HAC 2025 ANNUAL REPORT

Health Access Connect

LETTER FROM THE EXECUTIVE DIRECTOR

2025 brought challenges we had not planned for. The sudden freeze of funds from the US Department of State was a painful blow; the resources we had counted on to scale to over 120 new communities were gone overnight.

But our model was built for moments like this. Because sustainability begins at the community level, the communities we serve did not stop. We supported 776 outreaches, reached 34,937 patients, supported 520 pregnant women through antenatal care, and provided family planning services to over 15,000 people, all while navigating one of our most difficult years.

None of this would have been possible without you. To Bergstrom, for supporting family planning activities for over 6 years; to Panorama for stepping in at a critical moment; to PRO for funding our research; and to every individual donor who gave quietly and consistently, thank you.

We closed 2025 with renewed hope. An anonymous partner is funding our Randomised Controlled Trial, and we are expanding into new districts, investing in our systems, and piloting adolescent reproductive health services.

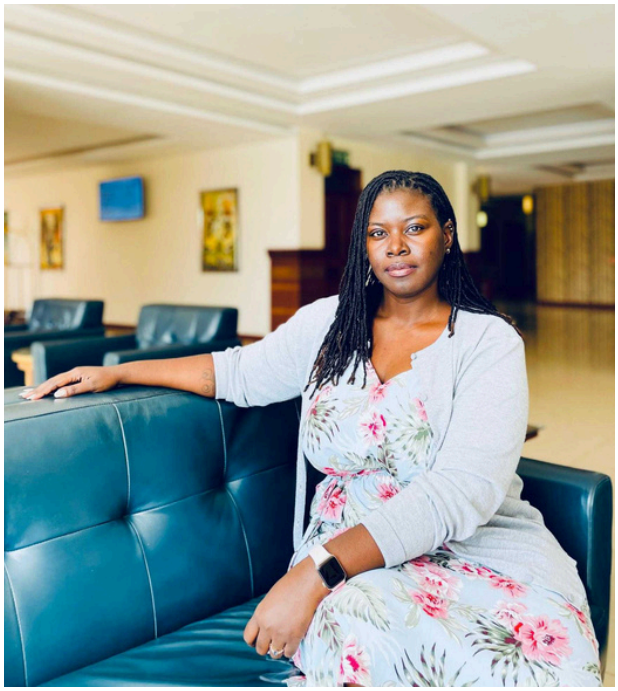
And we welcomed Patricia Akullo as our Operations Director — the best decision we made all year. Patricia believes, as we do, that distance should never determine access to care, and she now leads the operations that make that belief a reality for remote communities connected to healthcare**.**

The work continues, and so does our gratitude.

With gratitude,

Kevin Gibbons
Executive Director

LETTER FROM THE OPERATIONS DIRECTOR



For as long as I can remember, my personal mission has been to save the world, especially the little slice of it assigned to me. And that mission has shaped my career. So when I read Health Access Connect's mission and core values, I was drawn to its simplicity and commitment to **doing a lot with little.**

When I joined HAC, I was struck by the passion and energy of the team. Seeing the mission in action made me want to be part of a group willing to face enormous need and believe we can make a difference.

What sets HAC apart is **our embedded, system-strengthening approach.** We don't simply bring resources and leave. We work alongside communities and healthcare workers to build lasting capacity. I've seen trained health workers gain confidence and community groups become independent and continue serving their communities with minimal support from us.

And here's what's remarkable. We've also proven that this model can withstand difficult times. We navigated COVID-19, funding cuts, and uncertainty, and came out stronger, learning, adapting, and expanding our impact.

I believe in this model because I've seen it work. And I believe that small efforts, when combined, can create enormous change. HAC doesn't try to be the ocean. We bring together communities, healthcare workers, partners, and supporters to create **a tidal wave of change.**

My goal is to help build systems that can take this work from 14 districts to wherever we need to go to connect **one million people to healthcare by 2030.**

Together, we create a tidal wave of change.

Patricia Akullo
Operations Director

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2025 IN NUMBERS

776
Outreaches Conducted
512 Medicycles + 264 FP

34,937
Patient Visits
18,860 Medicycles + 16,077 FP

16,077
FP Patient Visits

153
ART Patient Visits

2,208
Child Check-ups

2,149
Immunisation Visits

520
ANC Patient Visits

Testimonial

*"I am **Clare Mukisa,** from Kikungwe, **Masaka City**.*

Before Health Access Connect (HAC) started bringing healthcare services closer to our community, the nearest health facility available to us was Bukoto Health Centre, located about 7–8 kilometers away.

A round trip by boda boda (motorcycle taxi) would cost me approximately UGX 20,000, (USD 5.46) which was a significant expense for many families in our village

Today, thanks to Health Access Connect's community outreaches, healthcare services have been brought much closer to where we live. We can now access medical care, consultations, and medicines without the burden of expensive transportation costs or the loss of an entire day's work."

Project Activities

1. Medicycles Outreaches

1. Expansion:

In a bid to expand equitable access to primary healthcare in more remote communities in Uganda, we extended our outreach model to Namayingo and Luwero Districts, where **7 new communities** were identified and mobilized based on evidence of limited access to health facilities, high transport costs, and underserved populations. The establishment of outreach services in these areas has significantly improved physical access to essential healthcare, particularly for vulnerable groups, while reducing indirect costs associated with seeking care. Early results indicate increased service uptake and strengthened community trust, demonstrating the effectiveness of the outreach model in reaching previously excluded populations.

This expansion not only contributes to decongesting static health facilities but also reinforces preventive and community-level care, advancing progress toward universal health coverage while highlighting the need for sustained logistical and system-level support to maintain service quality and continuity

2. Maintenance:

Across 14 districts in Uganda, 136 communities continued to access essential healthcare services through sustained outreach delivery, ensuring continuity of care for previously underserved populations. This maintenance phase reinforced consistent service utilization, improved health-seeking behaviour, and supported ongoing access for vulnerable groups.

In alignment with the Government's service integration agenda, a proportion of outreach sites have been progressively transitioned to management by public health facilities, strengthening local ownership, promoting sustainability, and enhancing integration within the national health system. This shift not only ensures continuity of services beyond program support but also contributes to system strengthening by embedding outreach delivery within routine government healthcare structures.

2. Treat & Teach Family Planning Project

Family Planning outreaches were consistently conducted across Lwengo, Kalangala, Masaka Districts, and Masaka City, sustaining access to reproductive health services in both hard-to-reach and high-demand settings. In 2025, a total of 264 outreaches were conducted, reaching 15,661 individuals with Family Planning services and generating 27,943.16 Couple Years of Protection (CYPs). This sustained delivery has contributed to increased contraceptive uptake, improved method availability and choice, and enhanced continuity of care, particularly for women and adolescents facing access and cost barriers. The high CYP output further reflects both the scale and effectiveness of the intervention in supporting informed reproductive health decisions and advancing progress toward improved maternal and population health outcomes

Later in the year, we embarked on three major directions of this work.

1. A 6-month phase-out for Masaka, Lwengo and Kalangala.

During this period, we started to gradually strengthen Family planning service inclusion in the existing Medicycles outreaches, which will remain as the service provision points when the Family Planning project finally stops in these districts on 31st March, 2026.

2. Enrolling a new district - Mpigi

18 health workers were trained to provide modern Family Planning methods and equipped to start providing the services through fully funded Family Planning-specific outreaches.

3. Adolescent Sexual & Reproductive Health Services (ASRH).

Following noted rising rates of teenage pregnancy in some of the districts we serve, we started a pilot Adolescent Reproductive and Sexual Health project that involves both implementation and study aspects. The objective is to make Reproductive Health services more accessible and friendly to teenagers. This has been designed as a multi-sectoral approach that brings teachers, health workers, parents and district leaders on board in the struggle to curb the rising teenage pregnancy rates.

Quality & Privacy at the outreaches

To improve the quality and privacy of services at the outreaches, we distributed the Outreach and Facility Kits. Health Facilities received: weighing scales, thermometers, Blood pressure machines and Aprons. On the other hand, communities received Megaphones to enhance mobilisation, hand-washing facilities and curtains to enhance privacy at the sites.

Stakeholder engagement

District Stakeholder meetings

We facilitated 6 District stakeholder meetings in Gomba, Bukomansimbi, Bugiri, Buikwe, Mpigi and Kalangala. It was a good time for district leaders, Health workers, communities, and HAC to share the journey so far, appreciating not only what they have been able to do together but also the challenges they have faced, so we could come up with suggestions to improve and make outreach services better and more sustainable.

Community review meetings

Every 6 months, communities come together with a health worker representative and staff from HAC to review the specific outreach performance. As the primary beneficiaries, community members are key stakeholders in the outreach work, and their involvement speaks volumes to sustainability. It is a time to reflect on what is going well and what needs improvement.

Testimonial

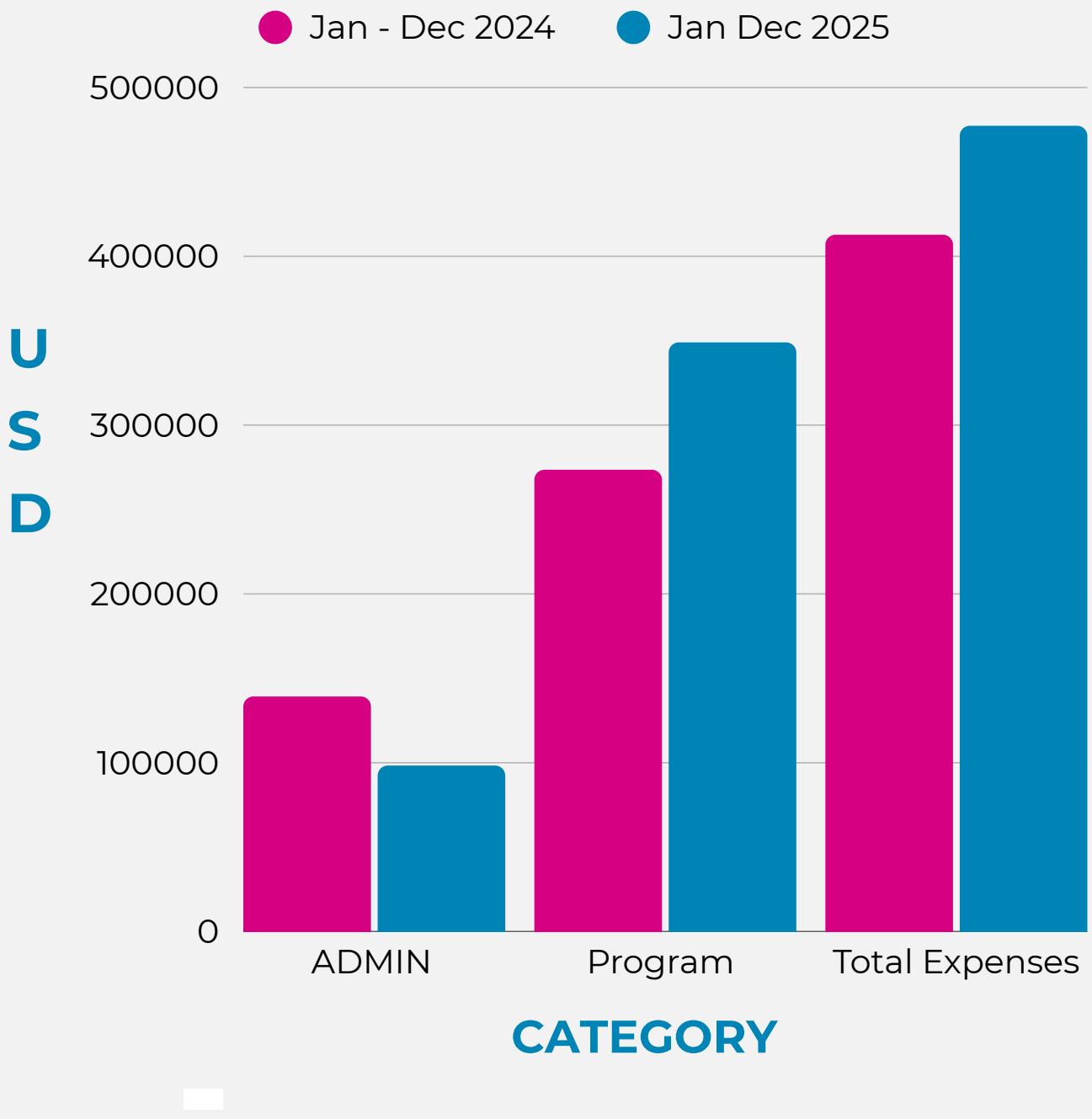
*I am **Kwagala Sarah,** from Malubya, **Buikwe District**.*

Before HAC came to Malubya, accessing healthcare was very difficult. We had to travel long distances to health facilities, and transport alone would cost about twenty thousand shillings for a motorcycle ride to and from, a cost many of us could not afford.

Since HAC started working with our community, things have changed. We now contribute only two thousand shillings, which we mobilise and save together, and health workers come directly to us. They provide check-ups and treatment for many different illnesses right here in the community. This has made healthcare affordable, accessible, and possible for us.

FINANCE REPORT

FINANCE COMPARISON 2024 VS 2025



Challenges

2025 began with a major shock. A 10-year dream was cut short just as it became a reality. Following the USAID funding freeze, we lost our USAID Development Innovation Ventures (DIV) grant, support intended to help us scale our work to over 120 additional communities and conduct a Randomised Control Trial (RCT) to measure the impact of our community-led outreach model.

How we navigated the setback

To sustain what we had already built, we made difficult but necessary decisions. We scaled back our operations, paused expansion plans, and reduced our team size. Thanks to the strength and sustainability of our model, we continued serving communities. Our team reduced field visits and shifted to remote monitoring of outreaches, ensuring continuity while managing limited resources. Thanks to generous support from our individual partners, we continued to serve the communities we depend on.

A difficult beginning, a hopeful ending

We closed the year with renewed hope when an anonymous partner stepped forward to support the launch of our Randomised Control Trial. This 18-month study will allow us to rigorously evaluate the impact of our work and strengthen the evidence behind community-led healthcare delivery. With recovered funds from DIV and support from PRO, Panorama and individual supporters. We started preparing for research and a piloting Adolescents' Reproductive and sexual Health

"From organising the outreaches to mobilisation and saving, the community is always at the forefront. The community members, led by the VHT and Chairperson LC I, are always in constant communication with the health workers and as a HAC Field Officer, I ensure that the outreaches are successfully conducted. When a date is agreed upon, they begin mobilising the community. However, in most sites, the dates are well known to the community (for example, every last Friday of the month).

Amidst funding cuts, already organised communities continued to hold outreaches because they had the power to organise them and connect with health workers. "

Jim Muhangi, Field Officer

Organisational Updates

Internal Improvements to Enhance Efficiency

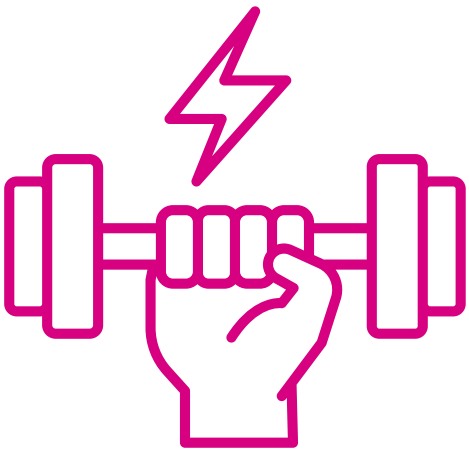
1 Data Management (OCR & Power BI)

To reduce the M&E team's time spent on manual data entry, we invested in an online document scanning system, **Optical Character Recognition (OCR).** This automatically extracts key data upon uploading of the form, **improving accuracy and saving time.**

We have also integrated **Microsoft Power BI** to transform routine program data into dynamic, real-time dashboards and actionable visual insights. This has strengthened data-driven decision-making by accelerating analysis, improving performance tracking, and making cross-team reporting more timely and accurate, thereby supporting more responsive, evidence-based program management.

2 Organisational Operations (Odoo ERP)

We have strengthened operational efficiency through the implementation of **Odoo ERP,** which seamlessly integrates and automates core organizational functions like HR, Finance and program. This has improved process coordination, enhanced data accuracy, and increased visibility across departments, enabling more efficient resource management, stronger internal controls, and more informed, real-time decision making.



Spotlight on our Partners

Over the past year, our work has been made possible through the unwavering support of partners and individuals who believe in expanding healthcare access to remote communities.

Bergstrom – Key Donor (6th Year)
We proudly mark six years of partnership with Bergstrom, whose consistent support has been instrumental in sustaining and growing our impact.

Panorama
In the face of sudden USAID funding changes, the timely support from our partners enabled us to remain resilient and continue delivering essential services without disruption.

Research Support (PRO) - DIV Fund
We acknowledge PRO for funding our research efforts, enabling us to generate evidence, strengthen our model, and improve the effectiveness of our interventions.

Individual Donors
Our heartfelt appreciation goes to the many individual donors who have consistently stood with us. Your generosity continues to power our work on the ground.

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

4. WHERE WE WORK.