



HAC 2024 ANNUAL REPORT



LETTER FROM THE EXECUTIVE DIRECTOR



I am filled with immense gratitude for what we have accomplished together. The year 2024 exemplified the power of collaboration, innovation, and steadfast dedication to our mission of linking healthcare access to remote communities.

We reached 150 outreach sites and over 100,000 patient visits across 15 districts. These numbers are not just statistics – they represent lives touched, illnesses treated, access created, and hope restored. Behind every achievement is the hard work and passion of our incredible team, which has grown to 35 staff members.

Significantly, 2024 marked our **ten-year anniversary** of HAC's Journey in creating access to healthcare from November 28th 2014, to 2024. We also received our dream grant: the **USAID Development Innovation Ventures (DIV)** award. This is a prestigious recognition of our innovative approach to healthcare access and validation that our work can reach millions of people living in remote areas of the world. This award will support HAC in scaling its proven model and conducting rigorous research to measure our impact through a Randomized Controlled Trial (RCT).

Looking Ahead

In 2025, we plan to reach 200 communities, conduct groundbreaking research, and begin work to bring our model to other African countries. We will work hand-in-hand with Ministries of Health, local health workers, and international partners to ensure that everyone, regardless of where they live, has access to healthcare.

Thank you to all our supporters, partners, and team members who made 2024 a remarkable year. Together, we can achieve even greater milestones in the years to come.

With gratitude,

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

To link remote communities to healthcare.

B. VISION

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

C. VALUES

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



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. We received our dream Award, the USAID Development Innovation Ventures (DIV)
2. We reached 35 staff members
3. We celebrated 10 incredible years of linking remote communities to healthcare
4. We reached over 100,000 patients served
5. Reached 150 remote communities
6. We supported 5 District Annual performance reviews with a key emphasis on HAC's contribution to the District's performance.

PROVEN IMPACT

We have registered several achievements under every project

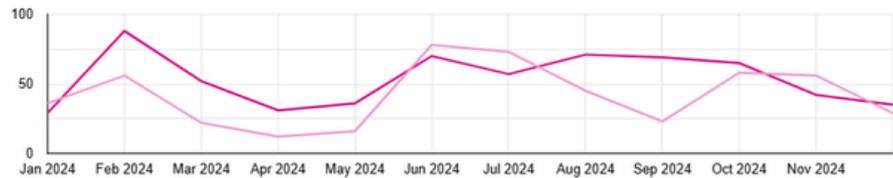
1. Medicycles Project

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.

Outreach Clinics

645
↑ 34.1%

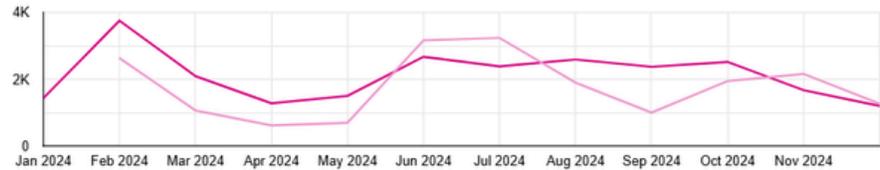
Outreach Clinics



Patient Visits

25,469
↑ 25.8%

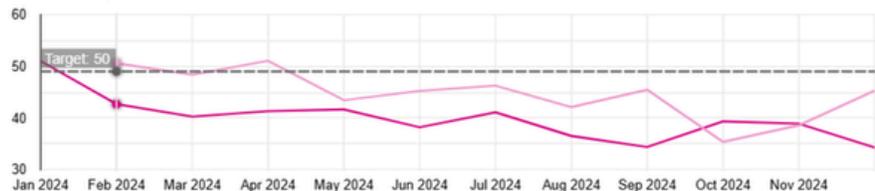
Patient Visits



Patients per Outreach Clinic

39.5
↓ -10.1%

Patients per Outreach Clinic



During the reporting period (January - December 2024), **645 Outreaches** were conducted across 13 districts and 1 city. This represents a **34.1% increase** from 481 in 2023. The number of patient visits increased as well by 25.8% to **25,469 patient visits** in 2024.

There was a **10.1%** decline in the average outreach attendance from 43.9 in 2023 to 39.5 in 2024.



HIV TESTING & ANTI-RETROVIRAL TREATMENT (ART)

Total ART Patient Visits

615

↓ -48.7%

Number of Female ART Patient Visits
(Percentage of Total)

466

58.6%

Number of Male ART Patient Visits
(Percentage of Total)

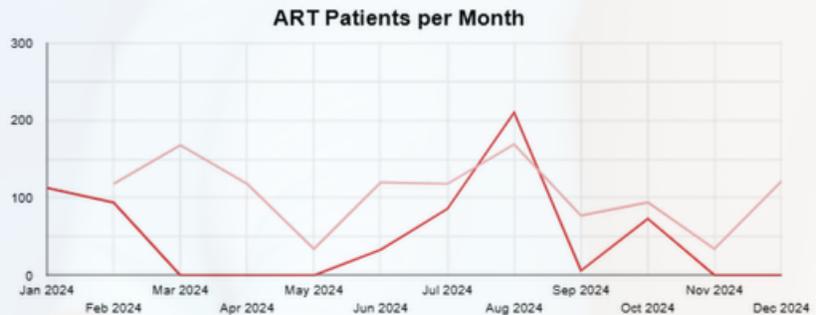
327

41.4%

Average ART Patients per
Outreach

1.3

↓ -65.3%



HIV Testing & Counseling
Patient Visits

2,696

↑ 63.0%

New HIV+ Results

27

↑ 12.5%

Newly Linked to Care

46

↑ 76.9%

Months of ART
Distributed

1,806

↓ -39.1%

Viral Load Tests Conducted

165

↓ -37.3%

In 2024, we had **615 ART patient visits** to the Medicycles outreaches, with a 48.7% decrease from 1,198 in 2023. There were **2,696 HCT patient visits** with **27 New HIV** positive results, 46 clients were linked to care, and **165 viral load tests** were conducted.



FAMILY PLANNING

Total FP Patient Visits

2,922

↑ 108.7%

Family Planning Patients per Month

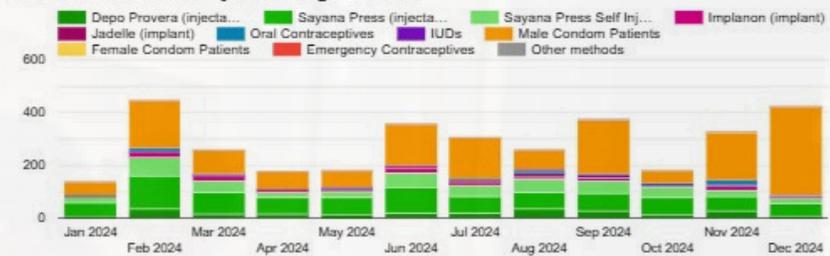


Average FP Patients per Outreach

6.2

↑ 41.6%

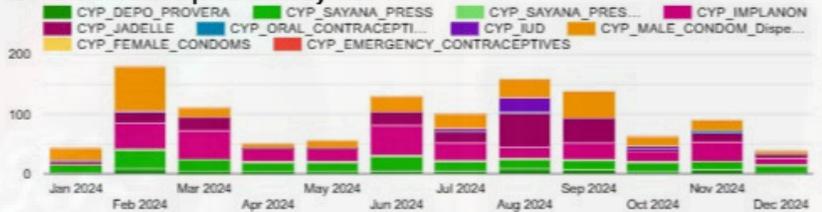
Method Mix of Family Planning Patients



CYPs Distributed
1,147.2

↑ 38.8%

CYPs Distributed per Month by Method

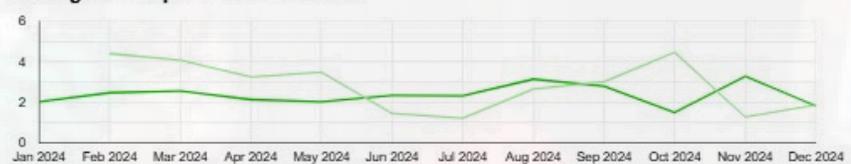


Average CYPs per Outreach

2.4

↓ -5.2%

Average CYPs per Outreach Clinic



We got **2,922 FP patient visits**, generating **1,147.2 CYPs**.



MATERNAL & CHILD HEALTH

Total Immunization Patient Visits

1,151

↑ 127.0%

Total Child Checkups

1,260

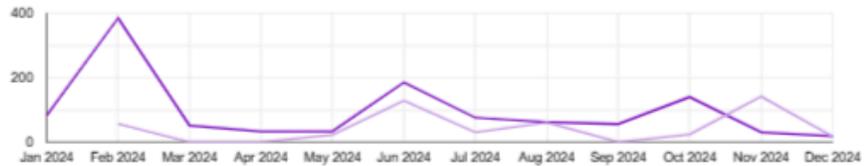
↑ 0.5%

Total Antenatal Care Patient Visits

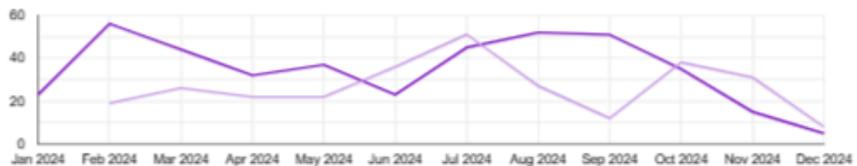
418

↑ 38.0%

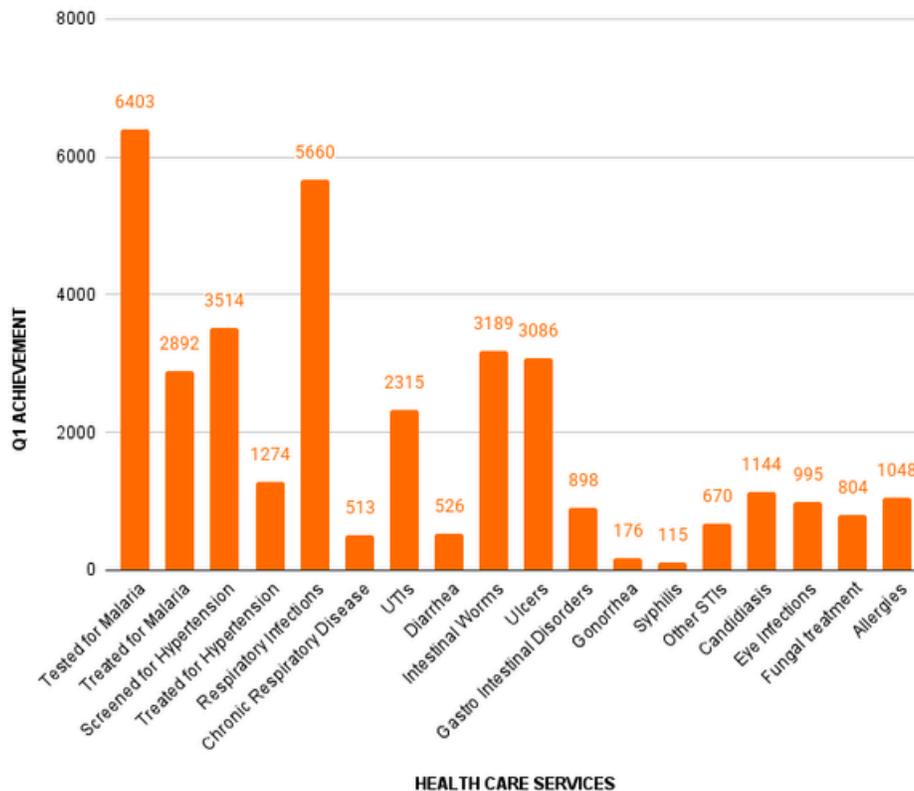
Immunization Patients per Month



Antenatal Care Patients per Month



1,260 child checkups were done at the Medicycles outreaches in 2024. There were **1,151 immunisation** and **418 antenatal care patient visits** in 2024.



Malaria Testing was the most provided service at the medicycles outreaches, followed by treatment for respiratory infections, and screening for hypertension.

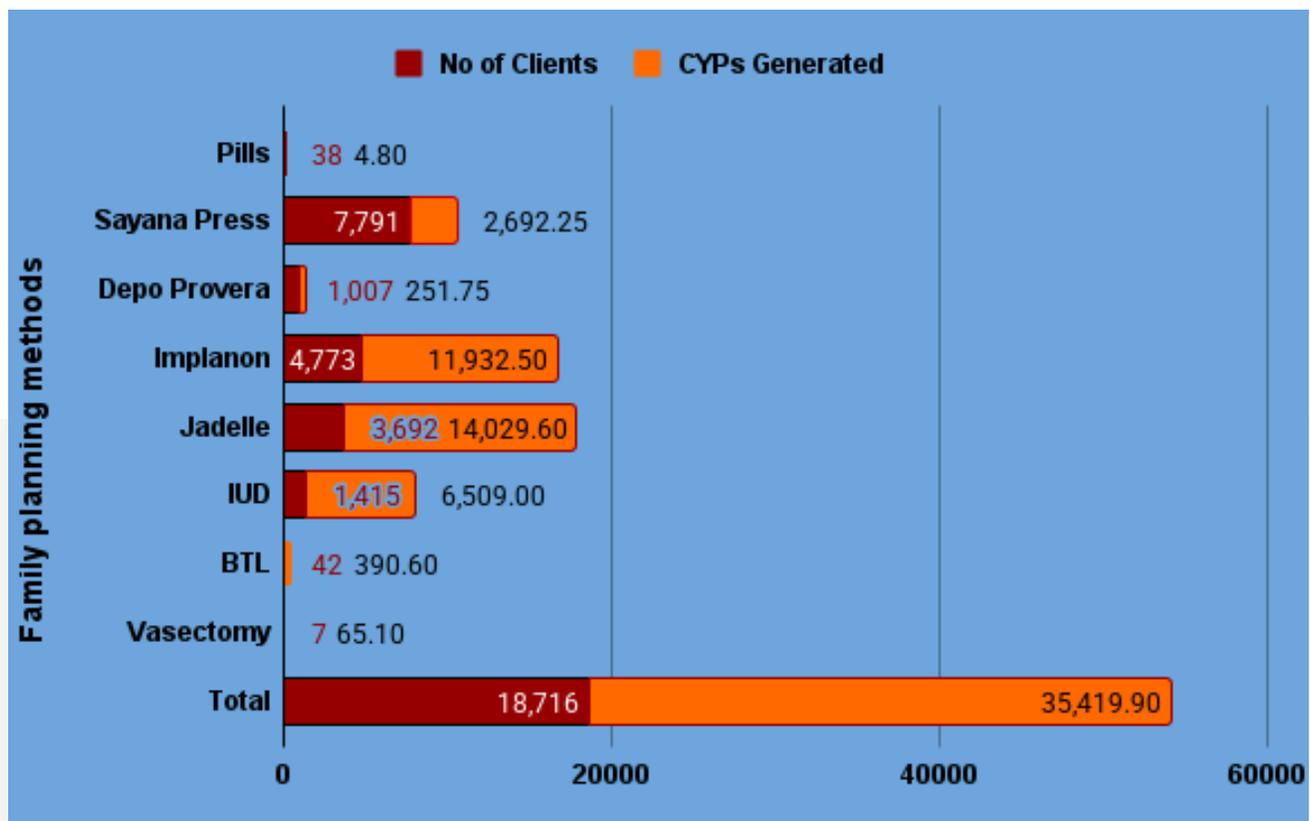
2. Treat & Teach Family Planning Project

HAC Treat & Teach Family Planning program focuses on Family planning-specific Outreach clinics, Low-Density High-Frequency (LDHF) on-the-job health worker training, supply chain management, Community Health Worker (CHW) demand generation, and service to improve access to and use of family planning in remote, underserved communities in Uganda.

The yearly direction emphasised the promotion of gender equity in health (SDG 5 through reaching marginalised communities, i.e., men, youth and Most At-Risk Persons (MARPs), (sex workers) with a comprehensive Sexual Reproductive Health SRH package.

This project started its fourth year of implementation in September 2024 in Masaka DLG, Masaka City, Lwengo, and Kalangala Districts

A graph showing the number of clients who received specific Family planning methods and the Couple Year of Protection (CYPs) generated



We reached 18,716 clients with contraceptives generating 35,419.90 CYPs in the year 2024. Sayana Press was the most sought method, followed by Implanon, Jadelle, IUD, Depo Provera, BTL, Oral Contraceptives and Vasectomy. Jadelle generated the highest number of CYPs, followed by Implanon, IUD, Sayana Press, BTL, Depo Provera, Vasectomy and Oral Contraceptives.



Treat & Teach Family Planning Activities conducted

1. 12 Male-only dialogues were conducted

12 Male-only dialogues were conducted across the districts, and an average of 50 males participated in each. This has gradually increased couple consent for LARC and PMs and dispelled gender stereotypes.



2. Piloted Adolescent/Youth-Friendly Dialogues

The 03 engagement sessions conducted proved to be private spaces for youth. A comprehensive Reproductive Health package has been offered including; Health promotion, STI management, Sexual and Gender-based violence (SGBV), and a rights and Family planning package.





3. “Talk to Men Now” Initiative

Launched and Reached over 80 men in male-dominated spaces, providing targeted Sexual Reproductive Health packages. This bridges the gap of poor health-seeking habits for men since they are men at their workplaces and dispels all health stereotypes.

4. Engagement with Most At Risk Persons

Engaged sex workers, providing counselling and facilitating access to safe Sexual Reproductive Health services.

5. Inter-Facility Redistribution

Collaborated with ADHOs and facility heads to support inter-facility redistribution, reducing stock-out risks.

HAC shall continue with significant strides in involving men as supportive partners, contraceptive users, and decision makers/advocates for family planning for building healthier families and communities.

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 was completed in 2024. It focused 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.



“My name is Naluyima Consolanta from Kaziru Village, Bukakkata sub-county, Masaka District. Since 2020, we have received invaluable support from the Health Action Coalition (HAC), which has significantly impacted our community.

HAC provides essential healthcare services, treating conditions such as coughs, fevers, high blood pressure, diabetes, and offering HIV testing. This support has improved our well-being tremendously.

*As a businesswoman and local council leader, I've witnessed positive changes, especially regarding transportation costs during the rainy season, which have significantly reduced. **Now, we can travel for only 2,000 shillings, allowing us to use the extra money for essential items for patients.***

Community sanitation has also improved through health education initiatives, increasing awareness about malaria prevention and HIV. Many, particularly the youth, now approach me confidently for advice.

*Personally, my involvement with HAC has boosted my popularity in the community, and I am proud to connect my people with this amazing organisation. In summary, **HAC has empowered our community to thrive and seek a better future.**”*



“My name is Kaggwa John, and I serve as a Volunteer Health Team (VHT) member for Health Access Connect at Kiyumba Health Centre III in Kyesiihga Sub County, Masaka District. I am proud to promote family planning and child spacing in my community, especially after receiving training from HAC.

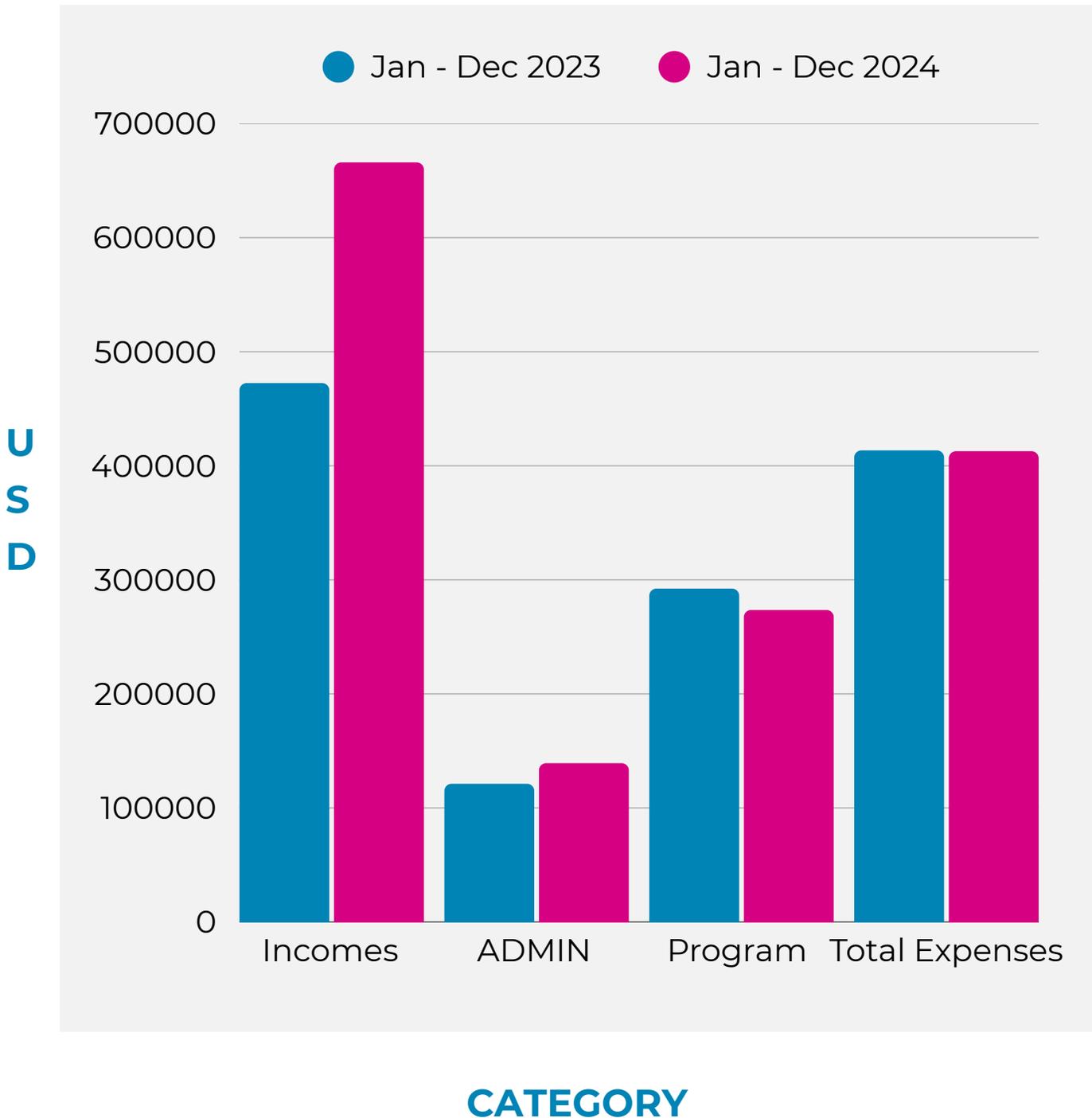
Through education from HAC, I've been able to teach others how to improve their lives with planned parenting. However, I face challenges, such as many clients having limited knowledge and some men resisting their partners' use of contraceptives.

*To tackle these issues, I believe HAC should focus on ongoing sensitisation and involve men in the discussions about family planning. **My work with HAC has helped me gain trust within the community, and people often seek me for health information.***

*Since HAC's involvement, **more women are adopting family planning, leading to healthier children who are spaced appropriately.** This not only benefits their health but also allows families to manage their finances more effectively. I am proud to be part of this positive change in our community.”*

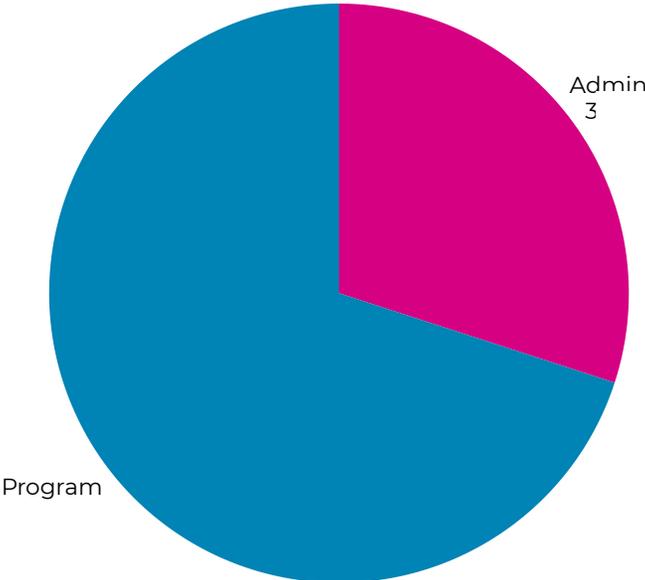
FINANCE REPORT

FINANCE COMPARISON 2023 VS 2024

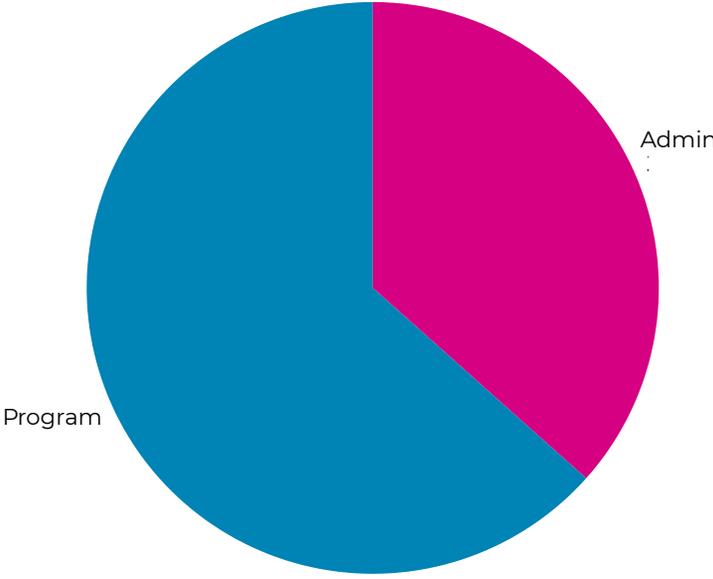


EXPENSES BREAKDOWN 2023 VS 2024

2023



2024



PARTNERS

IN 2024, WE WERE MAINLY SUPPORTED BY 5 PARTNERS AND INDIVIDUAL DONORS

