



# ACCESS 2018

## ANNUAL REPORT





# Executive Summary

**T**he African Community Centre for Social Sustainability (ACCESS) is a community-based organisation in the rural district of Uganda called Nakaseke. It was founded on the premise that everyone has a right to a healthy life. Our mission is to work with vulnerable people in resource-limited settings through provision of medical care, education and economic empowerment to create long lasting change that is owned by the entire community.

For the year 2018, we focused on strengthening the activities of ACCESS in the areas of support for orphans and other vulnerable children (OVCs), nursing and midwifery education, medical care, family planning, infrastructure and human resource development.

With additional support from our partners, we have been able to graduate 24 preschool children and maintained the number of preschool children at 62. We have provided scholastic materials for 320 OVCs in primary and secondary schools. We held our first graduation for the nurses and midwives in our school, 98% passed their national exam with excellence, and most of them are employed.

Our medical care services have greatly improved. In this year, we treated over 3,196 patients and provided family planning services to 29,614 clients including 8,884 youths aged 15-24 years in and out of school. The number of clients has thus more than quadrupled from 7000 last year. ACCESS is now the leading provider of FP services in the Nakaseke district and provides support for 19 other centers in the district.

Working with international partners, ACCESS has been able to set up income generating projects, and established three patient-centered care clinics for non-Communicable diseases (NCD) serving over 400 patients. Our model has been presented to Uganda Ministry of Health and has been adopted by several partners in the NCD field in Uganda.

We have been able to maintain our connection with the community through training and empowering 122 community health workers who provide support to all our projects. We have welcomed new partners and have worked on new areas of need based on the research findings with our partners. Our work has been recognized through International and local awards.

This report details the achievements and lessons learned in the journey of ACCESS through 2018.

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# Foreword

As 2018 ended, we have had an opportunity to evaluate what was planned for the year. I am very excited to note that our programs have continued to address the real needs of individuals within the community that is served by ACCESS.

The ACCESS School of Nursing and Midwifery has grown over the years, and continues to provide a unique opportunity for trainees to constantly interact with the community throughout their training. This approach exposes trainees to the entire spectrum of disease presentation and enables trainees to participate in health promotion interventions. A recent graduation of our pioneer trainees is a clear testimony of the high standards of our training program.

ACCESS has since its inception strived to establish sustainable programs that specifically focus on children and the youths who are often disadvantaged by their environment. Based on the 2018 State of Uganda Population Report, 52% of the estimated 39 million Ugandans are children aged less than 15 years. The report also shows that nearly one quarter of the population are youths aged 18-30 years, and that many of the youths have no meaningful employment. These facts have consistently pushed us to build strong and sustainable programs for children and the youths. Our efforts are bearing fruit, but more is needed, as you will read in the report.

On behalf of the entire ACCESS Board of Directors, I take the opportunity to appreciate our funders for entrusting us with the resources that we use to reach out to our clients, our clients, staff and other partners for their contributions toward these successes.

My hope and desire is that as you read this report, you will be encouraged to contribute more, if already engaged, or be motivated to contribute to this noble cause in some way.

I hope you will enjoy reading the report.



**Dr. Fred C. Semitala**  
*Chairman, Board of Directors.*



Note from the Managing Director, ACCESS



**ACCESS has walked a** journey best told in it's vision: To be a center of excellence in training and medical care in Uganda. This addressed in three dimensions including education, health and economic empowerment. Many strategies have been introduced over the years to address the problems of the community.

This year, has been a year of big discoveries, especially after the overall country population description was reported to have a big number of young people below the age of fifteen years. This not only reflectis the high dependence rate, but also calls for innovative ways to teach and extend financial sustainability to the families and beneficiaries supported by ACCESS.

Though the walk to economic empowerment has been rough, the sky is the limit come 2019.

**Estherloy Katali Abaliwano**  
*Managing Director-ACCESS*

Note from the Managing Director, ACCESS



**ACCESS through the years.** Having lost my father at a tender age of 8 years, I know exactly what it means to be in need! At ACCESS, we have purposed to provide holistic care to our beneficiaries. We believe in the breadth of our services rather than in numbers. We aim to change lives rather than 'touch' them. Our model of support consists of a community health worker (CHWs) who identifies those who are most in need and follows them up to ensure that the problems

they face get resolved. We have empowered the CHWs with knowledge and tools to provide the best services that we can offer. They are supported by a robust team of medical doctors and nurses (health), social work (social and spiritual welfare), health educators (disease prevention and early detection) as well as financial advisors (income generation). Nakibirige is a good example of what we do. Please read her story in the stories section.

I want to appreciate our donors, collaborators, board of directors, staff and friends and who have been very instrumental for the growth of ACCESS. We are happy to be part of the solution to the numerous challenges faced by rural communities. All this would not be possible without your support. Thank you!

**Dr Robert Kalyesubula**  
*Founder and President  
ACCESS, Uganda*

What the International Community can do; Partners for ACCESS (PFA), USA



**Here in the United States** our team has been impressed with the magnitude and quality of support that ACCESS provides to the people it serves. It has not only become an essential, integral part of the Nakaseke community, but serves as an international model of what comprehensive health care delivery should look like. Medical care in the US operates via independent silos that separate medical, social,

economic, educational, and preventive care, whereas ACCESS offers more holistic services that address the needs of the whole person, within their own community. This promises to afford more durable and healthy outcomes. ACCESS' vision is indeed ambitious and expansive, but because of the many partnerships it's cultivated, and because it draws on indigenous knowledge and resources, its success is insured.

We are grateful that so many generous donors and institutions recognize the integrity of ACCESS' mission.

**Erin Shaw Nahrgang**  
*Executive Direcor, PFA, USA*

**Janice Levin, PhD**  
*Founder and President, PFA  
USA*

# 1 Background

**In 2006** a Nursing Assistant Training Program was established with 8 students, and by 2011, 280 Nursing assistants had been trained to work in 28 districts of Uganda including Southern Sudan.

**In 2009**, a partner organisation called Partners for ACCESS (PFA) was established in USA to help support ACCESS in generating and managing resources.

**Our mission is** to work with vulnerable people in resource-limited settings through provision of medical care, education and economic empowerment to create long lasting change that is owned by the entire community.

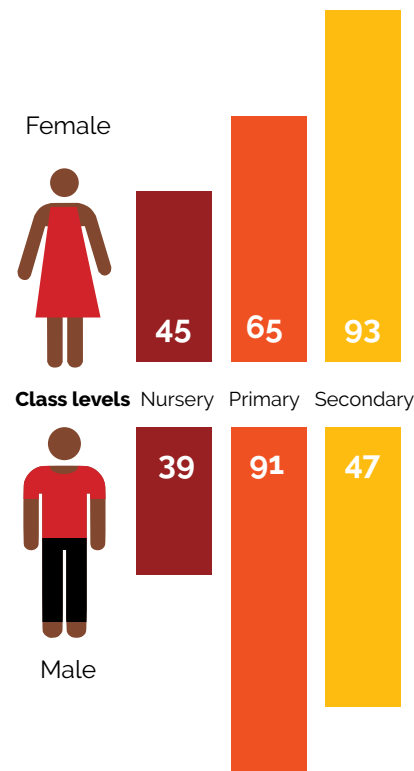
**We have continued** to be true to our mission of being responsive to the community needs and have been joined by a host of like-minded people who have supported us in reaching out to even more beneficiaries.

**Our nursing and midwifery school** continues to narrow the gap in the care provided to rural communities compared to their urban counterparts. Our graduates have taken up jobs in the health sector and over 60% have remained in rural areas, consistent with the goals of the program.

**ACCESS provides** services throughout the lifespan of our community: caring for OVCs, rejuvenating the youth, empowering women and supporting the elderly (jaajas) who have fallen through the cracks of a weak social support system.

**Even though** Nakaseke remains a very impoverished district, ACCESS has helped to bring positive impact to the lives of the beneficiaries touched. We have transformed lives of OVCs that would have otherwise dropped out of school. We have taken girls who have been side-lined by the social construct of the community and given them practical life skills that have empowered them to be employed.

**This report offers** a glimpse into our work for the year 2018, our accomplishments, lessons learned, challenges faced and synthesized recommendations for future progress.



Other OVCs provided with scholastics (sub index)



Resty (standing), the Social worker with some of our Index OVCs in secondary school.

## 2 Activities done in 2018

### 2.1 Support for orphans and other vulnerable children

**W**e currently have over 680 OVCs identified for support in Nakaseke. Each year our team led by the social worker, works with community health workers (CHWs) to identify orphans and other vulnerable children who are in need of support. We always have more requests than our resources can accommodate. This calls for a process of selection, which is quite tough but inevitable. We entertain a delicate balance between level of vulnerability and potential to achieve. Once the CHWs,

ACCESS staff and community members select the OVCs to be supported, the successful candidates are taken on for full support by ACCESS and they become the 'index' child. We then take on all the other children (below 18 years) in the family of the index child as 'sub-index' OVCs. This year we have supported 42 index OVCs and 403 sub-index OVCs. The index OVCs receive the full package of scholastic materials, school fees, medical care, regular psychosocial support

and economic empowerment to the family. We are happy to note that the academic performance among our index OVCs has been very good. For example, out of 11 students supported in primary, seven of 10 got first grades and only one got second grade. Out of the seven OVCs in senior one; six passed with first grade and one got second grade (marker of performance). We also have students in senior four and senior six who are waiting for their results. This performance is not typical of students from rural areas.

These great results have been achieved through a combination of regular supportive visits from the social worker to the guardians, teachers and the students. The CHWs also provide continuous follow up and support for the OVCs. Our sub-index OVCs are also doing very well even though we are not able to offer detailed follow up to all of them due to limited resources. The challenge is some of them change (migrate) from one place/ relative to another making follow up complex.

### 2.2 ACCESS Pre-school program

**T**he preschool program was established by Grace Herrick, a 16-year old girl from USA who noted a gap in children 2-5 year olds who had no formal education. We have so far registered 62 children for this program this year who attend from far and nearby areas. Those from far are transported by bus and those from nearby walk to ACCESS. The children learn how to sing, dance, pray, share with others and watch television. They play, eat and drink, and with the aid of three teachers learn how to count, read, write and speak English. The program graduated 24 children on the 15th of December 2018, and they are now ready for primary school next year.

We also provide medical care and screening services (sight, hearing, dental and infections) to all the supported children in our project. The preschool project has received a lot of recognition and support from both international and local sources.

Many items/ gifts have been given for the community members which include: knitting machines, tailoring machines, scholastic materials, preschool learning materials, preschool t-shirts, clothing, shoes, basic needs like soap, sugar and more funds.

There is a growing trend of support from within Uganda which is very critical for sustaining the programs we run. This year we had the Managing Director of Airtel (the largest telecom in Uganda), Mr VG Somasekhar and his team visit us and donate several items along with 10 sewing machines to kick start income generating projects for the guardians of our children. This same year we have had the Managing Director of KLM Uganda (Mrs Lukia Otema) and her team visit us twice with great tidings to the OVCs





Mrs Otema, KLM



Mr VG Somasekhar, Airtel Uganda



Some of the gifts from Airtel



OVCs enjoying end of year party at ACCESS, Uganda

Grace Herrick with Sam from the preschool



Ms Katherine and the team enjoying the performance by the children in the ACCESS tent.



We have also been very privileged to have Grace Herrick, the young lady and founder of the pre-school project come to ACCESS with her friends and their parents. This was a great day of celebrations! New methods and tools of learning were introduced with great joy. Our children now have more than enough toys to play with, they have music and books that make learning so enjoyable.

As with most things in life, the preschool has some challenges. Key among these is the lack of a permanent shelter. When it rains, the shelter from the tents is not enough and the program gets disrupted. Sadly, some of the children come in without parents which hinders their learning.

### 2.3 Education, Medical Care and Income Generation to OVCs

**W**e screened and identified over 600 OVCs for support. Children supported by the ACCESS program receive support in the form of medical care; income generation projects as well as regular follow up by the community health workers.

Our students also come together at the end of the year to celebrate and share experiences with each other. They meet the staff members of ACCESS and are free to ask questions and learn more about the organisations and ways in which they can contribute to make their community a better place.





James the in-charge of Lifecare Clinic examining one of the OVCs.

2.2.1 Providing Medical Care for OVCs

The ACCESS clinic, the mobile team and VHTs provide medical care to OVCs through visits to the clinic, mobile outreach and through first aid care by trained VHTs. Children are also cared for through annual medical camps organized in collaboration with Nakaseke Hospital and other pharmaceutical companies.

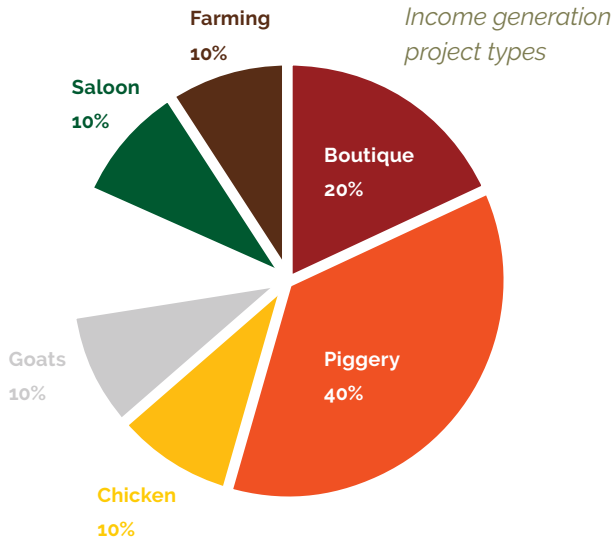
The ACCESS medical team, VHTs and social worker pay particular attention to OVCs living with HIV. We currently care for children living with HIV by sending them to ACCESS antiretroviral therapy and ensuring that they receive regular home visits.



Mothers during beading and sweater knitting practice



One of the preschool caretakers with her piggery project.



2.2.2 Working with Village Health Teams (VHTs) to set up income generation projects for OVCs and their families

Working with VHTs and other partners, we train guardians and provide them with income generating projects including cows, goats, pigs or chicken rearing, as well as setting up plantations and small-scale shops.

The preschool program now has a training program in tailoring for the preschool families and guardians, using machines donated by Airtel and Grace Promise Inc. In addition; many guardians receive weekly classes in beading and sweater knitting. These income support programs augment the livestock and agricultural income-generating projects ACCESS provides to the families of pre-schoolers.



2.2.3 Working with International partners to ensure that basic skills are imparted to schools in Nakaseke

Medical Students from Canada have developed a training program with basic life skills which are taught in different schools. The main focus is on secondary schools where all students, including those who are directly supported by ACCESS and those who are not, are taught about issues related to hygiene, reproductive health, dental care and nutrition. About 400 students have received training in these basic life skills. The students are now also involved in the reproductive health program.

## 2.4 Providing vocational training for OVC who are unable to continue with formal education

**W**e work with VHTs and other community leaders to identify and select vulnerable girls from the community for vocational training every year. The beneficiaries are girls ranging from 14-18 years of age. These young girls dropped out of school due to various reasons like loss of a parent who was providing school dues.

**W**e recruit them and offer trainings in tailoring and hairdressing for a period of 6 months. Out of the 30 girls who graduated in 2018, one is a teacher of tailoring in Nakaseke Vocational skills centre, three have their own boutiques, one owns a hair salon and the rest work in different areas of Uganda.

### Key outputs for OVCs

403

OVCs OVCs received scholastic materials

420

orphans received medical care through medical check ups

620

OVCs visited and mapped for support

2369

youths received adolescent friendly reproductive health services

62

attending the preschool

60

dream girls trained in vocational trades bringing the total to 90

42

OVC (index) received full board services

400

Secondary school students trained in livelihood skills



Some of the ACCESS dream girls in practice





Our first group of graduands of the Nursing and Midwifery school with the tutors, leaders and guest of honor



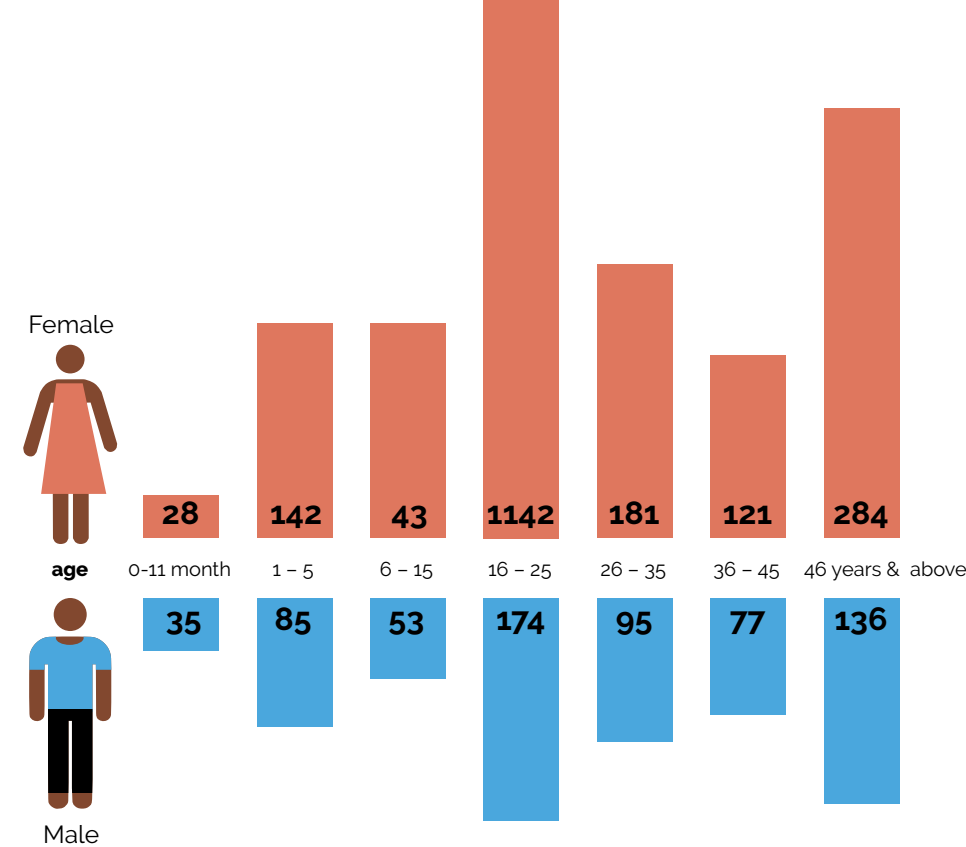
Miss ACCESS and her fellow winners.

**A**mong other achievements, the nursing students performed very well in the national sports events as well as the academic seminars. Ten of our students have received awards from Shyanna Ganji, a Nursing student from Canada, to set up a research program. The school had a privilege of hosting several visitors who have further boosted their academic excellence.

**E**arlier this year, the first Miss ACCESS Scholarship Pageant was held in Nakaseke. This was produced and hosted by Laniel Maddan, a masters of public health student from Touro University California with a goal of raising scholarship money for students of Nursing and Midwifery. It was a very colourful occasion. Below are our current beauty queens who visit our community projects on a regular basis and represent ACCESS.

## Key outputs for Nurses and midwifery School

1. Number of students increased from **162** in **2017** to **212** in **2018**
2. **2 new staff have** been recruited for the Nursing school
3. **8 needy students** offered scholarships
4. **Construction of a new library and classroom** for the students
5. Special community based courses offered by international partners
6. **54 students graduated with 98% pass rate** in our first national state exams
7. Participation in National sports and academic debates
8. Maintenance **Parents association and the School Guild**
9. Special **community research** (Shyanna) program set up for Nurses and midwives



The common conditions seen include, malaria, respiratory tract infections, peptic ulcers, hypertension, enteric fever, diarrhoea, road traffic accidents, urinary tract infections, pelvic inflammatory disease and candidiasis among others. We immunized 624 children below 5 years of age, in accordance with the National immunization program guidelines. We also dewormed over 300 children and provided them with vitamins.

We were unfortunately not able to hold a medical camp this year through which we often see over 1500 patients from the community. We hope to organize one in 2019.

Working with VHTs and other stakeholders from government hospitals and clinics, we have trained over 102 VHTs (including 30 youth) in the provision of family planning services. Through this effort, over 27,442 women and 2,172 men received family planning services in 2018. Below are some of the details of the services provided to the community:

## 2.5 Provision of Health care services to rural communities

In 2003, the original Lifecare Center clinic was established at ACCESS. Since its inception, OVCs, PLWAs, women and children as well as members of the general population have benefited tremendously from the services provided.

Through a combination of our static clinic, regular outreach and direct support through our trained VHTs, we are able to offer a variety of both preventive and curative services. In 2018, individualized records were kept on all of our participants, which had enabled us to track their health and wellbeing. This year we managed 2,596 patients in the pharmacy and the clinic. Of those treated, 1941 (75%) were females while 655 (25%) were male patients.

This may be a reflection of our target population as well as a reflection of the health seeking behavior in our area. Women tend to come for medical care early while men only come to hospitals when they are very sick. We are trying to reverse this trend by providing targeted health messages to men.

We also cared for more adults than children in the pharmacy because most of the children attend a different clinic on Fridays for immunization where most of their care is provided. We only see the children if they come for medical checkups and end up with an infection, or when they are very sick and require medical attention beyond the routine immunizations. Below is chart of patients visiting our pharmacy.

FP Methods	Total FP Services Provided	CYP per FP Service
Male Condoms	60047	500
Female Condoms	980	8
Pills	1266	84
Emergency Pills	60	3
Noristorat	24	4
Norigynon	2	0
Depo-Provera	7397	1849
Sayana Press	5260	1315
Implanon - 3 Yrs	5094	12735
Jadelle -5 Yrs	4345	16511
IUCD -10 Yrs	1239	5699
Tubal ligation	92	920
Vasectomy	2	20

Table showing family planning (FP) methods provided along with the couple years of protection (CYPs)





VHTs trained to provide family planning and monitor ACCESS projects.



The provision of family planning services is extremely important because Uganda has the second highest fertility rate in the world with an average of 6.1 children per woman. High fertility rates have also been correlated with high levels of poverty and poor child care. It is thus important that women are given an opportunity to have the number of children they can take care of comfortably. This may be a reflection of our target population as well as a reflection of the health seeking behavior in our area. Women tend to come for medical care early while men only come to hospitals when they are very sick. We are trying to reverse this trend by providing targeted health messages to men.

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One other key achievement is the involvement of youth in the family planning and sexual reproductive health programs. The youth take part in outdoor activities and are also given an opportunity to get services through our outreach programs. Below are some of the youth.

We have trained professional health workers from 19 clinics within 6 subcounties of Nakaseke. They have also been given skills and equipment to provide better services to the community. The photo shows the training and the figure below shows the number of referrals from VHTs to the different health units where they get services.

VHT referrals completed at health facilities

Lusanjja HC 2	378
Mifunya HC 2	325
Kiggege HC 2	0
Lifecare Center 2	1936
Kikamulo HC 3	1354
Kapeeka HC 3	275
Semuto HC 4	599
Bulyake HC 2	257
Namusaale	347
Biddabugya HC 3	781
Kyangato	392
Kirema HC 3	211
Kabogwe	643
Kalege HC 2	742
Nakaseeta HC 2	450
Nakaseke Hospital	635
Kikandwa HC 2	534
St. Johns Bukatila HC 2	675
Lt. Col Dr. Baata HC 3	238

Total Referrals completed





## Pioneering Non-communicable disease care in Nakaseke and Uganda

**W**orking with the Else Kröner-Fresenius Stiftung (EKFS), we have set up the EKFS Patients Centred Care Centre for Non-Communicable Diseases (NCDs).

NCDs are a growing problem among African countries and are projected to become a major cause of death if nothing gets done at the present time. Diseases like diabetes mellitus, hypertension, lung diseases and cancer are silent killers. They catch the patient unawares and may be too advanced to treat by the time they are discovered. The best way is to screen for them and treat them early when found.

We have so far managed to set up three NCD clinics that provide

integrated NCD care at Nakaseke Hospital, ACCESS (Lifecare Clinic) and Semuto Health Centre IV. We trained 20VHTs and equipped them with Information, Education and Communication (IEC) materials in the form of an innovative tool called Pocketdoktor developed by our colleagues from Germany. These books are very easy to understand and can easily be carried in the pockets. We have adopted and translated the books in the local language with very good results from the feedback we get form the community.

Additionally, we trained 18 Clinicians who are now able to screen, prevent and optimally manage patients with NCDs. We are also carrying out research on the major causes of

NCDs in Nakaseke and are following up with patients on a regular basis through the different clinics and by the VHTs.

Other services provided by the Lifecare Clinic include the use of ECG machines (machine that examines the heart) for heart screening and ultrasound scans for following up and monitoring pregant women to ensure that they have safe deliveries. We have set up radio programs and conduct regular outreach to engage the different stakeholders from the community to avail themselves of these resources. In addition we have a call-in line at ACCESS where patients can call in whenever they need information or have a health problem.

Key outputs for Medical care services for 2018

- |  |
|--|
| 1. <b>3,196 patients</b> received medical treatment                                  |
| 2. <b>1,462 patients</b> received laboratory services                                |
| 3. <b>36 health professional experts</b> trained (NCD and Family planning )          |
| 4. A well-stocked <b>Barceló Pharmacy</b> with outreaches to clients of all ages     |
| 5. <b>122 VHTs</b> trained in family planning and non-communicable disease(NCD) care |
| 6. <b>29,614 clients</b> received regular family planning                            |
| 7. Availability of <b>Ultrasound scan and ECG services</b>                           |
| 8. <b>Mobile outreaches</b> conducted to the community                               |
| 9. Establishment of an <b>3 NCD clinics treating 350 patients</b> on a regular basis |
| 10. <b>Radio program set up</b> for patient education                                |
| 11. Expanded our services to <b>3 new sub-counties</b> and <b>19 health units</b>    |
| 12. Established a <b>24-hour call-in line</b> for patient support                    |
| 13. <b>106 medical outreaches</b> conducted to support VHTs and patients             |





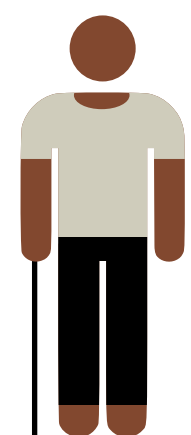
# 3 Other Activities

Female  
age  
Male



The illustration shows the age bracket of the jajjas under our program

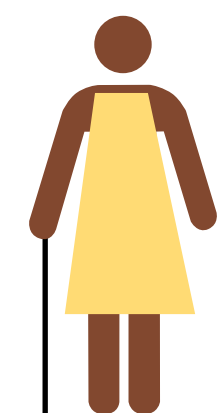
## 3.1 The Jajja initiative



In Nakaseke and Uganda at large, elderly people (jajjas) have very limited support yet they are very vulnerable. Uganda has no social support services for the elderly yet some of them are the only ones available to take care of the orphans. The jajja initiative services people 65 years and above. We have identified 90 jajjas in our area of service, however, we have not been able to support all of them due to budget constraints.

We currently support 40 jajjas in three sub-counties and provide them with basic provisions like sugar, salt, soap, breads and other basic needs. We also provide regular medical care counselling and guidance on top of the regular home visits.

Some of their houses are in extremely poor condition and almost every elderly has a problem in obtaining basic needs like clothing, medical care, sugar, salt and other basic needs.







International volunteers work with VHTs to conduct home visits to ACCESS supported OVCs in Nakaseke District

### 3.3 The Borehole and Solar projects supported by Barcelo' Foundation

For a long time, the people of Wakataama, a small village in Kiito sub-county (new to ACCESS, about 160 kilometres from Kampala) had to walk for very long distances to obtain services. During our regular medical outreach, the turn-out of women and children was often low.

We later discovered that the families (mainly women and children) had to walk very long distances to get water for home use.

The community decided to give us land to set up the borehole near a primary school so that over 100 families and over 200 pupils could get ACCESS to clean water on a regular basis.

Indeed, water is life! We now have a consistent turn-out of participants and the children report that they have more time to read their books and concentrate. We thank the Barcelo Foundation very much.

ACCESS provides solar panels to families in areas without electricity. We prioritize families with children who attend school and are most likely to benefit from the light.

The children use the solar light to read and revise their books. This year, four solar panels were issued to three sub-counties, bringing the total of solar panels given out so far to 17.

We have been able to follow up with our beneficiaries and are happy to report that the children now show better concentration levels, also evidenced by their improved academic performance.

### 3.2 Nurturing Local and International Global Health leaders

ACCESS over the years has been fortunate to conduct research with some of its international partners. In 2017, ACCESS worked with international partners to conduct a survey on self-reported noncommunicable diseases (NCDs). A total of 16,000 people evidencing non-communicable diseases such as hypertension, diabetes mellitus, chronic airway diseases and chronic kidney disease participated from 3 sub-counties in Nakaseke .

We established an integrated NCD care clinic in collaboration with the Ministry of Health and Nakaseke Hospital where patients with NCDs can receive all of their services from under one roof. We continue to conduct several on-going research projects in maternal and child health, family planning health systems strengthening.

We have hosted several international students who have greatly contributed to our program. In addition, we were also able to host four medical students from Makerere who spent a week with us at ACCESS.

Dr. Richard Munana is currently serving as a Fellow under the mentorship of Dr. Benjamin Bodnar from Johns Hopkins University. He has been very instrumental in setting up the NCD clinics and ensuring that the curriculum of NCDs gets widely shared.

**Because of all this effort and investment, the ACCESS team has contributed to six peer reviewed publications this year.**



Borehole during digging and installation level and final levels





Peace with two small jerricans going to fetch water for the family.

We have a lot in store for 2019 and are looking to making more impact in our community. May of the planned activities are outlined below.

- Expansion of the Early childhood project to other areas of Nakaseke
- Engagement of youth and women in all project activities, with focus on family planning
- Training more Nurses and midwives for rural areas.
- Support Education and IGA projects for OVCs
- Expansion of the clinic and setting up a fully equipped laboratory to offer more services to people.
- Expand patient centred care interventions throughout the district and train both professional and lay health workers in provision of the same.
- Work with partners to build capacity in research and scale-up best practices at ACCESS.

## 4.0 Future Plans

## 5.0 Conclusion

### Story from the community: Peace

Having lost her mother to HIV, ACCESS could not have come in at a better time than when it did for Peace.

Peace, who is now 5 years old, was identified by Resty our social worker on one of the days she was visiting the villages. Resty was informed that Peace had just moved to her grandmother's place because her mother had just passed away due to HIV and excessive alcohol intake.

She later found that Peace was struggling with going to school because her granny of 55 years now had 4 children whom she could not support with a meagre income from selling alcohol. Nakafeero Florence, our community health worker for the Kisango area later confirmed that Peace was also living with HIV-AIDS

and no one knew who her father was because her mother got pregnant when she was drunk. Since ACCESS intervened in Peace's life in May 2018 her life has been greatly improved.

ACCESS now supports her with school fees, scholastic materials and medical care in and out of school. We have been able to enroll her in the HIV-care clinic where she receives regular medical care. Resty visits her at least once every month, talks to her and her teachers to get an update on how she is doing in school and how she can be supported.

During holidays she comes to the Lifecare Clinic for a medical checkup and interacts with other children we support. This helps to build a lasting bond. Peace has 3 siblings.

These are called the sub-index children. Though we do not provide the whole package to them they do get medical support, counselling, and their guardian has been trained by ACCESS to set up an income generation project in form of a garden. We believe that in about three years this will help the family get enough income to support the other children.

Our CHW visits the family every week and sends us a monthly report on how they are doing. It is stories such as these that give meaning to our work. When we last visited Peace she said she wanted to be a mother so that she could take good care of her children when she grows up.

**ACCESS** and all its partners has seen tremendous growth over the last year with better monitoring of the services provided to our beneficiaries.

We are very grateful to our donors for enabling us expand our reach to needy communities.





The Graduation



The Children' Party



# ACCESS in Pictures







## Meet some of our staff



**Irene Nabbosa**  
the Nursing School Registrar



**Justus Ibrahim Twinomujuni**  
Senior Clinical tutor and  
In-charge ACCESS International  
program



**Weswa Ivan**  
Data Clerk ACCESS

## ACCESS would like to appreciate our current Sponsors & Partners



NAKASEKE  
HOSPITAL

NAKASEKE DISTRICT  
LOCAL GOVERNMENT



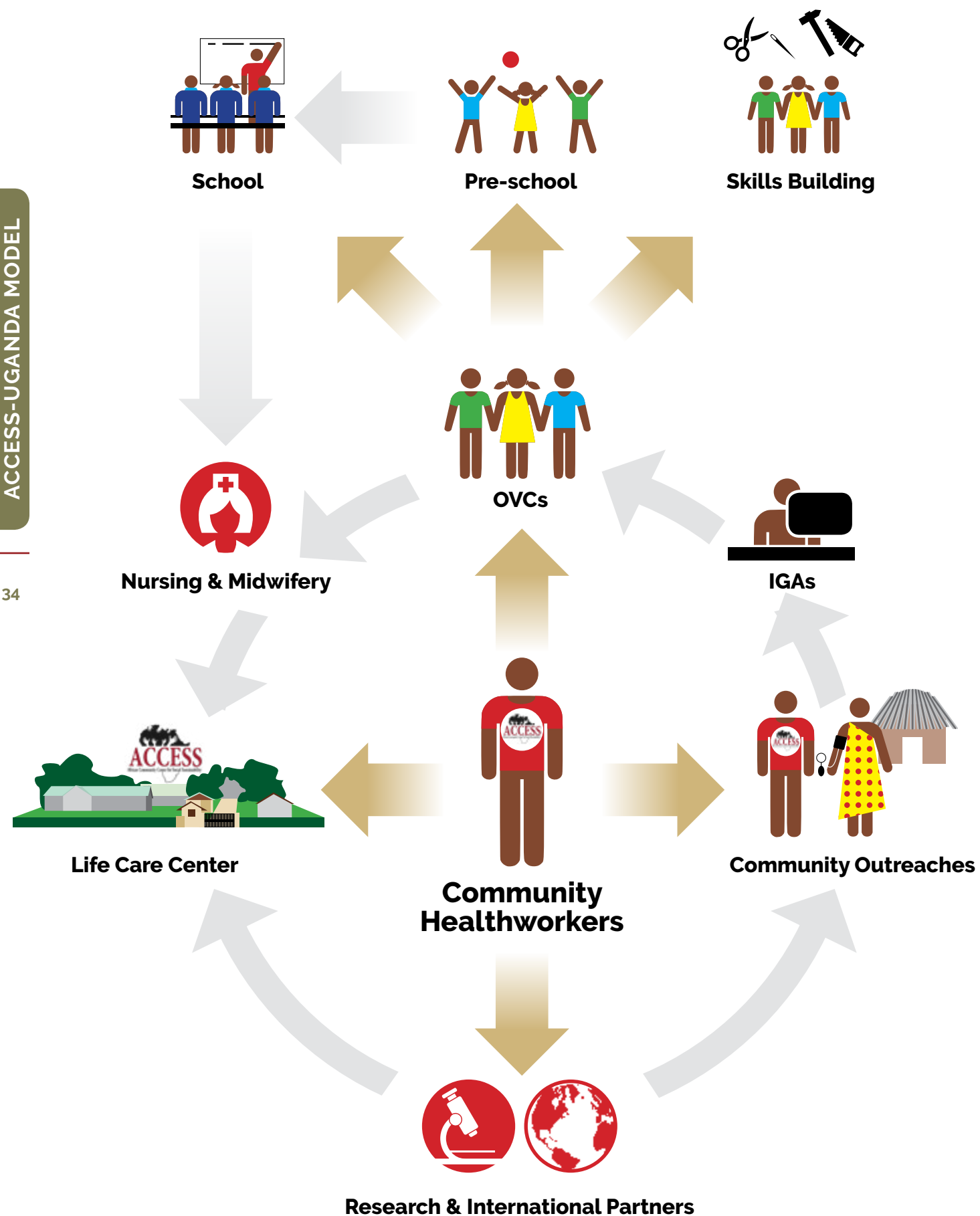
### New partnerships

- DAK Foundation to support reproductive health
- Micro-finance program [Our Biswas] to support micro-financing projects

### Key achievements and awards

- African visionary fellowship; a two-year leadership training awarded to African leaders who have potential to make a big contribution to their community
- Centenary rural development bank award; awarded by Centenary bank for outstanding financial stewardship.
- Segal Family Foundation grassroots award; a highly prestigious international award to leaders and organisations that are deeply rooted and have made significant contribution to their communities.

## ACCESS-Uganda Community Healthworker/ VHT centred care model



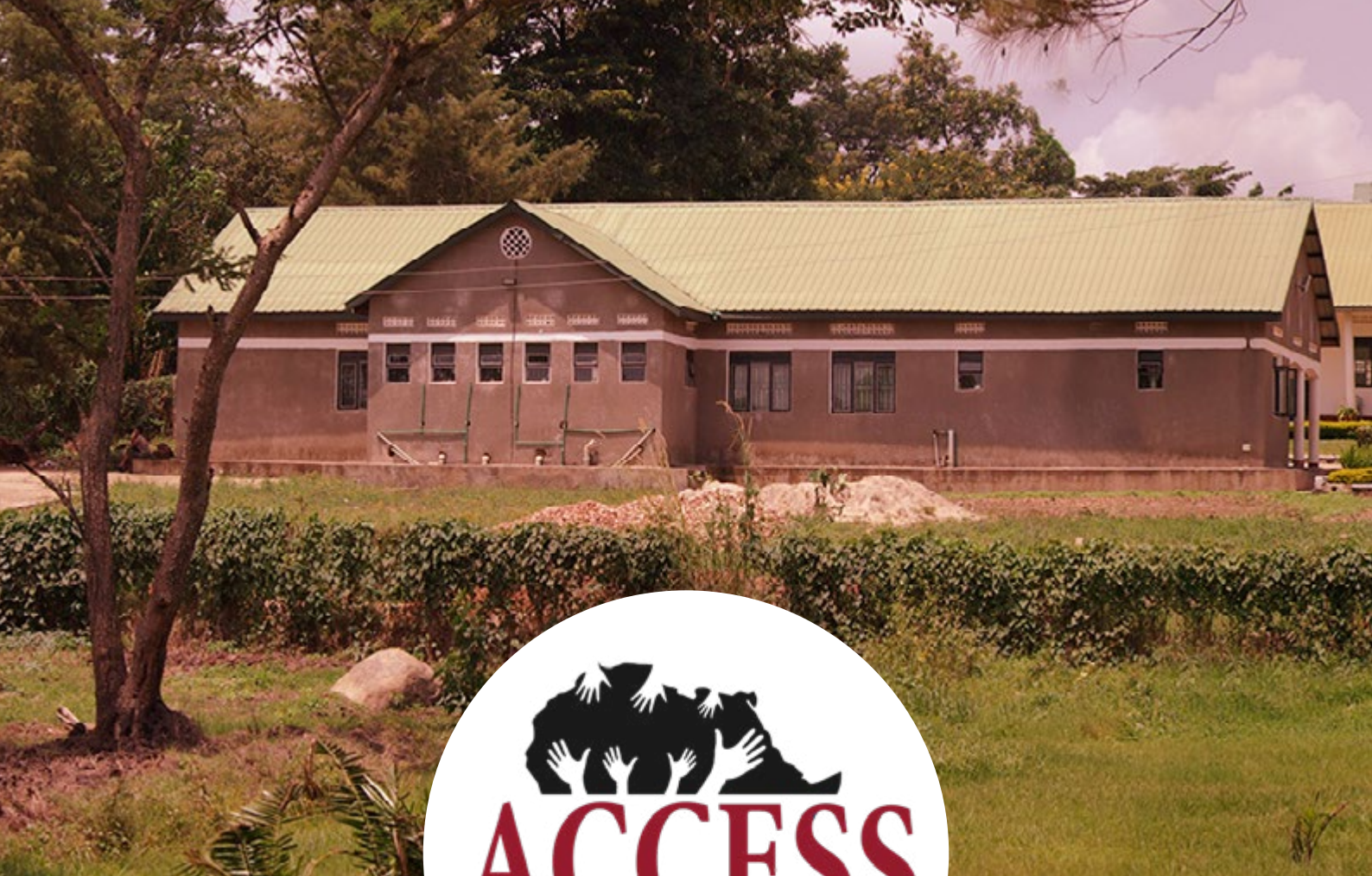
## IMPRINT

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community based organization.  
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