



# HAC 2023 ANNUAL REPORT



# LETTER FROM THE EXECUTIVE DIRECTOR



We link remote, marginalised communities to healthcare, and 2023 was a year of success, opportunity, growth, and challenges for Health Access Connect (HAC). We continue to partner with the Erik and Edith Bergstrom Foundation, International Foundation, Beckon Foundation, Dovetail Impact Foundation, and other individual donors.

We aim to organise and manage integrated monthly/bi-monthly outreach clinic services across Uganda and beyond. Currently, HAC serves 13 districts of Masaka District, Rakai, Kalangala, Lwengo, Sembabule, Gomba, Lyantonde, Masaka City, Buikwe, Bugiri, Iganga, Mpigi, and Mukono.

We are actively expanding to reach new villages and health facilities in the districts of Mpigi, Iganga, Buikwe, Bugiri, and Mukono. This was an opportunity for growth, but it also brought challenges as we rolled out our flagship program using Local Community Associations (LCAs) in these new districts.

Two of our biggest assets are our knowledge of the areas that we serve and our relationships with government officials, healthcare workers, and community members. These relationships have allowed us to expand to difficult-to-reach areas, figure out how to give community groups a leadership role, and navigate how to do this across a large section of the country.

I hope you see the common thread in all of the above: relationships. People helping people, people working together to save lives. People like you, who understand and support what we do and why we do it. This is what we do under the Medicycles programme.

**By the end of 2023**, with your continued support, we were serving **130 outreach sites(communities) in our network**. All of us here at HAC are looking forward to an exciting year ahead!

**THANK YOU FOR YOUR CONTINUED SUPPORT THAT ENABLES US TO REALISE OUR VISION.**

Mwebale Nnyo! We hope you are “revved” up to join us, now, and in the future!

Sincerely,  
**Kevin Gibbons**  
Executive Director

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# ORGANISATION OVERVIEW

## 1. WHY WE DO WHAT WE DO (THE PROBLEM)

In many parts of the world, especially in low and middle-income countries like Uganda and across Africa, millions of people face significant barriers to accessing basic healthcare. For those living more than 5 kilometres from the nearest health facility, access to healthcare is severely limited, resulting in worse health outcomes. Public health systems in Uganda and other parts of Africa are tasked with serving millions of people. Still, they are constrained by limited resources, making it difficult to build new health facilities or hire additional staff.

## 2. WHAT WE DO (THE SOLUTION)

Since its founding in 2014, Health Access Connect (HAC) has been dedicated to linking remote communities to healthcare. We focus on improving access to healthcare in these underserved areas by building capacity within public health systems and empowering the communities they serve.

## 3. WHAT GUIDES US (MISSION, VISION & VALUES)

### A. MISSION

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To link remote communities to healthcare.

### B. VISION

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To set the standard for sustainable, equitable healthcare in marginalized communities

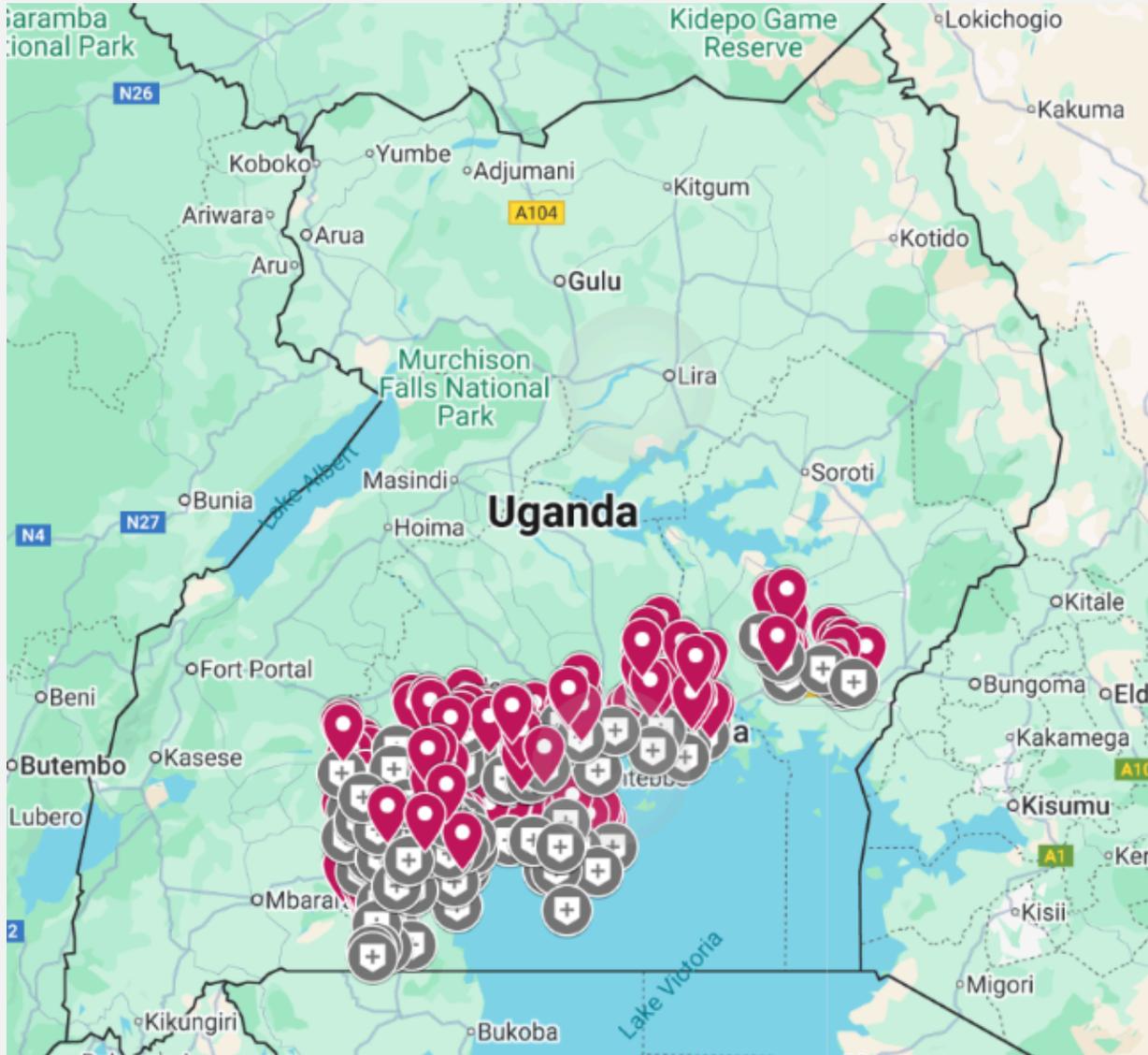
### C. VALUES

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1. Do a lot with a little
2. Sustainability from day one
3. Share and Collaborate
4. Give the real story
5. Root for each other



#### 4. WHERE WE WORK.



# OUR APPROACH



## Identify remote, underserved communities

Partner with local governments and map out the need.



## Organize and partner with community groups

These groups (aka Local Community Associations) host the outreach clinics



**Create a supportive environment for the outreach to begin** Provide basic supplies and equipment to health facilities and motorcycle loans and shelter grants in communities that need them to conduct outreaches.



## Government healthcare workers provide services and medicines

Use existing resources



## Provide motorcycle loans

If there is no reliable transportation for healthcare workers, we provide a loan to a local entrepreneur who uses the motorcycle to run a taxi business. The aim is to address the gap in access to reliable transportation by Health Workers



## Communities lead and sustain the outreaches

Communities collect contributions (~\$0.53 per person collected by the LCA) and pay for the travel costs of the health workers. All services and medicines are provided for free.



## MAJOR ACHIEVEMENTS

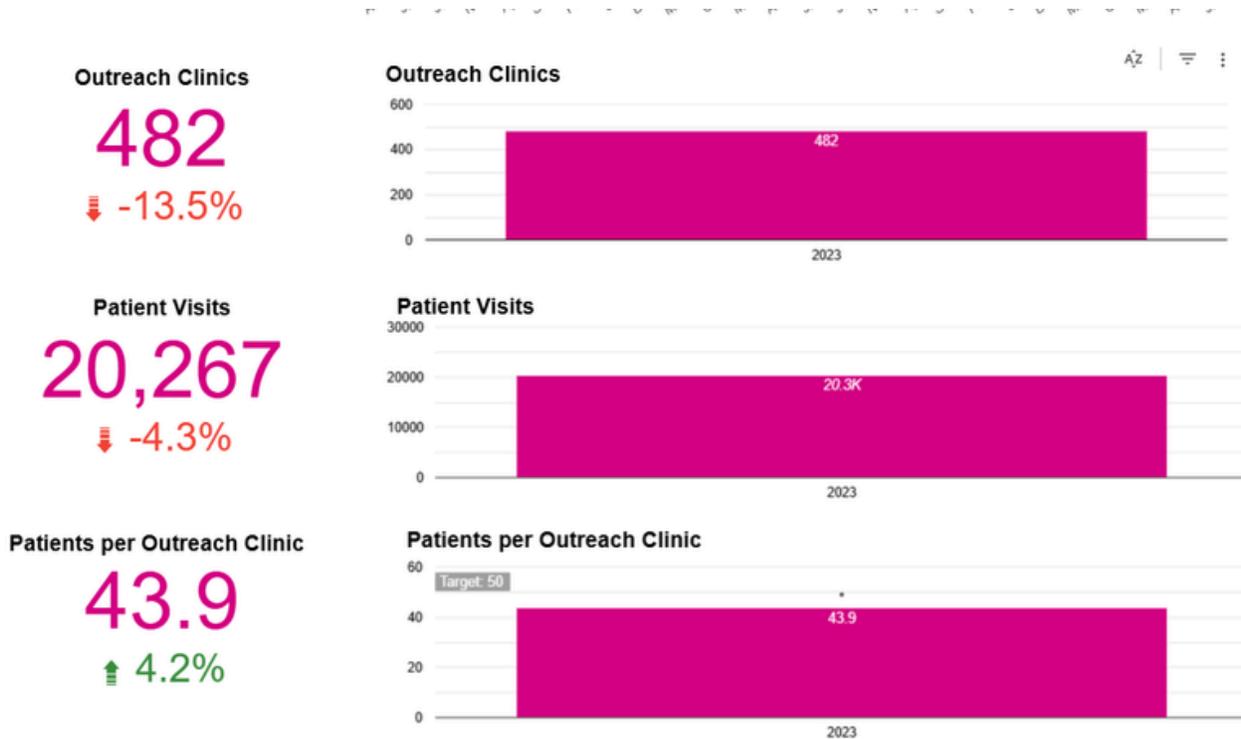
1. Expanded to Mpigi District
2. Hit the 100-site mark by July 2023 and 130 sites by the end of the year.
3. Conducted 463 outreaches
4. 19,444 patients served
5. 1,171 HIV Testing and Counselling Clients
6. 1,018 Family planning clients

# PROVEN IMPACT

We have registered several achievements under every project

## 1. Medicycles Project

The HAC's Medicycles project model addresses the challenge of access to health care services by establishing;1) a community-led wealth pooling system; and 2) using existing resources (e.g. public sector health system, motorcycles, boat taxis, & community health workers) to address the health inequity; and 3) using microfinance as a tool for guaranteeing service delivery.



During the reporting period (January - December 2023), **482 Outreaches** were conducted across **13 districts and 1 city**. This represents a **13.5% decrease** from **567** in 2022. The number of patient visits declined by **4.2%** from **21,333 patient visits** in 2022 to **20,267** in 2023.

There was a **4.2%** increase in the average outreach attendance from 42.0 in 2022 to 43.9 in 2023.



## HIV TESTING & ANTI-RETROVIRAL TREATMENT (ART)

Total ART Patient Visits

1,198

↓ -32.3%

Number of Female ART Patient Visits  
(Percentage of Total)

744

55.1%

Number of Male ART Patient Visits  
(Percentage of Total)

502

44.9%

HIV Testing & Counseling  
Patient Visits

1,655

↑ 4.9%

New HIV+ Results

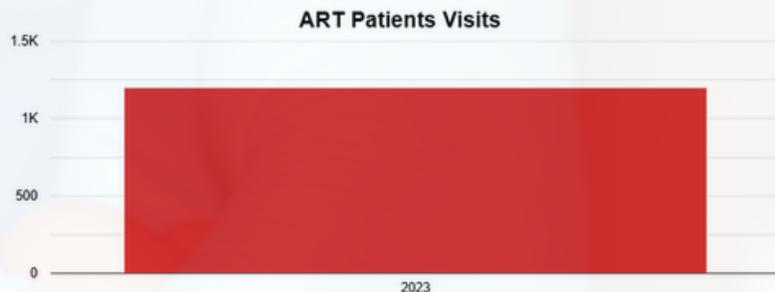
24

↑ 84.6%

Newly Linked to Care

26

↑ 420.0%



In 2023, we had **1,198 ART patient visits** to the Medicycles outreaches, with a 32.3% decrease from 1,715 in 2022. There were **1,696 HIV Testing & Counselling patient visits** with **24 New HIV** positive results, 26 clients were linked to care, and **165 viral load tests** were conducted.



***Kitatta Patu from Buyovu Island, Kusu Village in Kalangala.***

*"I would like to express my gratitude to those supporting us and request them to continue bringing the health services to our community.*

*We have observed a significant change since the start of this system. Each time it is announced that health workers are coming, the community shows overwhelming support, with everyone coming out to participate.*

***Since the introduction of these services, many diseases that once plagued us have been effectively managed. In the past, we suffered from persistent illnesses such as coughs and malaria, which often turned chronic. Our reliance on traditional herbs from the bush has significantly decreased.***

*Access to healthcare has improved remarkably. Previously, the journey to Bufumira for medical help could cost between 50,000 to 60,000 shillings, an amount many of us cannot afford, especially when walking isn't an option.*

*Despite the strong winds today, the health workers still honoured their promise to come to Kusu. We are truly thankful for their dedication and for bringing us the essential medicines we need."*

## 2. Treat & Teach Family Planning Project

This project is on for the third year and runs in Masaka DLG, Masaka City, Lwengo, and Kalangala Districts.

It focuses on Family Planning specific Outreach clinics, LDHF on-the-job health worker training, supply chain management, CHW demand generation, and CHW service to improve access to and use of family planning in remote, underserved communities in Uganda.

- A** Support and conduct 23 Family planning outreaches monthly across the three districts.
- B** Conducted 602 outreaches since inception.
- C** So far, 56609 have been reached & served.
- D** Trained and graduated 4 medical workers on the insertion of the permanent family planning methods .
- E** Equipped 04 facilities with BTL and vasectomy sets.
- F** So far, 23 LDHF mentorships of VHTs and health workers have been conducted monthly to aid knowledge and skill retention.



***Nalunga Josephine, a Village Health Team (VHT) member for the Lulamba Health Centre III, shares her thoughts on the improvements in family planning services within their community.***

*"Currently, we can access all the family planning methods of our choice, which we actively use. This improvement not only encourages us as VHTs but also enhances the stipend we receive for our efforts.*

*I am grateful for the knowledge we have gained, which enables us to provide short-term family planning methods to community members. These methods are then passed on to the women who utilize them.*

*We are immensely grateful for the support that the Health Access Connect (HAC) provides us, and we hope they continue their efforts without getting fatigued. In the past, accessing family planning services was a significant challenge.*

*For instance, a depo injection that we now receive for free used to cost 15,000 shillings, making it difficult for many to afford.*

*I pray that God continues to fuel you with knowledge and support to empower us further.*

*Thank you very much."*

### 3. Technical advising

HAC works with the Africa Resource Centre on technical assistance to the Uganda Ministry of Health in order to make service more patient-centred. HAC works with MOH and implementing partner (IP) organizations to include the Community Led Drug Distribution Point (CLDDP, based on Medicycles) model in national guidelines and teaches implementing partners (IPs) how to implement the model.

- a. The HAC-inspired CLDDP model was incorporated into the national HIV guidelines and is poised to improve access to healthcare across the country.

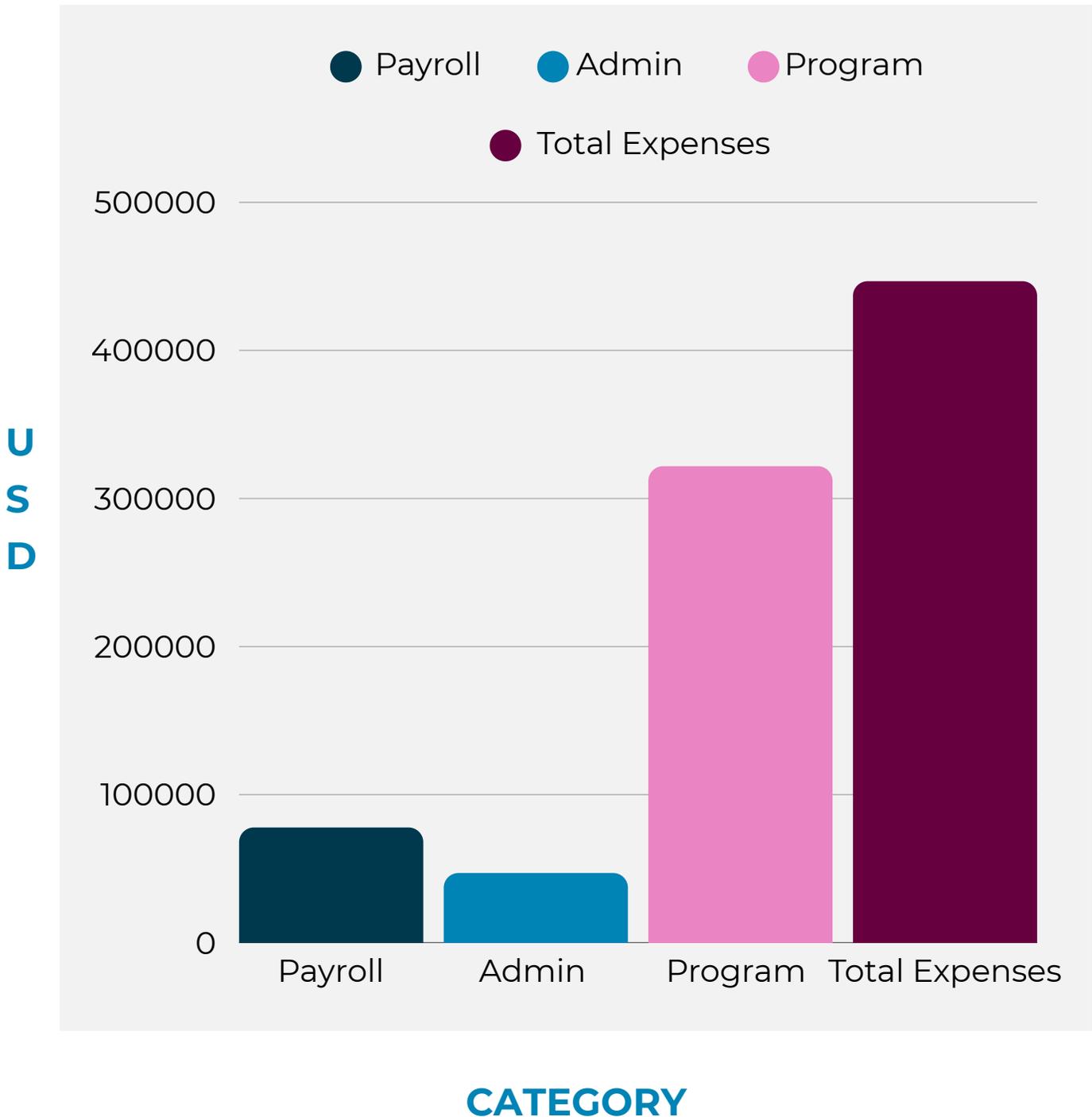
### 4. Digital Stock Management

This Project is currently happening in Masaka City and Masaka District. It focuses on improving the visibility of stock by all concerned stakeholders for better utilization. Stock levels for the participating facilities are monitored on a digital platform hence informing the distribution and redistribution processes.

- b. Supported a pilot digital stock management project and installed the system in 13 facilities of Masaka city and district.
- c. Built capacity for stock managers and in-charges through continuous on-the-job mentorships/training on digital stock management.

# FINANCE REPORT 2023

## INCOME AND EXPENDITURE



# PARTNERS

IN 2023, WE HAD A TOTAL OF 7 RUNNING GRANTS AND SUPPORT FROM INDIVIDUAL DONORS

