

INVESTMENT OPPORTUNITY



UGANDA: COMMUNITY MEMBERS ACCESS RELIABLE HEALTHCARE

Church-driven Health Center Will Provide the Local Community With Quality Outpatient Care



Diocese of Mukono will construct a community health center to serve the people of Madudu, Uganda.

PROJECT OVERVIEW

CONTEXT: One of the significant challenges facing Uganda is an inadequate healthcare infrastructure. The healthcare system is struggling to meet the needs of its citizens. It faces challenges including high rates of communicable diseases, child mortality, and limited access to essential services particularly in rural areas. Many rural areas, such as Madudu, in Mukono, Uganda, lack basic medical facilities. Where there is medical care, the centers are often poorly equipped and understaffed.

NEED: In Mukono, like many other parts of Uganda, thousands of people lack access to primary healthcare leading to high prevalence of preventable diseases like malaria. In addition, rural access to outpatient services remains a challenge for many. Poor infrastructure, inadequate roads, and lack of health facilities mean residents of Madudu must travel to Seta, more than 15 miles away. Even when treatment is available, many Ugandans die because they are unable to pay for treatment. People need affordable, reliable, and accessible healthcare.

SOLUTION: With funds from the Anglican Relief and Development Fund and All Saints' Church Madudu, the Diocese of Mukono will construct the Margaret Kaziimba Health Center to serve the rural communities. The health center will provide quality outpatient services, helping ensure that people have access to quality medical treatment and affordable medications. All Saints Church Madudu hopes to reduce the mortality rate and morbidity from treatable and preventable diseases, giving people the opportunity to be more economically productive and improve their lives.

LIFE IMPACT

Benefits 3,015 people, some in multiple ways:

- 3,000 individuals will experience improved health and economic benefits when treated at the local clinic, as evidenced by the clinic's patient records; the same people will grow in their understanding of the Scriptures because they can attend Bible study while at the medical clinic.
- 15 staff members will receive a regular income due to their employment at the medical center.

PROJECT PROFILE

ID: ARDF-0625-Mukono

Lead Ministry

ANGLICAN DIOCESE OF MUKONO



LIVES IMPACTED 3,015

SECTOR Health

AMOUNT REQUESTED \$108,521

COST PER BENEFICIARY \$35.99

TIMELINE 18 MONTHS

IN THEIR OWN WORDS

"I was rescued during childbirth because the health center was near my home. Unfortunately, many people in the nearby villages were not lucky because they lack access to healthcare. In addition to this, many people have no access to clean and safe water. As a result, we continuously suffer from preventable waterborne diseases. With the construction of the new health center, people will not have to travel for long distances to seek health services, thus helping save lives."

– Nalubega Mubiru, 25, from Namakwa village, Mukono, Uganda



WHAT IT'S LIKE NOW



“Uganda’s health financing system faces significant challenges, threatening progress toward universal health

coverage. Despite efforts to improve healthcare, the country struggles with limited fiscal space, high out-of-pocket expenses, and low insurance coverage.”

— <https://nilepost.co.ug/probe/257248/uganda-health-financing-challenges-spark-national-dialogue> May 8, 2025

“With Uganda’s maternal mortality rate currently at 189 per 100,000 live births, the country faces a significant public health challenge, far exceeding the World Health Organization’s target of 70 per 100,000. This crisis is particularly acute among adolescent girls and young women, where approximately 25% of girls become pregnant before the age of 18.”

— <https://nilepost.co.ug/health/219543/addressing-uganda> October 3, 2024

“Uganda is one of the poorest countries in the world with a young and rapidly growing population. Uganda has been heavily impacted by infectious diseases, and the leading causes of death are malaria, tuberculosis, human immunodeficiency virus (HIV), and neonatal conditions. Major social determinants of health for Uganda include poverty, with 30 percent of the population living below the poverty line.”

— <https://sites.brown.edu/publichealthjournal/2024/03/29/beyond-borders-a-glimpse-into-ugandas-healthcare-challenges-and-solutions/> March 29, 2024

PROJECT DESIGN

All Saints Church Madudu will serve the community of Madudu by establishing the Margaret Kaziimba Health Center, named for the wife of the current Archbishop of Uganda. It will serve 3,000 people from eight rural communities: Madudu, Bunyagira, Nawanjuki, Busiba, Bibbo, Kiyirita, Busaale and Wankoba. ARDF funding will be used for first phase of construction, which consists of one block building that will house the outpatient health center with water and electricity. An incinerator and toilet will also constructed in the first phase. Future plan calls for construction of a maternity section once more funding becomes available. The diocese has allocated \$15,789 for the clinic land.

Rather than undergoing a bidding process, the church will adopt a “force account” method in which local vendors bid to supply construction materials, according to specifications set by the supervising engineer. The church will hire various skilled artisans, and local Anglicans will provide free labor throughout the project. Mukono municipal officers will conduct periodic inspections.

An oversight building committee will be established and a professional construction firm will be hired that will report to the bishop and a diocesan development committee. Upon completion, the church will work with the Uganda Protestant Medical Bureau and Joint Medical Store Uganda to supply clinic equipment and recruit personnel and volunteers to run the clinic.

The church will also work with the local government and sign a memorandum of understanding with the ministry of health to provide medical supplies, staff, technical support, and operating expenses. The diocesan health department will also contribute to staff salaries, medical supplies, and supervision under national health programs. To ensure continuity of service, a trained Health Unit Management Committee will oversee operations with support from local staff and the Village Health Teams. The clinic will also provide outpatient services for primary healthcare, including maternal health services, immunizations, and basic laboratory services. The clinic will have a staff of about 15 in the first year. Patient records will be kept by nurses who will take the patients’ initial history during visits to the clinic. Nurses will also monitor and ensure that the clinic operations run smoothly. The clinic will also hold morning devotions, provide primary healthcare and general health education for clinic visitors.

Measuring impact. Clinic records will track the number of patients treated during the funding period.

PROJECT BUDGET

ITEM	ARDF US	ARDF CANADA	LOCAL
Land			\$15,789
Walling and roofing	\$18,395	\$605	
Flooring and plastering	\$13,000	\$2,000	
Doors and windows		\$13,000	
Foundation	\$9,500		
Furnishing and finishes		\$8,132	
Water and electricity supply		\$6,579	
Toilets and incinerator		\$7,579	
Contingency		\$6,500	
Land excavation and clearing	\$3,500		
Administration, monitoring, evaluation ¹	\$19,731		
TOTAL	\$64,126	\$44,395	\$15,789

HOW YOU CAN CONTRIBUTE

For \$3,500, you can excavate and clear the land for construction of the clinic.

For \$13,000, you can provide the doors and windows for the clinic.

For \$19,000, you can provide the walls and roofs for the clinic.

NOTES

¹ ARDF contracts project research, monitoring and evaluation with The GRID; ARDF provides administration and communication to ensure full project funding.



IMPLEMENTER FINANCIALS*

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

INCOME		2022	%	2023	%
Revenue		1,240,919	94	1,282,852	94
Other		82,681	6	75,544	6
TOTAL		1,323,600		1,358,396	
EXPENDITURES		2022	%	2023	
Department Expenses		138,925	14	178,594	16
Ministry		26,371	3	28,280	3
Nakanyonyi program		33,772	3	31,921	3
MUDISONAMS		394,036	38	384,586	33
Bible college		15,613	2	16,054	1
Mukono FM radio		44,466	4	55,049	5
Administration		181,732	18	223,542	20
Personnel		63,944	6	65,983	6
Meetings		21,541	2	14,488	1
Provincial remittances		10,584	1	31,147	3
Retirement benefits		21,891	2	30,139	3
Travel and entertainment		7,381	1	12,266	1
Other		63,830	6	54,620	5
TOTAL EXPENDITURES		1,024,091		1,1216,675	
SURPLUS / (DEFICIT)		299,509		231,721	

NOTES:

*Income and expenditures reported in USD

INCOME: Revenue has remained the dominant contributor to income in 2022 and 2023, accounting for 94% of total income both years. However, the actual revenue has grown from \$1,240,919 in 2022 to \$1,282,852 in 2023, reflecting a healthy increase of approximately 3.4%. This indicates a stable and ongoing capacity to generate income from core activities. There was a slight decline in other income.

EXPENSES:

Department expenses rose 28.5%, from 2022 to 2023, making up 16% of total expenditures in 2023 compared to 14% in 2022. This rise could suggest increased activity or resource allocation. Provincial remittances rose 195%. This may reflect increased commitments to provincial programs or changes in remittance policies. Retirement benefits rose 38%, which may point to a rising number of retirees or increased benefit allocations.

Low High

RISK ANALYSIS



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

CONCEPT: 1 Providing affordable and quality healthcare is crucial for thousands of people, especially the residents of rural areas. People will access medical care at the clinic, which will provide a base for preventive healthcare services. It will reduce disease and help people live healthier lives. Patients can attend daily devotional sessions, while community members can join weekly Bible studies led by chaplains appointed by the diocese.

PROGRAM DESIGN & EXPERIENCE: 3

Through its development services department, the Diocese of Mukono is involved in water, health, sanitation, environmental conservation, and relief service projects. The diocese has built schools and clinics and operates a medical bureau managing clinics and dispensaries in Mukono. However, this will be the first clinic in the Madudu area. With the commitment of local diocesan members to help during the construction phase, there is strong evidence of a successful project. It will operate with Uganda's Ministry of Health and Uganda Protestant Medical Bureau, which will provide key staff and medical supplies.

LEADERSHIP: 2

The clinic will be built under the supervision of a team that is in good standing with the church. The project leader is a trained medical doctor, a priest with an accounting background, and the bishop who is supported within the community.

FINANCIAL CONTROL: 2

The Diocese of Mukono has stable management and secure wire transfer methods. The organization lacks independent governance, as all are members of the Anglican Church. The diocese has invested \$15,789 for the purchase of land, demonstrating strong commitment. The diocese will also set up strong systems for financial tracking, monitoring and evaluation, and reporting.

SUSTAINABILITY: 2

The diocesan clinic has strong endorsement from the community and the Uganda Protestant Medical Bureau, which will pay for healthcare personnel. The diocesan health department will collaborate with the District Health Office and Ministry of Health. This will pay essential staff salaries, medical supplies, and supervision under national health programs. To ensure continuity of services, a trained Health Unit Management Committee will be set up to oversee operations with local staff and the Village Health Teams. Generally, patients will pay a fee for services.

EXTERNAL: 2

Uganda has made significant social and economic progress in the last 20 years. The implementer is not relying on a third party to complete this construction project. However, the country faces challenges related to poverty, inequality, and structural transformation. Additionally, inflation in Uganda is high and has the potential to increase estimated construction costs and delay the project's completion.

LEADERSHIP PROFILES

Dr. Joyce Nannozi is the medical director for the Diocese of Mukono. She is the project coordinator and will oversee the implementation of this project. Her background includes:

- a master's of medicine in obstetrics and gynecology, Makerere University, Kampala; a master's degree in public health from Texila American University, Georgetown, Guyana; a bachelor's of medicine and bachelor's of surgery from Makerere University; and a diploma in public health dentistry from Makerere University
- prior service as hospital director, Mukono Church of Uganda Hospital

The Rev. Roggers Kityo serves as the Mukono diocesan treasurer. His background includes:

- an ordained a priest in the Church of Uganda, Diocese of Mukono
- supervisor for diocesan projects including schools and a health clinic
- a master's of divinity, Uganda Christian University, Mukono; a bachelor's of commerce, Makerere University; and a master's of business administration, The Valar Institute, Washington, DC
- a certified public accountant from the Institute of Certified Public Accountants of Uganda

REFERENCES

"All Saints Church Madudu is under Namataba Parish, Lugazi Archdeaconry, in Mukono Diocese. I was once a parish priest of Namataba for six years, and All Saints Church Madudu was one of my churches. Madudu is a village where people fail to get privileges like education, health, clean water, and good roads. The vision of the diocese meets the needs of the people living in Madudu. The bishop is a man of integrity, and the community has responded positively to this proposed health clinic. I believe that Madudu Church and the Diocese of Mukono, with the help of the Archbishop Stephen Kaziimba who is the vision bearer, have the potential to supervise that project once it begins."

– Ven Ezekiel Michael Kafeero, Ugandan Archdeacon in the Anglican Diocese in New England

RESEARCHER'S STATEMENT



Frederick Barasa
Sr. Research Analyst
June 2025

Churches continue to play an important role in healthcare. In Uganda, like many parts of Africa, thousands lack access to basic healthcare services. This initiative by the Anglican Diocese of Mukono has the potential to save lives by addressing the persistent issue of poor access to health services, as well as the lack of proper health system structures in Madudu and surrounding areas. Thousands of people will benefit from this diocesan mission, which

will provide much-needed medical care and services to the less fortunate at an affordable cost.

IMPLEMENTER'S INSPIRATION

"The thief comes only in order to steal, kill and destroy. I have come in order that you might have life – life in all its fullness."

– John 10:10 (GNT)

HOW TO FUND THIS PROJECT

PROJECT RECAP

ID - ARDF-0625-Mukono
Timeline - 18 months
Requested - \$108,521
Modified - 120525

For info, write to ARDF:

P.O. Box 247
Ambridge, PA 15003

For ARDF-US donations, send to:

P.O. Box 645354
Pittsburgh, PA 15264-5354
admin@ardf.org 724-251-6045

For ARDF-Canada donations, send to:

c/o Box 1013
Burlington, ON, L7R 4L8
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