

INVESTMENT OPPORTUNITY



The Anglican Relief and Development Fund™



CAMEROON: CLINIC OFFERS LOCAL AND AFFORDABLE HEALTHCARE

Prime Location Will Serve Residents From Four Provinces in Great Need of Medical Care



School children stand in front of a previous building constructed by the Bonabri-Doula Diocese in Cameroon.

PROJECT OVERVIEW

CONTEXT: With a seasonal rainy climate in many regions of Cameroon, malaria is a constant threat to people's health. Children are particularly vulnerable, with nearly 20 percent of deaths among those younger than 5 caused by malaria. Cholera is another killer disease in Cameroon, where epidemics tend to break out during the rainy season due to heavy rains contaminating wells and other drinking sources. According to government data, less than 40 percent of the population have access to piped drinking water. And fewer than half of Cameroonians have proper sanitation facilities. Illnesses linked to unsafe water and poor hygiene, such as cholera and diarrhea, are a regular threat. With fewer than two doctors to care for every 10,000 people, Cameroon's healthcare system cannot meet people's needs.

NEED: Even when treatment is available, many Cameroonians die from a lack of medical care because they are unable to pay for treatment. These unnecessary deaths are often the result of treatable illnesses and cost the nation valuable human resources. Other people endure many years of pain as their illnesses go untreated. The people need affordable and accessible healthcare that can restore them to full health.

SOLUTION: The Anglican Diocese of Cameroon will construct a full service healthcare clinic in the city of Doula. It will provide quality prevention and treatment care to the community, at a lower cost than is currently available. The clinic will help ensure patients have access to medical treatment and drugs at an affordable rate and quality care. The diocese will also ensure that patients and their families hear about God, the ultimate healer, through the care provided by Christian health professionals and access to a hospital chaplain who can help them in their time of need.

LIFE IMPACT

Benefits 48,400 people, some in multiple ways:

- 12,000 people per year, or an average of 1,000 per month, who gain access to healthcare
- 400 people, including 100 workers and their families (based on an average of three family members), who are employed at the clinic to deliver services
- 36,000 members of the communities who gain an awareness about primary healthcare

PROJECT PROFILE

ID: ARDF-0517-Bonabri-Doula

Lead Ministry

ANGLICAN CHURCH OF CAMEROON



LIVES IMPACTED 48,400

SECTOR Community Healthcare

AMOUNT REQUESTED \$69,000

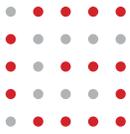
COST PER BENEFICIARY \$1.43

TIMELINE 18 MONTHS

IN THEIR OWN WORDS

"I was a teacher before starting this business. Even as a teacher, I had nothing. I was living from hand to mouth. In 2014, the Anglican Women Fellowship ... organized a training program to empower women in the diocese. At the program I learned how to make soap, creams, shampoo, air-freshener, and so on. ... The Lord challenge[d] me in my heart to begin soap making. ... Today, I can boast of my bank account. I can bless others, especially the less privileged, like orphans and widows. I can assist my husband at home to provide for our family."

– Nkem Azubogo, a beneficiary of the training programs



WHAT IT'S LIKE NOW



“Despite recent economic growth, Cameroon’s health system continues to face important

challenges. More than half of the population live in urban areas and one-third live in poverty. The country faces challenges in addressing human resource development, health care infrastructure as well as inequity in access to health services.”

— **Dr. Omotayo Bolu, CDC Director, Centers for Disease Control and Prevention, Yaoundé.** <https://yaounde.usembassy.gov/cdcdirpod.html>

“Being a tropical nation, Cameroonians are afflicted by the common tropical illnesses and diseases. Along the coastal regions of the country, especially Douala and the Littoral [region], malaria is a very common disease.”

— **Cameroon Health Information – A description of the health care system in Cameroon,** www.cameroon-today.com/cameroon-health.html#ixzz4bmj1CA6B

“Cameroon’s health care field is suffering and there are fears that things are only getting worst. The professional doctor to patient ratio stands at 1-to-over 10,000 in the major cities and 1-to-over 40,000 in the rural areas. A far cry from the World Health Organizations recommendations.”

— **Cameroon Health Information – A description of the health care system in Cameroon,** www.cameroon-today.com/cameroon-health.html#ixzz4bmiCSV3d

PROJECT DESIGN

The Diocese of Cameroon will construct a health clinic to be named the Anglican Help Clinic as part of its mission to provide holistic care to its members and community. The health services are much needed, especially by the less privileged members of the community who cannot afford to pay for services in private hospitals.

The investment by the Anglican Relief and Development Fund allows for the construction of the clinic, which will offer outpatient services, hospital rooms, medical equipment and medicine, as well as storage space. The clinic will serve residents of four main provinces of Cameroon. It will also house core clinic staff to help ensure timely and quality delivery of services to those in need. The diocese invested \$20,000 towards the purchase of the land on which the new clinic will be built.

The diocese has purchased two plots of land that total almost 10 acres. It is a little over 9 miles from Doula town on the Doula-Limbe highway, which is a prominent location that serves four of Cameroon’s 10 provinces (Littoral, West, North West, and South West). The clinic will be accessible to many people coming from different locations.

Construction, which is expected to take 18 months, includes an outpatient department, diagnostic center, pharmacy, 12 hospital beds, a surgical theater and technical and maintenance departments. The building will house all the departments of the hospital, as well as dwelling space for senior management and some support staff to ensure continuity in service. All workers at the hospital will be skilled in different fields. The hospital will have a labor force of about 10 in the first year and will gradually grow to 30 by the fifth year.

The diocese has established a building committee that provides oversight for the construction. In addition, a professional construction firm will be hired that will report to the bishop and a diocesan development committee on milestones. The project will be managed using separate accounts from the church work and the clinic will be a separate non-profit agency of the diocese with its own leadership and oversight, separate from the church.

Measuring impact. Construction progress will be monitored through completion of the key phases including excavation of the foundation, construction of the ground floor, second floor and third floor, and finally the building’s roof.

PROJECT BUDGET

ITEM

	BUDGETED	LOCAL/OTHER
Air conditioning, refrigerators, beds, cabinets and other finishings	\$15,213 ¹	
Two plots of land		\$20,000
Flooring and plastering	\$13,502	
Contingency	\$9,907	
Monitoring and evaluation	\$9,000	
Medical equipment	\$8,148	
Labor	\$6,930	
Excavation and clearing	\$3,765	
Foundation	\$1,476	
Plumbing	\$1,059	
TOTAL	\$69,000	\$20,000²

 This mark is used throughout the report to indicate additional information available upon request.

HOW YOU CAN CONTRIBUTE

For \$1,059, you can provide the plumbing needed for the clinic.
For \$8,148, you can supply badly needed medical equipment for the clinic.
For \$13,502, you can provide the floors and the plastering for the clinic.

NOTES

¹ finishings include examination room equipment, delivery room equipment, surgery, trolleys, scales, anesthesia box, stethoscopes and other medical equipment

² reflects the land where the clinic will be built, which was already secured by the diocese



IMPLEMENTER FINANCIALS*

This project adheres to some or all of this sector's established best practices

INCOME	2014	%	2015	%	2016	%
Contributions	\$43,847	45	\$197,086	63	\$191,045	61
Other	\$53,554	55	\$89,922	28	\$89,401	29
Investment income			\$28,697	9	\$31,374	10
Church activities			\$198		\$330	
TOTAL	\$97,401		\$315,903		\$312,150	
EXPENDITURES	2013	%	2014	%	2015	%
Administrative Expenses	\$33,561	56	\$123,244	58	\$120,353	58
Miscellaneous Expenses	\$26,077	44	\$86,809	41	\$84,236	41
Mission Programs	\$157		\$1,252	1	\$1,227	1
TOTAL	\$59,795		\$211,305		\$205,816	
SURPLUS / (DEFICIT)	\$37,606		\$104,598		\$106,334	

NOTES:

*Income and expenditures reported in U.S. dollars

INCOME: The diocese's total income grew by 224% in 2015 and by 1% in 2016. This was due to income for the construction of a cathedral. Increases in voluntary contributions represented the largest share of the growth and the diocese's overall income (56%). Other sources of income represented 55% of the 2014 revenue, but declined to 28% in 2015 and 29% in 2016. Investment income was recorded in 2015 (9%) and 2016 (10%), indicating a potential diversification of the diocese's income sources.

EXPENSES: Total expenses rose 253% from 2014 to 2015 before declining slightly (-3%) in 2016. This was the result of completion of the construction of the cathedral. This trend is similar to changes in income levels during the same period and suggests a link between income and expenses. However, the financial records do not indicate the income was designated for particular programs or projects. Administrative expenses represented the largest portion of the diocese's expenses with 56% in 2014 and 58% in 2015 and 2016. Miscellaneous expenses were reported as 44% in 2014 and 41% in 2015 and 2016. Mission program expenses were negligible at 1% in 2015 and 2016.

RISK ANALYSIS



Low: 1, Low/Medium: 2, Medium: 3, Medium/High: 4, High: 5 

CONCEPT: 1

This project addresses a huge gap in the provision of healthcare to the people of Cameroon. The clinic will be constructed in an area that is accessible to the targeted beneficiaries who live along a major highway. The facility will enable the diocese to expand its Gospel outreach and presence in Cameroon as a vehicle for both physical and spiritual restoration to many who are hurting.

PROGRAM DESIGN & EXPERIENCE: 3

The diocese has had great success under Bishop Dibo in meeting the community's holistic needs. It has completed several construction projects in the last five years, including a cathedral. The diocese is working with a skilled architect who has designed the building to meet the specifications necessary for a healthcare clinic. However, the diocese is expanding into a new area of sourcing medicines from abroad, which can present its own challenges.

LEADERSHIP: 2

Overall policy formulation and guidelines of Anglican Help Clinic are determined by the Anglican Church of Cameroon, assisted by the health department and a technical advisor. The day-to-day management will be in the hands of a Chief Medical Officer appointed by the synod through the bishop. The diocese will have to recruit all the staff for the clinic. In addition, the bishop who is providing leadership for the construction will have to balance his responsibilities to the diocese with that of supervising the construction.

FINANCIAL CONTROL: 3

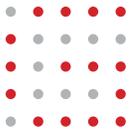
The diocese will provide oversight of the project and will be managed as a separate ministry with its own financial accounting. The diocese has stable management, but lacks externally audited financial statements and independent governance, as all board members are members of the Anglican Church. The diocese has, however, been able to invest \$20,000 of its own funds into this project.

SUSTAINABILITY: 2

The clinic has a business plan that aims for sustainability within the second year of service as patients will pay a fee for services provided. In the first year, the diocese will provide support for staffing until the clinic is able to gather enough patient demand. The diocese will also use its networks to source medicines and medical supplies globally to help keep costs low.

EXTERNAL: 2

The government of Cameroon is supportive of programs that seek to improve the well-being of its citizens, especially in the medical sector. The Ministry of Public Health is directly in charge of implementing government policy in this domain. Taxes are moderate and medical facilities are given ample opportunity to pay taxes without undue hardship. However, the Anglican Help Clinic will be dependent on government clearances in accessing medicines and medical equipment from abroad.



LEADERSHIP PROFILES

The lord Bishop, the Rt. Rev. Dibo Thomas Babyngton Elango, is from Limbe, Fako Division, South West Region, Cameroon. His background includes:

- theological training from the St. Nicholas Anglican Seminary in Cape Coast Ghana
- a graduate of the Government Teachers' Training College in Kumba, Cameroon
- a former Canterbury Scholar in a program that provides opportunities for Anglican/Episcopalian Christians from around the Anglican Communion to pray, study and live together at the Canterbury Cathedral Lodge in the United Kingdom
- a priest since 2000 and the only Anglican Bishop in Cameroon for the last 10 years

Agbor Ashu Nchong is the diocesan health coordinator. Her background includes:

- a graduate of the Government Training School for Health Personnel, Mile four, based in Limbe, Cameroon
- 10 years of experience working at different hospitals including Regional Hospital in Buea; the Hope Clinic, Kossala-Kumba; General Hospital, Ngouso-Yaounde; and currently at the District Hospital, Deido-Douala

REFERENCES

"Bishop Dibo is a wonderful man. He is doing a lot for the Church here in Cameroon. Even though I am not Anglican, I have really appreciated what the church is doing. They are really forging ahead under his leadership. The church is in every region of the country. Every year all the leaders of the different parishes meet together and are able to discuss together the challenges and opportunities they have and put together real solutions. It tells you what kind of a leader the bishop is. It is a very strong church that is well rooted in the nation."

– Emmanuel Nzo Nguty Eben, an attorney from Douala

"The diocese is reaching both rural and urban areas. In the cities in particular, they are reaching the urban poor, serving people who cannot afford even basic needs. Hepatitis, malaria and even good drinking water are real challenges here. So such health facilities as proposed by the diocese would really help. Tuberculosis [and] HIV/AIDS are a major problem among urban poor. For the diocese to succeed they will need to hire qualified people as health is different from the other programs they have been running. However, I am confident that they can do it."

– Dr. George-Troster Assam, general practitioner and radiologist, Cameroon

RESEARCHER'S STATEMENT



Rhoda Gathoga
Sr. Research Analyst
May 2017

The Diocese of Cameroon through the Anglican Help Clinic will provide a much-needed safety net to the community in its provision of health services. Affordable healthcare for people exposed to outbreaks of diseases and who suffer from preventable illnesses will be a lifesaver. The clinic adds to the holistic approach with healthcare, education and spiritual nurture. The diocese is providing its community with a good quality of life. The project particularly reaches the most vulnerable – the poor and sick. Once completed, the clinic will continue to be a resource for the community for years to come. However, the diocese will need to closely monitor the expenses of this type of investment.

IMPLEMENTER'S INSPIRATION

"In Joppa there was a disciple named Tabitha (in Greek her name is Dorcas); she was always doing good and helping the poor."

– Acts 9:36 NIV

HOW TO FUND THIS PROJECT

PROJECT RECAP

ID - ARDF-0517-Bonabri-Doula
Timeline - 18 months
Requested - \$69,000
Modified - 051017

For information about the Fund or Projects, write to:
800 Maplewood Ave.
Ambridge, PA 15003-2316
(724) 251-6045
www.ARDF.org



The Anglican Relief and Development Fund™

