

ANNUAL REPORT



EXECUTIVE SUMMARY





Executive Summary

ounded on the premise that everyone has a right to a healthy life, the African community Center for Social Sustainability (ACCESS) works with rural communities. Our mission is to work with vulnerable people in resource-limited settings through the provision of medical care, education, and economic empowerment to create long-lasting change that is owned by the entire community.

With continued support from our partners in 2019, we have been able to construct a 500-square-meter health facility that will accommodate ten beds and increase access to quality maternal and newborn care in Nakaseke. This year, we graduated our second and third cohorts of ninety-five nurses and midwives from the ACCESS School of Nursing and Midwifery (ASNM), as well as twenty-one students from our preschool, which is currently attended by seventy children. We have embarked on the journey to construct a pre-school block that will accommodate about 200 children below 5 years of age.

Meanwhile, we continue to support 450 Orphans and Vulnerable Children (OVCs) to attain quality preschool, primary, secondary, and tertiary or university education. In the health sector, we have received 12,618 patient visits at our Life Care Medical Center. We have implemented a communitybased Community Health Worker (CHW) Non-Communicable Disease (NCD) screening program in three sub-counties in Nakaseke District. Through this program, over 4,000 Nakaseke residents were screened for hypertension, diabetes mellitus, and chronic kidney disease while 770 NCD clients were recruited and received patient care in these three clinics. We have also continued providing family planning services. In fact, we distributed 107,767 free family planning services amounting to 42,634 Couple Years of Protection (CYP), a measure that estimates protection from pregnancy provided by contraceptive methods during a one-year period, making us the leading provider of quality family planning services in Nakaseke District.

Furthermore, we have set up numerous 3 income-generating projects, among which include a goat farm and fish farm. These will be used as model farms for the Nakaseke community. We have also maintained our connection with the community through recruiting, training, supervising, and empowering 125 community health workers (CHW) who provide support to all ACCESS community projects. Our work continues to be recognized through both local and international awards.

This report brings to you our achievements and lessons learned in the areas of economic empowerment, medical care, and education in 2019.

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Foreword

t is yet another year of great things made possible by our group of dedicated donors and the team of ACCESS on the ground. As we celebrate our seventeenth year of existence, I cannot help but reflect on the humble beginnings of the ACCESS founding team and their extraordinary dedication to make a difference in the lives of orphans and other vulnerable children. We have had the privilege of serving on the board where we see the great work that has helped provide school support to over 450 students, witnessed a blossoming Nursing School that is addressing the inequalities of rural health service provision. We have seen first-hand the inclusion of the elderly community members that have been left out by the social safety net and continue to behold women and young girls in Nakaseke being helped out of abject poverty.

For such great work, we cannot help but appreciate our dedicated donors, my fellow board members, those who are hands-on for this work as well as the community which has allowed us to be part and parcel of their lives. As you read this report, have a moment to reflect and see how good deeds of a few dedicated individuals can make a lasting spring of hope that is enjoyed by the entire community.

Semita Ca

Congratulation to us all!

Dr. Fred C. Semitala

Chairman, Board of Directors.

FOREWORD



Sewanyana James, Katali Estherloy and Dr. Robert Kalyesubula

A WORD from the Directors, Uganda

CCESS has blossomed over the last 17 years. We have sought to address issues around limited health care, lack of education and poverty.

A WORD FROM THE DIRECTORS, UGANDA

We strongly believe that healthy, educated and economically empowered communities are a key to the sustainability that should be the goal of every grassroots organization.

Through a very vibrant team of committed individuals we have supported vulnerable people through the lifespan. We have offered care to pregnant mothers and their children, supported preschool children, sent orphans and other vulnerable children to school and set up a robust clinic to care for ailments from the community. We have collaborated with the local leaders and government structures to ensure that no vulnerable person we identify in our wake remains unattended. We have knocked on doors of donors, friends and family to ensure that little girl in the village goes to school and gets assured of a meal when he returns home from school.

All this would not have been possible without the great support and guidance we have received from our board of directors and our sponsors who have been by our side through these years.

We pride ourselves in a great network of community healthworkers that has been handpicked by the community and trained by ACCESS to deliver care and support to each and every one of our beneficiaries.

We appreciate each and every one of you and look forward to a fruitful 2020.

Dr. Robert KalyesubulaPresident, ACCESS, Uganda

Ms. Katali Estherloy

Managing Director, ACCESS, Uganda

Mr. Sewanyana James, Director,

ACCESS, Uganda







Erin S Nahrgang

A WORD from Partners for ACCESS, USA

hat we love and admire about ACCESS is its comprehensive and holistic approach to healthcare. We in the West have much to learn from the broader way they conceive of health, and from the ways in which they deliver services. The medical model in the U.S. largely addresses medical issues "after the fact" by treating problems once they appear. We are often criticized for treating the symptoms and not the patient; for treating the disease, not the person. Only now are we beginning to embrace prevention as a cost-saving measure. However, our emphasis on diet and exercise doesn't go deeply enough to the real root of the problems. ACCESS understands health more broadly. and thus approaches healthcare from multiple angles.

With a deep understanding that individuals live and thrive in social networks, ACCESS bases its programs and interventions from within the community. Its impressive School of Nursing and Midwifery trains young

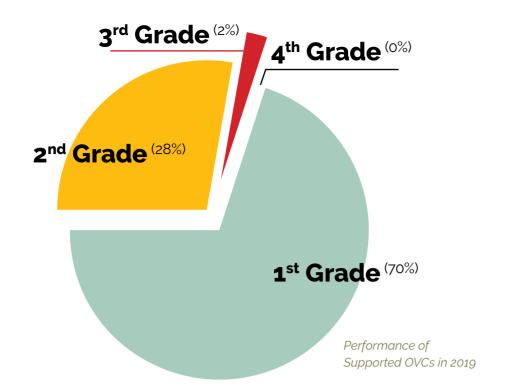
women with skills to bring back to their home communities so that people can seek care from a familiar and trusted person. ACCESS supports its most vulnerable people (OVCs) and provides for basic needs such as the need for safe drinking water. With full awareness that education is at the root of health, ACCESS provides school fees and an early child development program to support children on the path to success. ACCESS embodies the adage "teach a man to fish" and approaches economic empowerment by teaching skills such as those offered through the Dream Girls Program and providing start-up opportunities including fish farming and goat initiatives. Meanwhile, initiatives such as the Jajja Program for the elderly demonstrate that ACCESS understands poverty and social isolation as risk factors and provides resources for the indigent. These examples represent some of the fundamental ideals that ACCESS embodies in striving to support a healthy individual from within their home ecosystem. ACCESS focus on training and empowering youth in the

local community will have a lasting impact on generations to come.

ACCESS is improving the community in the present, and sustaining their impact for the future.

It is an honor to work alongside ACCESS dedicated leadership team as we tackle challenges and dream for the future. We are proud to be affiliated with ACCESS and see it as a model for other resource-limited settings to emulate, if not for more developed countries to learn from.

Janice Levin, PhD,
President PFA, USA
Erin S Nahrgang
Executive Director, PFA, USA



QUALITY EDUCATION

mong the main objectives of the organization is to enable the community to easily access quality education and also appreciate the value of education. To ACCESS, education is the primary ingredient to successful development. In 2019, ACCESS was able to extend the following education programs to the community.

Support for Orphans and other Vulnerable Children (OVC)

445 OVCs were enrolled in the OVC program under the index and sub-index category. The program managed to maintain 47 index OVCs through three terms on a comprehensive education package which includes tuition, scholastic materials, and all child-based education requirements including health services.

All sub-indices were fully covered on scholastic materials and community health worker supervision. We are happy to report that most of our OVCs successfully championed their end-of-year exams, reporting 70% passing in first grade, 28% in second grade, and 2% in third grade.

Appreciation letter written

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Empowering Dream Girls With Marketable Skills as a Powerful Lever of Community Health



EMPOWERING DREAM GIRLS

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Tailoring Class

ACCESS School of Nursing and Midwifery (ASNM)



ACCESS Nursing and Midwifery Students

n November 2019, the school

clocked four years of existence

since its inception in November

2015 with 60 students. The school

years, a time span that which was

extended for one year in 2018, after

which the struggle for registration

began and continues until now. We

before the beginning of 2020.

hope that the school will be registered

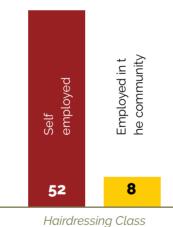
obtained a provisional license for two

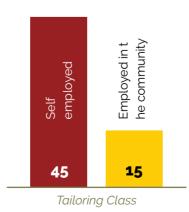


ACCESS Students graduation

or every month a girl remains in school, the likelihood of an unwanted pregnancy or HIV infection decreases. Aged 14-18 years, the Dream Girls are married, formerly married, or at-risk, and have dropped out of school due to various factors such as death of a parent or guardian, early child pregnancies, long commutes to school serve as obstacles to school attendance, and peer bullying. These children are identified in the community by our Village Health Teams (VHTs) and referred to ACCESS for help. ACCESS then intervenes by providing these young girls with free marketable skills in hairdressing, tailoring, and very soon, baking.

e have trained 120 young girls, most of whom have started their own businesses or are employed in the larger national tailoring center. By 2022 we hope to have trained 300 Dream Girls throughout Nakaseke with marketable skills that will enable them to earn an income and sustain themselves economically. We believe that as the education level of these women increases, wealth will grow in tandem, thereby spurring economic development throughout the community...





ASNM was created to bridge the workforce paradox which plagues many low-income countries. While 80% of the population in Uganda resides in rural areas, the vast majority (nearly 70%) of healthcare providers practice in the capital city of Kampala, which serves only 20% of the nation's population. This leaves the majority of the population in rural areas severely lacking quality health services. With ASNM rooted in rural Nakaseke, we believe that nursing students will remain in the rural

community in which they trained to help

provide deeply-needed quality health

services.

SNM matriculated its second and third year of students from the program with a total of 95 students receiving a certificate in Nursing or Midwifery. Some of these graduates have started their own businesses, while others have been absorbed by the government or private hospitals. We have so far graduated a total of 149 nurses and midwives who, with the skills and knowledge gained from ASNM, have contributed to the quality of medical services received in rural Nakaseke and greater Uganda. ASNM has sponsored over twenty children and given out over ten partial scholarships to local children to acquire nursing and midwifery skills.

total of 85 people visited the school during 2019, including both national and international visitors. Some of these visitors from abroad participated in teaching our students, who were particularly excited about sharing the experience with experts from Europe. We hope for continued involvement of international visitors with the education of our students, as it stirs great enthusiasm and enhances their learning.

ECONOMIC EMPOWERMENT

The Early Childhood Development Program





End of year party for preschool children

CCESS has continued to support children in the early childhood development program in which 71 children are currently enrolled. The Early Childhood Development Program, or preschool program, was designed to enable young boys and girls between the ages of one and six to learn how to read, write, sound, draw, shade, and speak English.

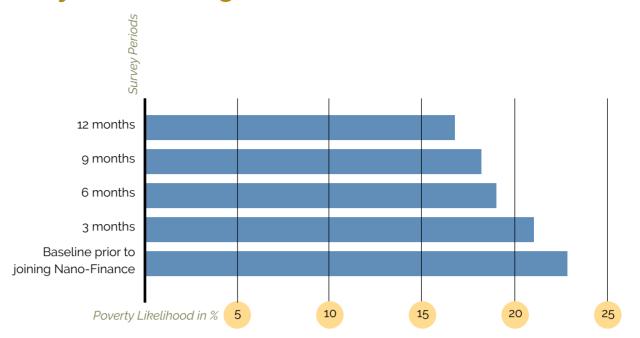
Students also learn social skills through interacting with other children during shared activities like watching cartoons, learning music, and playing with toys and dolls. Guardians and parents are encouraged to accompany students to ACCESS every Saturday, with the hope that they develop an interest in education such that they can endeavor to pay school fees for their children when they move forward into higher levels of education. As the children are learning, their parents/guardians are trained in craft making. We hope that the skills they learn will help them start a business with which they can help support their families in the future.

This year a team from KLM Royal Dutch Airlines visited and supported the program, they also purchased most of the craft work that had been done by children's parents/ guardians.

> Key Indicators Achieved Through Enhancing Quality Education in Nakaseke

INDICATOR	ACHIEVEMENT	
OVCs	445 supported	
Class performance	98% passed first and second grade	
Monitoring	445 are monitored by Village Health Teams (VHTs)	
OVC Class attendance rate	98% OVC class attendance in 2019	
Dream Girls	120 trained in hairdressing and tailoring	
Dream Girls employment	100% are self-employed or employed in the community	
Training Nurses & Midwives	95 graduated in 2019	
Full Sponsorships	20	
Partial Sponsorships	10	
Preschool	21 students graduated to primary in 2019	

Poverty Rates During a One-Year Period



ECONOMIC EMPOWERMENT

CCESS seeks to address the limitations to sustainable economic development. These limitations are largely due to limited access to income-generating opportunities, the nonexistence of innovation, the lack of knowledge and experience to understand how institutions operate, and the dependency rate in communities birthed largely by young people who depend on economically disadvantaged families in the community. As reported in the Uganda Poverty Assessment, in 2013 more than a third of the population lived below the extreme poverty line of \$1.90 per day. In the year 2019, ACCESS together with the community represented by the community health workers (CHWs) undertook several activities.

Empowering Women Through the ACCESS Nano-**Finance Project**

In partnership with an NGO called Bisoboka, ACCESS managed to identify and empower 60 women in the community to access interest-free seed funds with the objective of benefitting the poorest community in Nakaseke District. This program will enable these women to ascertain and maintain sustainable economic development so they can take care of their families in the provision of basic necessities. We are happy to report that in 2019, the ACCESS Nano-Finance Project was able to reduce the poverty likelihood among these 60 women by a remarkable quarterly reduction of 0.5-3%. The poverty rates on the graph below are the results of the quarterly application of the internationally recognized

development indicators represented by 13 the Poverty Probability Index (PPI) tool.

Training Women in Crafts Making

ACCESS has enabled twenty-five mothers/quardians of preschool children to attain skills in knitting. They are able to make shawls, baby sweaters, bags, and dining table cloths. They are further skilled in jewelry making, and can make items such as bangles, necklaces, and earrings. After this year, they will learn how to make other handcrafted items like baskets and mats. With these skills, mothers can turn cheap, readily available local raw materials into beautifully hand-crafted items that can be sold both locally and internationally. We hope that increasing the earning power of women will help spur economic development in the community.

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ECONOMIC EMPOWERMEN







Providing Families with Income-**Generating Activities**

We have provided goats and piglets to twenty families who have enough land to care for these animals. Our target is for these families to tend these animals until they can multiply, and then perhaps sell off one or two of these goats/piglets at a later time to meet a family need such as educating their children. We believe that this program will give these families the ability to support their children through a quality education, and that in so doing, the vicious cycle of poverty will be broken.

INDICATOR	ACHIEVEMENT
Nano-finance project	60 families received a seed fund
% of families able to pay school fees for their children	Increased from 10% to 85%
Poverty reduction rates	Reduced from 23% to 18%
Number of meals per day	Increased from 21% to 98%
Income-generating activities (IGAs)	20 families received IGAs
Craft-making skills	25 women were trained in marketable craft-making skills
Bank account opening and saving	An increase from 2% to 100%
Model farms	2 models farms started to train the community
Number of trees planted	45,000 trees planted in community-owned land and families

Distributed in 2019

Investing in the Future Through Tree Planting

ACCESS, in partnership with Tree Adoption Uganda (TAU), has been able to provide 45,000 trees to families in the community, planted on the family's land. The major aim of this project is to protect the environment. We introduce families and children to the concepts of climate change and environmental protection at an early stage so that it sticks with them for life. We have also supplied trees to be planted in communityowned land in order to help preserve the environment and create common grounds where the community can play and commune while protecting the environment

The ACCESS Fish **Farming Initiative** (AFFI) and Goats **Project**

ACCESS has been able to start a fish farming initiative and goats rearing project that will help increase ACCESS's income. We have a goat farm and a fish pond that will be used to teach nursing and midwifery students entrepreneurial skills. The pond is designed as a model fish pond where community members, especially youths, can fish farming skills. We hope this project will help engage young boys and men who have often been left behind while we focused on the empowerment of girls.



FAMILY PLANNING SERVICES







Robin Smith and the ACCESS team plant a tree near the newly constructed medical center.

FP Methods CYP Conversion Total CYP provided **Factor** Sterilization (Vasectomy) 6 13 78 Sterilization (Tubal ligation) 151 13 1.963 Copper-T 380 IUD 1,419 5 6,527 3-year Implant (Implanon) 6.220 3 15,550 5-year Implant (Jadelle) 3,966 15,071 Sayana press (DMPA) 6.422 1.606 Depo 8,295 2,074 Pills 1.306 15 **Condoms (Male)** 79,982 120 667 **TOTALS** 43,622 107,767

REACHED IN 2019

TABLE SHOWING

TOTAL NUMBER

SERVICES

FAMILY PLANNING

PROVIDED AND CYP

MEDICAL CARE SERVICES

ith nurturing a healthy community as one of the organization's key objectives, ACCESS works hard to ensure that vulnerable communities have easy access to quality medical care while also bridging the gap of urban-rural care. ACCESS has established many programs to address the major health problems faced by the community which, among other factors, result from a lack of education around health issues, late disease presentation, and the long distances between communities and health centers. The following resources constitute our efforts to address these issues.

Lifecare Medical Center

n 2019 the organization's Lifecare Center maintained a significant community presence and served a large number of people, with a total of 12,618 patient visits. Over the year we conducted 96 community outreaches, trained 126 community health workers, maintained a community pharmacy, and supported eighteen health centers. In collaboration with U.S.-based organization Construction for Change, ACCESS has constructed a new medical center to expand its current services. The 500-square-meter facility has two inpatient wards, a labor and delivery suite, a laboratory, a phlebotomy department, a pharmacy, a community health unit, an

exam room, and associated administrative offices and records rooms.

With construction having begun at the end of January 2019, the mini-hospital is scheduled to open in January 2020. The project has also provided an opportunity for local women in Nakaseke to receive basic training in construction, thereby promoting women in construction and providing employment to the community. The facility will give women in the community access to quality antenatal services while enabling the ACCESS Family Planning Program to reach greater numbers of postpartum mothers with family planning services.

Robin Smith, construction manager from Construction for Change, planted a tree with the ACCESS team after completion of the construction project.

We would like to extend our support and appreciation to the Erik E. and Edith H. Bergstrom Foundation, The John Gould Foundation, the Grace Edge Construction Team, and the community members who partnered with CFC and ACCESS to ensure successful implementation of this project. We are now ready to increase our service provision to cover greater areas and provide more comprehensive packages of healthcare that would otherwise not have been available in Nakaseke.

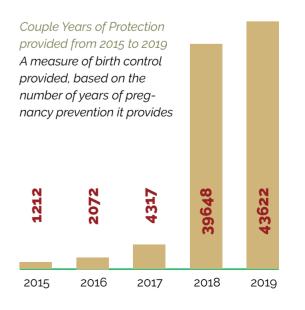
Providing Free Family Planning Services to the Community

he goal of this program is to scale up the family planning utilization rate, improve access to clinicbased services, and provide families with access to family planning services. The program has trained 100 cadres of Village Health Teams (VHT) to provide shortterm family planning services to community members while also refering them to the closest health facilities for long-acting reversible contraceptive (LARC) family planning services.

We have reached out to people in the community through outreach, radio talk shows, static clinics, and working with Village Health Teams (VHTs) who carry out house-to-house visits and referrals.

We have a toll-free number community members can call to receive real-time counseling from ACCESS medical experts. In 2019, a total of 36,248 clients were reached and counselled on family planning services, with over 80% accepting these services. We distributed 107,767 family planning methods including male and female condoms, which generated a total of 43,622 Couple Years of Protection (CYP), a measure that estimates protection from pregnancy provided by contraceptive methods during a one-year period.

Through the Family Planning project, ACCESS has established collaborations with Eighteen government health facilities in Nakaseke District as well as with other local organizations including Reproductive Health Uganda (RHU), Reach a Hand Uganda (RAHU), Kyetume HBC, and Joint Medical Stores (JMS). These collaborations have allowed for the sharing of experiences as well supplies in case we run out of stock. ACCESS has supported eighteen health facilities in Nakaseke, conducted continuous skills training and support supervisions to health workers, and provided medical equipment and family planning methods to health facilities.



ESTABLISHMENT OF NCD CLINICS



Newly Constructed ACCESS Maternal Child Health Extension

ESTABLISHMENT OF

NCD CLINICS

(Noncommunicable diseases clinic)

hrough support from the Else Kröner-Fresenius Stiftung (EKFS) foundation, we have expanded our portfolio in the management of Non-Communicable Diseases (NCDs) in Nakaseke District. In collaboration with the Ugandan Ministry of Health, ACCESS has established NCD treatment sites at Nakaseke Hospital, Life Care Medical Center, and Semuto Health Centre IV.

We have trained and empowered the NCD treatment centers through the training of nurses to take on many tasks that physicians ordinarily perform. We are currently providing care to over 770 patients. We manage hypertension and diabetes at our NCD treatment centers, and have achieved tremendous blood pressure and glycemic controls over the last year of patient follow-up.

We have designed and distributed 7,716 copies of patient education booklets, known as Pocket Doktor booklets, to the community. These booklets explain common NCDs (diabetes, hypertension, and Chronic Kidney Disease in layman's terms, including descriptions of symptoms, treatments, common complications, and when and where to seek help.

We have also trained Community Health Workers (CHWs) in community-based NCD care. Through the community NCD program, CHWs have screened over 4,000 community members for NCDs, mainly hypertension and diabetes. The CHWs referred over 600 NCD clients for further investigation at the Life Care Medical Center NCD clinic.

Through support from EKFS, we have hosted five German and one American student at ACCESS for a global health rotation. Eight Ugandan medical students were trained at the Yale School of Medicine in global health, and eight nursing students at ACCESS School of Nursing and Midwifery were awarded scholarships to complete their nursing education. We are very proud of our new international affiliations and exchange programs.

Provision of Safe Drinking Water to the Community

INDICATOR

Patient visit

CHW trained
Quality of care

Accessible care

Free Care

Health Centers supported

Family planning modalities distributed

Number of people screened for NCDs

Number of NCD patient education

Number of boreholes constructed

Number of NCD patients seen in the clinic

Key Indicators Achieved Through the Provision of Medical Care

Couple of years of protection

NCDs clinics established

booklets distributed

Services in Nakaseke

Outreaches conducted

In rural Nakaseke where resources are limited, the provision of clean water remains difficult. Available water comes primarily from rain collection, wells, and streams. Tap water is limited to town centers, leaving remote areas without access to safe drinking water. Water contamination is very common and results in a high incidence of diarrhea, subsequent acute kidney injury, and mortality, particularly in the very young and old. In collaboration with the Barcelo Foundation, we have provided boreholes so that some remote areas can have access to clean water.

Support for the Elderly (Jajja Project)

ACCESS has continued to support fifty Jajjas, elderly women and men in the community, aged sixty-four years and above as identified by our community village health teams and referred to ACCESS. Often isolated and alone, these jajjas are provided with continuous home visits, continuous medical examinations, and support in the form of a home.

ACHIEVEMENT

95% of our patient can recommend our clinic to a friend

70 preschool children, and 47 OVCs

29.849 FP users reached

To family planning clients, 50 elderly, 60 Vulnerable girls,

12618

18 96

126

107,767

43.622

4000

770

7716

3



Understanding Our Community Through Research

At ACCESS, we have continued to conduct research in the community to better understand the prevailing gaps and possible interventions to address them. Our research has focused on

- Understanding the barriers to uptake of family planning among youth in rural Nakaseke
- ii. Modifying an evidence-based family planning intervention for postpartum women in Nakaseke District (Find out more about our research here).

Through our partnership with the Nuvance Health Global Health Program, we are producing peer-reviewed research designed to inform local policymakers and build the global body of knowledge around community health.

ACCESS BENCHMARKING

International Programs Collaboration and Research Engagements







ACCESS Benchmarking in Lwala Community Alliance, Kenya



Team members of ACCESS visits Lwala Community Alliance in Kenya for a learning visit

CCESS has hosted groups of global health participants under the consortium of Nuvance Health as well as medical students from Charite University in Berlin, Germany. Senior medical students at Ross University School of Medicine (RUSM) and American University of the Caribbean (AUC), Maria Frost, Luke Gray, Shamili Vemulapalli, and Lilian Ameh were hosted at ACCESS from late June to early August 2019. The second group included Ahja Steele from RUSM and Kaysha Ribao from AUC, with placement running from early August to late September 2019. They had the opportunity to intermingle with Matti Casper, Alice Dulling, and Charlotte Pioch, third-year medical students from Germany who spent a month at ACCESS from midlate August to late September/early October 2019.

he global health elective at ACCESS is richly holistic as characterized by clinical, community, conferencing, and other educational forms of learning strategies. Participants experience the diversity of care delivered at ACCESS Life Care Medical Center, Nakaseke Hospital, and the National Health Laboratory Services at Butabika Hospital. They also visit research laboratories in Mulago Hospital, are involved in family planning outreaches, participate in home visits for patient follow-ups, and observe a bonesetter and traditional healer, among other local healing modalities.

team of five ACCESS staff visited Lwala Community Alliance in Kenya to learn about Lwala's communitybased models, specifically the ways in which Lwala integrates community health workers into medical care and how they continue great programmatic performance in an economically sustainable way. The ACCESS team visited Lwala with the intention of forming a long-lasting collaboration for continuous learning and development of the adopted models, and returned with knowledge and new programming strategies that are now being implemented in Nakaseke. women and 2,172 men received family planning services in 2018. Below are some of the details of the services provided to the community:

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ACCESS COMMUNITY STORIES

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Meet OVC Nakibirige Peace



Nakibirige Peace is one of ACCESS supported orphans. Frank Kigozi is currently in senior four and is one of the first OVCs to be supported by ACCESS.

Meet OVC Seliiso Frank Kigozi



Margret is one of our outstanding VHTs.

Meet our Village Health Team Member Namusoke Margret



ACCESS Community Stories

aving lost her mother to HIV-AIDS, ACCESS could not have come in at a better time than when it did for Peace. Now five years old, Peace was identified by ACCESS social worker Resty on one of the days she was visiting the villages. Resty was informed that Peace had just moved to her grandmother's home after her mother had passed away due to HIV-AIDS and excessive alcohol intake. She later found that Peace was struggling with school attendance because her grandmother of fifty-five years now had four children whom she could not support with a meager income gained from selling alcohol. Nakafeero Florence, our community health worker from the Kisango area, later confirmed that Peace was also living with HIV-AIDS and no one knew who her father was because her mother was inebriated when she became pregnant.

Since ACCESS intervened in Peace's life in May 2018, her quality of life

has greatly improved. ACCESS now supports her with school fees, scholastic materials, and medical care in and out of school. We have also enrolled her in the HIV-Care Clinic where she receives regular medical care. Resty visits her at least once every month to speak with her and her teachers for updates on how she is performing academically and the ways in which she can be supported.

During holidays, she comes to the Life Care Medical Center for a medical check-up and to interact with other children we support. This connection helps build a lasting bond. Peace's three siblings are programmatically categorized as "sub-index," which indicates that though we do not provide them with the entire support package, we do provide them with medical support and counseling while providing their guardian with training in an income generation project in the form of a garden, a project we believe will help

the family generate enough income to support the other children in approximately three years from now.

rank is from Kasagga, a village in Nakaseke. When ACCESS first met him, he and his family were living in extreme poverty and could not meet their basic needs. ACCESS has now supported Frank for seven years. He receives a comprehensive school package that includes school fees, scholastics, and counseling.

ACCESS also provided Frank and his family with an income generating activity in the form of a piggery project, through which they were able to sell some piglets and buy a bull. The piglets also enabled the family to generate some income to meet their basic needs.

Frank is HIV positive and has suffered from a skin condition since infancy. We are inspired by Frank's hope

and determination. He performs extremely well academically despite struggling with bullying and isolation at school, a testament to his ability to remain hopeful in the face of adversity.

With a love for biology and mathematics, Frank wants to pursue a career as a doctor as well as acquire counseling skills so that he can help children build self-confidence while also supporting his family

ne of our most highly performing VHTs, Margret has been with the ACCESS family planning project since 2017. She is exceptional in counseling and advising youth to take up family planning methods. Most of our youth loves her because of her friendly and supportive demeanor.

Margret is grateful for the FP program for giving her the opportunity to help her community. Among her many stories of kindness is her relationship with Angel, which started with her relationship with Angel's mother, a destitute woman with a mental illness whom Margret took care of. When she was impregnated by an unknown man and gave birth to a baby girl, Angel's mother was unable to recognize Angel as her own daughter.

Margret decided to take Angel in and care for her. Today, Angel is seven months old and Margret sees her as her own daughter. It is through the incentives that she receives from the Family Planning Program that she can provide the necessities for this newborn.

FINANCES

Pie Chart showing financial contributions to the three ACCESS implementation strategies

FINANCES

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Graph showing ACCESS Revenue by Financial Year

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Meet the ACCESS Team



Dr. Robert Kalyesubula President ACCESS



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MEET THE ACCESS TEAM

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