



SUSTAINABILITY

ACCESS 2022 ANNUAL REPORT





*Above:
Aerial view of the
ACCESS Compound*

*Cover page:
ACCESS Preschool
Children cutting
end-of-year Cake*

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EXECUTIVE SUMMARY

Welcome to yet another fruitful year of community engagement and great results.

The African Community Center for Social Sustainability (ACCESS) is a community-based organisation that exists to work with rural communities to holistically ensure access to health, education and economic empowerment.

This is our 20th year of existence and we are proud to have provided services to 7,691 patients through outpatients' services and 287 patients as admissions. We provided family planning services to 38,086 community members in collaboration with our partners and had 504 children under-five years complete their immunization schedules.

We have also screened 3500 individuals for chronic obstructive pulmonary disease (COPD) as part of our community screening program which empowers community health workers to identify, screen and refer patients with Noncommunicable Diseases (NCDs).

Through our education program, we welcomed 194 new students to our Nursing school and graduated 135 candidates who are now in the field providing services to rural (67% of graduates) and urban communities (31%). Our graduates address a critical professional healthcare worker shortage which currently hinders development. We enrolled 103 children in our premier early childhood development program which fosters early childhood education, monitoring and continued sponsorship of 607 orphans and vulnerable children in primary secondary and tertiary institutions.

We support 150 women through community interest-free loans that have seen their saving and investment skills grow over the years. This is in addition to the direct income generation projects that are offered to families for economic growth and empowerment.

Thank you very much for your continued support. We are hoping for a very fruitful 2023 as we embark on a third decade of our existence.

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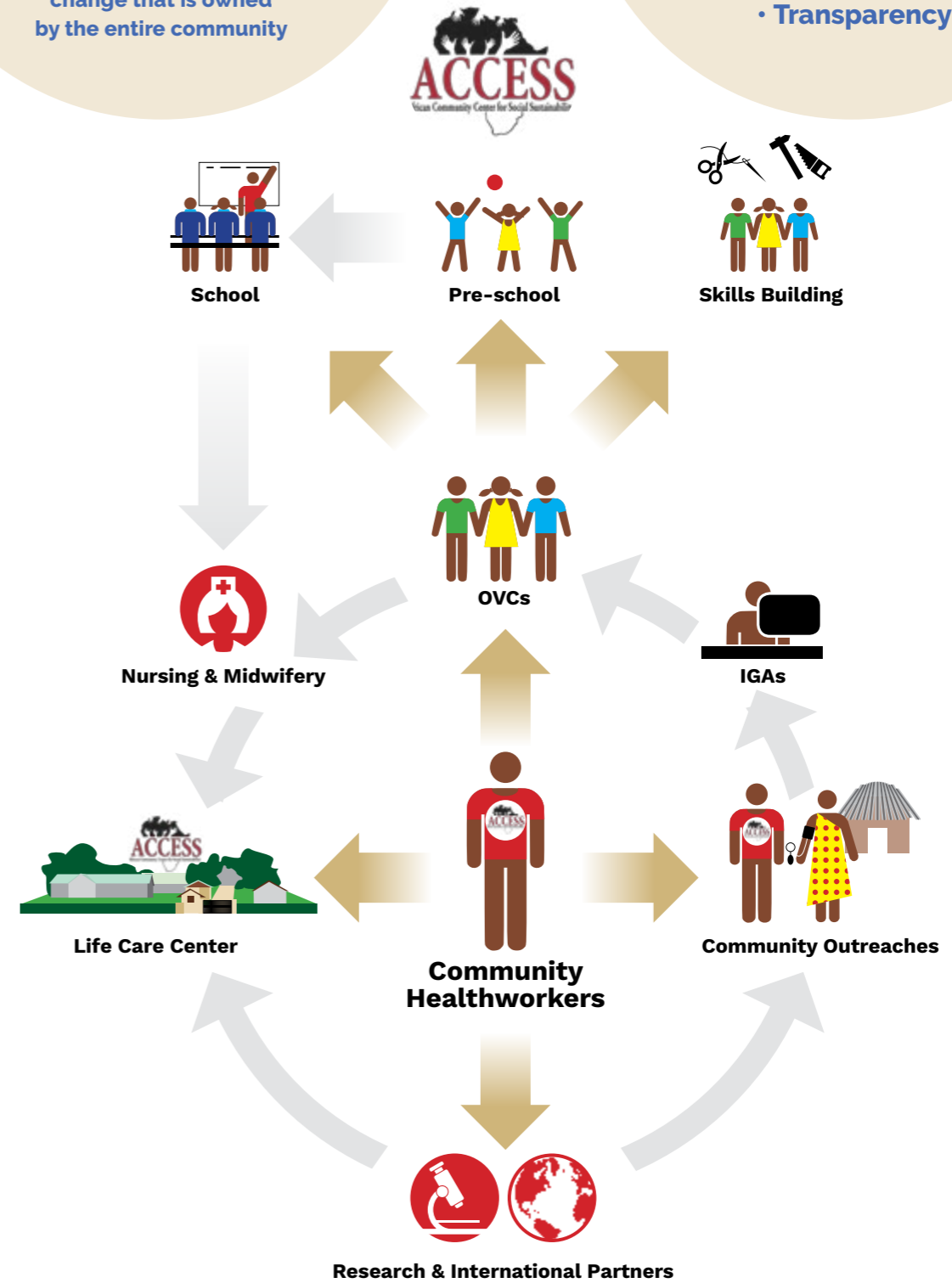
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Our Mission

We are committed to working with vulnerable people in resource limited settings through provision of medical care, education and economic empowerment to create along lasting change that is owned by the entire community

Our values

- Accountability
- Community Empowerment
- Compassion
- Quality health care services
- Transparency



Our Model



Dr. Fred C. Semitala

MESSAGE

from the ACCESS Board Chairperson

Hello Partners,

From 2002, African Community Center for Social Sustainability (ACCESS) has worked closely with her community members to improve Education, Medical Care and Economic Empowerment initiatives. They were residents of Nakaseke who fundraised 20 years ago, provided resources, workforce, and knowledge to build ACCESS Lifecare Center which now serves thousands of patients. A Health Training Institute which graduates hundreds of Nurses and Midwives, and Economic empowerment initiatives which improves financial situation of hundreds of households each year.

Throughout the years, what started as a simple community centered initiative changed into a scalable program transforming education, health and economic systems of rural Nakaseke, Uganda.

Today, we are able to carry out and publish community research which enables rural communities to make informed decisions. We are working with Uganda Ministry of Health (MoH) to influence policies and practices in the Noncommunicable Diseases (NCDs) management and care. ACCESS has trained, equipped and empowered community health workers (CHWs) to provide Primary Health Care (PHC) to community people in their micro locations bridging the gap of long distances between the communities and health facilities. Our education and economic empowerment initiatives have transformed lives and changes the economic standard of households.

ACCESS envision a community where everyone has a right to a healthy life and creating a long-lasting change that is owned by the entire community.

Thank you all for your continued support, your donations allow us to reach more vulnerable communities and changing individual person's story.

Dr. Fred C. Semitala
Chairman, Board of Directors



Dr Robert Kalyesubula

MESSAGE

from President ACCESS

It is such a great joy to be part of ACCESS and a vast group of individuals that have dedicated themselves to ensure that rural communities of Africa, like Nakaseke continue to have standard health services, access to quality education and economic empowerment. In our 20th year of existence, we have a lot to celebrate having reached a milestone of having directly touched the lives of over 77,500 individuals through our services. Initially working under a tree, we now have a well-furnished clinic with laboratory services able to care for both outpatient and inpatient clients. We have trained over 300 community health workers who are the backbone of our service delivery. Through their dedication and enthusiasm, we are able to always have our feet and ears on the ground adapting steadily to the needs of the community. We have established a preschool and are operating a full-

fledged nursing school employing close to 68 individuals fulltime and supporting 120 community health workers. One of our key projects addressing non-communicable disease has been evaluated and taken on as a model by the Uganda Ministry of Health to ensure that many more people are prevented from getting Noncommunicable Diseases (NCDs) while those who are diagnosed are treated in a timely manner.

We have partnered with local and international collaborators to ensure that we continuously evaluate, learn and adapt our interventions to match the current needs of the population we serve. This was highly advantageous when we were hit by the COVID-19 epidemic as well as the ongoing after effects of the Russia-Ukraine war -- both of which have seen massive exit of support from our vulnerable communities.

This year our model was featured at the United Nations Annual General Assembly (UNGAS) which was such a great milestone. We are very optimistic and ready to give our best to our third decade and we hope to walk this journey with a group of committed individuals that are able to work with us to reach the most remotely placed child with the minimum resources that they need to have their lives transformed. Thank you for your great contribution to humanity. Enjoy reading our annual report.

Dr Robert Kalyesubula
Founder and President ACCESS, Uganda



Katali Estherloy



Sewanyana James

MESSAGE

from Managing Director

ACCESS has for 19 years now, worked with the Nakaseke community to initiate, implement and monitor community transformation strategies by extending education, health, and economic empowerment initiatives. 2022, was a year of courage and self will, it presented and ended with the ACCESS Mission scaling within the region.

Questions like how much has the mission transformed the community set the twelve months pace and on the 12th month, the answer was indeed that the organization mission has greatly transformed the community however the weight on the scale looked small, because the population within the region un reached was due to the budget allowance, but what was on the ground told it all, which helped to inform that, the Population Size of 137,300 people in 2002 when the mission set in, grew to 197,373

people by 2022, implying that the resources to feed the growth were either increasing to match the growth or the population was struggling to survive. In our observations, according to the national democratic report 2015, the Nakaseke population was described to be majorly young with 80 percent of the population being young people below the age of 15, which presented a huge dependence burden, yet some of our Economic Vision drivers included, high poverty levels among the locals, low work skill development among the locals, absence of communal led development plans, clean water access in villages far from the town council-not available, poor road terrain to support easy movement of goods and services, unmatched electric power distribution in villages among others, which have not changed since 2002 to date, despite the many successful community interventions for nineteen years now.

In evaluations, we have come to conclude that for every community intervention the science of implementation should be set in to easily weigh the possible return instead of holding community need as the basis of implementation, because however small a population reached by the interventions, and supported fully through the transformation process, the impact on those without interventions makes them to convert even before the interventions are brought closer to them, making the cost of expanding the transformation plans a little lower than the initial process cost, there is also need to concentrate, on interventions with drivers within our control, and strongly facilitate measures to effect the mission drivers out of our control as citizens.

Katali Estherloy
Managing Director ACCESS

Sewanyana James
Community Engagement Director and Cofounder ACCESS



Janice R. Levine

MESSAGE

from FROM Partners for ACCESS

I continue to be amazed at the rate of growth and progress I witness at ACCESS. When I first met Dr. Kalyesubula 14 years ago he had little more than a vision, a medical shack, and his enormous intellect to offer towards building his dream. Now, with the help of his excellent leadership team, it has exceeded what I could have ever imagined.

I think what impresses me most is the humanity and the deeply principled values that underscore every program. ACCESS is about its people: the people who run it and the people it serves. This model of health care treats the whole person, not just the disease. It understands the critical importance of education and personal empowerment.

It understands that wellness is about building capacity, confidence, and self-sufficiency from multiple vantage points. It understands that both the individual and the community must buy into the services in order for gains to be sustained. And it has successfully implemented these important values into a comprehensive model of healthcare – a model that is being praised and emulated beyond its borders.

ACCESS has never closed its doors to anyone in need, regardless of epidemics, pandemics, wars or funds. Over the years ACCESS has faced many obstacles. But with every challenge, new opportunities have emerged that have given rise to its expansion and growth. Armed with this understanding, it is certain that ACCESS will continue to create its own success, and I remain proud to support the great work that it does.

Janice R. Levine, PhD
Founder and President, Partners for ACCESS

1. OUR IMPACT

Founded by a group of compassionate residents of Nakaseke district in Uganda, ACCESS strengthens the capacity of rural communities to advance their own comprehensive wellbeing. We focus on improving the quality of medical, education and economic empowerment services accessed by the community members.

ACCESS was founded on the premise that everyone has a right to a healthy life. We believe that if the community is healthy, they can work together and improve their wellbeing. ACCESS works with community health workers; these are the representatives of the community members who are at the centre of our operations. Through the community health workers model, we support communities in designing solutions that tackle the multidimensional causes of poor health, education and poverty.

We work with academic institutions to generate rigorous evidence that helps the organization make informed decisions. Backed by the evidence obtained from our community research, we build capacities and strengthen households, communities and health facilities to advance high quality health for all.

Our bottom-up approach provides solutions that transform the health, education and economic empowerment systems at the community, national and global level.

This report gives a reflection on what transpired at ACCESS for the year 2022 in the area of health, education and economic empowerment.

Key Impact Indicators ACCESS 2022 Indicator Tracker

Indicators	Annual Targets	Actual	Balance	Achievement	Performance Justification
Medical Care Indicators					
# of OPD attendance	9,000	7691	1,309	85%	We observe increased clinic attendance because of the NCD clinics. Patients are monitored using an EMR and missed appointments are followed up with a phone call by the community mobilizer.
# of Inpatient attendances	400	287	113	72%	
# of Laboratory tests done	4,800	3853	947	80%	More Laboratory tests are as a result of acquisition of the chemistry machine that supports tests in the region. Blood Samples from neighbouring health facilities are now brought to ACCESS instead of being taken to Kampala for testing. The Balamu NCD project provide free Random Blood Sugars (RBS) testing for all its Diabetic patients in the clinic, every NCD clinic day, over 50 RBS test are done per week.
# of Lab referrals obtain from other HFs	900	736	164	82%	
# FP services Provided at static clinic	1,000	669	331	67%	Family planning clients have to cater for supplies needed for the services such as gloves, lignocaine etc. which contributes to the lower numbers of clients that are observed. In addition, the Village Health Teams (VHTs) were reduced to more than half, and currently maintain 50 VHTs, they have surpassed expectations because of the routine and focused monitoring of individual VHT in the community. We leverage the existence of other program conducting outreach and we provide FP services in the community. Women continue to desire access to FP services but without focal health worker to provide the FP services at outreach, few women are able to access the services.
# FP services Provided by CHWs & Other HF	35,000	38086	-3,086	109%	
# of FP outreaches	48	44	4	92%	With over 10 years' experience in providing Family Planning services, FP services have reached each household. The assessment done by an independent research organization found that the unmet need for FP reduced to 10% in our catchment area from 30%. With this performance in FP project, it has affected performance in MCH project. Few women are getting pregnant and delivering in our catchment area since most of them are using family planning methods. In the year 2022, we notice a steady increase in the number of women delivering, this is because of limited funding for the family planning project to continue providing free family planning services in the community.
# of FP outreach clients	500	326	174	65%	
# of pregnant women attending ANC	720	446	274	62%	
# of deliveries done	240	73	167	30%	
# of women attending postnatal care	240	99	141	41%	
# of ANC outreached	48	40	8	83%	
# of pregnant women attend outreach	250	215	35	86%	

Indicators	Annual Targets	Actual	Balance	Achievement	Performance Justification
# of visits of children for immunization	1500	1575	-75	105%	Presence of very skilled midwives, availability of vaccines and quality customer care and services provided. We observe increased number of children being brought for immunization every week and our team of VHTs follow them so that they adhere to scheduled visits.
# of children with UpToDate immunization schedules	300	504	-204	168%	
# of Malaria tests done by CHWs.	2,500	2100	400	84%	Our Community Health Workers (CHWs) are monitored closely by a team of trained staff to ensure that testing for malaria is done. Reports are also shared on the monthly basis with the data team. The CHWs conduct referrals to our Laboratory where diagnosis and treatment is done.
# of Malaria tests done at facility	1500	1085	415	72%	
Provide health education to people	50,000	46064	3,936	92%	Through CHWs, Balamu NCD project has provided health education with in the community on NCD management. Our Clinic has also sent individuals to the radios station to provide health messages as well as conducting community outreaches.
# of Jajjas provided medical examination	50	50	0	100%	Free treatment is provided to all the older people in our program, we also conduct home based care within our community.
# of OVCs provided medical examination	57	66	-9	116%	Our OVCs came for routine medical check-up, some came more than expected because of the worry to have catch COVID.
# of patients screened for COPD	3500	3500	0	100%	Balamu NCD research where able to screen 3500 people for COPD from the community.

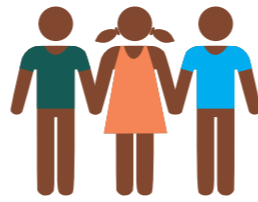
Education Indicators

# of OVC indices supported	57	57	0	100%	All our OVCs have been sent to school, and scholastics materials including school fees paid.
# of OVC subindices provided scholastics	550	550	0	100%	
Provide guidance and counselling to OVCs	550	550	0	100%	The social worker visits schools and homes with her team and they monitor performance and welfare of all our OVC children
# of dream girls supported	60	60	0	100%	A total of 60 dream girls will be graduating this year in hair dressing and tailoring. These are monitored closely by the social worker department to minimise on school dropout due to different factors.

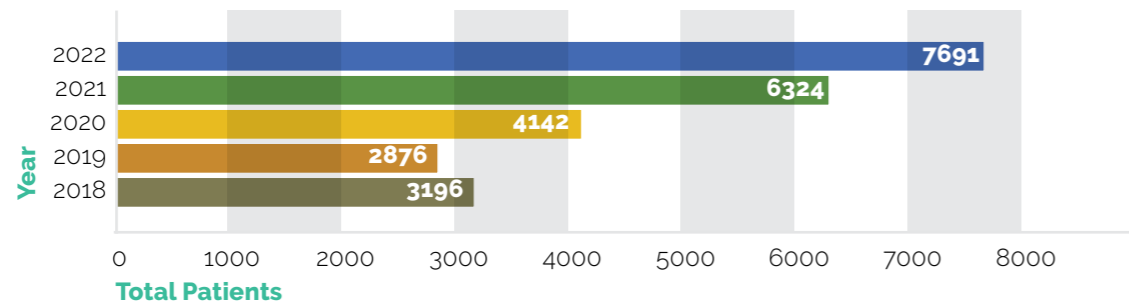
Indicators	Annual Targets	Actual	Balance	Achievement	Performance Justification
# of preschool children enrolled	80	103	-23	129%	Children obtain quality education at the standard of the private schools in Kampala at a subsidised rate. More parent registered their children to benefit from such inexpensive and affordable education.
# of ASNM student enrolled	300	194	106	65%	
# of ASNM Nurse student enrolled	150	125	25	83%	
# of ASNM Midwives student enrolled	150	69	81	46%	Students often prefer studying in the capital Kampala compared to rural settings in Nakaseke. We are collaborating with different bodies in Kampala to refer students to our school.
# of tutors at ASNM	10	9	1	90%	
# of new ASNM student enrolled	50	30	20	60%	New set of students was introduced in this year with a total of 30 new students joining ASNM
# of scholarships awarded to ASNM	5	5	0	100%	We obtained scholarships from the Balamu Project who are supporting students during their stay in school.

Economic Empowerment

# of social enterprises started by ACCESS	9	9	0	100%	ACCESS endeavours to setup social enterprises that can generate income to be used to do community activities that are not donor funded. Some of these project support with staff salary payment, demonstration farms for the community members prior to starting their own income generating activities.
# of women trained in VSLA	150	150	0	100%	
# of women trained in briquette Making	15	15	0	100%	
# of women trained in Poultry	15	15	0	100%	



Total OPD



Sharon a CHW Screening for COPD in the Community using a peak flow meter



Semuto NCD Clinic

Community Research

This year in ACCESS Lifecare clinic, we noticed a 30% increase in the number of people attending OPD compared to the same period in 2021. This is because of the increased referrals from the participants referred by the community health workers through our screening, identification, referrals and follow-up of patients. This model is currently strongly implemented by the Balamu NCD research projects where community members are monitored closely by the research team. Research Assistants identify clients with the help of the community mobilizers who screen them and refer them for care at the health facility.

Our ASNM (ACCESS School of Nursing and Midwifery) and Preschool saw an increase in the enrolment rate by 15% in 2022 compared to year 2021. This is directly related to the efforts of the organization management that approved the implementation of more effective approaches to increase the enrolment of students in both schools. Included among these were the establishment of a working relationship with Kawempe Division who send children to our school, advertising the school at the institutions where the government is interviewing candidates for enrolment in government institutions, and mobilizing the community through the community health worker network and ACCESS staff. We are eager to welcome more students to fill our newly approved capacity of 500 students by the Uganda Ministry of Education and Sports.

Our COVID-19 Response in 2022

- **We continued** to advocate for community vaccination through community health worker centered models.
- **We provided** PPE (facemasks and hand sanitizers) to our community health workers, school children and community health workers that were at the frontline providing services to people in the community
- **When the government** of Uganda opened schools after two years of lockdown, we installed handwashing facilities at our health training institutions and at the early childhood training centres to ensure safety of the children.
- **We continuously** advocate for the vaccination of all our staff and children that were reporting back to school at the health training institution and our surrounding communities.

Protocol 1:

We completed implementation of the 'Task Shifting Screening and Referral for Common Non-Communicable Diseases by Community Health Workers for Early Detection and Referral in Nakaseke, Rural Uganda.' We implemented our first comprehensive study protocol for a CHW-led NCD management system. It now consists of the following three research interventions towards screening and referral of common NCDs lead by CHWs: 1) Hypertension and diabetes 2) Chronic obstructive pulmonary disease (COPD) and 3) Cervical cancer. The study employs a mixed methods approach. CHWs screened 3500 community members for hypertension, diabetes and later COPD to investigate task shifting capacities. We also completed data collection for the sustainability phase where we assessed patient, CHWs' and key stakeholders' experiences and recommendations. In 2023, we

will implement the cervical cancer screening for 800 women in Nakaseke. We completed the community assessment and obtainment of local experts' opinion for this study.

Protocol 2:

Titled 'Effectiveness of a community health worker intervention for hypertension control in Uganda, a stepped wedge, cluster randomized control trial'. We received ethical approval for our randomized control trial, measuring the effectiveness of a CHW education intervention. In this study we will recruit 869 participants with uncontrolled hypertension. We will compare clinical outcomes between intervention and control groups. The intervention groups will receive an individual, home-based CHW education intervention while the control groups continue to receive usual care at our NCD clinics. Through the stepped wedge design, we ensure that all

patients will eventually receive the intervention. Implementation of the study will start in January 2023 with baseline data collection. The study protocol was successfully published in a peer-reviewed scientific journal.

Protocol 3:

Completed screening and enrolment of 440 participants in the Saliva Urea Nitrogen (SUN) Study. The study aims to improve the diagnostic accuracy of SUN through machine learning, through characterization of CKD in Ugandan rural population. We are currently in the process of data analysis and manuscript writing.



Florence and Dennis Reading a peak flow meter



Members that attended the Grip NCD Workshop



ACCESS Lifecare Center

OUR 2022 IMPACT

Protocol 4:

Obtained approval from School of Biomedical Sciences Institution Review Board (SBS IRB) and Uganda National Council of Science and Technology (UNCST) to implement a "Human centered design to adapt and inform an integrated chronic disease management program in Uganda using mobile payment services (IMPEDE CVD)", a qualitative study started in November 2022 with the objective to co-develop together with end-users a mobile financing platform for hypertension, and assess its feasibility and acceptability.

Other Research activities

We organized and attended GRIP NCD workshop that brought together research experts from five countries (German, Uganda, Nigeria, South African and Mozambique).

We have collaborated with the Uganda Initiative for Integrated Management of Non-Communicable Diseases (UINCD) led by Dr Isaac Ssinabulya (Uganda Heart Institute) and Prof. Jeremy Swartz (Yale University, USA); Nakaseke Hospital (Dr Bernard Okong) and the Uganda Ministry of Health to set up an NCD PEN PLUS centre at Nakaseke hospital.

Health Care

At ACCESS, the health system depends on the community health worker model to provide leadership and oversight for community health services. Community health workers are the link between their communities, health facilities and health care providers. They ensure transparency in how resources are allocated and how commodities are distributed, and highlight community demands in policy and budgeting processes. Community health workers are also responsible for mobilizing community participation in health promotion and disease prevention activities. However, community health workers have historically been underutilized and undertrained. ACCESS works to strengthen

community health workers to engage in the planning, execution, and evaluation of local health initiatives. This creates a community with increased expectations for health services, and it ensures that health and community improvement initiatives reflect the needs of the people they serve. These structures also hold government accountable and can be a long-term answer to sustainability. This year, ACCESS continue working with community health workers to screen and enrol 3500 participants into an NCD research project, referred 446 pregnant mothers for antenatal care, and provided 38,646 sexual reproductive health (SRH) services.



Zam Senior Midwife after delivering a mother

FP Methods	FP Services	Provided Conversion Factor	CYP
Male condoms	24307	120	203
Female condoms	816	120	7
POP (cycles)	148	15	10
COC (cycles)	253	15	17
Emergency Pill	11	20	1
Depo-Provera	3659	4	915
Sayana Press	2909	4	727
Implanon	3314	2.5	8285
Jadelle	2578	3.8	9796
IUCD	634	4.6	2916
Tubal ligation	17	9.3	158
Total	38,646		23,035

Table Showing total number Family planning services provided and couple years of protection provided



Some of the ACCESS CHWs

Maternal & Child Health

ACCESS continues to make significant progress in integrating, monitoring and follow up of pregnant mothers, girls, and children under five years through the CHWs- centred model, community outreach and static clinics. Through the IZUMI Foundation grant, we have strengthened the community health worker models and have realised improved outcomes in the areas of skilled delivery, immunization, antenatal care visits and delivery care in the community. ACCESS understands the unique health needs for women, girls and children at every stage of their life; from pregnancy to childbirth, family planning and growth. We work with partners to improve their health across the lifespan and we strengthen their representation in decision making so that they receive the health care they need.

In 2022, at our health facility, we experienced an 81% increase in the completion rate of four and above antenatal care visits, skilled delivery rate at 92%, postnatal care visits rate at 87% and an increase in scheduled immunization completion rate at 80%; With the hired radiographer, we have a 90% increase in obstetric ultrasound scans conducted all compared to the same period in 2021. Currently 96% of the women that have delivered from our facility can recommend other women to deliver from our facility because of their satisfaction with the quality services provided.

Sexual and Reproductive Health

This is a project with goals of scaling up family planning utilization rate, improve access to clinic-based services and enabling families to give birth to children they are able to provide with all the necessities. The program currently works with 50 trained cadres of Village Health Teams (VHT) from the 125 VHTs previously trained. They provide primary health care to the community members and also refer them to the closest health facilities for further investigations. We reach the community members through community outreaches, radio talks, static clinic and working with the VHTs who carry out house to house visits and referral. This year, 38,646 family planning services were provided to people in the community, these include short term, long-acting reversible contraceptives (LARCs) and permanent family planning services.

CHWs and TBAs

With only 14% of CHWs salaried in Africa, ACCESS has trained 20 CHWs to take on the roles of paid Research Assistants. They are able to collect data using tablets and upload data on the daily basis through the ReDCap data collection tool obtained through collaboration with the Vanderbilt University. These special CHWs are given a monthly stipend for the work implemented in the community.

Another total of 30 CHWs working on maternal child health (MCH) project and 50 working on family planning project are supported with monthly airtime and transport allowances to enable them conduct the assigned activities with in our community. With CHWs at the center of ACCESS programming, it is possible to break cycles of inequity and advance quality medical care, education and economic empowerment for all in the rural communities like Nakaseke.



Patients Receiving treatment at Semuto NCD clinic



CAB members during board meeting

ACCESS Balamu NCD care and Management

We continue to focus on NCD research, education, and care with the goal of achieving effective management and control of non-communicable diseases. Being healthy is exactly what we aim to achieve through our project activities: reducing morbidity and mortality due to the increasing global NCD burden whilst improving quality of life by generating evidence.

knowledge, attitude and practices of nursing tutors towards NCD management. We have implemented an electronic medical record system that the clinic team uses to capture clinical data and patient outcomes.

We held various stakeholder meetings with the Ministry of Health, local government and the district health office. In addition, we continue to engage the community advisory board (CAB) as our NCD taskforce. We successfully published three peer-reviewed articles and are in preparation for further articles. Various team members presented our findings and activities at national and international conferences.

Patient characteristics: A total of 2,219 NCD patients have been attended to by our Medical and Clinical Officers this year.

Of these patients, 1,595 (72%) were female, 623 (28 %) were male, 780 (35%) were diagnosed with diabetes mellitus type II, 1052 (48%) were diagnosed with hypertension, while 386 (17%) suffered from both, hypertension and diabetes.

Patient visits: A total of 9,391 patient visits 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 counselling on diet, physical activity, alcohol and drug use cessation as well as medication adherence.

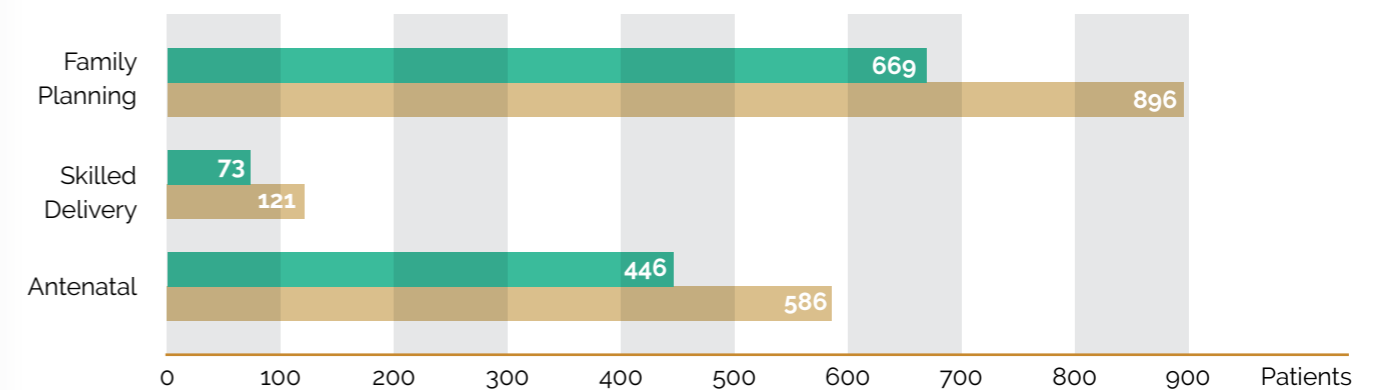
The Balamu project on NCD Research, Education and Care was established in 2020 to build upon the successes of the initial 3-year project, also supported by the Else Kröner-Fresenius-Stiftung. This year, we more than doubled the amount of patient consultations. We have recorded 9,300 NCD clinic visits by over 2,200 patients. In addition, we successfully implemented and further developed studies investigating CHW interventions. We have employed a tool to assess the

Community Outreaches and Community Advisory Board (CAB)

Outreaches help communities to access services from facility-based health workers closer in their villages. Working with CHWs and the Community Advisory Board members (CABs) improves communication and feedback between the community and the organization which improves ownership, sustainability and improved health outcomes. A well-coordinated referral network of patients from

the community was established through which CHWs refer patients to the health facility for facility-based medical care. In 2022, at ACCESS Lifecare clinic, antenatal care visits increased by 27%, skilled deliveries increased by 14% and Sexual and Reproductive Health Rights (SRHR) services increased by 26%. This success is attributed to the efforts of the CHWs who identify, link, refer and follow-up beneficiaries

to ensure that they adhere to clinic visits from within their micro location. This performance can be improved if the referral system was digitized so the data could be permanently stored and accessed. Some referred patients lose the referral forms and they end up not showing up at the health facility. It is also time consuming to compile data for reporting and its difficult track referred patients.



Graph showing Total Patients Referred by CHW against Total Patients Reached



Early Childhood Development program

2. EDUCATION

With two years of existence, the ACCESS Community Advisory Board (CAB) has ensured that all community stakeholders of the organization have a channel through which to voice their needs, concerns, and feedback. The CAB's involvement in the activities of the organisation is reflected in all the projects implemented by the organization. Advice is sought by the program's team leads from the CAB members during the regular meetings.

The CAB members who clearly understand the community provide guidance based on the community context through which the project is going to be implemented. Using the advice provided by the CAB members, the organization proceeds to implement the project within the community. With Community buy in, we have realised increased project acceptance rate from 92% to 98% among our cohorts especially in our community research projects,

Myths and misconceptions about family planning (FP) and noncommunicable diseases (NCDs) have been watered down through continued community education. This is done through the local radios and use of community health workers as it was advised by the CAB members.

The CAB members

The CAB members are volunteers from a broad range of backgrounds with good reputations, representing different groups within a community who have a stake in the activities of the organization.

In spite of the fact that the Ugandan government introduced Universal Primary Education, learning outcomes remain poor in Uganda, implying little progress on the Education for All (EFA) goal of quality education. There is low retention and grade seven completion rate, high student-teacher ratios, high school dropout rates, high level of absenteeism among teachers and students, low levels of learning achievement among students, shortage of exercise books and text books and insufficient participation in education by parents and local residents (JICA, 2012). These challenges continue to devastate school-going children, especially those in rural settings like in Nakaseke.

African Community Center for Social Sustainability (ACCESS) has endeavoured to tackle some of these challenges, however due to limited funding, ACCESS can only impact 24% of the total number

of orphans and other vulnerable children (OVCs) identified to attain quality education within the rural community of Nakaseke. In 2022, the organization continued to support 57 vulnerable children with full school packages and 550 children with partial school packages. It also supported 103 children in pre-schools, provided vocational training to 60 girls, trained 194 girls and boys in nursing and midwifery and offered five (5) scholarships to vulnerable children from Nakaseke community to gain skills in either nursing or midwifery.

In 2022, the organization continued working on the digital transformation platform based on an **Unstructured Supplementary Service Data** (USSD) system to monitor children's welfare in areas of Education, Health and Economic empowerment. Baseline data collection was done by a team of four research assistants, Statistician, and program coordinator. From preliminary data analysis,

it was identified that 21% of the children in schools were absent more than five times from school on the monthly basis. This is due to lack of school fees, scholastic materials, sickness, child abuse / labour during weeding season, domestic violence, divorce and limited counselling/monitoring of children by the guardian or parents.

The USSD system (*in final development stage*) will monitor class attendances in schools, improve awareness about child protection policies and rights and improve awareness about positive parenting practices in the rural community. This will be achieved through exchange of USSD educational messages and feedback from the community (Schools, hospitals, police) and the organization. This platform was graciously sponsored by the Box impact grant.



Some of the Orphans and Other Vulnerable Children



ASNM staff and student's body

Meet Frank Seliiso Kigozi (22 Years)

A total of 607 children have been assessed and recruited into the ACCESS OVC program. Children undergo a series of assessment before being recruited. We use the Uganda OVC Vulnerability Index Tool to preselect vulnerable households and children into the ACCESS OVC program. Since the inception of the program 2002, over 2,500 OVC children have been identified and 24% have been impacted directly by the program. Some of the OVC program beneficiaries have started their own hair dressing and tailoring business. We have plumbers and electricians working with in Nakaseke and beyond and some others are pursuing bachelors degrees in different Universities in Uganda.

Frank was identified and recruited into the ACCESS OVC program at a tender age of 11 years.

"When my son died, Frank was left with no one to take care of him. I brought him home to join his other eight (8) cousins. I had difficulties looking after them all since I am old without any source of income."

Frank's grandmother

"ACCESS educated me from primary up to when I join Makerere Business School for a Certificate in Medical records. I am currently working with Nakaseke General Hospital and I am able to receive payment that helps me to support my grandmother to take care of my cousins and brothers. Without ACCESS, I would be a miserable person without any future. Today ACCESS changed my story and I can see light at the end of the tunnel. With this foundation I hope to continue studying and obtain a diploma and a degree in Medical Records. Thank you, ACCESS, Thank you Dr Robert Kalyesubula"

Frank Seliiso Kigozi

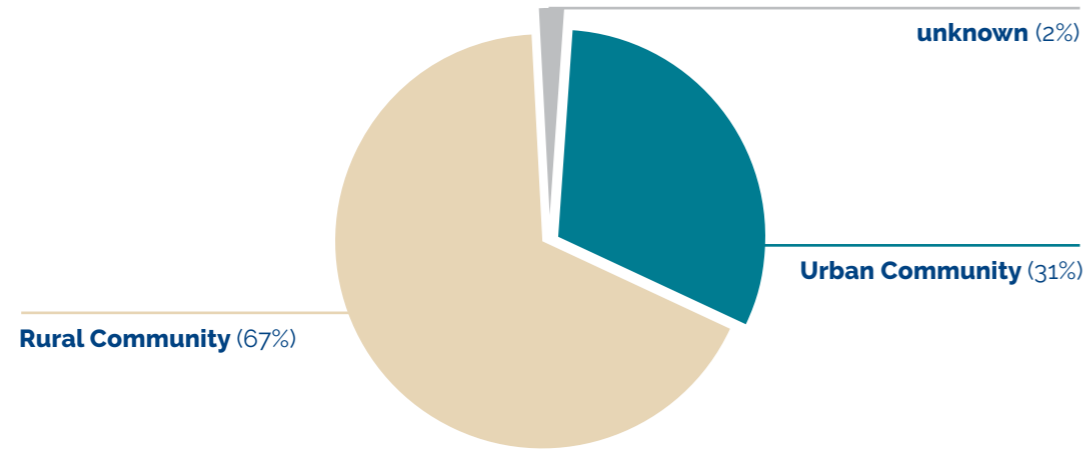
The ASNM was started to bridge the gap of patient-doctor ratio and rural-urban health workers disparities in Uganda. With 80% of the professional doctors working in urban setting and only 20% in rural settings like Nakaseke, ACCESS started a health training institute to skill rural people with medical knowledge to be able to provide medical care to their own community members. For over Five (5) years, ASNM has trained over 500 girls and boys who have earned a certificate of Nursing and Midwifery. With 65% students from rural communities of Uganda, ACCESS is achieving its goal.

We have so far graduated a total of 284 students in Nursing and Midwifery and to our knowledge 98% of our graduates are either self-employed or are employed. Up to 67% of these students are working in rural communities throughout Uganda and 31% working in big cities like Kampala, Uganda.

In 2022, we obtained a license from Uganda Nurses and Midwifery Examination Board (UNMEB) to train Diploma students in Nursing and Midwifery. In the coming year, we will embark on building our capacity further to train Diploma students.

This will be done through procurement of library books, skills laboratory training modals, hiring of qualified tutors and development of school structures to attract Diploma students.

Our long-time serving School principal Mr. Peter Serubombwe retired from active office duties. He is currently spending time with his family. He provides counsel to the school governing body whenever consulted. Mr. Peter Serubombwe was succeeded by his deputy Ms Mary Turinabo who is now the school principal for the ACCESS School of Nursing and Midwifery.



ECD students in Class

2022 ASNM Graduation

The Covid-19 pandemic befell the world from Wuhan city of China 2019. This pandemic disrupted the global economy and created a new world order with almost all human activities disrupted. ACCESS School of Nursing and Midwifery was also not spared by the pandemic, as all activities of the school including graduation were put on hold. In addition, students' normal learning was interrupted and many students' years of study were increased. The 2 1/2 years course took about 4 years for some of the students. This created financial and psychological constraints to students and their respective families.

According to Angella, a graduate in Midwifery, she shared "the pandemic put us in a situation of uncertainty and it was traumatizing for us as students and our parents. We spent most of the time at home listening to the News on radios and watching television just hoping for good news. As if that was not enough, our parents were put in a tough financial situation in which they are still recovering to date. We could not graduate because all gatherings were stop, two additional years felt like a life time"

The 3rd Graduation ceremony for three cohorts of students (set 3,4 and 5 who completed their course in 2020 and 2021) was halted for two years because of COVID-19. A lot happened in the lives of the graduates; some had gotten married, others were out of the country and some had moved on with their lives. The 3rd graduation ceremony was held on 28th October 2022, with 135 graduates receiving certificate in Nursing and Midwifery and with that, tasked to pass forward ACCESS Uganda's values of Quality Health Care Services, Community Empowerment, Compassion, and Transparency.

The Early Childhood Development Program (ECD) is a foundation for quality education as it encompasses a critical phase in children's physical, mental and psycho-social development. ACCESS ECD program concentrates on children aged 2 to 8 years of age who need to be nurtured in a safe and caring environment that allows them to become a healthy, secure, confident and empowered person with life-long learning capabilities. In 2022, our ECD program accommodated 103 girls and boys. We graduated a total of 12 students from the Top Class to join primary schools.

Since the inception of the ECD program, a total of over 35 students have graduated, joining a higher level of education. 100% of our students graduate from our ECD program with ability to read and write.

The program is blessed to be supported by **Grace's Promise**, which provides financial and materials support to ensure that all children access a safe, nurturing, and developmentally appropriate preschool learning opportunity.



CAB members during board meeting



Making Books at ACCESS

3. ECONOMIC EMPOWERMENT

Nano Financing

The community economic empowerment theme of the organization aims to contribute towards the reduction of unemployment, among the community households. It accomplishes this through the creation of employment opportunities in a number of areas, including agribusiness and Nano Financing, to help the community alleviate poverty and create economic sustainability that is owned by the entire community.

Through the collaboration with With Women Kisoboka (WWK), we provide nano business loans to vulnerable women/households. 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 previous amount taken. This is done to ensure that the business grows and generates income to sustain the household.

The program has recruited 200 households who access funds to support their families. Women have invested in different micro business and from these businesses, women are able to provide basic needs to their children.

We are witnessing financial transformation at the community level, 80% of the households that joined the program in 2018 are able to save at least UGX50,000 (\$14) per month.

Village Savings and Loan Association (VSLA)

Through the VSLAs, ACCESS was able to mobilized women and organize them to start saving for their own targets. The VSLA groups are self-managed and self-capitalised where they use group member's savings to lend to each other. A total of six (6) VSLAs with total group members ranging from 15 – 25 members were formulated.

APPROACH

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 eco friendly which helps to reduce pollution, contributes to a greener environment and saves on the cutting down 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 using hands to make the briquettes. But we plan to acquire the necessary technology that we can use to produce more quantity and high-quality briquettes to meet the community and national demand. A total of 150 women were trained in the making of briquettes..

Making Exercise Books

We have gone ahead to provide training to vulnerable households in the book binding exercise. These have a high demand in our community since 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 youth and women to engage in making books instead of charcoal burning which is a major factor for environmental degradation in our community



Planting Trees in the Community

Pine Trees, some of the tree Spices planted in the community



Grace 2022 Staff of the year

ACCESS GO-Green Program Bee Keeping Project

The organization started a tree nursery with 100,000 eucalyptus trees planted. At this nursery bed, we train youth on tree planting and Nursery bed management. A total of 12 youths have been trained in tree planting and management. The tree seedlings are to be distributed to vulnerable households so that we contribute to the environmental restoration.

In collaboration with the Bee Keeping Project in Nakaseke, a total of 72 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.

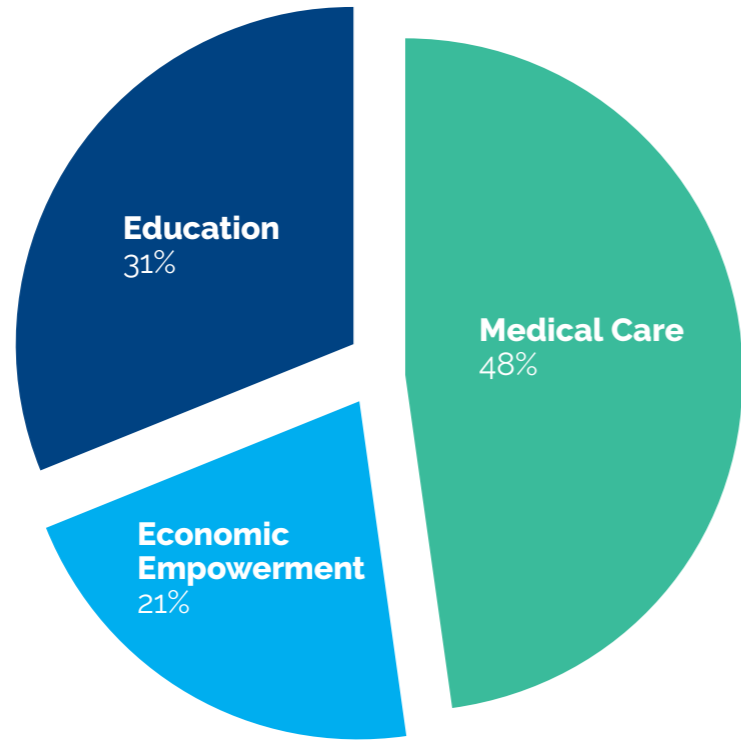
The current production capacity is still low because of limited access to funding to acquire required equipment and modern beehives that have the capacity to keep more bees that can provide more honey

STAFF SPOTLIGHT

Meet Grace Asio our Janitor/cleaner. She is passionate hardworking committed staff of ACCESS Uganda. Grace joined the organization in the year 2015. She was voted as the employee of the year in 2022.

Grace is a friendly, cooperative and smart employee who has ensured the cleanliness of the organization premises. Everyone who has come to ACCESS can attest to the fact that she is so welcoming and always happy. When asked about how she feels about the organization, this is what she had to say.

"It just feels like home working for ACCESS Uganda. Since I joined-ACCESS, I have continuously felt the energy to work and serve the people who I meet in a daily basis. I always make sure that the working environment is clean and always put things right whenever I find something disorganized. I thank ACCESS for giving me the opportunity to serve and make an impact to the organization. The organization has always been so supportive and the impact can be felt in through the community programs like supporting the OVCs"



4. FINANCES

The allocation of expenses in the annual report for 2022, with Education at 31%, Medical Care at 48%, and Economic Empowerment at 21%, reflects a strategic approach to addressing some of the most pressing issues in our society.

Investing in education is an investment in the future. With 31% of our annual expenses allocated to education, we are committed to equipping individuals with the knowledge and skills needed to thrive in an ever-changing world. Education breaks the cycle of poverty, empowers individuals to make informed decisions, and fosters innovation. We urge you to support our education initiatives by contributing your time, resources, or expertise. Together, we can expand educational programs, support more children, and ensure that every child, regardless of their background, has access to quality education. Join us in shaping a brighter future for more children in Nakaseke through education.

Access to healthcare is a fundamental human right, and it's at the heart of our mission. With 48% of our annual expenses dedicated to medical care, we're committed to ensuring that everyone has access to the healthcare they need. Medical care expenses are crucial for saving lives, providing preventive care, and alleviating suffering. Your support can make a tangible difference by helping us expand our medical facilities, provide essential medications, and reach even more underserved communities in Nakaseke. Please join us in our quest to make quality healthcare accessible to all, and together, we can improve the health and well-being of countless individuals.

Economic empowerment is a key to breaking the cycle of dependence and reducing inequality. With 21% of our annual expenses directed towards economic empowerment, we're dedicated to providing individuals with the tools they need to become self-reliant.

These initiatives foster entrepreneurship, create employment opportunities, and promote economic inclusivity. By supporting our economic empowerment programs, you can help us provide training, offer interest-free microloans, and empower marginalized communities to lift themselves out of poverty. Your contribution will directly impact the lives of individuals striving for financial independence.

Join us in our mission to create economic opportunities for all

Every child deserves the chance to dream, learn, and thrive. ACCESS is on a mission to transform the lives of Orphans and Vulnerable Children (OVCs), and we need your support to make it happen. With just \$15 a month, you can become a beacon of hope in a child's life, bringing them quality education, healthcare, and a brighter future.

When you sponsor an OVC, you're not just providing financial aid; you're nurturing dreams and building resilient futures. Your contribution empowers these children with:

- 1. Quality Education:** Education is the key to breaking the cycle of poverty. Your sponsorship ensures access to quality education, opening doors to endless possibilities.
- 2. Healthcare:** Every child deserves good health. Your support covers essential healthcare needs, ensuring they grow up strong and well.
- 3. Economic Empowerment:** We don't just stop at education and healthcare. ACCESS believes in equipping families with income-generating initiatives. By doing so, we create sustainable solutions that lift entire households out of poverty.

Join hands with us, and together, we can create a world where every child thrives. Your monthly commitment of \$15 is a small sacrifice that can bring immense joy and change lives forever. How to get involved:

Visit our website at



support.oneworldchildrensfund.org/campaign/access-uganda/c78958

Sponsor an Orphan or Vulnerable Child (OVC) Today!

Donors for the year 2022

Abbe and David Smerling	ELMA Philanthropies	Neil Petchers
Alane and Gary Bamberger	Erin Shaw Nahrgang	Pamela Seigle
Alicia Arwady	Faye Rastegar	Paul Green
Alicia Cooney	GLOHRA German Alliance for Global Health Research	Pauline Wright
Ana Cristina Herrick	Grace Herrick	Petchers Foundation
Anne E Lynch	Howard Markman	Peter and Gina Starr
Audrey Hempel	Izumi Foundation	Philip Boll
Barbara Levine	Jackie Rosenbloom	Prof Sahai Burrowes
Box Impact	Jan Kirschenbaum	RASHOTS
Conor Lawlor	Jane Bermont	Renate Riggs
Daniel Sheff And Hanna Sherman	Janice Igoe	Rob Meyer
Darcia O'Brien	Jessica Bethoney	Robert Lundgren
David Hatch	Joanie Schaffner & David Hornstein	Robert Nierman
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Dewie Weiner	KLM Royal Dutch Airlines	Sara Levine
Dr Rodney Lutaaya	Lauren Cullity-Sanford	Segal Family Foundation
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Dr. Janice Levine	Madeleine Verhovsek	Steve schwartzberg
Dr. Jeff and Jackie Ponsky	Margaret Lobkowicz	Susan and George Foote
Dr. Joan and Julian Klagsbrun	Mary Ann Albert	SUSAN LOWE
Elizabeth Shapiro	Melanie Steilen	The Cleveland Foundation

Welcoming new Staff Members to our Team



Johnbosco Ntambara
ASNM Clinical Instructor



Rashid Ssegujja
ASNM Clinical Instructor



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

Above:
ASNM Students in the
Skills Laboratory

Rear page:
Preschool Children
during Break Time

Imprint

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