



ACCESS 2021

ANNUAL REPORT





EXECUTIVE SUMMARY

We are excited to present to you our report for 2021. Despite the challenges of COVID-19 and closure of schools since March of 2020 in Uganda with rampant impromptu lockdown(s), the African Community Center for Social Sustainability (ACCESS) has continued to deliver on its mandate to the rural communities of Nakaseke. We have continued supporting 550 orphans and other vulnerable children to access educational materials while at home, increased clinic attendance and antenatal care completion, and significantly improved skilled delivery and immunization rates. Ninety five percent (95%) of the mapped children under 5 years have completed immunization schedules. We continued supporting households with income generation activities and creating new business or boosting the existing ones, 95% of the households can now at least get two meals a day.

Through the continued support of both local and international partners like you we have been able to provide medical care to 50,298 in family planning, 6,324 with comprehensive health care services, 1019 children (0-5years) immunized and provided 619 antenatal visits working through community health workers and sensitizing traditional birth attendants. Our laboratory was able to carry out 3,100 laboratory tests, of which 856 were for malaria, 382 for COVID-19 screening, and 1863 were for other testing.

We have continued to provide micro-finance grants, financial literacy and support Village Saving and Loan Association (VSLA) for 165 vulnerable women in the community with 150 (90%) opening up a financial account with a recognized institution. Through our go-green project, we have been able to plant 75,000 trees and set up a handcraft production unit for women.

We thank our partners and sponsors without whose support, these achievements may not have been realized. This report is a testament to what collective efforts of determined people can achieve despite the ongoing challenges paused by the pandemic and its after effects.

This report a detailed account of what we have been able to achieve over the last year with continued support of the community and our sponsors and well-wishers. We could not have done this without you! We thank you very much.

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EXECUTIVE SUMMARY	3
A Word from the ACCESS Directors	5
Messagefrom Partners for ACCESS (PFA) USA	6
Messagefrom the ACCESS Board Chairperson	7
1. OUR IMPACT	8
Health Care	8
COVID-19 Second Wave Response	8
Maternal and child health promotion	9
Traditional Birth Attendant Inclusion	9
Malaria Care and Management	10
Sexual and Reproductive Health	11
Research and Non-communicable Diseases Management	12
People Living with Hypertension and Diabetes	13
Community Outreaches and Campaigns	13
ACCESS Lifecare Center	14
2. EDUCATION AT ACCESS	15
ACCESS School of Nursing and Midwifery	16
3. ECONOMIC EMPOWERMENT	17
Micro and Nano Financing	17
Village Savings and Loan Association (VSLA)	18
Poultry Keeping	19
Briquette making	19
Book Making	19
Poultry Keeping, Briquette and Book Making	19
ACCESS GO-Green Program	20
Bee Keeping Project	20
Donors for the year 2021	21
Financial Reflection Jan to Oct 2021	22
4. FINANCES	22
FUTURE PLANS	22
Economic empowerment	22
Key Organisational Achievement in 2021	23
Some of Access Staff & Team Members	24
5. THE ACCESS TEAM	24
Welcoming New Staff members to our team	24
6. APPENDIX	25
Discussion of the Medical Care Indicators.	26
Discussion of the Economic Empowerment Activities and Indicators	27
Economic Empowerment Achievements	27
Our COVID-19 Response	28
Strengthening Medical Care Service provision	28
Imprint	29



Sewanyana James, Katali Estherloy and Dr. Robert Kalyesubula

A WORD

from the ACCESS Directors

We are very grateful to have completed yet another year. In 2022, we will be celebrating 20 years of existence in the community which we love. The journey has been full of lessons and good memories! Nothing warms our hearts like seeing the little girl we enrolled from Kalagi now attending University with hopes of becoming a great leader in our country. It is not every day that we get an opportunity to make a difference of this magnitude in people's lives. ACCESS undoubtedly presents us an opportunity to help our brothers and sisters though the various programs that we are able to offer.

What is more fulfilling is the sheer effort and overwhelming support that we have received from the rest of the world. Though many members have not physically visited us, they are able to make generous contributions in different forms that directly reach and support that child deep in the villages of Nakaseke who would otherwise never have gone to school. Through this support and our great commitment, we have been able to impact over 200,000 individuals during our time of existence and continue to do exponentially more as our programs, expertise and reach continue to expand.

We thank you for being part of this great journey and hope that you continue to walk with us as we continue to dream of a time when every child will have the opportunity to go to school in good health and have a secure future.

Dr. Robert Kalyesubula
President, ACCESS, Uganda

Ms. Katali Estherloy
Managing Director, ACCESS, Uganda

Mr. Sewanyana James, Director,
ACCESS, Uganda



Janice Levin



Erin S Nahrgang

MESSAGE

from Partners for ACCESS (PFA) USA

We continue to be impressed by ACCESS's accomplishments and proud of its perseverance in the face of adversity. The fact that all of its programs have not only continued during the pandemic, but many have expanded, is a testament to ACCESS's impact and durability. The model of community-based care has proven to be the cornerstone of its success, and should be viewed as the gold standard for healthcare delivery in resource-limited settings. Indeed, the saying "it takes a village" holds deep truth and meaning for Social Sustainability across all walks of life.

Janice Levin, PhD,
Founder, Partners for ACCESS

Erin S Nahrgang, RN
Executive Director, Partners for ACCESS

MESSAGE

from the ACCESS Board Chairperson

About 20 years ago, a widow that was HIV positive with three children was chased away by her in-laws out of a grass thatched house on a small piece of land left by her husband. The widow was unable to fend for her family. She spent most of her time with her children at the local referral hospital where she used to get her HIV medication. One day, she was found seated in the corridors of the hospital by compassionate local residents of the community to whom she narrated her story. Out of this painful experience, Dr. Robert Kalyesubula, Estherloy Katali and James Sewanyana created something new, a way to ensure that all of their neighbors could access health care, economic empowerment and education for orphaned children.

As a Board we have worked closely with the founders to scaleup the organization mission and vision

while further centring top local talented residents in decision making. Over the past twenty years, the African Community Centre for Social Sustainability (ACCESS) has established women led teams and supported them to improve their capacity to effectively manage finances, human resources and fundraise from Uganda and beyond.

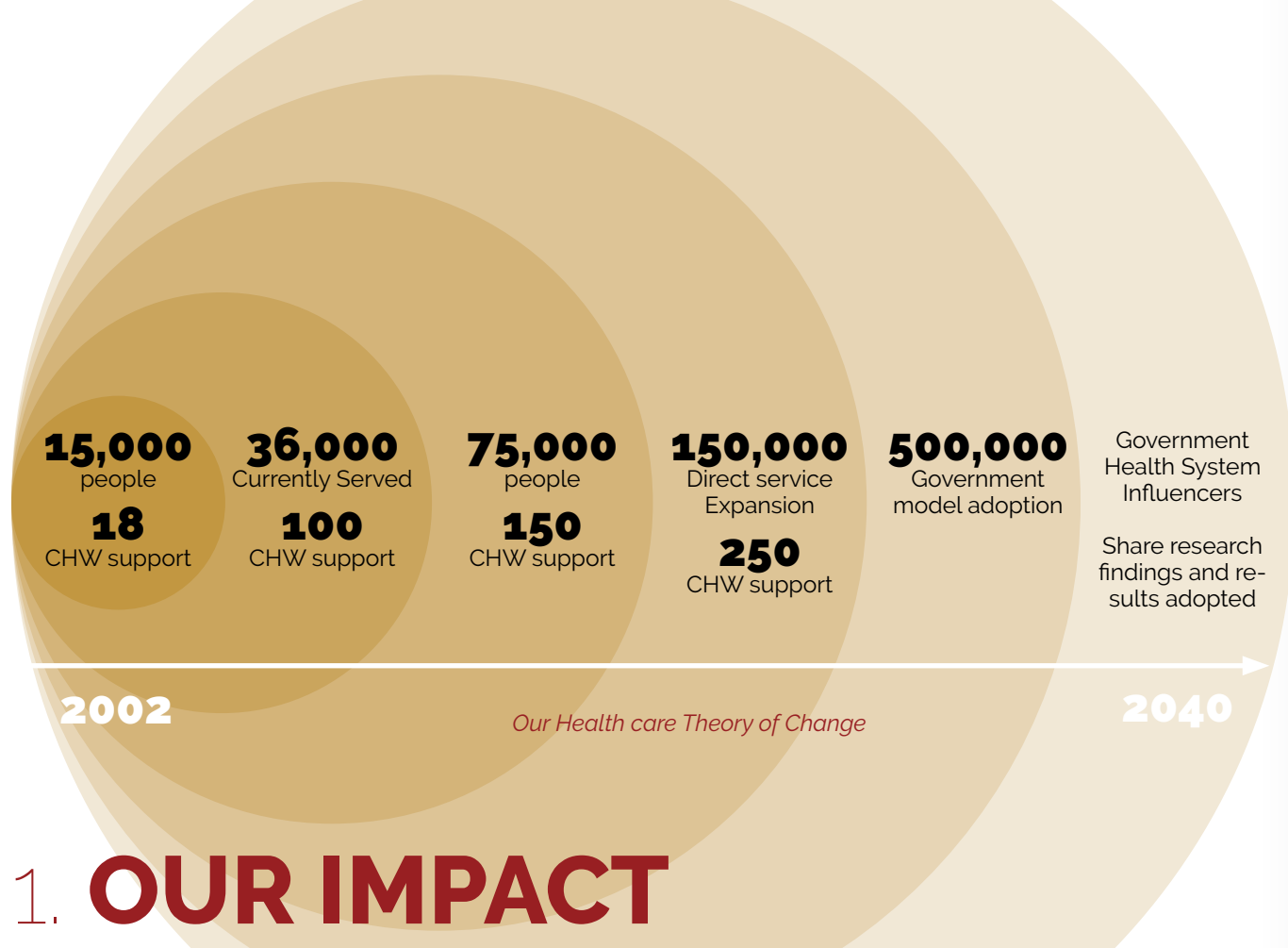
Through this commitment, ACCESS is deeply committed to community-led initiatives. We have effectively monitored and provided guidance in program design and implementation.

This past year, more than ever, we've witnessed the power of community action. The leadership at ACCESS has supported activities that alleviated barriers to care caused by COVID-19 restrictions, advocated for personal protective equipment, dispelled misinformation and facilitated community health

workers and service providers to be safely on the frontlines of fighting the COVID-19 pandemic.

Despite the many huddles, we at ACCESS have witnessed significant improvements in maternal, child, reproductive health and non-communicable diseases management and immunization health outcomes within our benefactor communities. I am much honored to be a part of this very progressive institution.

Dr. Fred C. Semitala
Chairman, Board of Directors



1. OUR IMPACT

Health Care

The African Community Center for Social Sustainability (ACCESS) is working to strengthen the health care services at village, district and national level in Uganda. For 2021, we started three research projects that will inform the nation on the feasibility of community health workers task shifting, screening and measurement of blood pressure and blood sugars in rural communities.

COVID-19 Second Wave Response

The second wave of COVID-19 infections and the prevalence of the Delta variant made a significant impact in our community. This wave was more severe than previous periods of the pandemic, with patients exhibiting more serious symptoms and health facilities flooding with patient and with only 0.9% fully vaccinated in Uganda, we engaged fully in testing and screening of COVID-19 patients at our facility with the support from Quidel Corporation (QUIDEL) and the Gould Family Foundation (GFF). We screened over 5000 people and performed 382 COVID-19 screening tests and 31 turned out positive. We immediately utilized some staff offices as isolation areas and empowered community health workers to monitor patients on home-based care.

We promoted vaccination and combating misinformation, advocated for our CHW and Staff vaccination, advocated and lobbied for COVID-19 RDTs and supported the district public communications campaigns to ensure accurate, timely information reaches all residents of Nakaseke District.

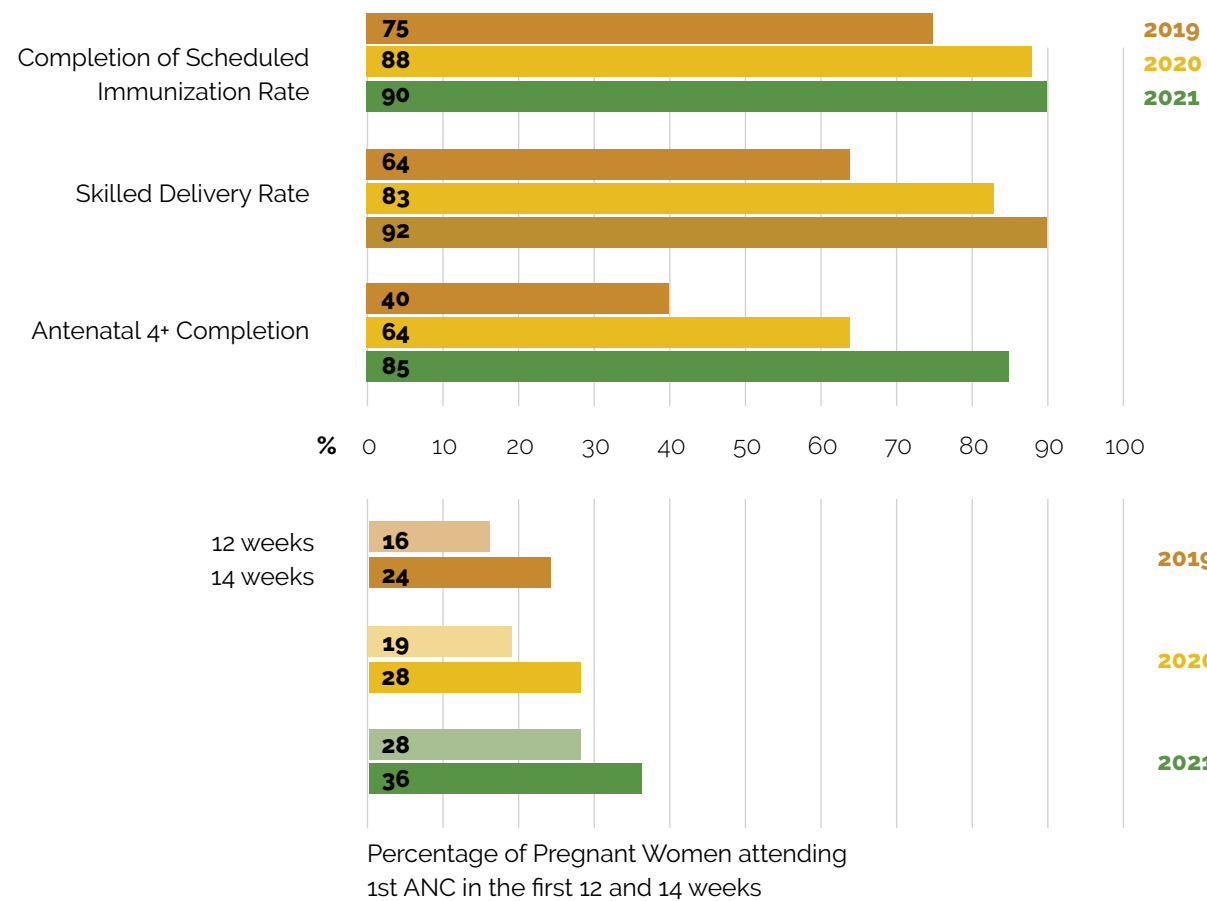
Maternal and child health promotion

With the efforts of ACCESS community advisory committee, community health workers and health facilities, ACCESS was able to improve antenatal care completion in Nakaseke and significantly improved skilled delivery and immunization rates.

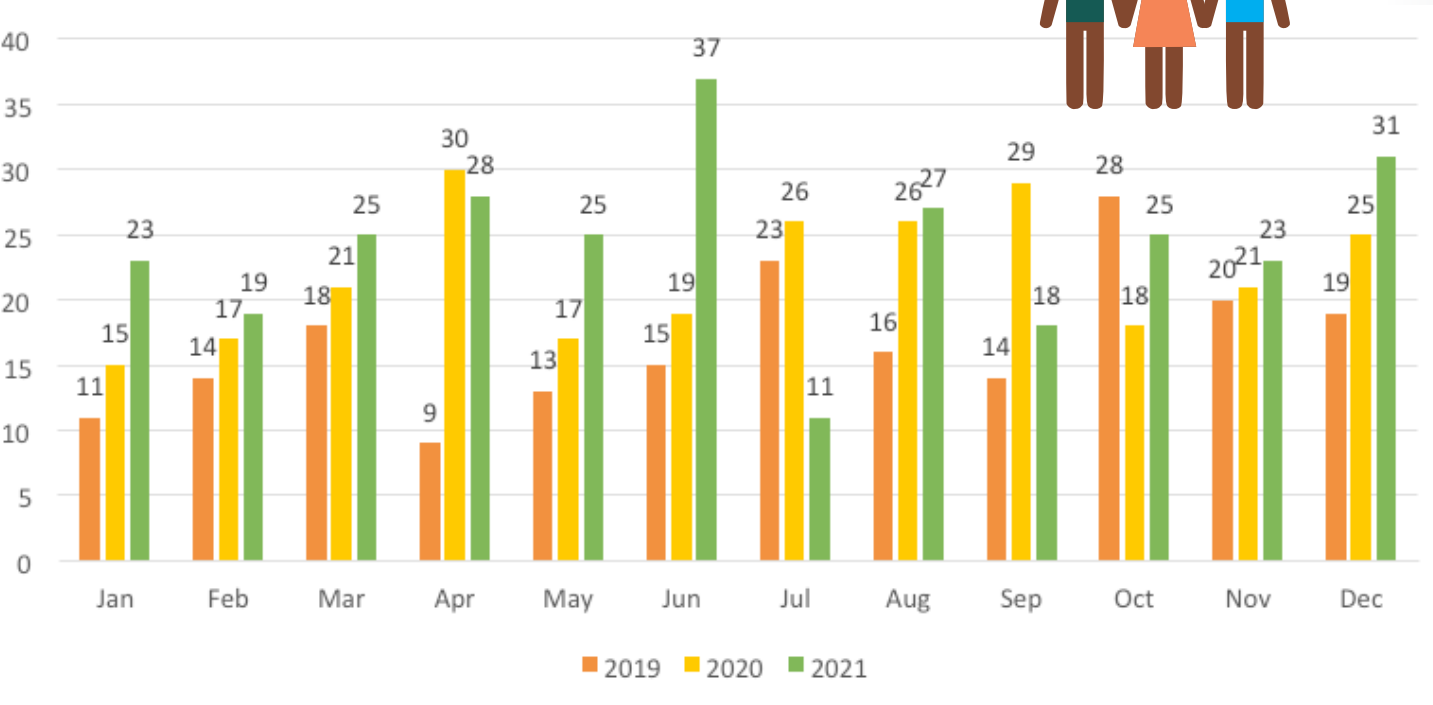
Traditional Birth Attendant Inclusion

We work with community health workers who identify, link and follow-up pregnant women on the monthly basis to ensure adherence to clinic visits. Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce risk for mother and baby during pregnancy and delivery. Our goal is to eventually meet a 90% minimum ANC completion across our intervention communities, in line with Uganda Ministry of Health guidance. Early antenatal care for a mother from a skilled provider is an important opportunity for health providers to deliver care and support, provide information, and build the relationship between provider and mother.

We work with Traditional Birth Attendants (TBAs), training them in professional are similar to the role of CHWs ready to identify, link and refer pregnant women for clinical care. Adherence to scheduled clinic visit is core to ACCESS's model and drives uptake of key health services like skilled delivery, antenatal care, postnatal care, family planning, and immunizations. This approach transforms TBAs from the greatest competitors of skilled delivery to the health system's most ardent allies. We mapped and identified

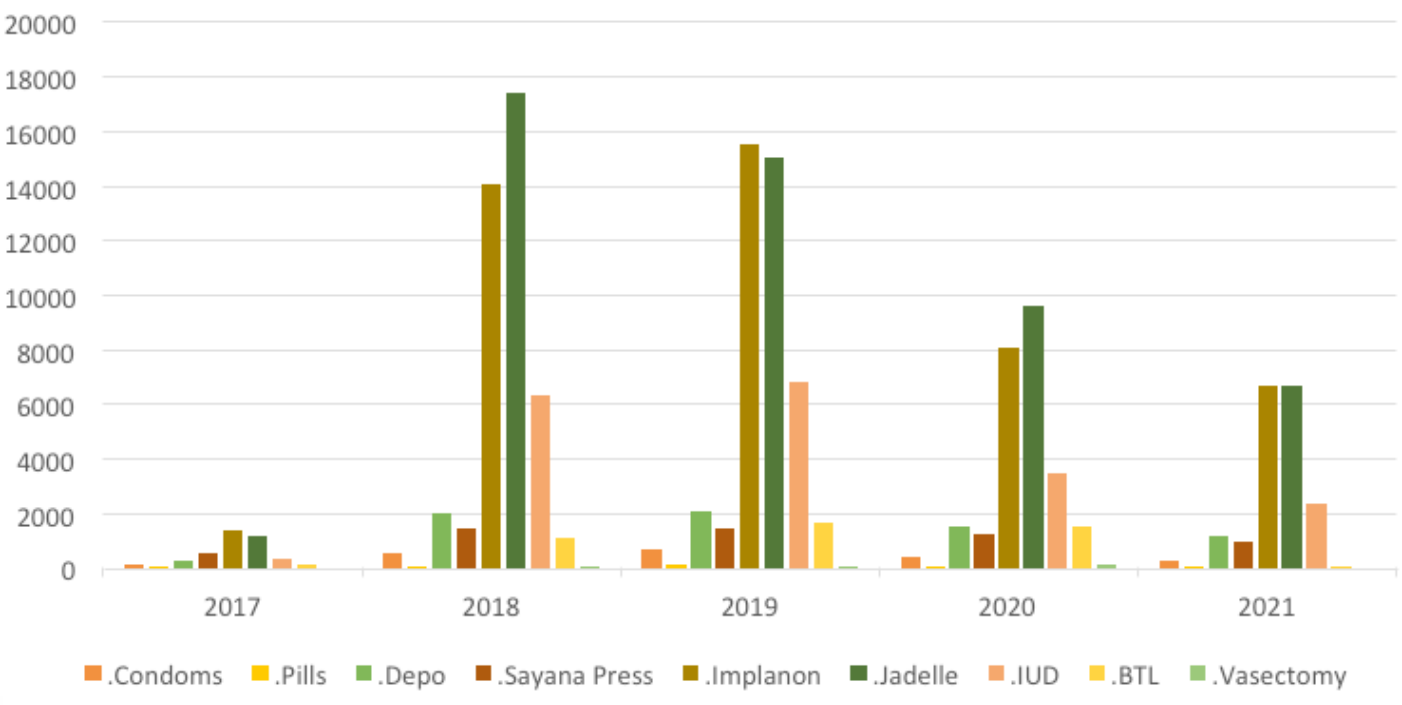


Malaria Care and Management



Malaria Cases Managed in Children Under five Years

Sexual and Reproductive Health



Couple Years of Protection* provided from 2017 to 2021

ACCESS combats malaria through facility and CHW community case identification and referral. Equipped with rapid diagnostic tests and referral tools, our CHWs can test and refer clients to our facility. In 2021 we saw an increase in incidents of malaria in our communities. Ten percent (10%) of ACCESS Life care center patients under-5 presented with malaria in 2021, compared to 5% 2020 and 3% in 2019. The chart below shows the number of children under 5 presenting with malaria at ACCESS Lifecare Center.

We are doubling down on ensuring that our CHWs are equipped with bed nets, rapid tests, treatment drugs, training and monitoring to deliver effective malaria case management at the household level. We have treated 234 cases of malaria a 5.7% increase from the same period in 2020.

Since 2003, we have been in the communities actively providing sexual and reproductive health services to community members through the community health worker centered model. Our goal is to the reduce the unmet need for contraception by 20% through enhancing access and use of FP services for healthy timing and spacing of pregnancies in the district. We also address harmful gender norms and increase buy-in for reproductive rights among residents of Nakaseke District. ACCESS starts by training community health workers, health workers, female and male champions, and youth advocates. We provide a full range of contraceptive options through a variety of access points including health facilities, youth centers, village-level outreaches, and directly to homes.

We also work in partnership with Reproductive Health Uganda Katikamu to provide permanent contraceptive methods.

We provided 18,304 Couple Years Protection (CYP) in 2021. Couple year's protection is a measure of the number of years that a couple is protected from pregnancy from a particular contraceptive method. This is a 21% decrease from the same period last year. Fewer contraceptive services were provided at many government health facilities in Nakaseke because we reduced the number of community health workers by half due to loss of funding for the sexual reproductive health project. Furthermore, our community outreaches were stopped due to COVID-19 when new movement restrictions went into place.

We are currently putting into place actions to improve the CYPs by adopting Sayana press self-injection approach for women, increasing family planning integrated outreaches, encouraging female and male champions for peer support, and working closely with Joint Medical Store to ensure smooth supply of the contraceptives.

* Couple-Years of Protection (CYP) is the estimated protection provided by family planning (FP) methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.



Community Health Worker taking the height of the study participant



People Living with Hypertension and Diabetes

Our vision is to be a center of excellence in training, medical care and research in Africa. We aim to influence government-based health systems through research in Africa.

The Balamu Center for NCD research, education and care was established in 2020 to build upon the successes of the initial 3-year project, the Else Kröner-Fresenius Stiftung Center of excellence for Patient Centered Care. We aim to use the same opportunity to consolidate, expand and improve care for patients with non-communicable diseases in Nakaseke district of rural Uganda. The major achievements in 2021 include: NCD clinic attendance of almost 4,000 visits by over 1,000 unique patients which were seen by well qualified and experienced clinicians. In addition, we developed two research study protocols.

The Makerere University School of Biomedical sciences – Research and Ethics Committee (SBSREC) and the Uganda National Council of Science and technology (UNCST) approved both protocols. We are currently implementing these studies. We have also developed a tool to assess the knowledge, attitude and practices of nurse tutors at ACCESS school of nursing towards NCD management and control.

We will utilize this assessment to inform the development of the nurses NCD curriculum. To develop our research infrastructure, Vanderbilt University granted us access to RedCap software that we are using for community and clinic research data collection, we have embarked on developing an electronic medical records (EMR) system that the clinic team will use to capture clinical care data.

Furthermore, we will also adapt this system for use by the community health workers (CHWs). As a way of expanding our networks, we have held various stakeholder engagements with officials from the Ministry of Health, the local government of Nakaseke District and the district health office. In addition, we have also established a community advisory board (CAB) that provides guidance and insights for the community aspects of the project.

People Living with Hypertension and Diabetes

We continue to operate and support three NCD clinics, Nakaseke Hospital NCD Clinic, Life Care Clinic and Semuto NCD clinic on a regular weekly basis. During the pandemic, we adjusted protocols and standard operating procedures to ensure that NCD patients can continue to receive care at our clinics.

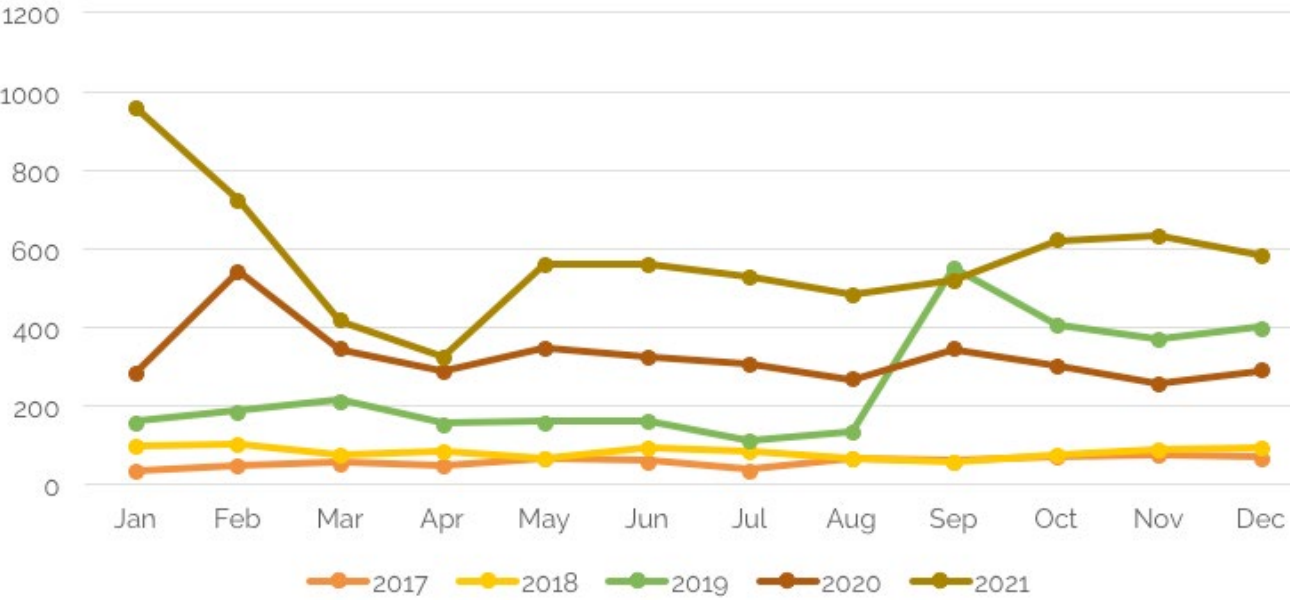
In 2021, a total of 1,318 NCD patients received care from qualified and experienced Medical and Clinical Officers. Of these patients, 77 % were female and 33% were male. Sixty-eight percent were diagnosed with diabetes, 45 % were diagnosed with hypertension, while 13 % suffered from both hypertension and diabetes.

A total of 3,954 patient consultations have been registered at the three NCD clinics. These include new patient visits, return or scheduled visits and emergencies. During these visits, patients are seen by the clinicians who take their vital signs and medical history, perform laboratory and radiological tests, make diagnoses, prescribe and dispense medication. In addition, patients receive health education and counseling on diet, physical activity, alcohol and drug use cessation as well as medication adherence.

Community Outreaches and Campaigns

We conducted 35 community outreaches to individual community members, and 24 community campaigns reaching 420 individuals and over 10,000 people respectively with contraceptives and maternal child health services information. We also conducted 2 youth- focused outreach events in Nakaseke Town Council, conducting community environmental protection awareness campaigns and SHRH information dissemination reaching over 5,000 people. These community outreaches and campaigns together with youth community activities were closed for most of 2020 and in the second COVID -19 wave in 2021 thus decreasing the numbers.

ACCESS Lifecare Center



Conducting Community Campaign in Nakaseke



ACCESS Social Worker Instructing the Parent and a Primary 7 Student how to use the education materials

2. EDUCATION AT ACCESS

Orphans and other vulnerable children Schools in Uganda remained closed from March of 2020 through the end of 2021

This year, ACCESS continued supporting orphans and other vulnerable children to access scholastic materials and education materials delivered directly to children's homes by a committed team of community health workers and social workers. Parents/Guardians supported the children in completing and learning the material. Working together with a team of expert teachers, they were able to assess the students at their own homes and record their academic performance to prevent delaying students' advancement in education. A total of 2,120 education materials were delivered to 139 beneficiaries.

While schools remain closed, there are several challenges faced by the young girls and boys at home. ACCESS has continued to provide counseling to young girls to avoid early marriages and unintended pregnancies, sensitized about COVID-19 and promoted good hygiene, sanitation and nutrition.



Conducting Community Campaign in Nakaseke

To This year, ACCESS Lifecare Center continued providing essential services while managing the deadliest wave of COVID-19 since the start of the pandemic. Patient volume has returned to the levels we saw prior to the second wave of COVID-19. We attribute this increase in patient visits to the resuming of the community outreaches, mobilization and referral by the community health workers. We had a noticeable increase in the number of skilled deliveries completed at our health facility and an increase in the number of children turning up for immunization.

A total of 5693 visits were conducted in 2021. This is a 41% increase from the same period in 2020. With support from Gould Family Foundation, we have been able to acquire COVID-19 management equipment and supplies, and people have also come to trust ACCESS Lifecare Center for COVID-19 management (testing and care/management).



Demonstration by ASNM students during a practical session in Skills Laboratory

ACCESS School of Nursing and Midwifery

The ACCESS School of Nursing and Midwifery was initially closed due to the pandemic and some of our tutors and clinical instructors were on unpaid leave with only a few senior school management teams on a salary. But, later the medical institutions were permitted to operate with only the candidate classes and observing all the COVID-19 standard operating procedures issued by the Ministry of Health Uganda. These two cohorts returned to campus, studied for a few weeks and sat for their exams. Our students in the fourth set of recruitment (set 4) and the fifth set of recruitment (set 5) successfully passed the exams with the pass rate of 100% and 99% respectively.

When set 4 and set 5 completed their exams, the government permitted set 6 and set 7 to come back to the school, we also immediately started verification of set 8 students and enrolled 323 students. The school also obtained three scholarships for three vulnerable students from Balamu NCD project.

ACCESS social worker guiding a parent with preschool children how to support the children to learn at home



Briquette Making training at ACCESS

3. ECONOMIC EMPOWERMENT

Micro and Nano Financing

Through the collaboration with W/WK (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 payments 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 amount previously borrowed. This is done to ensure that the business grows and generates income to sustain the family.

The program has recruited 170 households who access funds to support their families. From the beginning of the program, we are planning to graduate women whose Poverty Probability Index (PPI) changes below the project target of 15% as a result of participation in the program. At baseline, the program started with the average Poverty Probability Index (PPI) of 28% and we will graduate all women whose PPI will reduce below 15% after three years of implementation.

The project has enabled 92% of the women to provide basic needs of their households, contribute to medication costs, and wellbeing of the household.



Family supported to start poultry farming



Family supported to start poultry farming.



Training Women in Book Making at ACCESS

ACCESS has mobilized women from the community and organized them into Village Savings and Loan Associations. These are self-managed and self-capitalized savings groups that use members' savings to lend to each other. A total of six (6) VSLAs with total group members ranging from 15 – 25 members where organized. These groups have now harnessed the power of numbers and are having more produce to sell to community members. Some are rearing chicken, others are selling vegetables and eggs to the open market.

They are planning to access group loans that will enable them enter into the competitive markets because they now have the resilience and skill set to handle money and manage the risks that come with these businesses. They continue to receive support and training from ACCESS to enable them remain firm and productive.

Poultry Keeping

ACCESS has supported a group of 14 women to start book making. The women's intention is to produce books in groups and sell them to the community and use the funds to support their own households. Another group of five women were supported to engage in poultry keeping. They rear chicken for eggs that are sold to the community and facilitate their own households.

Briquette making

Briquetting is the process of converting all types of agricultural and forestry waste into solid fuel. Briquettes are formed in cylindrical logs. The product is a replacement for using firewood and charcoal as fuels and can be used for cooking in the rural community. Briquettes are ecofriendly which helps to reduce pollution, contrib-

utes to a greener environment and reduces the use of trees for firewood and charcoal. The briquettes are sold in the community helping households to generate income and contributing to environmental conservation. The production is still low because we are currently hand-making the briquettes. We plan to acquire the necessary technology that we can use to produce more quantities and high-quality briquettes to meet the community and national demand. A total of 150 women were trained in the making of briquettes.

Book Making

We provided training to vulnerable households in binding exercise books. These have a high demand in our community as every child needs an exercise book to go to school. Families produce books that they can sell to generate income for their

households. This project empowers youths and women to engage in bookmaking instead of charcoal burning which is a major factor for environmental degradation in our community. 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.



Team Planting Trees in Nakaseke District



Women Trained in Bee Keeping project

ACCESS GO-Green Program Bee Keeping Project

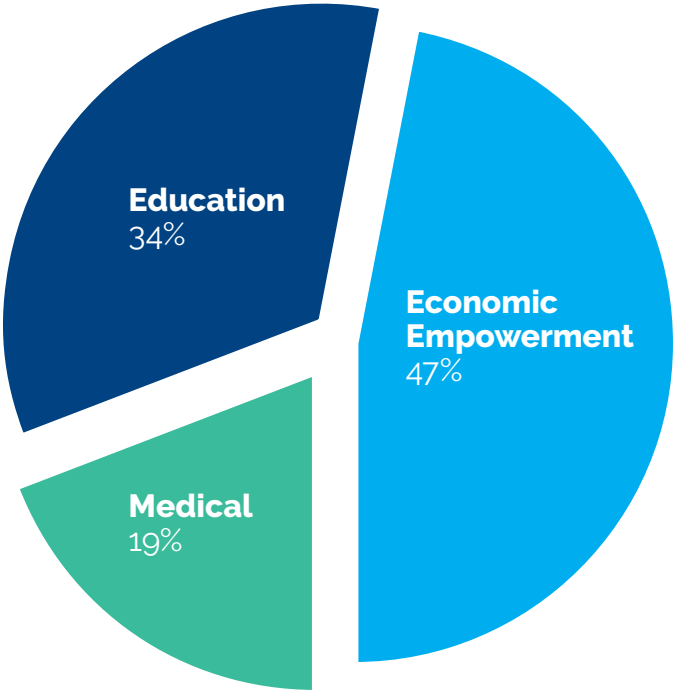
In collaboration with Tree Adoption Uganda (TAU), we have been able to plant over 75,000 trees in rural Nakaseke. The trees are managed by the different households in Nakaseke including OVCs families and they are meant to be sold in the future to support the education or entrepreneurship for children 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. Each tree planted is registered, GPS recorded and tracked by a well-designed electronic system.

In collaboration with the Bee Keeping Project in Nakaseke, a total of 36 households have been trained and equipped with beehives. The beekeeping project promotes nature-based solutions to help people adapt to climate change through tree planting, planting of indigenous trees, and fruit trees to keep the beehives. The project is an alternative income-generating opportunity to vulnerable households that can help to improve their livelihoods, build their resilience to adapt to the impacts of climate change and also maintain the biological integrity and ecological values of the environment.

The current production capacity is low because of limited access to funding to acquire required equipment and modern beehives that have the capacity to keep more bees that can provide more honey. 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.

Donors for the year 2021

ACCESS Directors	Segal Family Foundation
Howard Marksman	Don Furman
Philip Boll	Melanie Steilen
Ana Cristina Herrick	SUSAN LOWE
Izumi Foundation	Dr. Paula Fujiwara
Renate Riggs	Melanie Ullman
Asghar Rastegar	The ELMA Foundation
J and L Kurzweil Tzedakah Fund	Elizabeth Shapiro
Rob Meyer	Nakanwagi Ann
Box Impact	The Preston Werner Family Fund
Janice Levine	Else Kroner Fresenius Stiftung
Samuel Rabison	One World Children's Fund
Cheryl Marks	Victoria Julia Pfann
Joan Schertz	Erin Nahrgang
Sarah Hanselman	Pamela Seigle
Dea Angiolillo	With Women Kisoboka
Madeleine Verhovsek	



4. FINANCES

- 1 Government education materials were extended to the community students by the ACCESS community department and went an extra mile to create marking guides for our supported beneficiaries.
- 2 Registered 99% performance consistent from five groups of nurses and midwives that graduated.
- 3 We managed to launch and activate the Community Advisory Board (CAB) composed of members and local leaders within the community to advise the organization.

- 4 Enrolled on the District Health Information Systems (DHIS2), a step that is envisioned to make the organization a contributor to local government health indicator achievements.
- 5 Broke through the COVID-19 limitations using a well-structured contingency plan and budget constraints.
- 6 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.

FUTURE PLANS

Education

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

Health Care

- 1. Strengthen maternal and child health community static outreach 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 currently transported to the capital Kampala, we need funds to procure the laboratory equipment.
- 3. To expand our clinic to provide surgical services such as conducting a caesarean section for a mother that may require it.
- 4. To set up and operationalise the clinic and non-communicable 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

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. We plan to engage local sponsors to support / sponsor households with income generating activities.

- 7 We got a Government Private Partnership MOU signed with Nakaseke district.
- 8 Managed to adequately communicate COVID-19 SOPs to our staff and beneficiaries and surveillance and support to all our beneficiaries continues.
- 9 We opened up a new maternity centre conducting skilled deliveries in the community.
- 10 We launched laboratory services at the ACCESS life centre, providing tests to people in the community and reduced the costs that were incurred to travel to Kampala for laboratory tests.
- 11 We secured a certificate of registration for the Nursing and Midwifery Institute.

- 12 Partially fundraised and started the construction of early childhood development training centre.
- 13 We launched and operationalized the School Governing Council that is vital in decision making at the nursing school.
- 14 We hired new staff that include; medical manager, data manager, medical doctor, senior midwife, human resource officer and a sonographer. Please see appendix.
- 15 Trained 40 new community health workers in maternal and child health program that are vital in identifying, linking, referring and follow-up of pregnant mothers and children under five years in the community.

Welcoming new Staff Members to our Team



Denis Chelogoi
Human Resource
Manager



Winnie Nakalule
Secretary and Public
Relations Officer



Zam Nansubuga
Senior Midwife

5. THE ACCESS TEAM

Some of Access Staff & Team Members



Dr. Robert Kalyesubula
President ACCESS



Mr Sewanyana James
Community and district
engagement director
ACCESS



Katali Estherloy
Managing Director
ACCESS



Ronald Kabuku
Head of Finance



Mary Turinabo
Principal ASNM



Irene Nabbosa
Academic Registrar
ASNM



Resty Nakayima
Social Worker



Eric Migadde
Head of Village
Health Workers



Couple Years of Protection



Population Reached

6. APPENDIX

NO.	INDICATOR	TARGET	ACHIEVEMENT
01	# of Patients served	7,200	6,324
02	# of outreach patients	960	420
03	# of community Outreaches	48	35
04	# of COVID-19 cases Screened	1,000	2,623
05	# of family planning services provided including condoms	30,000	50,298
06	# of women in Antenatal Care	800	619
07	# of pregnant Women Referred by CHW	720	314
08	# of pregnant Women Referred by TBA	288	51
09	# of mothers delivering in the health facility	120	64
10	# of Women in Postnatal Care	120	54
11	# of women completing all 4 Antenatal Visits	120	136
12	# of visits for immunization for children (0-5) years	2400	1019
13	# of Laboratory Test done	5,000	3100
14	# of HIV tests administered	600	563
15	# of nurses trained in clinic	50	59
16	# of midwives trained in clinic	50	50
17	# of medical research projects started	1	3
18	# of CHW trained in clinic	80	80
19	# of Jajjas provided with medical care	50	50
20	# of Malaria tests done	1000	856

INDICATOR NO.	DISCUSSION
01	Total number of patients served were lower than targeted for the year 2021 because of the restrictions in movement and reduced number of community outreaches conducted due to COVID-19
02	Fewer number patients reach on outreach are lower than the set targets because of the COVID-19 restrictions that included restriction on movement and public gatherings
03	More numbers of COVID-19 were screened because of the additional COVID-19 support from our partners like Izumi Foundation, Gould Family Foundation, ELMA, OWCF
04	More Family Planning services were provided because of the additional support from our reproductive health partners like the 18 government health facilities and Reproductive Health Katikamu.
05	There is a noticeably high number of pregnant mothers coming for antenatal care compared to those delivering from the facility and those in postnatal care. This is because we have set up antenatal clinics in the hard-to-reach community where pregnant mothers can access the care. The few deliveries are associated with the long distance to the health facility and lack of a transportation (Ambulance) to fetch pregnant mothers that are about to deliver to the health facility.
13	Few tests were done compared to the target that was set because tests are considered expensive unless they are highly recommended.
14	HIV testing targets were not achieved because we did not receive any Primary Health Care Funds and Result Based Financing from the government to support us in the provision of services since the service is highly expensive and can only be affordable through the government subsidies.
20	Malaria testing targets were not achieved because we did not receive any government subsidies and support yet the service is expensive and can be. by the government to provide such

ACTIVITIES	INDICATORS	TARGETS	ACHIEVEMENT
Income Generating Activities (IGA)	# of households provided with IGA projects like goats, pigs and chicken.	700	203
	# of households able generate at least UGX 100,000 per month.	700	180
	# of households able to provide basic medical support to at least two family members.	203	64
	# of households able to provide scholastic materials to at least two school going children in the family.	700	93
Micro Nano Financing	# of women that received Nano financing.	210	150
	# of women trained in financial literacy education.	210	165
	# of women that have opened up bank accounts with a financial institution.	210	150
	% of households that are able to eat at least two meals a day.	100%	95%
	# of business that have been started.	210	150
	# of women that are able to make household decisions.	210	83
ACCESS Go Green/ Environmental Conservation	# of trees planted.	100,000	75,000
	# of households with green compound cover	700	386
	# of households with good fertile soil in their gardens	700	518
	# of households that are practicing mulching as a means of soil erosion control	700	138
	# of households using briquettes instead of firewood.	700	36
Hand Craft Production and Marketing	# of handcraft materials produced by girls and women	500	118
	# of handcrafts sold by women	500	68
	Total income generated from handcraft making	USD 7000	USD 944

Discussion of the Economic Empowerment Activities and Indicators

ACTIVITY / INDICATORS	DISCUSSION
Income Generating Activities (IGA)	Because of the continue lockdown and curfew due to COVID-19, funds were allocated to supporting of COVID19 related activities, families were unable to generate income because of the few working hours and low purchase power of the community members.
Micro Nano Financing	
ACCESS Go Green/ Environmental Conservation	
Hand Craft Production and Marketing	

ACTIVITIES	INDICATORS	TARGETS	ACHIEVEMENT
Orphans and Other Vulnerable Children	# of index OVC supported	80	53
	# of subindex OVC supported	800	450
	# of OVC promoted to next class	503	11
	# of education packages delivered	503	2120
	# of times counselling is provided to OVC children	12	25
(OVC) School Support	# of home visits conducted for OVCs	12	25
	# of school visits conducted	12	2
	# of new sponsors for the OVC children	500	9
Early Childhood Development Program (ECD)	Fundraise and complete construction of ECHD centre	100%	90%
	Register and enroll new students	100	15
	Recruit teachers for the preschool children	10	0
	Register the ECHD centre with ministry of education and sports	100%	10%
ACCESS School of Nursing and Midwifery (ASNM)	Graduate two new sets of nurses and midwives	2	1
	Enroll new set of students	1	0
	Obtain new scholarships for nurse and midwifery students	10	3
	Teach and assess three sets students termly	12	4
	Passing rate of students	100%	99%



Our COVID–19 Response

- Distributed education materials to our beneficiaries
- Conducted campaigns to education community about COVID-19 SOP
- Supported to organize the vaccination of over 1,000 community members through community health workers and over 260 ASNM students and staff.
- Did budget adjustments to include urgent COVID-19 activities
- Procured personal protective gears to protect our health workers and our community health workers.
- Advocated for screening and management of mild COVID-19 cases both at the clinic and homebased care
- Screened over 2,623 people at our health facility entrance.
- Managed over 40 COVID – Patients at the health facility and over 80 on home-based care.
- Our community health workers conducted over 5,000 COVID-19 household screenings.
- Supported CHW-led contact tracing, contact monitoring and home-based care across Nakaseke South.

Strengthening Medical Care Service provision

- We developed a tool to assess the knowledge, attitude and practices of nurse tutors at ACCESS school of nursing towards NCD management and control. We will utilize this assessment to inform the development of the nurses NCD curriculum.
- We have embarked on developing an electronic medical records (EMR) system that the clinic team will use to capture clinical care data. Furthermore, we will also adapt this system for use by the community health workers (CHWs).
- We successfully published three peer-reviewed articles and are in the preparation and review phase for three additional scientific publications.

Imprint

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“Okusoma kugasa”

