



ACCESS 2020

ANNUAL REPORT





*Above:
Our Homeland in
Nakaseke*

*Cover page:
Homeschooling in
Nakaseke*

CONTACT PERSON:

Dr Robert Kalyesubula

Tel: +256704442700 | +256772442700
Email: rkalyesubula@gmail.com
robertkalyesubula@accessuganda.org
Website: accessuganda.org



EXECUTIVE SUMMARY

C OVID-19 devastated the world in 2020 and ACCESS Uganda was no exception. Despite these trying times, with support from our partners we continued providing medical, education and economic empowerment solutions to our beneficiaries in rural Nakaseke.

We continued our support to 500 OVCs, 50 elderly women and men, 180 nursing and midwifery students and 61 preschool children. We provided 150 women with small start-up income projects, conducted 3,154 laboratory tests and 2,511 immunization visits. Even in the midst of the lockdown our clinic did not close down a single day and was able to provide services to 4,142 patients. We quickly adopted our approach to handle the pandemic by working with Nakaseke local government.

W e immediately trained 40 new community health workers and retrained our existing (100) community health workers (CHWs) using the WHO and community Health Impact Coalition (CHIC) guidelines.

We were thus able to mitigate the impact of COVID-19 by offering 60,574 family planning services through community outreaches, the static clinic and village health team community distribution. The CHWs are proficient in-patient education, identification, linking, referring and following-up with pregnant women and children under five (5) years for immunization and medical care.

In a bid to keep the ACCESS supported children learning actively during the pandemic, we managed to distribute 84 radio sets and distributed 2,196 educational materials to the homes of our beneficiaries. We set up a food rescue program to support the children and vulnerable women whose families were struggling.

O ur staff made great sacrifices, embraced the challenges of working from home and innovated in ways that made the ACCESS spirit thrive. In this report we share both the stories of our beneficiaries as well as the decisive leadership innovations that were taken by our team members, the board of directors and other leadership organs within ACCESS to ensure that we continue to support vulnerable women and children from rural areas.

Executive Summary	3
A Word from the Directors, Uganda	5
Message from the ACCESS Board Chairperson	6
Communication from Partner for ACCESS (PFA) USA	7
1. INTRODUCTION	8
2. HEALTH	9
2.1. Objective for Health	9
2.2. Key Performance Indicators for Health	10
2.2.1. Maternal Health	11
2.2.2. Child Health	12
2.2.3. Sexual and Reproductive Health	13
2.3. Balamu Non-Communicable Diseases Clinics	14
2.4. Lifecare Laboratory Services	15
2.5. Our Response to COVID-19 Pandemics	16
2.5.1 Our District Response	16
2.5.2 Our Community Response	17
3. EDUCATION	18
3.1. Key Performance Indicators for Education	19
3.1.1. Early Childhood Development Program	19
3.2. Orphans and Other Vulnerable Children (OVCs)	20
3.3. ACCESS School of Nursing and Midwifery (ASNM)	21
3.4. The Dream Girls' Program	22
4. ECONOMIC EMPOWERMENT	23
4.1. Key Performance Indicators for Economic Empowerment	23
4.2. Micro Financing	24
4.3. Tree Planting	26
4.4. ACCESS Income Generating Activities	26
4.4.1. The ACCESS Piggery Project	26
4.4.2. The ACCESS Goat Farming	26
4.4.1. The ACCESS Fish Project	27
4.5. ACCESS Income Generating Activities	27
4.5.1. Community	27
4.5.2. Borehole Project	27
5. STORY FROM THE COMMUNITY	28
Meet Katwesigy Prossy one of the ACCESS OVC beneficiaries	28
6. STAFF SPOTLIGHT	29
Nakayima Resty, Social Worker	29
7. FINANCES	30
ACCESS 2020 Financial Summary	30
2020 Individual Donors	30
Donors	31
Program partners and Sponsors 2019/2020	31
8. MEET THE ACCESS TEAM	34
Imprint	35



Sewanyana James, Katali Estherloy and Dr. Robert Kalyesubula

A Word

from the Directors, Uganda

We would like to appreciate you for your unwavering support to ACCESS. What began as a rumor of a few deaths in China, soon came to haunt us as a nightmare for the whole world. We were ill prepared! Due to uncertainties around COVID-19, the initial predictions where that Africa would be annihilated by the pandemic because of the poor health infrastructure. As such, there was a lot of fear and many reflex decisions where taken. There never was a time in history where every country had such uncertainty and autonomy to justify their decisions. Without evidence and with little guidance from the international bodies, we were left to our own devices. When the giants where stuck, fear intensified within our communities engulfing the little hope that we have always held.

The fear of losing financial support from the believers of ACCESS' mission due to constraining global economic changes and to the COVID 19 pandemic was palpable. Everyone was vulnerable and feared for their loved ones and the closer communities in which they lived. Indeed, we lost a few of our sponsors but we also got some new ones. In spite of all the challenges, we are very grateful to our sponsors, our staff, the leadership of Nakaseke district and governing council for keeping us relevant in these tumorous times.

As it is often said, "where there is will there is a way" ACCESS together with our partners managed to keep the programs running. As you will be reading in this report. We engaged the community through sound leadership and found amicable

ways to reach out to the last mile where the most vulnerable families are found. We made sure that we reached out to the children who were out of school for close to a year. We supported women whose businesses had closed down and established online training programs to keep our Nursing School students learning. These and many other changes made it possible for us to achieve most of the planned activities for the year 2020.

We thank you all for your contribution.

Dr. Robert Kalyesubula
President, ACCESS, Uganda

Ms. Katali Estherloy
Managing Director, ACCESS, Uganda

Mr. Sewanyana James, Director,
ACCESS, Uganda



Dr. Fred C. Semitala

Message

from the ACCESS Board Chairperson

I once again take the opportunity to congratulate the management, staff and other stakeholders, for a job well done at the African Community Centre for Social Sustainability (ACCESS) during a very challenging 2020. Of note, ACCESS has maintained a positive influence on the vulnerable communities in the fields of health, education and economic empowerment. This has been so even in the face of significant budgetary cuts largely resulting from the COVID-19 pandemic.

Although some of the health performance indicators for example, antenatal attendance, did not hit the target, others such as routine immunizations far exceeded the set target. In addition, a 40 % increase in the number of patients receiving services from Nakaseke Life Care Centre in 2020 as compared to 2019, is a clear testimony of undeterred growth and a central role that

ACCESS plays in the community. It is my strong belief that 2021 allow ACCESS to improve performance in the areas where we did not excel and bring forth innovations for additional services to the community.

On behalf of the Board of Governors, I commend the management at ACCESS for the perseverance and frugality that they have demonstrated throughout 2020.

I hope the readers of this report will be inspired to contribute to the vision and mission of ACCESS in any way possible.

Sincerely,

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



Janice Levin



Erin S Nahrgang

Communication

from Partner for ACCESS (PFA) USA

I continue to be impressed by ACCESS's commitment to its community, despite overwhelming odds. The team's resourcefulness in corralling support and continuing to provide services during the pandemic is laudable, and we in the US are deeply indebted to the dedication of the leadership team.

There is a contagious spirit of faith and perseverance that permeates the ACCESS family, which gives me confidence that it will not only survive, but prevail no matter what the obstacle. I am so proud to be a part of the team.

Janice Levin, PhD,
Founder, Partners for ACCESS

I am honored to continue to be a part of ACCESS. Over the years, ACCESS has proven itself as a cornerstone of healthcare and support in the Nakaseke community, and this has been truer during the COVID pandemic than ever before.

I am inspired by the commitment of ACCESS to the people of Nakaseke, their knowledge and responsiveness to the needs of the community during this challenging time, and their unwavering support to their mission. It is my sincere hope that despite having to reduce some activities in 2020, ACCESS will emerge from the COVID pandemic stronger than ever with renewed energy and growth as an organization.

Erin S Nahrgang, RN
Executive Director, Partners for ACCESS



Pregnant women waiting to receive medical services at an outreach

1. INTRODUCTION

The African Community Center for Social Sustainability (ACCESS) is a community-based organization in the rural community of Nakaseke district Uganda. It was founded on the premise that everyone has a right to a healthy life.

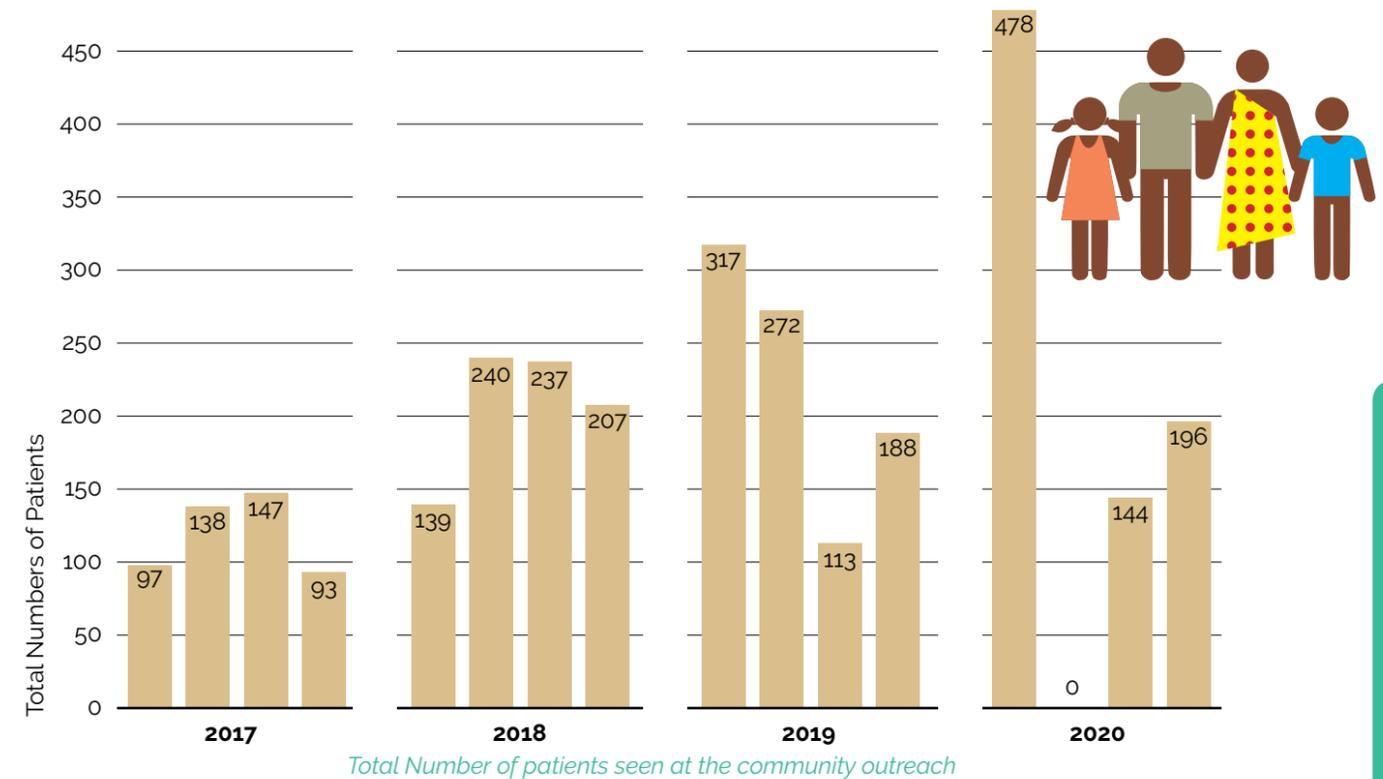
Our mission is to work with vulnerable people in resource limited settings through the provision of medical care, education and economic empowerment to create a long-lasting change that is owned by the entire community.

We focus our attention on improving the activities to support orphans and other vulnerable children (OVCs), provide medical care, education and conduct research to improve the welfare of the people we serve.

Despite the global impact of COVID -19 on different organizations and the world,

ACCESS stood the test of time and sustained its activities as it was envisioned for the year 2020. We have managed to impact the community positively with change that is visible, felt and recognised by the entire community. We undertook several innovative interventions to maintain the delivery of services to our beneficiaries through this period, elaborated below.

Additionally, this report details the community impact ACCESS has had in the areas of health, education and economic empowerment.



2. HEALTH

2.1. Objective for Health 9

Uganda faces the challenge of having a limited health work force. The gaps in healthcare are most glaring in rural communities like Nakaseke. This shortage currently stands at an overwhelming one doctor per 25,000 people (compared to 1 per 390 in the U.S.) and one nurse per 5,000 people. Fifty-seven percent (57%) of the 49 parishes in Nakaseke have no healthcare facility at all. Forty five percent (45%) of the population must walk more than 5 kilometres to access a health facility.

We work through the ACCESS Lifecare Centre to ensure that the community has access to free and subsidized quality medical services. During the current uncertain times, our medical centre remained at the forefront of service provision while protecting its health workers. We took on a leading role with Nakaseke district setting an example to other facilities in combating COVID-19 and providing quality medical care. We provided services to 4142 patients that made over 9,000 visits to our medical centre.

INDICATOR	TARGET	ACHIEVEMENT
	3600	4142 (115%)
# of Outreach patients	600	818 (136%)
# of community Outreaches	96	72 (75%)
# Family planning services provided	70000	60574 (87%)
# Lab patients	2000	1510 (76%)
# of Lab tests done	5000	3154 (63%)
Average patient wait time	45min	30 min (133%)
# of women in Antenatal clinic	120	45 (38%)
# of women completing all 4 Antenatal Visits	120	22 (18%)
# of mothers delivering in the health facility	120	14 (12%)
# of visits for immunization for children (0-5 years)	2000	2511 (126%)
# of CHWs trained and attached to the Facility	125	125 (100%)
# of CHWs offering integrated MCH services	30	30 (100%)
# of referral of pregnant women by CHWs	120	30 (25%)
# of CMEs done	96	48 (50%)
# Radio talks	96	44 (46%)



A team of Community Health Workers trained in Maternal and Child Health

The year 2020 came with a lot of challenges but we were able to provide services to 4,142 patients who made over 9,000 visits to the medical centre. This was a 39% increase in the total number of patients served at the medical centre in 2019. This is a direct result of having the newly established ACCESS laboratory, which attracted people to come for laboratory tests and medical care.

Our medical centre expanded to include a new wing with 8 beds, a moderately equipped laboratory, pharmacy, records room, doctor's rooms and drug store.

We conducted seventy-two (72) community outreaches reaching a total of 818 patients. This was a 9% decrease in the total number of patients seen at an outreach in 2019. The reason for the decrease is because community gatherings needed to stop during the second quarter of the year 2020 and we did not conduct any outreach.

Open air outreaches resumed in the third and fourth quarter of the year following the established national and WHO COVID-19 standard operating procedures (SOPs).



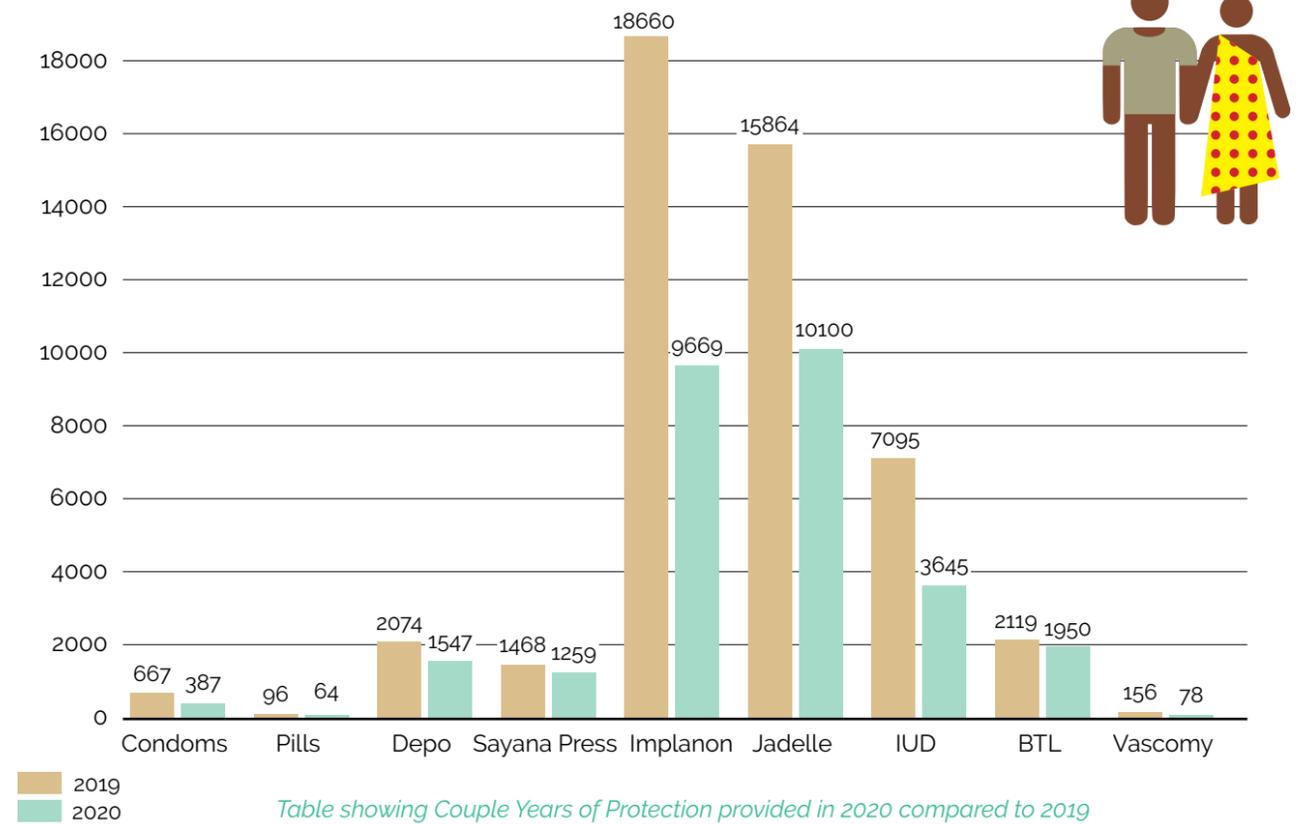
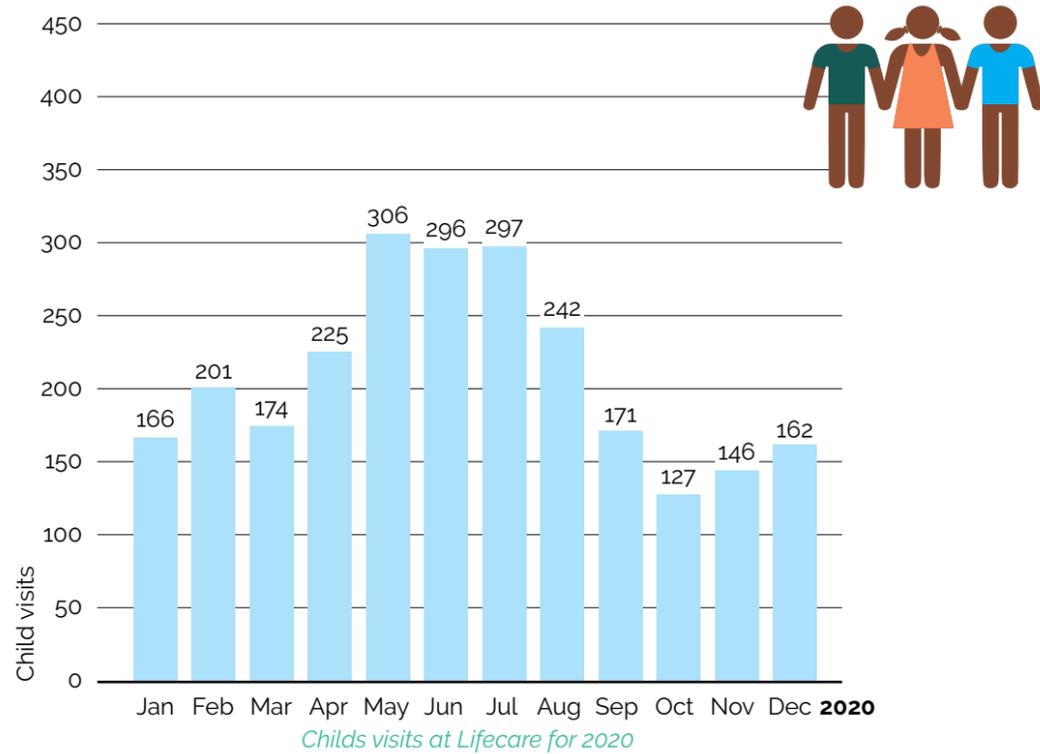
ACCESS was awarded a two-year grant from Izumi Foundation and a 6 month grant from the Gould Family Foundation to integrate and scale up maternal child health services by CHWs, in hopes of improving mother and child outcomes in Nakaseke district.

We are on the journey to ensure that every pregnant mother in our community deliver with the help of a skilled medical provider. To ensure this, we have trained forty (40) community health workers (CHWs) in provision of maternal and child health services.

Through our community health workers (CHWs), we have mapped a total of eighty-three (83) pregnant mothers in our community, these have been linked to ACCESS Lifecare and are closely monitored and followed up by the CHWs in the community. We have conducted fourteen (14) skilled deliveries and referred nine (9) mothers for caesarean section to Nakaseke Referral Hospital.

We have identified thirteen (13) traditional birth attendants (TBAs) that will be trained and encouraged to refer pregnant mothers to the skilled service providers at the Lifecare Centre.

Nakiyaga Birungi Lois, Senior midwife



We train our CHWs to ensure that every child under five years is vaccinated. They conduct household visits and check the child's health card against their national immunization schedules. If the child is identified to have missed any vaccine, they are referred to the ACCESS Lifecare Centre. Data is collected from every community health worker on a monthly basis to ensure that every child has been followed up appropriately by the CHW. On average, ACCESS Lifecare Centre vaccinates 210 children on a monthly basis.

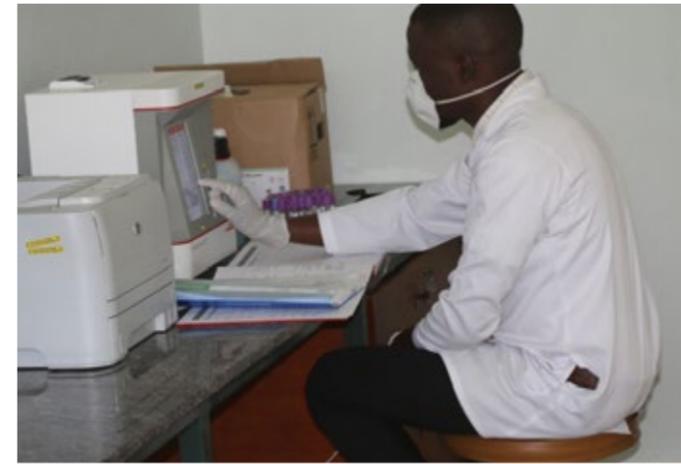
We managed to provide 28,777 Couple Years of Protection (CYP) in 2020, which is a 34% decrease from the total provided in 2019. CYP is a measure of birth control provided, based on the number of years of pregnancy prevention it provides. The major cause of the decrease of the CYPs in 2020 is the non-renewal of our three-year grant with Erik and Edith Bergstrom Foundation which caused the reduction in the number of active CHWs in the community. This was further worsened by the Covid-19 pandemic.

We conducted 19 sexual and reproductive health outreaches reaching 466 clients, and conducted 60 support supervisions and spot checks. When the government implemented a national lockdown, community outreaches halted and diverted all the efforts toward empowering the community health workers (CHWs) to continue community distribution following the WHO and national COVID-19 safety guidelines. During the distribution of sexual reproductive health services, our CHWs also conducted COVID-19 community sensitizations working closely with the district COVID - 19 taskforce.

CHW community distribution of condoms and injectables decreased at the rate of 36% and 21% respectively compared to the total distributed in 2019, due to the reasons stated above. The other contributing factor was the limited mobility of people to meet the community health worker distributors (CHWs) due to the lockdown restrictions. Most CHWs distributed condoms and injectables during market days and community gatherings / functions.



Sewanyana James giving Patient Education at Nakaseke Clinic



Inside the Laboratory

To combat the rise of non-communicable diseases (NCD) in our communities, ACCESS established three centres of excellence for patient centered care and non-communicable disease management in Nakaseke Uganda. The project aims at building synergy between patient-centred health care delivery, research, and medical education in the Nakaseke district.

Three NCD clinics were set up, at ACCESS Lifecare Centre, at Nakaseke Hospital, and at Semuto HC IV, where NCD patients continued to receive care in the community through the weekly health facility-based care. Our weekly clinics see an average of 700 patients per month. In these clinics we offer health education on NCD management and the risks associated with untreated NCDs.

In 2020, ACCESS obtained a three-year grant from Else Kroner Fresenius Stiftung which will support the development and assessment of community health worker (CHW) – delivered NCD treatment. To achieve this objective, we will develop a multi-level, community-based model of NCD care using CHWs, and assess the feasibility, acceptability and appropriateness of this model. Using this opportunity, we will estimate disease incidence, evaluate implementation of community-based model of care through reduction in premature morbidity and mortality from NCDs, and model outcomes over the lifetime of individuals in Nakaseke.

Additionally, we will collaborate with the Nakasake local government and the Uganda Ministry of Health to develop and sustain a digital infrastructure in hopes of improving the quality of care and capacity in Nakaseke.



balamu
NCD Research,
Education & Care



Dennis Ndirugendawa Clinical officer and Prossy Nabbumba Midwife

We opened the ACCESS LIFE CARE CENTRE LABORATORY (LCCL) on 6th March 2020 and by 31st December 2020, we had conducted 3,154 tests. Some of the most requested tests include; CBC, B/s urinalysis and others. The establishment of this laboratory has helped the community members access laboratory services at a low price, since tests that were normally done in Kampala are now available at LCCL.

Through the laboratory we have noted that most of our patients present with anemia (low blood levels) and we are looking for ways to study this condition further as we currently manage those who are sick. We are looking at all possible opportunities and collaborations to upgrade and promote the laboratory to provide more services to augment what is currently being provided.



Health Workers Protection at the Center of service provision



Triage at ACCESS Lifecare centre During COVID-19

2.5.1 Our District Response

With 33,360 confirmed cases and 245 deaths in Uganda by 15th December 2020, COVID-19 poses a threat to Uganda's health system, delivery of essential health services, and the wellbeing of our communities and beneficiaries.

ACCESS advocated for essential actions at district and community levels to save lives. We were proactive in shaping our response based on current best practices from the World Health Organization and Uganda Ministry of Health.

ACCESS worked with Nakaseke district taskforce and supplied personal protective equipment (PPE) to 100 community health workers who helped to educate and distribute 7,838 educational and communication (IEC) materials in the community. Our CHWs distributed 46,462 condoms, 963 pills, 11,223 injectables, referred 6,477 women for long acting reversible contraceptives (LARCs), and put 162 women and men on permanent family planning (FP) methods that included 150 female sterilization and 12 male sterilization services.

We supported the office of district health educator (DHE) to communicate COVID -19 guidelines and SOPs to the public by sponsoring twelve radio talks and by aggregating feedback from the public through our toll-free number and community health workers. Over 200,000 people from the greater Luweero triangle were reached with the messages.

2.5.2 Our Community Response

Our response focused on the following goals: protecting health workers, interrupting the spread of the virus, maintaining essential health services, and shielding the most vulnerable from socioeconomic shocks.

- **We trained and provided** personal protective equipment (PPE) to our health workers who were tasked with supporting screening at the facility.
- **We spearheaded** the distribution of facemasks and sensitization on COVID-19 safety precautions and good handwashing habits in our community.
- **We distributed** food packages to vulnerable families whose business closed due to the lockdown.
- **ACCESS enabled** orphans and other vulnerable children to continue learning through provision of radio sets to families that lacked them so that they can access the national radio learning.
- **We introduced and trained** home gardening to families to promote nutrition of children and the elderly in the community.
- **ACCESS procured** bulk quantities of medicines, sundries and other commodities to maintain our medical stock and support partner health facilities in times of need.
- **We conducted** radio presentations and phone communications about COVID-19 safety precautions to our beneficiaries and community health workers.
- **We ensured** that mandatory temperature checks were conducted by a security personal using an infrared thermometer. From this point patients were screened in order to determine whether it was safe for a person to enter the clinical environment for non-COVID treatment.
- **The waiting area was rearranged** so as to ensure all patients waiting for care are at least four meters apart from each other.
- **We also ensured** that both our medical and non-medical staff had all the necessary protective equipment and conducted daily spot checks to ensure consistent usage. We also intensified handwashing and infection prevention control measures at the facility for both health care workers and patients.



The construction of the preschool building

INDICATOR	TARGET	ACHIEVEMENT
# of preschool children supported	60	61 (102%)
# of Index OVCs supported	60	47 (78%)
# of Subindex OVCs supported	445	453 (102%)
# of dream girls Supported	60	60 (100%)
# of nurses & midwives at ASNM students	250	180 (72%)
# of full fee payers at ASNM	220	99 (45%)
# of partial fee payers at ASNM	20	20 (100%)
# of free tuition students at ASNM	10	10 (100%)
# of ASNM students provided with Adolescent sexual reproductive health services	210	180 (86%)
# of New primary sponsorships	5	5 (100%)
# of New secondary sponsorships	2	2 (100%)
# of Radio sets distributed	500	84 (17%)
# of home work materials distributed	500	2,196 (439%)
# of CHWs trained	125	125 (100%)

On 18th March 2020, all Ugandan schools were closed as a measure to curb the spread of corona virus in the country. Accordingly, all of ACCESS's educational programs were stopped, which curtailed our prime directive to support OVCs attaining quality education, and training of nurses and midwives. During this time of the lockdown, the organization devised innovative ways to ensure that our children continued to remain engaged in learning remotely during this devastating period.

3 EDUCATION

One of the core activities of ACCESS is support for orphans and other vulnerable children (OVCs). OVCs have largely been marginalized more so in rural areas with rampant school dropout and poor access to basic services. In the Nakaseke district, 110,505 (56%) are aged 0-19 years and 10,387 (9.4%) are orphans, while 43% are considered to be vulnerable. Over 7% (2632/36,070) of children between 6-12 years do not attend school. Close to 60% (18848/31686) of the children below 5 years have no birth certificate



Preschool block under construction

3.1.1. Early Childhood Development Program

Each year we graduate over 20 children in our early childhood development program and a total of over fifty (50) children have graduated to date. Currently we have a total of 61 children in the program who we support by providing weekly home work to children in their home. The organization has worked closely with our children's teachers to set and mark weekly home work for children, which has helped to keep children academically engaged. The home work is delivered to the children's home by the help of the ACCESS social work department, and finished work is collected for marking. The child's parent/guardian helps the child to complete the given exercise before it is picked up. This has helped parents to appreciate the value of education as well as improve devotion to supporting their children through education.

Following the survey that was conducted in Q4 2019, 98% of the parents wanted ACCESS to establish a full-time learning program for their children from Monday to Friday. Through the leadership and support of Grace's Promise and the Herrick family, ACCESS obtained starting funds to construct a permanent structure for the early childhood development program. Currently the construction of the early childhood development centre is underway and we hope that by the time the government permits all schools to resume, our centre will be ready to recruit students. The one floor flat structure will be able to accommodate 80-day students, while continuing to operate within COVID -19 guidelines.



Parents and Guardians of children clearing land and planting food for children



"OVCs receiving Scholastic materials at ACCESS"



ASNМ candidate students in class after the reopening of the schools observing the SOP



Certificate of Compliance

In preparation to open the newly constructed early childhood development centre, we embarked on a food production project in order to increase the self-sustainability of the centre. The organization identified and allocated a parcel of land to the centre where we worked with parents and guardians of the children to clear the land and plant food. Our hope is to feed the children with this food, thereby minimizing the expense.

ACCESS exists to support marginalized people with a special focus on OVCs. These vulnerable children are given the opportunity to attain quality education up to university level. OVC's are divided into two categories; the index and subindex. We have managed to maintain 47 OVCs on index and 453 OVCs on the subindex category. The Index receive full education packages that include school fees, tour fees, uniforms,

scholastic materials, counselling and school visits. The subindex receive a partial education package that include scholastic materials, counselling and school visits.

Not all of these families had the capacity to own a radio or TV set. In order to keep these OVCs learning and engaged, the organization provided them with 84 radio sets that were used to access the government schedule of radio and TV learning for all students. Nearly 2,200 copies of notes on different subjects were printed and distributed to our OVCs in the community.

To date 52 OVC families were provided with seedlings to grow vegetable gardens at their home to improve nutrition. The organization also distributed food packages to 216 OVC families that were badly affected by the pandemic.

In order to monitor the well-being

of our OVCs, the social work department work closely with the village health team (VHT) to visit and conduct phone calls to the families with our OVCs. During this COVID-19 and lockdown period, we identified that one of our OVC children who is at a university level, got pregnant at home. It was a trying moment for her and her family. We had supported her from the primary to university level, and it was not time to let her go before completing her education. With continuous visits and counselling, our social worker managed to reconcile the situation between the child and the guardian. She gave birth to a baby girl and we plan to take her back to university to complete her education as soon as the universities resume.

The ACCESS School of Nursing and Midwifery Institute started the year 2020 with 150 students before the outbreak of COVID-19. Students received their hospital practice for eight weeks at Nakaseke General Hospital or didactically in block study. These activities of hospital practice, block study and recruitment of new students were interrupted by the COVID-19 pandemic and all the students were sent home before completion of the semester's curriculum.

As a means to encourage continuous learning, ASNМ worked with student tutors to compile notes for students for all the classes, which were distributed over email for students to view on their own time. In addition, a WhatsApp group was formed for the students to ask questions and receive real time responses from their tutors. In order to achieve a real classroom feeling, the school

tried unsuccessfully to use online meeting platforms such as zoom, however the technological obstacles were too difficult to overcome. Most students lacked accessibility to necessary devices and parents also lacked funds for internet connection. We hope to setup a virtual learning centre where educational materials can be accessed by all students. Unfortunately, the lockdown and closure of the school disproportionately affected the income and activities of the schools, which forced the school management to make drastic changes that included:

- Salary adjustments
- Laying off staff as unpaid leave until the school resumes.
- Using the remaining funds to stock food for students when school resumes since prices were skyrocketing for every item.

The lockdown was lifted in phases throughout the country and in August 2020, only candidate (finalist) classes were allowed to reopen. After implementation of the recommendations and setting up standard operating procedures (SOPS), ACCESS School of Nursing and Midwifery (ASNМ) was given a certificate of compliance and on 28th / 09 / 2020, and the school started receiving finalist students (for set 4 and set 5).

Although it was challenging to reopen and be in compliance with the Ministry of Health's standard operating procedures (SOM's), the ASNМ managed to obtain a full registration certificate of the school (after 5 years of pursuit), appoint new members of the school governing council, and successfully maintained learning for students by providing study materials.



Dream girls knitting sweaters

The Dream Girl program supports vulnerable girls who are married, formerly married and at-risk. Each year we graduate sixty (60) girls in batches of thirty (30). We provide them with vocation skills in hairdressing, tailoring, sweater knitting and basket making, as well as in facemask tailoring, bar soap and liquid soap making. We believe that with these skills, the young girls can work to support themselves and their families, which can spur economic development in the community and the nation.

This year we concentrated on training one batch of thirty (30) girls who were recruited at the beginning of the year. As expected, this program was also severely affected by the lockdown and its impact on the vulnerable communities. Out of thirty (30) girls, two girls are reported to have become pregnant during the lockdown. However, they are also still continuing to train with other girls to

complete their vocation training. The Social Worker has worked closely with these students, counselled them to improve their self-esteem and encouraged them to return to school and complete their training.



Basket Making Classes for the Dream Girls

INDICATOR	TARGET	ACHIEVEMENT
# of community women provided with income generating projects	60	150(250%)
# of farms/income generating demonstration centre setup	3	3 (100%)
# of new funders / partners	10	2 (20%)
# of boreholes commissioned	5	5 (100%)
# of trees planted	70,000	50,000 (83%)
# of financial literacy workshops	5	2 (40%)
# of households getting three meals a day	100	87 (87%)
# of households with radio set	100	64(64%)
# of Jajjas (Elderly people) and preschool children's mothers provided with income generating projects	110	50(83%)
# of expert, board meeting for strategic planning	4	4 (100%)
# of times IGA projects are followed up	12	9 (75%)

Key Performance Indicators for Economic Empowerment

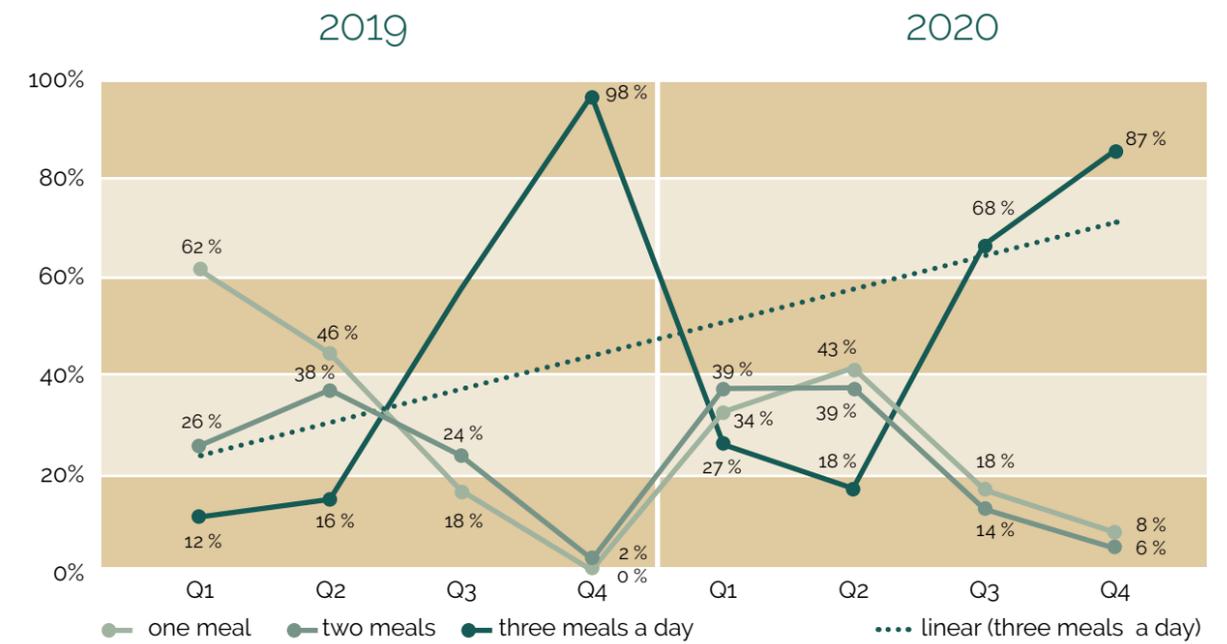
4 ECONOMIC EMPOWERMENT

Uganda remains among the poorest nations in the world despite reducing its poverty rate. In 1993, 56.4% of the population was below the national poverty line, this decreased to 19.7% by 2013. ... Recent years have seen poverty headcounts increase in eastern, western and central Uganda. 87.80% people in Uganda earn less than US \$5.50 per day.

We support vulnerable families to achieve a certain level of self-sustainability through provision of income generating activities (IGAs) and interest-free loans. These are monitored by the help of the committed cadres of village health teams (VHTs) and the social worker department. Due diligence is done to ensure that each family is pulled out of total poverty. We use the internationally recognised poverty assessment tool called the Poverty Probability Index tool (PPI) to assess the progress of the family. We strongly believe that when an individual is self-sustainable, they can educate their children, provide basic needs for their family and access quality medical care which can spur social-economic development.



One of the beneficiaries of the micro finance



Time trend for meals eaten in vulnerable families for 2019 and 2020

Through the collaboration with WWK (With Women Kisoboka), we provide micro business loans to vulnerable women. Small business owners use the interest free loan to start or boost their business and make loan payment at their own pace. The repayment is based on what the business can afford to return. On completion of the loan, another loan is awarded which is twice the previous amount taken. This is done to ensure that the business grows from one level to another.

Due to COVID restrictions, twelve percent (12%) of the women's businesses closed during the lockdown. Among the closed business; 7% were small scale vendors, 3% were salons and 2% bar-business. Ten percent (10%) of the women's businesses were repurposed from the activities that were closed to other operational business in the

community as shown in the table below. This highlights the resilience of our communities and their willingness to adopt for survival.

Initial Business (closed activities)	Repurposed to (acceptable activities)
Small-scale vendor	Piggery
Small-scale vendor	Bee Keeping and Poultry
Small-scale vendor	Piggery
Rearing Livestock: SNACKS	Home gardening
Small-scale vendor	Bee Keeping
Small-scale vendor	Bee Keeping
Salon business	Bee Keeping
Bar - Business	Bee Keeping
Small-scale vendor	Piggery
Small-scale vendor	Tailoring

Seventy-nine percent (79%) of the women's businesses continued operating with the initial registered business endeavour. These businesses operated following the national COVID - 19 standard operating procedures.

The pandemic had obvious and immediate effects to our community members and their families. For example, at the end of quarter four in 2019, 98% of the women provided with micro-finance loans were eating three meals a day, but by quarter two 2020, the percentage of households eating three meals a day had dropped to 18% of households among the women receiving nano finance loans. This was brought about by the COVID - 19 pandemic and its associated impact to the rural poor who live hand-to-mouth.

During the lifting of the lockdown, 45 women were also provided with micro-finance loans, bringing the total 150 women to have received micro finance funds. In response to COVID-19, all financial literacy workshops and the weekly loan collections were halted during the lockdown. We provided food packages to mothers, trained mothers in apiary and briquettes making for cooking.



ACCESS Goat Farming

ACCESS Piggery Project



Nsamba Marvin, one of the OVC that got an income generating project

ACCESS Fish Project



ACCESS Managing Director Commissioning a borehole in Nakaseke

In collaboration with Tree Adoption Uganda (TAU), we have been able to plant over 50,000 trees in rural Nakaseke. The trees are managed by the OVCs families and they are meant to be sold in the future to support the education or entrepreneurship for children in the family as they transition into adulthood. Landscape restoration activities, including tree planting and agroforestry, improve small farmers' resilience to climate change and supports economic empowerment of vulnerable families in the community.

ACCESS Uganda encourages self-sustainability for all our beneficiaries. In the first stage, ACCESS beneficiaries elect a social enterprise, and then participate in education in one of ACCESS demonstration projects. Once they have attended training, they receive start-up funds and supplies to pursue their social enterprise. The goal of access income-generating activities is to achieve self-sustainability for the families after the initial start-up period. These demonstration projects are managed by ACCESS staff whose duty it is to ensure the enterprise generates income to support funding these community programs.

4.4.1. The ACCESS Piggery Project

The project started in July of 2020 with a total of five (5) Camborough piglets (two (2) boars and three (3) sows). The sows are expected to give birth to offspring twice a year to a minimum of 12 piglets. This demonstration farm teaches community members the required skills and training to rear piglets to be sold at market, and as a source of food for the families.

4.4.2. The ACCESS Goat Farming

We started with ten (10) goats and we plan to multiply these to reach a total of 1,000 goats on our farm. This is also a demonstration farm where community members are getting skills in goat rearing.

4.4.3. The ACCESS Fish Project

The ACCESS fish farm was started as a demonstration farm for the community members to gain skill in fish farming, and a source of income for ACCESS to be used to finance community activities such as paying school fees for the orphans and other vulnerable children (OVCs).

4.5.1. Community Income Generating Activities

Nsamba Marvin, one of the OVC that got an income generating project We have provided income-generating projects in form of pig rearing, goat rearing and poultry farming to vulnerable families in the community. To date a total of 50 households have benefited. These families keep the animals and they multiply them to ensure that the project expands. Our village health teams (VHTs) are vital in working closely with the social worker department to monitor the progress of the projects.

4.5.2. Borehole Project

ACCESS Managing Director Commissioning a borehole in Nakaseke The borehole project enables communities' access clean drinking water, we have constructed five (5) boreholes in the community. During the uplifting of the lockdown, we managed to commission these boreholes and officially handover the responsibility of the boreholes to the committee selected by the community members. Access to clean water improves family health.



ACCESS OVC beneficiary Katwesigye Prossy



Resty (in Pink-top) visiting an OVC home

5. STORY FROM THE COMMUNITY

6. STAFF SPOTLIGHT

After Prossy's father died, her mother could not provide her with basic needs. Later on, Prossy's mother abandoned her. Prossy was left with her grandmother who was already struggling to take care of other grandchildren. One of our community health workers got to learn about Prossy's predicament and requested the ACCESS team to take Prossy into their care which they did.

Today Prossy is 13 years old and in the last 4 years, Prossy has received quality education, medical care, received economic empowerment support, counselling and guidance from ACCESS through the support of her sponsor Milly.

In 2019, Prossy was promoted to primary seven. At the beginning of 2020, Prossy was happy to join primary seven (Grade 7) and so anxious to do the national exams that would promote her to secondary

school. The COVID -19 pandemic and the closure of schools depressed Prossy. Knowing that she had to wait for another full year to complete her primary seven national exam and join the secondary school broke her heart.

After ACCESS knowing about the situation Prossy was in, ACCESS committed to ensuring that Prossy and other OVCs could access quality education while at home. Prossy is among the OVCs that got the opportunity to receive school learning materials and a radio set to listen to the government schools' program of learning from home. Access to radio set and reading materials set Prossy apart from other children in the same class. Prossy is currently waiting to write her primary seven national exams scheduled to take place in March 2021

During the lockdown, Prossy supported her grandmother with

gardening, ACCESS provided her family with first growing vegetable seedings that were planted for home consumption and some were sold to the neighbors.

Prossy says:

"I am grateful to ACCESS and my sponsor Milly for the continuous support and for the loving spirit, during the time of need, ACCESS and my sponsor Milly supported me and my family, we were contacted regularly and provided with COVID-19 protection messages that helped us to stay safe during the hard time"

Resty has served ACCESS for the last four years as a Social Worker. She is driven by ACCESS's core values of community empowerment, compassion, transparency and quality health care. She prides herself in community empowerment and compassion that she offers to the children and vulnerable women without discrimination in our programs. Resty is particularly passionate about ensuring that each vulnerable child can access education, medical care and economic empowerment. She provides counselling and guidance to our children and women that are struggling and follows up to ensure that her advice has been implemented.

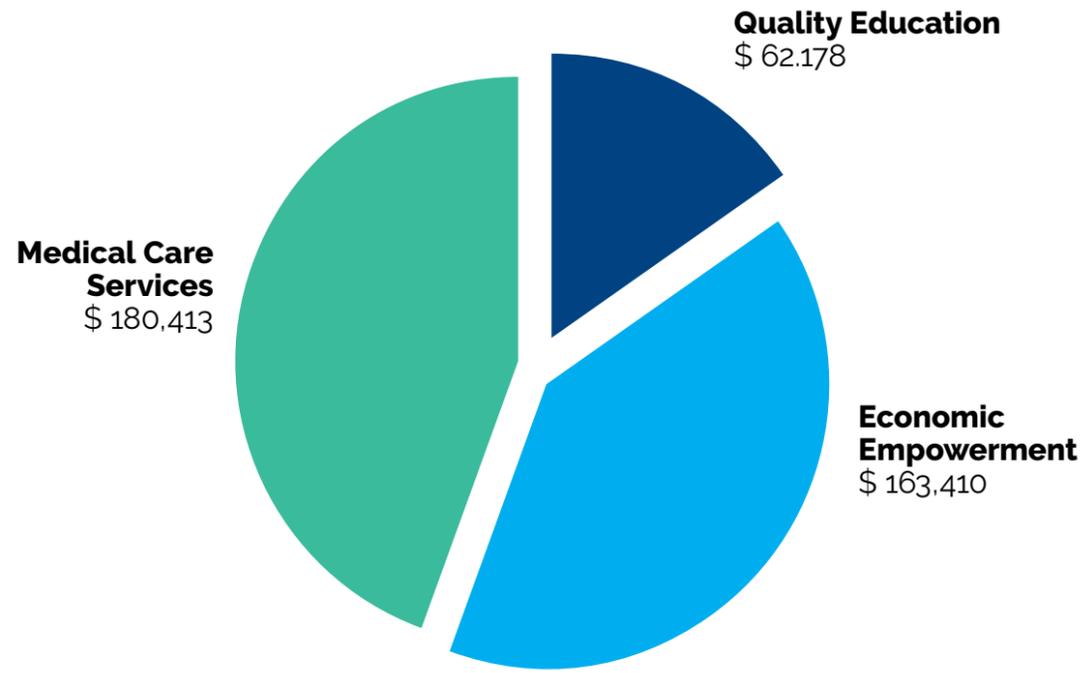
Resty's colleagues describe her as a mentor and a polite and dedicated social worker, with a focus on child protection and wellbeing.

Resty cites the many continuing staff trainings that include child protection and customer care training provided by ACCESS and it partners as a key way that she has improved her counselling, mentorship and guidance skills. She is continuing to work on the Household Vulnerability Assessment Tool (HVAT). The tool helps to target and obtain additional in-depth information about a household's level of vulnerability, which is used for monitoring progression of vulnerability. She is also working with the Poverty Probability Index (PPI) tool, this is a poverty measurement tool for organizations and businesses with a mission to serve the poor.

This tool has helped Resty to advise management on resource allocation to needy households. During the lockdown, management needed to select amongst the orphans and other vulnerable children (OVCs) to give the radio sets, by use of HVAT. Resty selected the OVCs that extremely needed the radio sets.

Resty says:

"I love providing counselling and guidance to needy women and orphans and other vulnerable children and see that my advice has been taken and has been hange or saved a life."



\$100K+	Else Kroner-Fresenius Stiftung Segal Family Foundation Erik and Edith Bergstrom Foundation
\$50K+	The ELMA Foundation One World Children's Fund
\$40K+	The Preston-Werner Family Fund Grace's Promise
\$20K+	Izumi Foundation Gould Family Foundation Planet Wheeler
\$10K+	Kenneth Rainin Foundation
\$5K+	ACCESS Directors
\$2.5K+	With Women Kisoboka Prof Laurie Tomlinson and Friends Petchers Foundation
\$1K+	ACCESS Events Macanudo Investment Club

7. FINANCES

7. FINANCES FINANCES

7. FINANCES FINANCES

30 2020 Individual Donors

Alane Bamberger	David Rader	Margaret Lobkowitz
Cheryl Fuller	Frederick Fortmiller	Rob Meyer
Elizabeth Frank	Lee Raker	Charles Herrick
Joan Schaffner	Paul J Green	Don Furman
Mr. Gordon Hardy and Ms. Alice Dunn	Anne Dougherty	Joan Klagsbrun
Amanda Flores-Witte	dea Angiolillo	Melanie Steilen
Cheryl Marks	Jane Bermont	Robin Salcido
Elizabeth Shapiro	Len Kurzweil	Ruth Wasser
Jose L Flores	Philip Boll	Sandra Simon
Neal Gorenflo	April Stone	Sharon Botwinik
Amy Gerson	Debra Melican	Steven Wilson
Daniel Sheff	Janice Igoe	Susan Lowe
Emmet Helrich	Madeleine Verhovsek	Samuel Rabison
Julia Ragland	Raymond Leavitt	Sarah Hanselman
Nora Anton	Carole Usaj	Sharon Weinstein
Ana Cristina Herrick	Dewie Weiner	Susan Foote
David Hatch	Jeff Mazur	Susan Rice
Erin Nahrgang	Mandy Tolson	Ursula Brewster
Kyle Roberts	Renate Riggs	Weston Howland
Pamela Seigle	Caryn Slotsky	Asghar Rastegar
Ann Shaw	Dilyara Nurkhametova	
	Jessica Bethoney	

31 Program partners and Sponsors 2019/2020

Nakanwagi Milly	Carole Usaj	Caring Hands CHIMAMM
Babe Smerling	Ruven Liebhaber	Daniel Sheff
Jacqueline Ponsky	Touro University	Linda Leavitt
Ursula Brewster	Tom Shaw	Erin Nahrgang Shaw
Nakaseke Health Facilities	A lane Bamberger	UVM
Phillip Boll Family	Patti Ettinger	Makerere Lung Institute
Zahira Khalid	Construction for Change	Gregory Safarian
Tony Ettinger	Western Connecticut Health Network	Cathy Kane
Amy Gerson	Ngonzi Okoba	Barbara Levin
One World Children's Fund	Stephen Winter	Uganda Ministry of Health
Susan Lowe and Family	Janice Igoe	Johns Hopkins University
Rebecca Smerling	KLM	Janice Levin
Lindsay Roberts	Ross University	Lauren Melby
Renate Riggs	Peter Hilton	Jeanne Catanzaro
Makerere University	Allison Arwady	Nakaseke District/Hospital
Howard Markman	Sara Levine	Yale University
Gordon Hardy	Airtel Uganda	Neil Petchers
David Hatch	Charite University	Joanne Hogan
Melanie Steilen	Cheryl Marks	Susan Rice
The University of Vermont	Jennifer Carter	LifeNet International
Dewie Weiner	Joan Schaffner	American University of the Caribbean
Dr. Charles Holt	Carpenters Union	

1. The organization managed to continue operating during the COVID-19 pandemic.
2. We worked with Nakaseke district health team to train staff and CHWs and set up a covid-19 task force and supported 18 health facilities with equipment and training during the pandemic.
3. Our Nursing School was permitted to re-open for candidate classes (set 4 and 5) in November 2020.

4. We got a Government Private Partnership MOU signed with Nakaseke district.
5. We secured new funding from IZUMI Foundation and EKFS to scale up maternal and child health services in the community and to maintain a centre of excellence in non-communicable diseases management in Nakaseke respectively.
6. We opened up a new maternity centre conducting skilled deliveries in the community.

8. KEY ORGANIZATIONAL ACHIEVEMENT OVER THE LAST 12 MONTHS

7. We launched laboratory services at the ACCESS life centre, providing tests to people in the community and reducing on the costs that were incurred to travel to Kampala for laboratory tests.
8. We managed to fully secure a certificate of registration for the Nursing and Midwifery Institute.
9. Fundraised and started the construction of early childhood development training centre.
10. We launched and operationalized the School Governing Council that is vital in decision making at the nursing school.
11. We hired new staff that include: Full time managing director, medical manager, data manager, medical doctor, senior midwife, Human resource officer and a sonographer- some on part-time basis
12. Trained 40 new community health workers in maternal and child health program, they will be vital in identifying, linking, referring and follow-up of pregnant mothers and children under five years in the community.
13. Managed to adequately communicate COVID-19 SOPs to our staff and beneficiaries and surveillance and support to all our beneficiaries continues.

EDUCATION

1. We plan to complete preschool building and start providing full time classes from Monday to Friday
2. To identify local sponsors in Uganda to boost the total number of orphans and other vulnerable children enrolled in school.
3. We also plan to introduce online learning and diploma courses as well as short courses at our nursing school.
4. We plan to empower our vocational school students to make more low-cost face masks for community prevention of COVID - 19.

9. FUTURE PLANS

ECONOMIC EMPOWERMENT

1. Continue providing micro finance grants, financial literacy and support Village Saving and Loan Association (VSLA) for vulnerable women in the community.
2. Continue investing in model farms in form of Apiculture and Fish rearing for community members to train from and gain farming skills.
3. For self-sustainability of the nursing school and the medical centre, we plan to start cultivating food for consumption.
4. We plan to engage local sponsors to support our community activities in the area of health, education and economic empowerment

HEALTH

1. Establish maternal and child health community outreach static clinics to extend services to pregnant mothers and children under five years in hard-to-reach villages.
2. To expand our current laboratory to be able to conduct tests that are transported to the capital Kampala.
3. To expand our clinic to provide surgical services such as conducting a caesarean section to a mother that may requires it.
4. To set up and operationalise the clinic and noncommunicable diseases (NCD) project electronic medical records system for easy tracking of client files and client follow up.
5. To conduct community research to better understand health issues affecting community members

Our operations are guided by a Board of Governors and is funded and supervised by various stakeholders. ACCESS has employed 60 full-time, skilled and knowledgeable professionals specially trained in medical nursing education, medical care and community-based programs to provide the most satisfactory experience possible. We work together with 125 community health workers that have identified, linked and followed up community members to the health centres.

Our ACCESS team leaders:



Dr. Robert Kalyesubula
President ACCESS



Mr Sewanyana James
Community and district engagement director ACCESS



Katoli Estherloy
Managing Director ACCESS

Leadership Team:



Mr Kabuku Ronald
Accountant



Mr Kiyemba Ronald
Manager



Miss Nandawula Juliet
Programs Manager



Mr. Sserubombwe Peter
ASNM Principal



Mary Turinabo
Deputy Principal



Mr Ndirugendawa Dennis
Clinic officer



Mr Weswa Ivan
Project and Administration Officer

To the new staff, Juliet, Hillary, Winnie, Lois and Dennis. Welcome to the team! We are thrilled to have you at ACCESS. You're going to be a valuable asset to our organization and we can't wait to learn from you and see all that you accomplish.

We are very grateful to our partners and the board of directors for their timely support and guidance. We have seen our communities transformed. We have witnessed the power of unity in times of adversity and scarcity. We are sure that we will minimize the effects of the pandemic on the vulnerable people we serve.



*Above:
Parents and Guardians of children clearing land and planting food for children*

*Back cover:
Preschooling*

Imprint

ACCESS Uganda is a social venture and a community based organization.
Tax ID (TIN): 1002370757
Registered in Uganda

© 2021 ACCESS Uganda
c/o Dr. Robert Kalyesubula
Nakaseke District

Web: www.accessuganda.org
Mail: rkalyesubula@gmail.com

Graphic Design:
Helmut Kraus · helm69.com

VISIT US ON
facebook.com/ACCESSUG
twitter.com/ACCESS_UG
Instagram.com/access_uganda



www.accessuganda.org