

INVESTMENT OPPORTUNITY



The Anglican Relief and Development Fund®



UGANDA: NEW CLINIC BRINGS HEALTHCARE TO RURAL AREAS

Diocese's facility provides reliable and affordable treatment to thousands in Sebei region



Ann Karenget, a retired primary teacher in Kapchorwa, Uganda, has long seen the need for more accessible medical care in her region. Read her testimony, "In Their Own Words," below.

PROJECT OVERVIEW

CONTEXT: Access to reliable healthcare is one of the greatest barriers to improving the health of thousands of people in Sebei region, Northeast Uganda. Poverty is rampant and people can't afford medical care. Most facilities are far away, requiring people to travel long distances for treatment. The infant mortality rate is high and, in most cases, preventable. The region surrounds Mount Elgon, an extinct volcano that is the source of frequent landslides that displace thousands of people and create health challenges like unsafe drinking water and diseases.

NEED: People in the Sebei region continue to suffer from curable diseases such as anthrax, polio, cholera, malaria, and river blindness. Healthcare facilities are scarce and the few functioning ones often face a shortage of staff and medications. Government healthcare facilities often lack skilled workers, medications, and equipment for simple tests. Those needing specialized care must travel to Kampala, 150 miles away from the Sebei region.

SOLUTION: With funding from Anglican Relief and Development Fund (ARDF), the Sebei Diocese, Church of Uganda, will construct a health clinic at its diocesan headquarters that will serve rural communities in Kokwomurya Hill, Kapchorwa municipality. The Sebei Diocese Church of Uganda-Health Center will provide affordable, quality, and reliable outpatient services, maternity care, and general care. Patients, their families, and other community members will be given the opportunity to interact with God's Word through daily devotions. The clinic hopes to reduce the number of deaths resulting from treatable illnesses, giving people the chance to be more economically productive and improve the quality of their lives.

LIFE IMPACT

Benefits 5,030 people, some in multiple ways:

- 5,015 people from 2,857 households receive medical care at the new healthcare facility the first year. They will grow in their understanding of the Scriptures by regularly attending weekly Bible studies at the clinic.
- 15 members of the staff will benefit from regular income as a result of employment at the health clinic.

PROJECT PROFILE

ID: ARDF-0722-Sebei

Lead Ministry

**SEBEI DIOCESE,
CHURCH OF UGANDA**



LIVES IMPACTED 5,030

SECTOR HEALTHCARE

AMOUNT REQUESTED \$199,604

**ARDF COST PER
BENEFICIARY** \$39.68

IN THEIR OWN WORDS

"I have been in this community for a long time as a teacher. I have seen many of our children grow up with many problems from lack of clean drinking water, long distances to school, and a lack of medical treatment. Health-related matters have been very difficult before. Patients would walk long distances and could not even be attended to well. Many people have died from preventable diseases and some with treatable diseases, like malaria. But since the diocese started working in the community, many things are being brought closer to the people. ... But what is lacking is a good health facility. If the diocese now starts this, services will all now be brought closer. Bravo to the diocese for this initiative."

**– Ann Karenget, a retired primary teacher
in Kapchorwa, Uganda**



WHAT IT'S LIKE NOW

“Regarding the impacts of climate

change on health, respondents generally agreed that climate change has led to the expansion of the range of vectors that transmit diseases causing pathogens. An example that was raised was the mosquitoes that are now common in some higher altitude areas, causing malaria. The new diseases that affect livestock and humans were also noted to be common now because of the change in climate conditions. ... including Marburg virus disease, anthrax, and foot and mouth disease.

“The malaria cases are now common in cold areas near Mt. Elgon national park and yet they were not there in the past. The mosquitoes are moving to these areas and it is because of the warming temperature there.

“New diseases are now common that affect humans and livestock. These diseases include foot and mouth disease, Marburg, anthrax, and cholera. These diseases are coming up because of the changing climate associated with floods and high temperature.

“We experience many environmental events like mud sliding, flooding of the rivers and yet this would cause diseases and also destroy our crops.”

— Results of a survey of 48 village healthteam workers, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8394296/>

PROJECT DESIGN

The goal of providing much-needed healthcare services to the people of Kapchorwa, Kween, and Bukwo in the Sebei region is to reduce the number of deaths from treatable illnesses. The diocese will solicit bids to construct a new healthcare facility at its diocesan headquarters. It will seek bids from contractors who have worked with the diocese before and have experience constructing healthcare facilities. Construction is expected to take 12 months.

Upon completion, some 5,015 patients from 2,857 households will receive medical care in the outpatient and maternity units. The medical center will provide outpatient, basic laboratory, emergency, and pharmacy services. Families will learn better healthcare practices for preventable neglected tropical diseases that should lead to a drop in child mortality rates. Fifteen people will be hired: three doctors, four nurses, one lab technician, one pharmacist, one administrator, four custodians, and one cashier.

Patients visiting the facility will pay for the visits and medications. Those who cannot afford the fees will still receive care. Sebei Diocese expects the facility’s monthly income will cover operating expenses, including daily activities, salaries, and a portion of medication costs. The diocese expects the facility will be self-sustaining after one year.

The funding from ARDF will pay for construction and the diocese will donate land for the clinic. Once completed, the district health department will inspect the building and issue an occupancy permit. The diocese will work with the Uganda Christian Health Association and the government health department to identify medical personnel. A chaplain will lead a daily devotional time for patients and their families, as well as a weekly Bible study for community members. Facility staff will also offer community outreach training by educating people on the dangers of female genital mutilation on young girls, which is still commonly practiced in Sebei.

Measuring impact

The diocesan development team will oversee day-to-day operations and finances. It will submit monthly reports to the diocese’s health board chaired by the bishop. The committee will also oversee construction and consult the local health department that will carry out periodic inspections. A health board will meet monthly to evaluate progress and guide financial decision-making.

PROJECT BUDGET

ITEM	REQUESTED FROM ARDF	LOCAL FUNDS
Salary for nurses and support staff		\$20,000
Land		\$15,000
Finishes, windows, and doors ¹	\$45,349	
Main structures and buildings ²	\$33,715	
Labor	\$30,767	
Research and evaluation	\$16,634	
ARDF administrative fee	\$16,634	
Equipment ³	\$15,000	
Generator and installation	\$10,100	
Administrative costs ⁴	\$9,779	
Transportation	\$9,000	
Miscellaneous expenses	\$7,576	
Furniture	\$5,050	
TOTAL	\$199,604	\$35,000

HOW YOU CAN CONTRIBUTE

For \$40, you can provide the healthcare of one beneficiary at the new facility.
For \$5,050, you can provide the furniture for the medical center.
For \$10,100, you can purchase and install a generator for the facility.

NOTES

- ¹ includes painting, windows, doors, fencing, water tanks, and installation
- ² includes construction of three blocks of buildings: outpatient, in-patient, and an administrative block, as well as toilets for those blocks
- ³ includes blood pressure machines, scales, scanners, refrigerators, malaria test kits, pregnancy test kits, and air conditioning
- ⁴ includes title fee, inspection fees, contracting, grand opening, and travel expenses



IMPLEMENTER FINANCIALS*

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

INCOME	2019	%	2020	%	2021	%
Church donations	\$10,619	19%	\$8,994	44%	\$ 12,359	60%
Foundation dues	\$3,064	6%				
Partner/overseas donations	\$41,393	75%	\$11,642	56%	\$ 5,608	27%
Investments					\$2,700	13%
Interest income	\$6					
TOTAL	\$ 55,082		\$ 20,636		\$ 20,667	
EXPENDITURES	2019	%	2020	%	2021	%
Personnel	\$6,089	12%	\$4,541	19%	\$3,156	16%
Administrative expenses	\$7,749	15%	\$7,627	32%	\$4,536	23%
Church programs	\$4,979	10%	\$3,937	16%	\$2,604	13%
Quote remissions	\$5,630	11%	\$5,119	21%	\$3,990	21%
Travel and transport	\$2,241	4%	\$459	2%		
Construction and repairs	\$25,151	48%	\$2,292	10%	\$5,166	27%
TOTAL	\$51,839		\$ 23,975		\$19,452	
SURPLUS / (DEFICIT)	\$3,243		\$ (3,339)		\$1,215	

NOTES:

*Income and expenditures reported in U.S. dollars

INCOME: Sebei Diocese provided unaudited financial records comprising of income and expenditure and balance sheets for fiscal years 2019, 2020 and 2021. Historical foreign exchange rates ending December 31 for the years were retrieved from OANDA Currency Converter (OANDA.com) and applied in converting reported amounts from the local currency, Uganda Shilling (UGX) to U.S. dollars. Most of the diocesan income during the three years under review came from partner/overseas donations and local church donations. There is a significant drop in income (more than 50%) in 2020 and 2021. There is an over reliance on partner donations to account for 75% on income in 2019, 56% in 2020 and 27% in 2021.

Investment income accounted for 13% in 2021. Diocesan income from local church donations grew 18% in 2021 compared to 2020. Overall, the diocese maintained a surplus cash flow, an indication of its ability to meet its financial obligations.

EXPENSES: diocese's personnel expenses include salaries, retirement benefits and allowances. These represented an average of 16% of the diocese's expenditures during the three years. The largest expenditure was administration costs. Details of the financial costs were not provided, preventing the ability to determine what this entailed. These represented 23% of the diocese's expenses in 2019, 2020 and 2021. Quote remissions included money disbursed to parishes to cover clergy allowances, which averaged 18% of the diocese's expenditure during the three years.

Expenses in 2020 exceeded income and resulted in 2019 surplus being used to cover the deficit.

Lack of audited financial records limits further assessment of the diocese's financial management and controls.

RISK ANALYSIS



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

CONCEPT: 1

The project addresses fundamental healthcare challenges facing Sebei region by providing quality and reliable healthcare for the people of Kapchorwa, Kween and Bukwo. Healthier residents are more likely to be economically productive and able to improve the quality of their lives

PROGRAM DESIGN & EXPERIENCE: 4

Sebei Diocese has conducted several social and economic initiatives in rural and urban areas. It has experience in holistic development work, including school construction. It has not built and opened a healthcare facility. The focus of the project in the first year should be on the construction of and the equipping of the clinic. In the second year, focus should be on the impact on the community, which includes serving 6,000 patients annually.

LEADERSHIP: 1

The diocese has a competent, enthusiastic, committed, and passionate bishop who is championing this initiative. The staff has the experience to manage a complex project.

FINANCIAL CONTROL: 3

The Diocese of Sebei has stable management and a secure financial system with strong internal controls. It lacks an independent board as they are all members of the Anglican Church. Also, the diocese has yet to contract with an external auditor to review the financials.

SUSTAINABILITY: 3

The diocese expects the facility's monthly income will cover operating expenses after one year, including activities, salaries, and part of medication costs. The diocese has committed to raising \$35,000 in local funds to support the the clinic. It will also partner with the local government, ministry of health, the Uganda Protestant Medical Bureau, the Church of Uganda Provincial Health Directorate and Joint Medical Stores for technical support and medication.

EXTERNAL: 2

Uganda has enjoyed political stability for more than 26 years, however, high inflation in Uganda could raise prices and delay the project's completion.

LEADERSHIP PROFILES

The Rt. Rev. Paul Kiptoo Masaba has served as bishop of Sebei Diocese for six years. His background includes:

- trained teacher, working in several schools in Uganda for 12 years
- layreader for 10 years
- an ordained priest with over 10 years experience as a priest and archdeacon
- a bachelor's degree in divinity from Uganda Christian University, Mukono, Uganda
- a diploma of theology from Uganda Martyrs Seminary, Namugongo, Uganda
- a certificate in education from Uganda Martyrs Seminary

The Rev. Canon Julius Aliwa Siya has served as diocesan administrator and secretary for six years. His background includes:

- served as diocesan childrens ministry coordinator for three years
- served as diocesan youth leader for three years and as a priest for 12 years
- a bachelor's degree in divinity from Uganda Christian University
- a diploma in education, specializing in secondary education from National Teachers College, Ngetta, Lira, Uganda

REFERENCES

"Sebei diocese is very developmental. It has been a strong partner in promoting health education, especially during this COVID-19 pandemic. The leadership is strong and committed in bringing services closer to our people. I strongly support the idea of a health center. We are very glad to see the diocese trying to fill this gap in our health system. We will support the initiative to see it successful."

– Dr. Kenneth Chemutai, principal medical officer, Kapchorwa

BEST PRACTICES

Based on The GRID's research, this project adheres to the following best practices:

- Collaboration and networking with other development partners and government
- Leveraging existing policy and system in supporting implementation
- Promoting participation of local community leaders

RESEARCHER'S STATEMENT

While the government of Uganda officially provides medical care, in practice much of the population lacks access to healthcare facilities. To effectively serve the people of Sebei in a holistic manner with the gospel, construction of the clinic plays an important role in healthcare delivery for deprived communities in rural Uganda. Like in the times of missionaries of earlier years, it is critical that the church plays a central role providing healthcare by investing in a facility like this one. Leadership has demonstrated great commitment and vision, which will propel this project to achieve the desired impact.

Godfrey Ayena,
Research Analyst
July 2022

IMPLEMENTER'S INSPIRATION

"Come to me all of you who are tired from carrying heavy loads and I will give you rest."

- Matthew 11:28 (GNT)

HOW TO FUND THIS PROJECT

PROJECT RECAP

ID - ARDF-0722-Sebei

Timeline - 24 months

Requested - \$199,605

Modified - 091822

For information about the Fund or Projects, write to:
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