“Orphan Advocacy: The Genesis of ACCESS”

Robert Kalyesubula, MD
President, ACCESS-Uganda

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Estimate Popn. Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care centre 1 (VHT)</td>
<td>Village : 1000</td>
</tr>
<tr>
<td>Healthcare Centre 2</td>
<td>Parish: 5,000</td>
</tr>
<tr>
<td>Healthcare Centre 3</td>
<td>Sub-county: 20,000</td>
</tr>
<tr>
<td>Healthcare Centre 4</td>
<td>County: 100,000</td>
</tr>
<tr>
<td>Local hospital</td>
<td>District Hospital: 500,000</td>
</tr>
<tr>
<td>Regional Hospital</td>
<td>Regional Hospital: 2 M.</td>
</tr>
<tr>
<td>National Hospital</td>
<td>35 Million</td>
</tr>
</tbody>
</table>
Demographics: US vs Uganda

**Uganda**

2010

- Male
- Female

Age

- 80+
- 75-79
- 70-74
- 65-69
- 60-64
- 55-59
- 50-54
- 45-49
- 40-44
- 35-39
- 30-34
- 25-29
- 20-24
- 15-19
- 10-14
- 5-9
- 0-4

2050

- Male
- Female

**United States Population (2010)**

- Male
- Female

- 100+
- 95-99
- 90-94
- 85-89
- 80-84
- 75-79
- 70-74
- 65-69
- 60-64
- 55-59
- 50-54
- 45-49
- 40-44
- 35-39
- 30-34
- 25-29
- 20-24
- 15-19
- 10-14
- 5-9
- 0-4

**Figure 3.**

- China population 15-64 yr (000s) lhs
- US population 15-64 yr (000s) rhs

*Source: RBC Capital Markets, UN Dept. Of Economic and Social Affairs*
The Money Factor!

GDP per Person (2012)

USA: $49,800
UG: $1,400
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
- 100,000 dead
- Millions displaced

Idi Amin Dada

KONY
## The Rural Health Dilemma

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

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

Poverty Cycle

- Family planning unmet need
  - National: 34.3%
  - Rural: 48.5%

- Dropout rate;
  - National: 68%
  - Rural: 78%

- Literacy levels;
  - National: 65%
  - Rural: 32%

UNESCO 2012, UBOS, 2014
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

N = 2046
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
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

- Medical care
  - Clinics and community outreaches, home visits, medical equipment, drugs and sundries etc

- Teaching/Training
  - Nursing, public health, medicine, proposal writing, financial management, Project monitoring and evaluation

- Books, Computers/Internet

- Community education

- Community projects

- Research and documentation

- Advocacy

- Mentorship

- Agricultural skills
The major shift of focus

ACCESS CLINIC

ACCESS SCHOOL OF NURSING & MIDWIFERY
Where We Started; Where We are!
Where We Started; Where We are!

Nursing assistant program

Nursing School
The Center Pierce – Nursing School

MCHC
Safe delivery
Immunization
FP

ACCESS
SCHOOL OF NURSING
& MIDWIFERY

Medical Care
Clinic care
Outreach
VHT/CHWS
Food for Health
Health days

Pre-school program
30 pupils from 14 villages
Bus pickup
Playing
TV reading

International/Local collaborations

Pre-

school
program

OVC
Scholastic materials
School Fees
Vocational training
ARHS
IGAs
Jaaja project

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 Colombia
  - 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
“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....”

Ian Cumming, CEO
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!