

“Orphan Advocacy: The Genesis of ACCESS”

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<http://accessuganda.org/>

Summary of talk

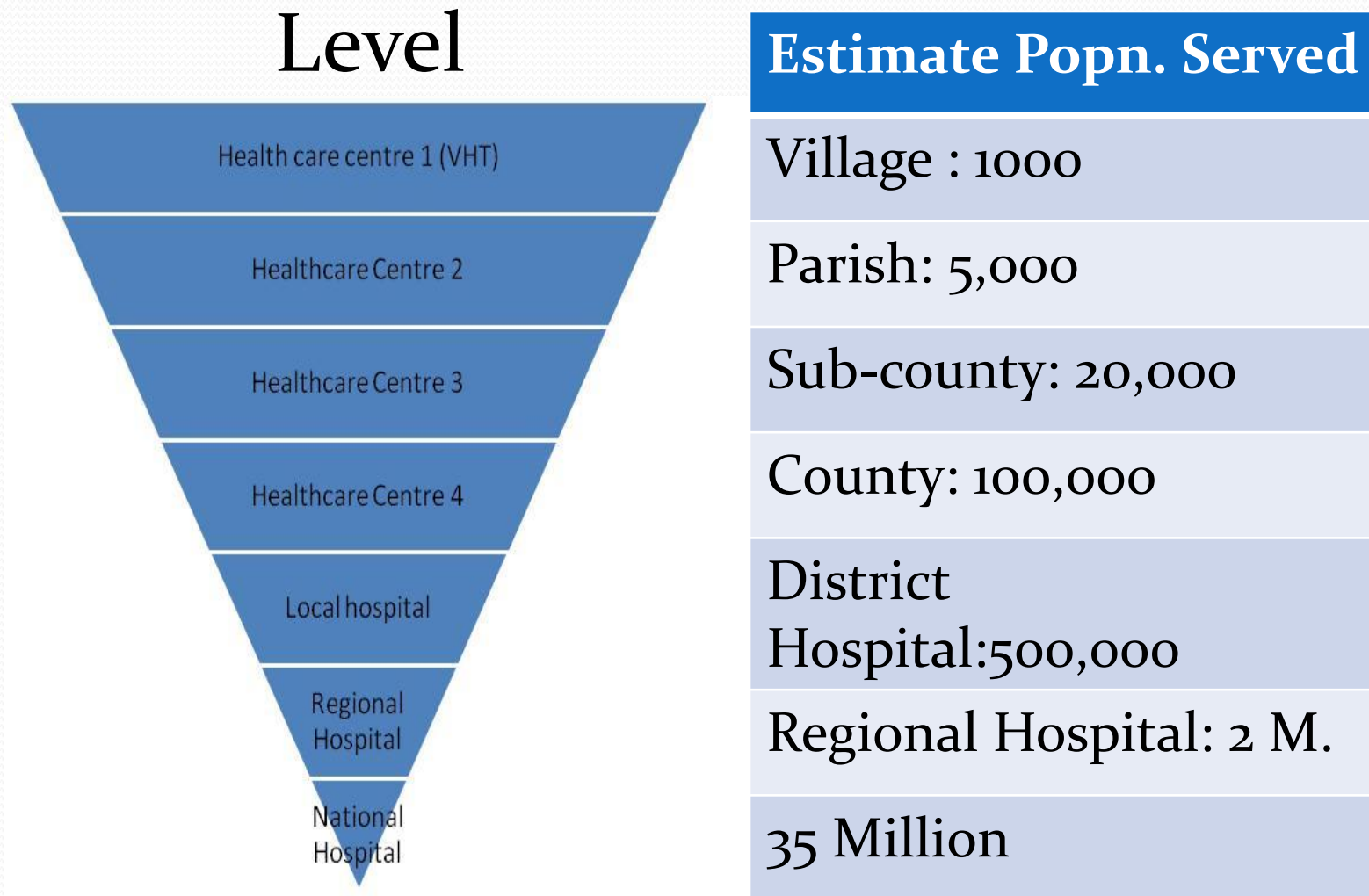
- Health care system in Uganda
- Current status of orphans in Uganda
- How ACCESS started
- ACCESS Model
- Education and Healthcare
- Lessons learned!

Uganda

35 million people with half less than 15 yrs of age!!



Uganda Health Care System and Organization



Demographics: US vs Uganda

Uganda

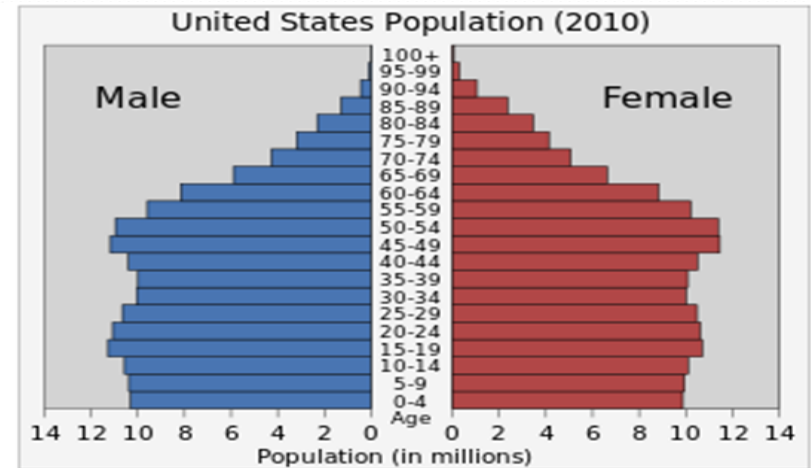
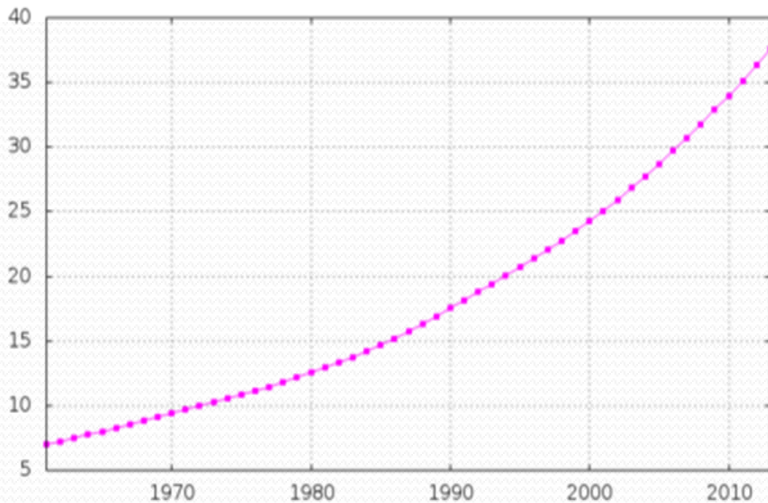
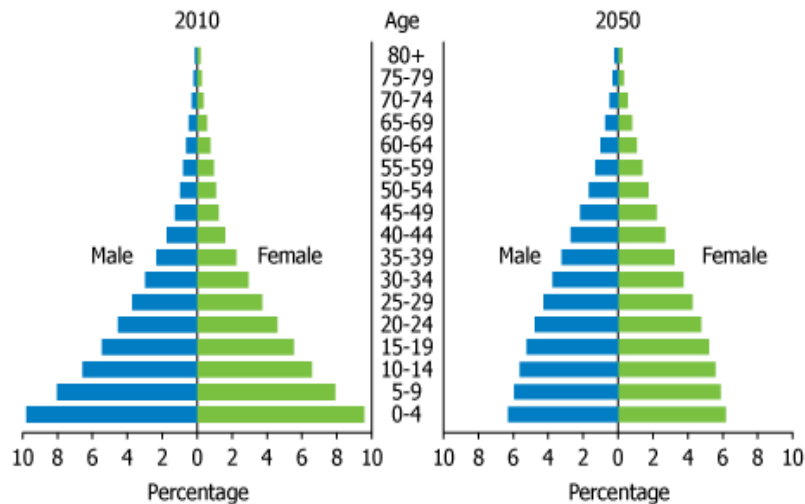
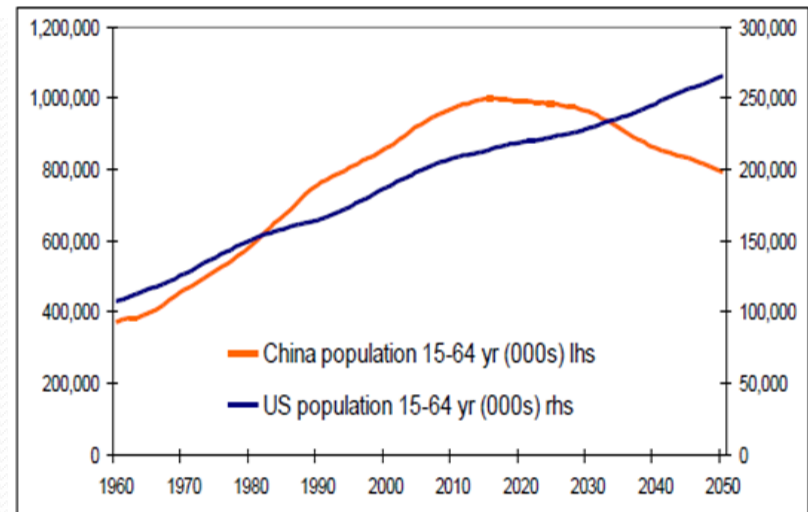


Figure 3.



Source: RBC Capital Markets, UN Dept. Of Economic and Social Affairs

The Money Factor!



Orphan Crisis in Uganda

- By 2014 UNICEF estimated that 2.5 million orphans were living in Uganda
- 1.2 million orphans were due to HIV/AIDS
- Orphans face:
 - poor education access
 - lack of shelter/ property grabbing
 - poor nutrition
 - poor access to health care
 - child labor and abuse

Kate White, 2012

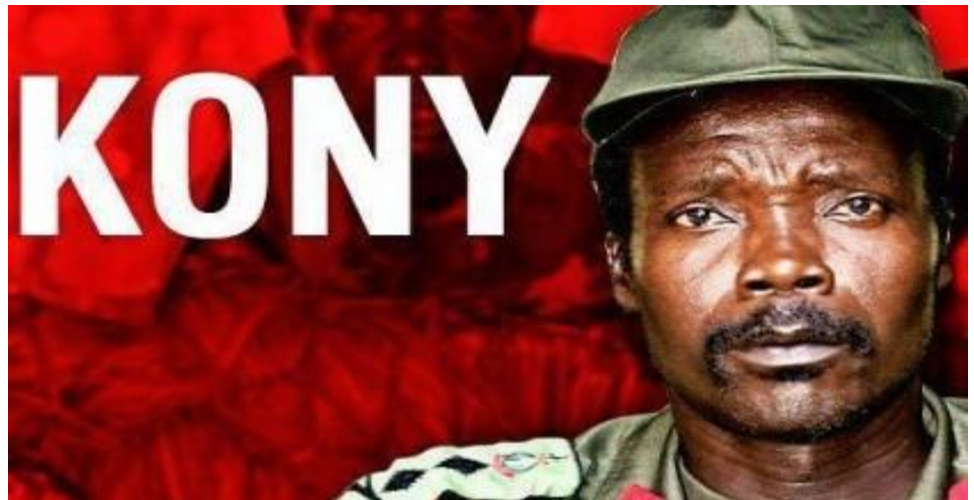
Why the orphan crisis?

- Conflict



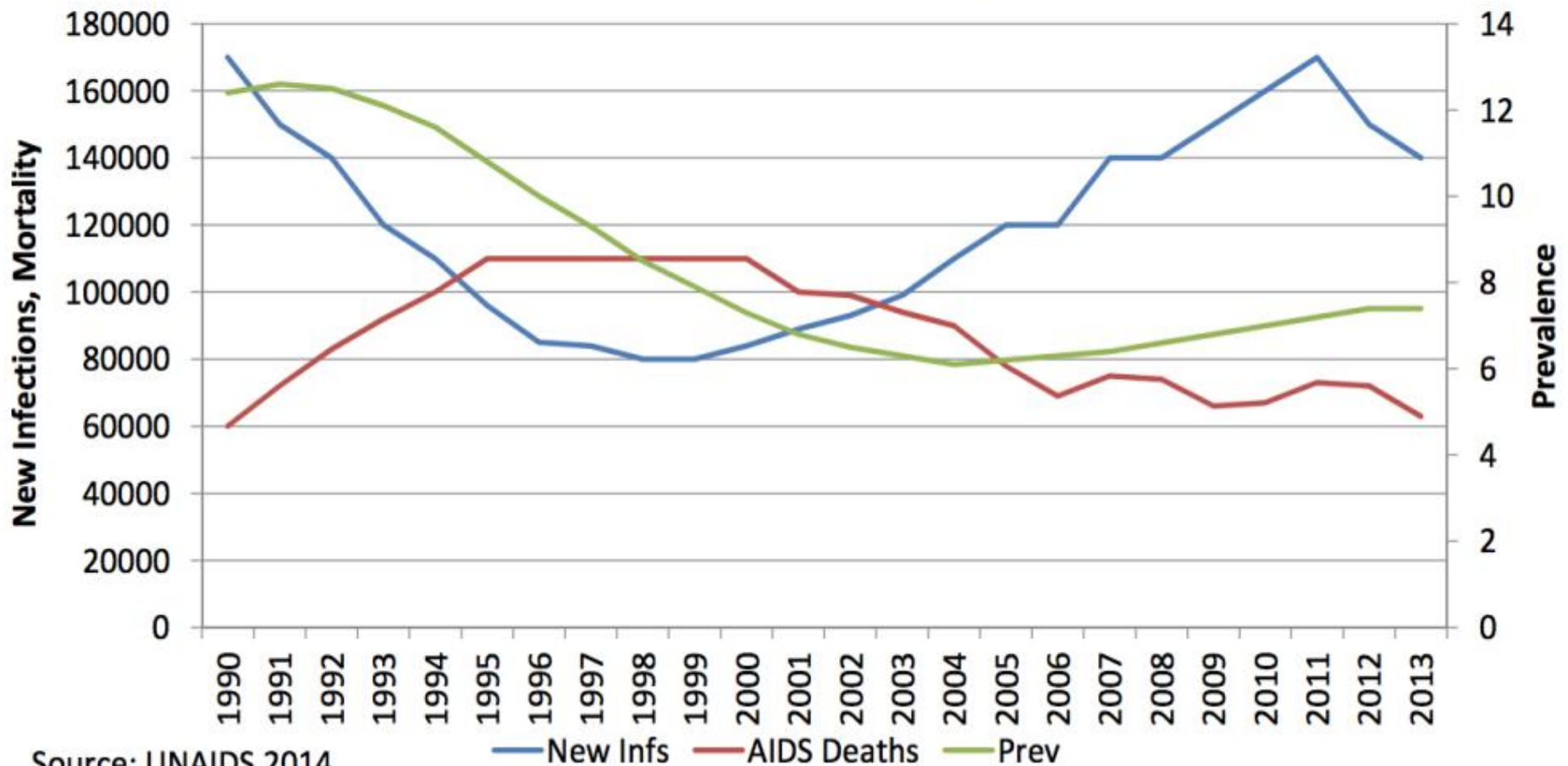
Idi Amin Dada

- 100,000 dead
- Millions displaced



Disease

Uganda
Trends in New HIV Infections, AIDS Mortality, and HIV Prevalence



The Rural Health Dilemma

Indicator	Nakaseke	National- Uganda	USA
Infant mortality/1,000	99/1000	54/1000	7.4/1000
Maternal mortality/100,000	478/100,000	438/100,000	9.2/100,000
Dr/population ratio	1:25,000	1:18,000	1:390
Nurse population ratio	1:5,000	1:3,000	1:110
% Trained health workers	58%	78%	>98%
Life expectancy (yrs)	49.4	56.5	>78
Fertility rate	6.9	6.1	1.2

80% doctors live in the city, while 80% population lives in rural areas

Sources: WHO 2010, Journal of rural nursing 2007, UBOS 2011, DDHS, 2012

Poverty Cycle



UNESCO 2012, UBOS, 2014

- Family planning unmet need
 - .National: 34.3%
 - .Rural; 48.5%
- Dropout rate;
 - National: 68%
 - Rural: 78%
- Literacy levels;
 - National: 65%
 - Rural: 32%

ACCESS-How it all started!

- The War
- The African Children's choir.
- A medical doctor
- A family with orphans and needs beyond medical care



Our Mission

“To provide a comprehensive model of health care services, education and economic empowerment to help the people of Nakaseke alleviate poverty and disease, obtain higher education, and create sustainable development.”

Our Approach

- Community based approach
- Medical care
- Income generation projects for orphans, youth, women and PLWAs
- Education and Training



Community Based Approach

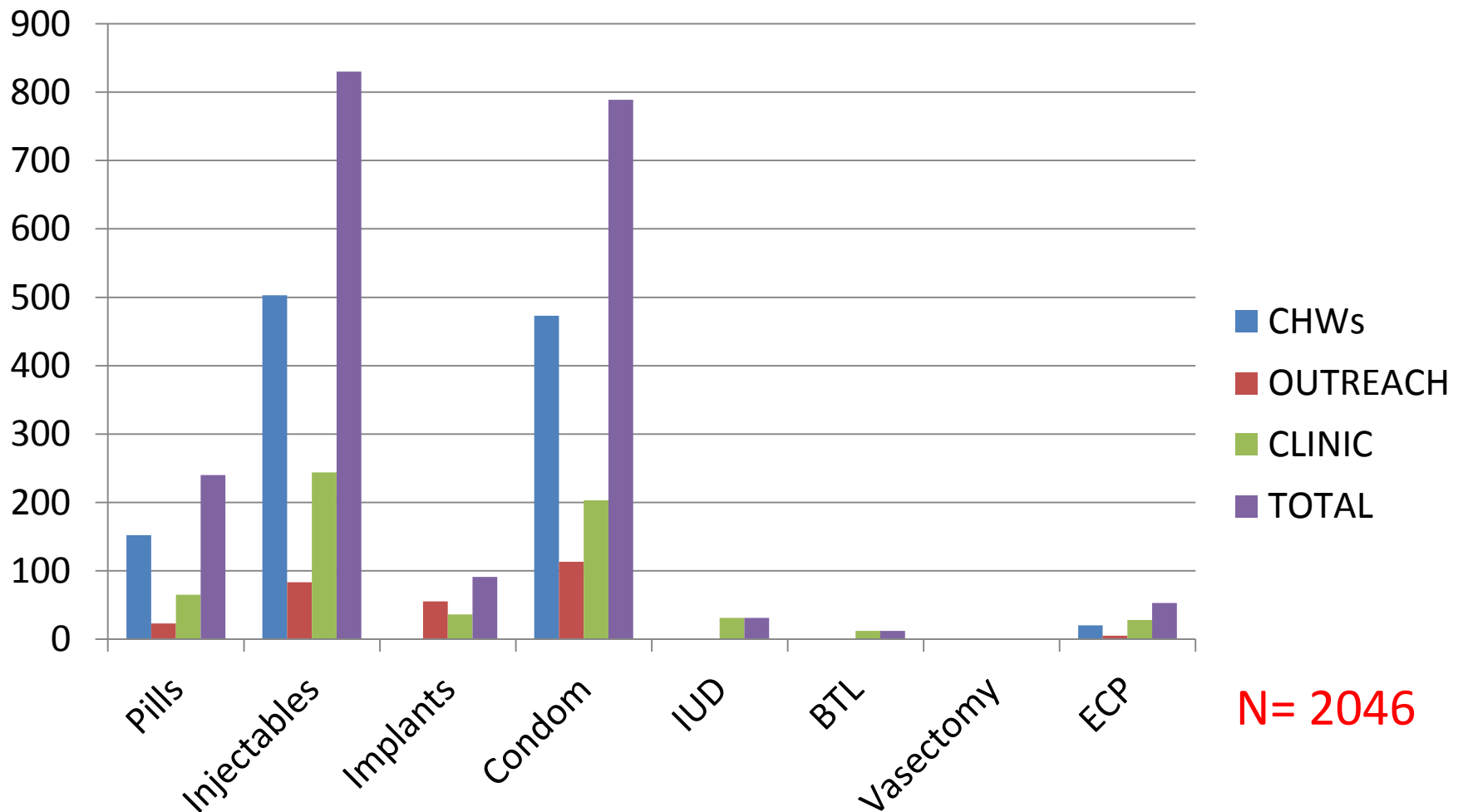
- Working with local leadership
- Community generated needs/solutions
- Community led initiatives
- CHWs model supported by Health units



Community Health Workers



A graph summarizing 2015 family planning clients: role of CHWs



Medical care-Clinic



- 120 PLWAs
- 7,200 pt visits/yr
- Family planning
- Antenatal care
- Immunization
- Treatment of common dx

Community Health Days



Income generation projects

- Selected from vulnerable families
- Supervised by CHWs/VHTs
- Undergo training in project mgt and financial literacy
- Common project
 - Rearing: pigs, sheep, chicken or cows
 - Small business eg crafts
 - Agricultural gardens
- Grant \$100-150

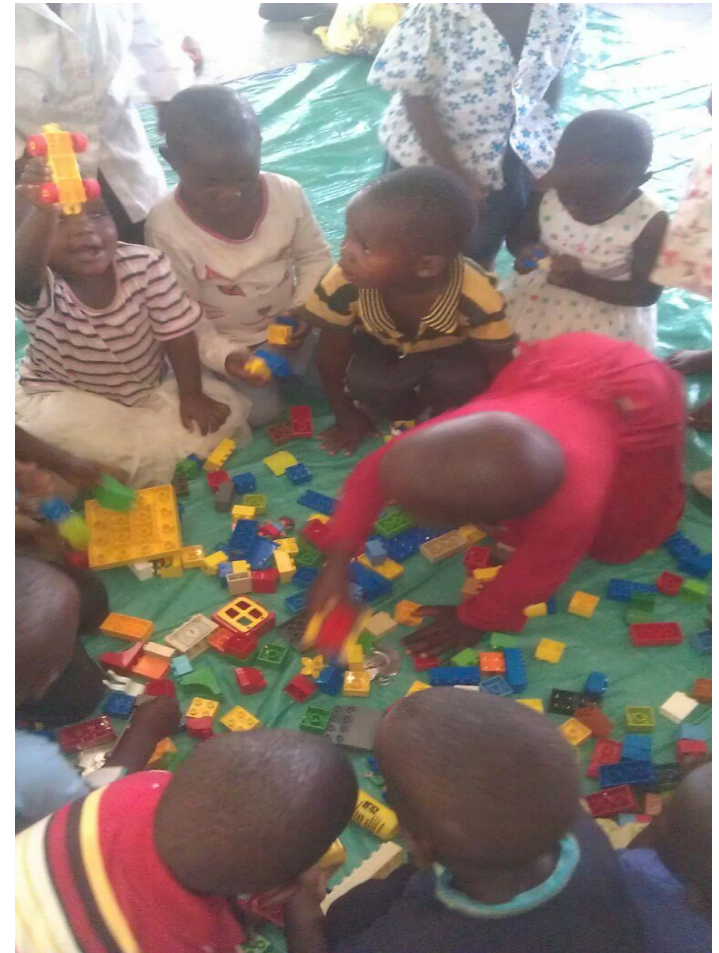
OVC support

- Medical care
- Scholastic materials
- School fees
- Feeding
- IGAs
- Vocational training
- Counseling
- Jaaja project



Preschool program

- 30 pupils from 14 villages
- Bus pickup
- Playing
- TV
- Reading
- Numeracy





Art for Health Education



Nursing Assistant School



Supporting Families



Mutual Exchange

- Medical care
- Teaching
- Community projects
- Research and documentation
- Advocacy



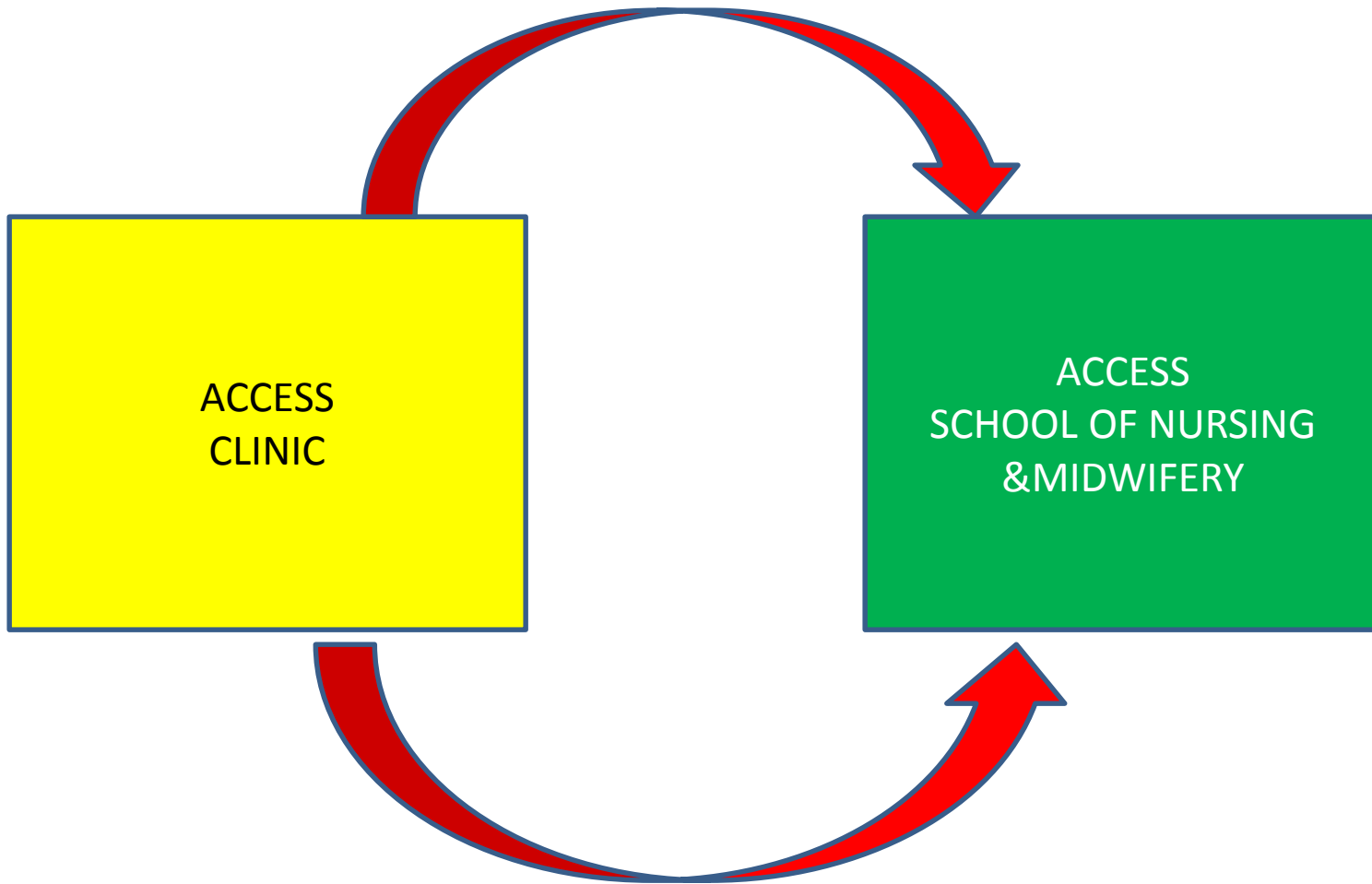
- PLWAs, orphans, OVCs
- Theoretical to actual
- Exposure to different system
- Experience in resource-limited setting



Role of Partners/Students



The major shift of focus



Where We Started; Where We are!



Where We Started; Where We are!

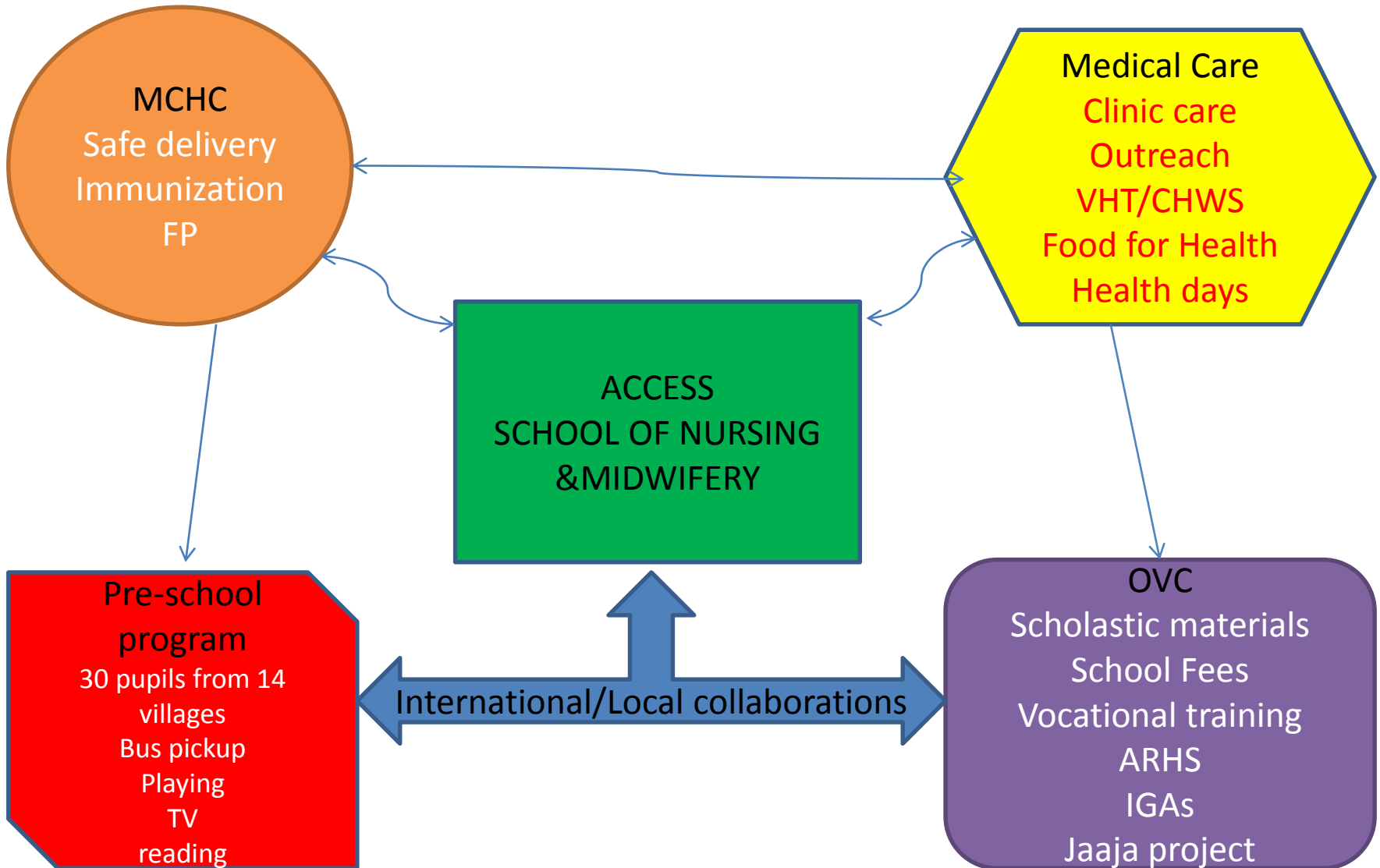


Nursing assistant program



Nursing School

The Center Pierce –Nursing School



Key Collaborators/Partners

- Nakaseke Hospital
- ACCESS Board of Directors
- Partners for ACCESS-PFA (USA)
- Makerere University College of Health Sciences
- Nakaseke District Development Office
- International Partners
 - University of British Columbia
 - WCHN



Key Contributions of Collaborations to Local Institutions

- Strengthening of research
- Improve medical education
- Advance clinical care
- Opportunity for staff training
- Exposure to varying cultural experiences
- Mentorship
- Policy change

Dr Francis Omaswa, (ACHEST)

“I have worked with foreign volunteers and organizations in Uganda and have seen for myself that they can make a big contribution to health and healthcare by bringing in expertise and helping train and develop some of our local health workers. .. These sorts of programs work well when they are done truly in partnership, fit in with our local systems and plans and are well organized and predictable.”

Benefits to Western Collaborators

- Research opportunities- lots of patients
- Learning opportunities for medical students-clinical examination
- Cross cultural exposure
- Opportunity to serve in rural areas
- Mentorship-ID
- Opportunity for career growth in Global Health
- Improved funding opportunities

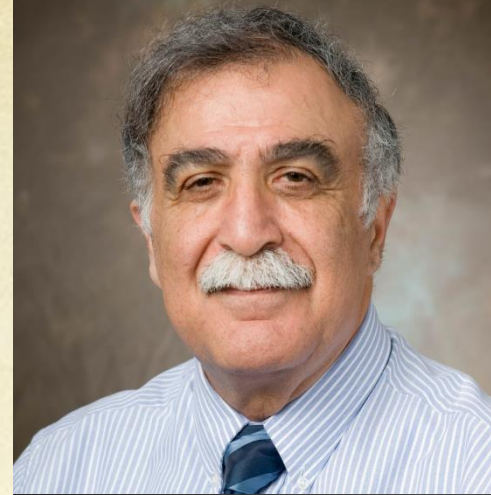
Ian Cumming, CEO

“A period overseas can broaden experiences and thinking in a whole host of new ways. “It changes people forever” is the quote that we hear directly back from people. It can revitalize people and helps them realize just how fortunate we are to have....”



Mentorship: the start!

Prof Asgah Rastegar
Nephrologist,
Yale School of Medicine



Prof Majid Sadigh
ID Specialist, Yale
Director MUYU, Global Health



Dr. Robert Kalyesubula
Resident, Makerere University





Empowering Women

- “Before, families told girls to get married. Now, women contribute to the community. They are empowered through knowledge.” Dr. Sewa



Community Impact

- Improvement in healthcare
- Enhancement of health education
- Provide high level family planning services
- Assistance of single mothers, orphans and people living with HIV/AIDS
- Reduction in school dropout rates
- Creation of jobs
- Access to information

Sustainability

- Community involvement and volition; retaining workers in the community (The 1/9 Model)
- Collaborating institutions and exchange programs
- Using land and farming for food sustenance and income
- School fees and tuition
- Government and international support

Summary

- ACCESS

- Supports:

- Orphans and vulnerable children
 - People living with AIDS
 - Community health workers
 - Community members and families

- Provides:

- Healthcare
 - Employment
 - Sustenance
 - Training

Acknowledgement

- Partners for ACCESS
- University of Vermont and WCHN
- Segal Family Foundation
- Caring Hands Foundation
- University of British Columbia
- Yale University Global Health program
- Carpenter's Union
- Nakaseke Hospital and Local partners
- SAWA Global
- Family and Friends



Thank you!

