

INVESTMENT OPPORTUNITY



The Anglican Relief and Development Fund®



GHANA AND UGANDA: PEOPLE RECEIVE LIFE-SAVING HEALTHCARE

Innovative investment in health infrastructure improves primary care for communities in two countries



Hannifah, left, receives prenatal care from Sister Harriet at an Anglican healthcare facility in Uganda.

PROJECT PROFILE ID: ARDF-0322 GHANA & UGANDA

Lead Ministry
LIFENET
INTERNATIONAL



LIVES IMPACTED **20,918**

SECTOR **Healthcare**

AMOUNT REQUESTED **\$331,052**

TOTAL COST PER
BENEFICIARY **\$15.83**

TIMELINE **3 years**

PROJECT OVERVIEW

CONTEXT: Vulnerable people in sub-Saharan Africa face dire healthcare realities. The region leads the world in the rate of maternal and child deaths, HIV infections, and malaria. The region is also a dangerous place for a new baby to enter the world, with one of the highest infant mortality rates. In countries like Ghana and Uganda, thousands of women, children, and men die of preventable diseases and conditions because their local clinics lack access to cost-effective and up-to-date medical knowledge and resources that can save their lives.

NEED: Tragically, most deaths of new mothers and children under 5 are preventable if healthcare workers had access to well-known, often simple and cost-effective interventions and training. While church-owned healthcare facilities are responding to these needs, healthcare workers who run community-based clinics in sub-Saharan Africa lack basic knowledge, training, tools, and equipment needed to provide quality care for their patients. Many lack the resources and latest medical knowledge.

SOLUTION: While the healthcare needs and challenges in Uganda and Ghana are great, equally great are the talents and resources present in these countries. A three-year \$331,052 investment from Anglican Relief and Development Fund will be used to train, equip, and empower six Anglican church-owned healthcare facilities in Ghana and Uganda. The facilities will be improved and less dependent on external funding, while strengthening the role of the local church. By empowering the local church to provide reliable and quality healthcare services, this project will support their mission to preach the Gospel and share Jesus with their communities.

LIFE IMPACT

Benefits 20,918 people, some in multiple ways:

- 18,900 people will experience improved health resulting from 94,500 healthcare visits in Ghana and Uganda over a three-year period, as evidenced by patient records
- 1,806 safer newborn deliveries will be performed at six healthcare facilities over three years
- 212 healthcare workers will be equipped and empowered to provide high-quality healthcare for vulnerable communities over three years

IN THEIR OWN WORDS



"During my delivery, I had complications and the baby was born weak, tired, and needed help to breathe. Thankfully, God was on our side. The health workers acted quickly and were able to work on him and resuscitate him in a short time. Baby Jade perked up and was healthy within a few hours. We started breastfeeding and he has had no other issues thanks to the care we received."

– **Stella Motovu, who recently gave birth to a son at LifeNet partner, Nkoni Health Center in Uganda**



PROJECT DESIGN

LifeNet International believes that church-run healthcare ministries are critical to addressing the dire healthcare needs in sub-Saharan Africa. Drawing on many years of experience using business principles to transform healthcare, LifeNet International will use \$331,052 in funding to train and equip six healthcare facilities to provide safe maternal and neonatal care, life-saving pediatric care for children at increased risk of malaria and pneumonia, and management and treatment of infectious and non-communicable diseases for community members.

Working alongside the local Anglican dioceses in Uganda and Ghana, six clinics were identified and selected for partnership and funding. In Uganda: Holy Innocent Health Center, St. Martha Maternity Home, and St. Jude Maternity Health Clinic in Bukedea, Kumi diocese. In Ghana: Pokuase Health Clinic, Diocese of Accra; Bishop Anglonby Memorial Clinic in Sefwi Bodi, and Anglican Clinic in Sefwi Bonzain, Diocese of Wiawso. Each clinic is tied to a diocese and church. These healthcare facilities have a measurable gap in clinical quality and management practice, as assessed by the LifeNet quality scorecard assessment. Each facility has a demonstrable need for training and resources.

LifeNet regional teams in Ghana and Uganda will initiate meetings with diocesan leaders, healthcare facility leaders, and the local government health officer. This will be followed by a full baseline assessment for the selected facilities. Selected facilities will have to demonstrate willingness and transparency to share information, as outlined in LifeNet's memorandum of understanding.

Among other areas, the next phase includes centralized holistic training focused on improving quality of care, addressing gaps in knowledge, monitoring quality improvement, pharmacy management support, and revenue generation. Over the course of three years, LifeNet will provide five modules of hands-on medical training in clinical best practices based on internationally recognized standards of care that directly address the leading causes of maternal, infant, and child death. The training will include integrating faith into the care being provided with an emphasis on providing compassionate and respectful care that recognizes the dignity and worth of every patient. Management training will cover four modules in financial, human resources,

and administrative best practices that address leading causes of financial insolvency and improve the facilities' sustainability. Alongside high-impact centralized trainings, LifeNet trainers will make site visits to each healthcare facility to provide hands-on mentoring, ensuring that each new skill and knowledge set is being implemented properly. Augmenting in-person training, clinic staff will have round-the-clock access to digital learning reinforcements and tools, including a Moodle-powered learning platform where they can review what they learned.

Through this training, healthcare workers will be equipped with knowledge and tools needed to serve the sick and vulnerable in medically sound ways. A total of 212 healthcare workers will be equipped and empowered to provide high-quality healthcare for vulnerable communities. Some 18,900 people will experience improved health as a result of 94,500 healthcare visits over a three-year period, as evidenced by the clinics' patient records. Another 1,806 improved and safer newborn deliveries will be performed at the six facilities. By empowering the local church to provide a high level of healthcare services, this project will strengthen the mission of the church.

LifeNet will seek opportunities to work with third-party equipment donors to provide essential biomedical equipment and supplies to clinics in need. Such equipment will be contingent on availability from third-party donors. At the end of training, an end-line quality assessment will be conducted at each clinic and a graduation ceremony held for clinics that score above 80 percent in all relevant indicators.

Measuring impact. LifeNet's experienced monitoring and evaluation team will provide ongoing, in-person, rigorous monitoring. Its evaluation activities that are part of all interventions help ensure long-term behavior change. This includes continual quality assurance visits that serve to measure and evaluate success in meeting all project objectives and overall goals. Rigorous quality assessments at the conclusion of each training module will be conducted by LifeNet's regional monitoring and evaluation team based in Uganda.



PROJECT BUDGET

ITEM	YEAR 1	YEAR 2	YEAR 3	REQUESTED FROM ARDF
Initial meetings ¹	\$9,582			\$9,582
Centralized medical training ²	\$10,662	\$10,662	\$4,596	\$25,920
Centralized management training ³	\$4,734	\$3,564	\$3,564	\$11,863
Monitoring and evaluation ⁴	\$10,971	\$10,971	\$10,971	\$32,914
On-site mentoring ⁵	\$3,943	\$3,943	\$3,943	\$11,829
Supplies ⁶	\$12,342	\$12,342	\$12,342	\$37,029
Salaries, wages, and benefits ⁷	\$20,039	\$20,039	\$20,039	\$60,114
Vehicle maintenance ⁸	\$13,372	\$13,372	\$13,372	\$40,114
Office expenses ⁹	\$6,854	\$6,854	\$6,854	\$20,562
Indirect expenses ¹⁰	\$21,696	\$19,176	\$17,754	\$58,625
Research and evaluation	\$22,500			\$22,500
TOTAL	\$136,695	\$100,923	\$93,435	\$331,052

NOTES

¹ includes cost of meals for participants, facilitation for chief administrative officer, resident district commissioner, local council chairperson, district health officer, diocesan health coordinator and biostatistician, other members from district health officer's office, transportation reimbursement for healthcare facility representatives, LifeNet support and trainers, and LifeNet leadership staff

² includes per diem for healthcare facility staff and LifeNet team for twice-a-year travel, conference costs, travel for the district healthcare team, and workshop stationery

³ includes per diem for health facility staff and LifeNet team for twice-a-year travel for the healthcare facility staff, conference costs, travel for the district healthcare team, and workshop stationery

⁴ includes stationery and per diem for LifeNet staff for quality assurance team, joint support supervision, support supervision by team leaders, program manager, diocesan health coordinator, district representative, and ministry of health

⁵ per diem for LifeNet staff and stationery

⁶ includes medical training props, branding materials, and program stationery

⁷ includes salaries and wages for medical trainer, management trainer, driver, finance manager, country director, program manager, monitoring and evaluation specialist, team leaders, administrative assistant, and custodian

⁸ includes fuel, maintenance, insurance, and repairs

⁹ includes contributions to rent (1%), utilities (2%), internet and data for two trainers and one driver (1%), and security

¹⁰ represents 19% of the total project cost to regional and head office support for the programs department

HOW YOU CAN CONTRIBUTE

- For \$15,000, you can fund a LifeNet partnership for one facility for one year.
- For \$45,000, you can fund a LifeNet partnership for one facility for three years.
- For \$90,000, you can fund a LifeNet partnership for all six facilities for one year.



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

WHAT IT'S LIKE NOW



"Prominent among the faith-based institutions that provide healthcare in sub-Saharan Africa are mission hospitals established by Christian missionaries from the late 19th century to the present, as well as hospitals established by

Africans as part of the legacy of Christian missions. ... In many countries, these hospitals anchor a large network of health facilities. In Uganda, for example, the Catholic Church and a small collection of protestant denominations manage not only 47 hospitals, but more than 500 lower-level health facilities, many of them providing the only available care for Uganda's predominately rural population."

— <https://globalhealth.duke.edu/projects/role-mission-hospitals-african-health-systems-case-studies-nile-river-basin>, "The Role of Mission Hospitals in African Health Systems: Case Studies from the Nile River Basin"



"With a growing urban middle class that is currently underserved by healthcare providers, there are substantial opportunities to offer a range of diverse services in Ghana. The government has made considerable

strides in a number of important areas, including the expansion of primary care coverage, infrastructure investment, and the combatting of communicative diseases, particularly in terms of vaccination and epidemic control."

— <https://oxfordbusinessgroup.com/overview/positive-prognosis-infrastructure-investment-and-public-education-are-driving-improvements-primary>, "Investment in health infrastructure improves primary care for citizens in Ghana"

IMPLEMENTER FINANCIALS*

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

INCOME	2018	%	2019	%	2020	%
Grants			\$2,853,527	76	\$2,772,221	76
Contributions/fundraising	\$1,734,032	89	\$397,627	11	\$802,184	22
Donated services (in kind)	\$121,645	6	\$399,422	11	\$13,147	
Pharmacy sales	\$81,566	4	\$67,971	2	\$78,398	2
Property and equipment	\$(5,580)				\$5,898	
Investment income	\$(8,508)		\$(1,342)		\$392	
Other sources	\$23,755	1	\$14,502		\$1,001	
TOTAL	\$1,946,910		\$3,731,707		\$3,673,241	
EXPENDITURES	2018	%	2019	%	2020	%
Program services	\$1,478,574	77	\$2,371,927	85	\$2,342,754	82
Management and general	\$171,649	9	\$218,437	8	\$259,065	9
Development	\$260,549	14	\$209,786	7	\$248,831	9
TOTAL	\$1,910,772		\$2,800,150		\$2,850,650	
SURPLUS / (DEFICIT)	\$36,138	2	\$931,557	25	\$822,591	

NOTES:

*Income and expenditures reported in U.S. dollars

INCOME: LifeNet presented externally audited financial reports for 2018, 2019, and 2020. LifeNet uses accrual based accounting. Auditors' findings indicate no material misstatement of examined documents. Based on these documents, LifeNet's income grew from \$1.9 million in 2018 to \$3.6 million by the end of 2020. Most income was derived from contributions and fundraising. In 2018, this category was consolidated and represented 89% of income. In 2019 and 2020, the category was split between grants and contributions, with grants representing the larger portion at 76% in 2019 and 75% in 2020. Contributions and fundraising representing 11% and 22% respectively. A portion of grants were donor restricted funds. In 2019 these represented 60% of the contributions, 80% in 2019 and 66% in 2020. In May 2020, LifeNet received a \$60,000 loan pursuant to the Paycheck Protection Program (PPP) established by the CARES Act. Subsequent to year end, the loan was forgiven and the grant was recorded as revenue. Other sources of income represent less than 1% of their total annual income, including sales from their pharmacy.

EXPENSES: LifeNet records and reports expenditures based on their functional basis. These costs are prorated among three operational areas (program services, general expenditures, and development) based on the time spent on each. Overall, LifeNet's expenditures have increased proportionately with its income. Program services comprise the largest category of expenditures. In 2020, program services expenditures grew 60% in comparison to 2019, but this represented 8% of total expenditures. These costs declined slightly in 2020, representing a 3% decline over total expenditures.

Management and general expenditure represented less than 10% of expenditures during the three years under review, despite increases in 2019 and 2020.

Development costs were highest in 2018 at 14% of total expenditures. These declined in 2019 by 19% to represented 7% of total expenditures before increasing by the same margin (19%) to represent 9% of 2020 expenditures.

REFERENCES

"The Imago Dei Fund has partnered with LifeNet since 2014 with multi-year, unrestricted funding. We view the leadership as a particular strength for the organization with strategic minded, visionary, and collaborative leaders. We appreciated their transparency in the form of regular written and verbal updates around the challenges they faced at the height of the pandemic and were impressed by their responsive and creative solutions to the needs of the communities they serve. As a result of their high-quality engagement with the local communities and the level of trust they have built over time, IDF provided two rounds of COVID-19 emergency relief grants to support their work. I visited several LifeNet clinics in Malawi in July 2019. The LifeNet staff was professional, knowledgeable, and clearly had a strong relationship with the local staff of the clinics. The training sessions I observed were implemented well and were received well by the local clinical staff. LifeNet's work in each country is led by a diverse team, all of whom are from the communities they serve. We appreciate LifeNet's commitment to equitable access to quality healthcare."

– Jennifer Oakley, Program Partner, Imago Dei Fund, Boston

"Our foundation, the Dovetail Impact Foundation, has been partnering with LifeNet for almost 10 years. We initially got involved through a personal relationship with the founder, Michael Spraggins, but have remained involved over 10 years due to the incredible impact and far-reaching opportunity for scale that LifeNet has. LifeNet's work focuses on identifying the needs of local faith-based health facilities and building their capacity to provide quality healthcare to communities at affordable prices. Throughout the duration of our relationship with LifeNet, we have known their team, from country director to executive team and Board, quite well. They have always been extraordinarily transparent partners, sharing openly their challenges and obstacles while remaining unwavering in their commitment to the work. We have found these qualities to persist throughout our engagements with LifeNet, having visited LifeNet on the ground on four different times, spending time with their operations in both Burundi and Uganda."

– Robin Bruce, president of the Dovetail Impact Foundation (formerly David Weekley Family Foundation), Austin



RISK ANALYSIS



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

CONCEPT: 1

The asset-based focus of this project helps avoid dependency by honoring, valuing, and strengthening the competencies of existing local healthcare clinics. Church-owned healthcare facilities are often the first responders to meet the healthcare needs of their communities. LifeNet International, founded to address the devastating results of poor-quality healthcare in sub-Saharan Africa, has made significant contributions to improving the quality of care provided by the network of church-owned healthcare facilities. At the same time, LifeNet International also supports these facilities in making their work sustainable over the long term. This work meets the most urgent healthcare needs of communities, while empowering and equipping local people to own and continue the work. It uses evidence-based medical knowledge and best managerial practices and delivers them directly to healthcare providers.

PROGRAM DESIGN & EXPERIENCE: 1

Founded in 2009 by entrepreneur Michael Spraggins, LifeNet International partners with local church-owned healthcare facilities in sub-Saharan Africa to bridge the gap separating existing knowledge, tools, and resources from the healthcare workers who need them to save lives. LifeNet's asset-based model incorporates all local stakeholders, including churches, healthcare centers, and local leaders. The focus is on partnership and training of healthcare workers in local facilities where they are equipped and empowered to provide compassionate, evidence-based care and save lives. LifeNet International has a network of over 320 facilities that are deploying lifesaving and life-improving interventions to healthcare workers. To date, there have been more than 19 million patient visits in LifeNet's network of facilities in Burundi, the Democratic Republic of the Congo, Uganda, Kenya, Malawi, and Ghana. In 2021, improved quality of care saved the lives of 1,612 newborns and 1,177 mothers because healthcare providers implemented the infant resuscitation and postpartum hemorrhage protocols they learned from LifeNet.

LEADERSHIP: 1

LifeNet International is a stable organization with strong leaders who have demonstrated their experience, skills, and integrity in managing similar projects. It has a proven 12-year track record, and has implemented similar projects in Burundi, Kenya, Uganda, Malawi, Democratic Republic of the Congo, and Ghana.

FINANCIAL CONTROL: 1

LifeNet International has stable management, externally audited financial statements, independent governance, and secure wire transfer methods.

SUSTAINABILITY: 2

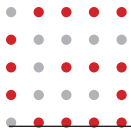
LifeNet uses knowledgeable experts on subject matters to deliver training to its health partners. Trainers provide more than curriculum. They mentor, supervise, and support healthcare workers to ensure that barriers to providing quality care are resolved. LifeNet does more than merely count the number of trainings conducted and healthcare staff trained. It has a clear mechanism for tracking the impact of its work in improving patient outcomes. Leadership regularly uses the results from its evaluations to assess the effectiveness of its intervention model and make course corrections when needed. Partnership with local churches has led to improvements in the quality of care provided by the health centers, making them more sustainable.

EXTERNAL: 2

Current high inflation in Ghana and Uganda could increase estimated costs and delay project completion if the costs exceed the budget. However, both Ghana and Uganda have enjoyed political stability for years and the implementer is not relying on a third party to complete the project.



Stella Motovu comforts her newborn son, Jade, who was born at LifeNet partner Nkoni Health Center in Uganda.



LEADERSHIP PROFILES

Sheppard Owen serves as president of LifeNet International. He joined in 2021. His background includes:

- 24 years in international development and leadership, including 16 years at Food for the Hungry
- a master’s degree in public policy and management from University of London
- fluent in English, French, and Swahili

Jannet Opio serves as Uganda Country Director for LifeNet International. Her background includes:

- 17+ years of experience in international development
- Chief of Party for USAID Rwanda Social Marketing
- provided strategic leadership for the Global Fund for AIDS and Malaria, United Nations Children’s Fund, the U.S. President’s Emergency Plan for AIDS Relief, the Human Resources for Health project, and Uganda population-based HIV impact assessment
- a master’s degree in science, specializing in development management, from Open University; postgraduate diploma in management and training from the Maastricht School of Management; and a graduate degree in public health from University of South Wales

Idris Boateng serves as Ghana Country Director. His background includes:

- 15 years of experience in health systems development
- a malaria social and behavior change retainer consultant with United Nations Office for Project Services
- Ghana country director for MAP International where he launched the MAP International Ghana office for control of neglected tropical diseases
- a master’s degree in public health from University of South Africa and a bachelor of science in biological science with chemistry from University of Ghana

Sarah Borger serves as senior Director of Programs for LifeNet International. Her background includes:

- international public health professional with 15+ years of experience in research, management, and evaluation of health programming in low-income country contexts
- served as the director of health programs for Food for the Hungry International
- maternal and child health programming for Food for the Hungry International and for World Relief
- a master’s degree in public health from the Department of International Health at Boston University’s School of Public Health

RESEARCHER’S STATEMENT



Frederick Barasa
Sr. Research Analyst
March 2022



While churches and church-owned institutions have constructed thousands of hospitals and clinics, little emphasis has been placed on operating these facilities in a sustainable manner. Many depend on unreliable foreign funding, which makes it a struggle to deliver quality services. Many clinics lack simple equipment, technical skills, and a business-

like mindset needed to offer services in a sustainable way. At the heart of LifeNet International’s unique strategy is a holistic approach for

health systems that improves the quality of care, addresses gaps in knowledge, and monitors quality improvement, pharmacy management, and revenue generation. Each of the six clinics is uniquely connected to an Anglican diocese in Ghana or Uganda. By empowering the local church to provide quality and reliable healthcare services at a high level, LifeNet is strengthening the mission of the Church.

HOW TO FUND THIS PROJECT

PROJECT RECAP

ID - ARDF-0322
 Timeline - 3 years
 Requested - \$331,052
 Modified - 040522

For information about the Fund or Projects, write to:
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The Anglican Relief and Development Fund®

