweero	Wobulnzi	1	1	0	1	0	0	0	1	2
Nakaseke	Kirinya	2	1	0	0	1	0	1	1	3
Nakaseke	Kiboba	5	4	0	1	0	0	4	3	9
Nakaseke	Namakokolo	0	1	0	0	0	0	0	1	1



This was the first station where registration was taking place.



Queue to doctors room

One of the doctor's room



These were the waiting place.



Laboratory station

counseling



Nurses during the medical camp



The pharmacy station

ACCESS Organizational Chart

