

Uwakah Memorial Medical Foundation STRATEGIC BUSINESS PLAN

The purpose of this strategic business plan is to provide the principals of the Uwakah Memorial Medical Foundation with a master plan that detail the Foundation's mission, objectives, tasks, funding strategies, promotional strategies, and timelines for the solicitation of funds to build, implement, and manage a medical facility in the village of Akoli-Imenyi, Nigeria.

FOUNDATION

The Uwakah Memorial Medical Foundation (UMMF) was incorporated in San Francisco, California in 2006 as a 501c(3) corporation.

MISSION

The mission, and sole purpose, of the Uwakah Memorial Medical Foundation is to procure funds and use those funds to build and operate a medical clinic in the village of Akoli-Imenyi, Abia State, Nigeria.

As different as we may be from one another, all of us share the same desires and needs. We wish to live free from persecution and harm, live in safe and healthy environments with dignity and respect, and have access to competent health care. This is no less true for millions of Nigerians, too many of whom are born into circumstances of poverty, corruption, and ignorance.

Those of us who form the Uwakah Memorial Medical Foundation have taken it upon ourselves to do all that we can to provide the village of Akoli-Imenyi with a modern medical facility that will be available to every man, woman, and child in the village, not just the precious few who have been blessed with the means to engage the doctor of their choice.

It is the mission of the Uwakah Memorial Medical Foundation to bring comprehensive, excellent medical care to every single person in Akoli-Imenyi, and surrounding areas, in need of help. The Uwakah Memorial Medical facility will welcome each and every patient, regardless of ability to pay. Absolutely no one will be turned away. We believe, without a doubt, our goal is just, the right thing to do, and, although a big challenge, it is a challenge we commit to achieving.

OBJECTIVE

The objective of the UMMF is to raise from foundations, corporations, businesses, government agencies, philanthropists, and individual donors the sum of \$50M over a five-year period.

The funds will be used incrementally to build and operate the Uwakah Memorial Medical Center for the approximately 50,000 villagers in Akoli-Imenyi, and the thousands of others in outlying areas, who are desperately in need of regular and consistent medical care.

Our objective in raising \$50M is to provide on-going and affordable medical services to, and promote the attainment of, the highest possible level of health for the medically indigent rural population of Akoli-Imenyi and surrounding villages.

We will build a medical center that will provide treatment for cancer, diabetes, HIV/ AIDS, heart disease, tuberculosis, whooping cough, diphtheria, epidemic and endemic diseases, and the control and treatment of malaria, cholera, yellow fever, and trachoma.

The medical center will provide generic drugs that will be substituted for proprietary medicines. The medical center will reduce the risk of diseases common to the area, and serve as a critically needed medical service, providing pediatric services for children and obstetric, gynecological services for women.

When fully operational, the medical center will be a fully functioning hospital that will serve an average of fifty patients a day, 1,000 patients a month, 12,000 patients annually. The center will serve a population of approximately 50,000 rural villagers in the rural population in the old Bende Local Government Area of Abia State, Nigeria.

BACKGROUND — HEALTH CARE IN NIGERIA

Nigeria is the most populous nation in Africa, with an estimated 112 million people. Located on the West Coast of Africa, along the Gulf of Guinea, Nigeria occupies approximately 356,670 square miles (slightly larger than twice the size of the state of California). The country is a federal republic consisting of 36 states, and 543 local governments. Nigeria's capital city, Abuja, is located in the center of the country.

In spite of possessing Africa's largest oil reserves, Nigeria remains one of the continent's poorest countries. Its international debt of \$30 billion dollars is roughly equal to the estimated amount of wealth stolen from the country by corrupt leaders. Nigeria is considered by some to be the most corrupt nation in Africa, if not the world.

About one-third of the population lives in poverty, and one out of every four workers is unemployed. Allegiance to family and kinship systems, as well as to the village community, is strong. Marriage often occurs at an early age, at least, for females, and childbearing also begins at an early age.

In Nigeria, families tend to live together in one village or area of a town. Mothers are the primary care givers in the family, but receive help and support from the extended family. In most families, men are dominant and make most of the decisions. Significant numbers of children do not go beyond elementary school.

Although English is the official language, there are over 250 different dialects spoken in Nigeria. The most widely spoken language is Hausa. There is no state religion. About 50% of Nigerians are Muslim and 40% are Christian.

Although most people practice Islam or Christianity, many also engage in practices derived from traditional African religions.

The wealth of a nation is its health. Given the current state of health care in the country, one can only conclude that Nigeria is dirt poor, in that regard. The health care system is composed of decrepit health facilities and comatose medical institutions that have suffered from prolonged neglect and underfunding, leaving everyone open to the risk of unwarranted death. In such a circumstance, one prays not to fall sick in Nigeria, or develop any serious ailment that requires urgent care.

Healthcare in Nigeria is a national emergency. In many small, rural villages throughout the country, there are virtually no medical facilities. This is the case in the village of Akoli-Imenyi. Recently, the UN rated Nigeria very high, in terms of infant mortality and chances of women surviving during child labor. Over the decades, the average life expectancy in Nigeria has declined precipitously. Per capita health care expenditure, as a percentage of gross domestic product, is one of the lowest in the world.

Nigeria's teaching hospitals, famous for training some of the best medical professionals in the world, have all been reduced to glorified cottage clinics, as a result of which the best and brightest have left the country in search of better opportunities abroad. (Ironically, estimates suggest there are over 5,000 doctors of Nigerian descent practicing in the US alone. Most were trained at home.)

Primary care is largely provided through approximately 4,000 health clinics and dispensaries scattered throughout the country. As for secondary care, there were about 700 health care centers and 1,670 maternity centers; tertiary care was handled through 12 university teaching hospitals with about 6,500 beds. There is no health care facility in or around the village of Akoli-Imenyi.

As of 1999, there were an estimated 0.2 physicians and 1.7 hospital beds per 1,000 people. The lack of proper facilities, and inadequate remuneration of public sector health care workers, have also spurred the development of a limited number of privately-owned hospitals that cater to those who can

afford them.

The country is in dire need of medical supplies and equipment. In 2000, only 57% of the population had access to safe drinking water, and only 63% had adequate sanitation. As of 1999, total health care expenditure was estimated at 2.8% of GDP.

Despite the receding influence of endemic diseases, health problems in Nigeria remain acute. Just under half of all deaths are thought to be among children, who are especially vulnerable to malaria, and account for 75% of registered malaria deaths.

The prevalence of child malnutrition, for children under age five, as of 1999, was 46%. Nigeria had the highest number of measles cases reported in 1995, of all African nations (95,915 cases and 12,393 deaths). In 1995, diarrhea diseases claimed 204,400 lives.

While Nigeria has a birth rate of 40.6 births per 1,000, the infant mortality rate is 98.8 deaths per 1,000 births, with a life expectancy rate of 46.7 years. As of 2000, almost 15% of all Nigerian children did not live to their fifth birthday.

Maternal mortality is the leading cause of premature death and disability among women of reproductive age in Nigeria. One in every fifteen mothers dies during childbirth. Many of the women still resort to traditional child delivery options, as hospitals are not accessible or affordable.

According to the World Bank, although men and women between the ages of 15 and 44 lose approximately the same number of years of healthy life due to disease, there is no single cause of death and disability for men that comes close to the magnitude of maternal death and disability.

Safe motherhood, comprising prenatal care, safe delivery, essential obstetric care, is not available in most of Nigeria's rural villages and towns, such as Akoli-Imenyi. In the villages, it is common for the women to die during childbirth, due to a lack of medical facilities, and the inability to travel to the

medical facilities in the urban areas.

Schistosomiasis, guinea worm, trachoma, river blindness, and yaws are other diseases of high frequency. HIV / AIDS has reached epidemic proportions in Nigeria. At the end of 2001, the number of people living with HIV / AIDS was estimated at 3.5 million (including 5.8% of the adult population), and deaths from AIDS that year were estimated at 170,000. Such statistics are heart breaking, pathetic, and scary.

Access to quality healthcare in Nigeria is either limited or non-existent, and is a staggering financial burden to families and the nation. Nigerians die of minor illnesses that could have been prevented with simple medications and healthy lifestyle.

The health crisis in Nigeria has taken an added significance because of the absence of constructive comprehensive national health policy. The federal government seems to have no constructive collaborative efforts with the state and local governments. The implications of this phenomenon are catastrophic.

Scenarios, such as the following, are the epitome of the tragedies in villages, like Akoli-Imenyi, resulting from the lack of health care in the country:

- *A child in Akoli-Imenyi falls ill with fever, chills, and convulsions in a village over half-a-day's journey away from the nearest health center. After three sleepless nights of agonizing helplessness for the family, the child succumbs.*
- *A middle-aged artisan in a state capital falls from a height at his workplace and sustains a compound fracture of the femur. He is taken to the general hospital where the surgeon, lacking the tools for the most appropriate treatment, undertakes what he euphemistically calls "conservative management" and watches helplessly as the patient deteriorates steadily and dies.*

- *A 19-year old female student becomes pregnant following sexual indiscretion with a married schoolteacher. She is petrified of the consequences and seeks the aid of a traditional abortionist in the backwoods of a city center. A week later she is brought into the hospital with roaring septicaemia from pelvic infection. She rapidly passes from anuria to delirium to convulsions and eventually, succumbs.*
- *A government minister trips in his bath and injures his ankle. An x-ray in the teaching hospital shows a soft tissue swelling with no fracture. Yet, he is promptly flown out for treatment in a European country – cost to the taxpayer: \$20,000.*

These four scenarios exemplify the cruel irony of the health care situation in Nigeria. It is unacceptable that in the 21st century, a child with a fever and convulsions dies. Or that a pregnant mother in Akioli-Imenyi, or any other village, dies in childbirth because medical attention is not available in her village and she cannot get to the nearest urban hospital miles away. Mortality from relatively minor accidents should be insignificant. A young lady with a septic abortion would not succumb, if adequate measures to confront infection and combat renal failure were available. The fourth scenario exemplifies the millions of dollars in public money spent annually on overseas treatments of minor ailments for top government functionaries is clearly indefensible, but all-to-familiar.

THE VILLAGE OF AKOLI-IMENYI

The village of Akoli-Imenyi is a microcosmic example of the health problems affecting rural Nigeria. Located in the state of Abia, Akoli-Imenyi has a population of approximately 50,000 villagers, most of whom are agrarian farmers living in poverty.

There is one elementary school and one secondary school in the village. The majority of the population is over the age of 50; the young move on to the cities as soon as, or often, before, they complete high school. The average per annum income is under \$2,000. The nearest medical facility is state-run fifty miles away in Umuahia.

Another state run facility is approximately sixty miles away in Arochukwu. These facilities are ill-equipped and poorly run. On the average, they serve about 200,000 and 50,000 patients respectively. These hospitals charge for their services and are only able to provide general medical services due to the dearth of modern equipment.

In Akoli-Imenyi, and other surrounding villages, there are no busses and only a tiny minority has motorized transportation. There are available taxis, but they are monstrously expensive. Lacking transportation, it is extraordinarily difficult for the villagers to get to the nearest hospital, and nearly impossible to get there swiftly, should an emergency arise.

There is virtually no money from the government for health care. The village relies on the state government to provide it with funds for health care and other services, but given the documented governmental corruption in Nigeria, little, if any, money makes its way to Akoli-Imenyi.

The closest approximation to medical personnel is the local ‘quacks’, who have no medical training and sell illegal patent medicines. The villagers will not complain to the government because it will do no good.

Tens of deaths occur each passing day among all ages, due to lack of medical attention. Villagers know they are sick, but they keep their illnesses to themselves, until they die, because they cannot afford the cost of medical care, transportation, and the cost of medicines.

STRATEGY

The challenge to the Uwakah Memorial Medical Foundation is the question: “What can a small group, with limited resources, do to help the people of Akoli-Imenyi and surrounding villages enjoy a healthier life?” As a small group of concerned and committed Nigerians, we recognize the vastness of the health problems facing our country of origin.

We recognize that the village of Akoli-Imenyi is but a small piece of a huge, tragic problem in Nigeria. We are, above all, realists, and accept that there is only so much our small contingent can do to help; yet, we also know that we can, and must, make an effort. We won't succeed overnight, but we are patient, and succeed we will. We won't raise all the money we are determined to raise overnight, but raise it we will, and as we raise it, we will use it in carefully delegated increments using a strategy of one-step-at-a-time; each step will add another level of health care to alleviate the suffering and the medical agonies that are the result of non-existent health care in the area.

So it is that those of us who formed the Uwakah Memorial Medical Foundation pledge to raise sufficient funds to build and operate the Uwakah Medical Center, a modern medical facility that will welcome each and every patient, regardless of ability to pay.

The Uwakah Memorial Medical facility will be staffed by qualified physicians, nurses, and other medical personnel recruited from Nigeria, Africa, the United States, and Europe.

LONG RANGE STRATEGY — GROW AS WE GO

Our strategy is to mount a capital campaign to raise upwards of \$50M. We recognize this is a substantial amount of money. We also recognize that it will take time and effort to raise this sum. And we further believe, without a doubt, that our goal is not just possible, but also absolutely achievable, and ABSOLUTELY NECESSARY.

A \$50M capital campaign requires a fully funded staff and volunteers to raise such a large sum. The San Francisco Symphony, for example, employs a staff of fourteen paid employees and mobilizes a large volunteer staff in the throes of a capital campaign to raise \$50M.

The Uwakah Memorial Medical Foundation is not so fortunate. The capital campaign is stripped to the bone and currently consists of a single consultant

putting in barely enough time to propel the mission, and limited time and effort from the Uwakah Memorial Foundation Board.

The UMMF Board is acutely aware of the challenge we have undertaken. Yet, through the talented efforts of the consultant and the Board, we are confident that we can meet our overall goal, as well as meet the incremental goals we have set, as laid out in the following strategies.

Since it will take time to raise the total target amount of \$50M, and while we wait, men, women, and children, in and around Akoli-Imenyi, are dying and incapacitated, due to lack of health care.

Rather than wait until the entire \$50M is raised, our strategy is to raise money incrementally and earmark each funding increment for a particular medical aspect of the project.

There are many elements and components that must be determined and developed, before a sophisticated medical center can be built in Akoli-Imenyi. It is highly unlikely that any significant amounts of money will be raised from foundations, governments, or corporations without well-developed, and researched grants.

Given that there are not resources or funds to spend the time researching the areas that need to be researched in order to present a comprehensive grant to a funding source, an overarching strategy of the Uwakah Memorial Medical Foundation will be to position itself as a foundation with a mission that is continually evolving.

Ongoing research will be a continuing task. In particular, research will determine the physical requirements for a clinic, staffing requirements, equipment requirements, administrative requirements, the amounts of money required during the four stages of the campaign, detailed costs for the building and expansion of the medical center, costs for staffing, equipment, transportation, and administration of the clinic from Stage 1 through Stage 4.

Significant, ongoing research will include finding models of success from

which we can extrapolate. This will include Web research, networking with known organizations and individuals engaged in related and or relevant efforts from which we can learn.

Built into the fundraising efforts will be requests for funds to be used to continue research that includes the following:

- Organizing and operating a medical facility
- Personnel needs for the facility, for each of the four stages.
- Where to find medical personnel for the clinic
- How to persuade medical personnel to work at the Uwakah clinic.
- Financial requirements for medical personnel
- Equipment needs extended over the four stages
- Costs for equipment
- The operational needs of the facility
- The Medical needs of the facility
- Structural needs. Building a medical facility. Building on to the initial facility.
- Building costs. Topographical issues. Zoning requirements.
- Networking
- Developing connections and collaborations with medical organizations and government health agencies in the United States Nigeria and Europe
- Devising strategies for soliciting funds from major corporations, particularly the American and British oil companies with interests in Nigeria
- Developing relations with world and African health organizations
- Soliciting information from national and international foundations that fund medical initiatives with the intention of asking them for funds

On-going research will be a continuing task. In particular, research will determine the physical requirements for a clinic, staffing requirements, equipment requirements, administrative requirements, the amounts of money required during the four states of the campaign, detailed costs for the building and expansion of the medical center, costs for staffing, equipment,

transportation, and administration of the clinic from Stage 1 through Stage 4.

Significant, on-going research will include finding models of success from which we can extrapolate. This will include Web research, networking with known organizations and individuals engaged in related and/or relevant efforts, from which we can learn.

During this stage, grants will be written to foundations, corporations, and governmental agencies seeking funds for the first stage and money to continue the fundraising campaign.

STAGE #1 – RAISE FUNDS TO BUILD AND OPERATE A SMALL-SCALE MEDICAL CLINIC

During this stage, grants will be written to foundations, corporations, and governmental agencies seeking funds for the first stage and money to continue the fund raising campaign. This “starter” clinic will specialize in maternity care, immunizations, and general medical care. While raising the capital, we will connect with Architects for Humanity, which is currently developing a prototype clinic that capable of providing the structural requirements for a small-scale clinic.

Our plan is to purchase from Architects for Humanity one of the prototype clinics that are presently being developed by the Danish architectural firm, KHRA. The estimated cost for the structure is \$100,000 to \$150,000.

Estimated cost to staff the facility and stock the necessary medicines and equipment is \$300,000 to \$350,000 per year.

Given the limited time and financial resources of our foundation, setting a timeline for Stage 1 would be unrealistic. Suffice it to say, we will do as much as we can, in as short a period of time as possible, to raise approximately \$1M to cover the building costs and operate the clinic for three years.

STAGE #2: ASK AND YE SHALL RECEIVE (BUILDING THE INFRASTRUCTURE)

Building on the experience and success of Stage #1, we will continue networking and soliciting to raise capital to increase the size of the medical personnel, purchase medical equipment and transportation, and build on to the initial “starter” clinic.

Further fund raising efforts will be undertaken to continue the capital campaign, as will ongoing research and coordination with other agencies and organizations committed to improving the health of African populations.

The most powerful and effective strategy for raising money for the Uwakah Memorial Medical Center is for the Uwakah Board members, especially Dr. Uwakah and Mr. Uzegbu, to personally reach out and connect with individuals, organizations, institutions, foundations, corporations, and governments and passionately argue the case for a medical center in Akoli-Imenyi.

There are insufficient resources and money to mount a competitive capital campaign. A capital campaign with a goal of \$50M requires a substantial amount of operating capital. Typically, such a campaign includes a major research and development component, a grant writing and grants administration team, and a full scale marketing and promotion blitz that would include brochures, stationery, advertising, promotion, telemarketing, direct mail copywriting, purchase of mailing lists, e-mail campaigns, an Internet presence, and numerous other components. The UMMF does not have the resources for such a capital campaign, and it seems unlikely that such funds will become available. Therefore, it will be necessary to add to all fundraising efforts, requests for funds to mount and continue the campaign.

Earlier, in 2006, the UMMF Board, taking the advice of the capital campaign consultant, mounted a direct mail campaign anticipating raising capital to fund a capital campaign. The campaign consisted of an initial fund-raising plea and a follow-up letter. The mailing lists consisted of nearly 300 friends

or colleagues of the members of the Board, the vast majority of whom were Nigerians who had close ties to the country.

The direct mail campaign expected to raise \$75,000 to \$100,000. The campaign was a complete failure. The campaign strategy was based on sound logic and historic precedents in direct mail fundraising: a mailing list of concerned Nigerians with direct ties to the state, who were in the middle and upper financial brackets, and who personally or indirectly knew Dr. Uwakah and other members of the Board. The letters were well composed. They followed all the rules of successful direct mail fundraising and copywriting.

It has not been possible to definitively determine why a group of 300 friends and colleagues were unwilling to donate to the UMMF effort. We speculate, from anecdotal evidence, they didn't want to give money to someone else's ego.

Although the members of the Board have concluded that attempting to, once again, reach out to this constituency is a waste of time and money, the consultant recommends reconsidering it as an option, and approaching that same group in a more personal way.

There is no better way to persuade someone to give money to a cause than to ask personally – preferably face-to-face. If face-to-face is not possible, then via telephone. Especially if they are acquaintances or colleagues.

Although it may be unrealistic, and dismissed by the Board as 'been-there-done-that', the consultant feels an obligation and responsibility to recommend reconsidering the strategy of soliciting money from the Board's friends and colleagues to fund the capital campaign.

The downside of this strategy is that Dr. Uwakah and the other members of the Board have precious little time to devote to phoning or meeting with individuals regarding this matter. However, if Dr. Uwakah and Mr. Uzegbu were to connect with two people each per week, in a very short time they will have connected with the entire list.

Nothing sells like passion, and Dr. Uwakah is passionate about this cause. That passion cannot be translated as effectively in print as it can from direct connection. It is strongly recommended that board members, Dr. Uwakah and Mr. Uzegbu, agree to speak personally to an agreed upon quota of individuals from the direct mail mailing list.

Beyond personal friends and colleagues, there are a number of philanthropists that can be solicited. It is recommended to create a short-list of highly influential and wealthy individuals (not necessarily one and the same) to contact. For example, the Nigerian billionaire, Dr. Kase L. Lawal from the CAMAC Corporation, is an ideal prospect. A letter requesting a donation will have little impact. Dr. Lawal probably receives dozens of them every week. But a one-on-one phone meeting, followed up with a face-to-face meeting, could result in a substantial donation. It is strongly recommended that Board members, Dr. Uwakah and Mr. Uzegbu, agree to speak personally to an agreed-upon quota of individuals from the direct mail mailing list.

Word-of-mouth is another recommended tactic. The UMMF campaign needs to be “talked up”. Each Board member should agree to openly discuss the project with any and all that they encounter. Build momentum. Let colleagues from church, the workplace, and affiliations know about the project. Let them see and hear excitement from each Board member. Ask colleagues, friends, and acquaintances for contacts and ideas, and, if appropriate, a donation.

When all is said and done, there is only one secret to successfully raising money: You have to ask for it, and continue asking for it, until you get it. Ask and you shall receive, applies to fundraising, as much as it applies to any other pursuit in life.

STAGE #3: CONTINUE THE MOMENTUM — SOLICITING FUNDS

Building on the experience and success of Stage #2, the UMMF will then move into the next level of fund-raising and continue building on the success

of the first stage by raising capital to add additions to the medical structure, open new medical arenas and practices, add medical equipment, enlarge the medical and service staffs, and improve the infrastructure.

Continuing the momentum is a process that will continue, until the \$50M is raised, and a first class, fully operational hospital is functional. The incremental strategy, and the momentum, will continue until the ultimate goal of an established, fully operational hospital in Akoli-Imenyi is reached. The Board will solicit funds from four sources: foundations, governments, corporations, and individual philanthropists.

FOUNDATION GRANTS

Throughout the campaign, individual grants will be written to foundations, subsequent to the sending of letters of inquiry, which is the accepted protocol when soliciting funds from most foundations.

A concerted grant writing campaign will need to be undertaken, and because resources are limited, the grant writing effort needs to focus on writing one grant at a time. The grant wiring process will require an infusion of capital to cover the costs of writing grants, and the concomitant expenses of research and solicitation that accompany grant writing.

The grants will request funds to continue the medical facility's services, expand those services, purchase additional equipment, enlarge the size of the clinic, hire more staff and medical personnel, and fund the continuation of the capital campaign.

Standard protocol for approaching foundations begins with an initial letter of inquiry (LOI). On-going research to isolate those foundations that would entertain a proposal from UMMF is crucial and needs to be a continuing activity.

Once research determines those foundations whose mission includes that of

UMMF, LOIs will be sent to those foundations. Competition for foundation money is ruthlessly competitive. The strategy for approaching a foundation with a proposal will be to ask for money to fund a particular stage of the overall goal.

In the case of the first stage, grants will be written requesting funds to purchase the initial medical building, staff, minimal equipment and enough capital to maintain the facility for three years—sufficient time to raise additional capital to undertake the next phase of the campaign.

The first tier of foundations to approach will be those foundations with a track record for funding health programs. The Gates, MacArthur, Ford, Carnegie, Johnson, Kellogg foundations, as well as selected others. These will be the first to be approached with letters of introduction.

Once a foundation expresses interest, a comprehensive grant will then be written.

The UMMF Board appreciates that it is unrealistic to expect the Uwakah Medical Center to ever be able to financially sustain itself without the infusion of funds from outside sources. Therefore, the Board recognizes they will have to be indefinitely raising capital for the operation of the Uwakah Medical Center.

GOVERNMENT FUNDING

Governmental organizations in the United States, Europe, and Africa, with an interest in Africa and international health care, will be researched and contacted, and grants written to those expressing interest.

The odds of receiving funds from the Nigerian government are small, as are the chances of receiving funds from the United States or European governments to advance UMMF's cause. However, this is not to say it isn't possible to persuade a government agency to assist in funding UMMF's effort.

Monitoring the “evolution” of the Nigerian government, and networking with individuals within the government, as well as those who influence the governments, and continual monitoring of RFP’s from United States Federal agencies that fund international health programs, must become a constant and consistent task for the UMMF Board.

PHILANTHROPISTS

There are growing numbers of very wealthy individuals committing parts of their fortunes to the health and well-being of the planet. There is also a large competitive demand for their fortunes. Making contact with these individuals, of course, requires navigating through layers of frontline defenses, in order to get to the individual. Nevertheless, this is an undertaking the Board must assume, and involve themselves in, in order to make contact with men and women, who can make a connection with these wealthy individuals.

Philanthropists with interests in Nigeria and Africa will need to be researched and contacted for donations to assist in developing the medical center. Nigerian billionaire, Dr. Kase L. Lawal, from the CAMAC Corporation, is an ideal prospect and is one of the first to be contacted.

These contacts must also begin with a personal connection from Dr. Uwakah or Mr. Uzegbu. It is only through their face-to-face contact that a philanthropist will become interested. The old salesman’s adage that the customer doesn’t buy the product s/he buys the salesman is equally true in raising capital from philanthropists.

ENLIST THE AID OF CORPORATIONS WITH INTERESTS IN NIGERIA

The objective is to solicit funds from the oil companies (and other American and European companies) with interests in Nigeria. This will require a specific strategy and continuous effort on the part of the Board members.

The first step is to determine which corporations to approach and when. A list of oil companies has been completed. The next step is to dig into the insides of each of those companies to find out how to approach them, whom to approach, and what to ask for.

This needs to be done as an on-going research effort that analyzes each of the companies, their infrastructure, their upper management teams, and their policies and positions on charitable contributions. It will be necessary for the board to establish contact with the appropriate executives within these corporations, develop rapport with them, and adroitly ask for support.

Establishing contact is a task for Dr. Uwakah and Mr. Uzegbu. They need to make personal connections with upper management in each of the selected companies to explain the Foundation's goal and to get a decision from each that they will entertain a proposal detailing the project.

Persuading one or more of the oil companies to contribute to the UMMF campaign will not be an easy sell and, thus, will require an assertive, "don't-take-no-for-an-answer" strategy.

International organizations, whose mission to provide health care for African nations, will be contacted and alliances formed with many of these organizations. These organizations will also help in finding medical personnel—physicians, nurses, technicians—for the medical center.

Fundraising strategies will be continually evaluated and tasks and timelines set, during and after each state of the campaign. To the extent possible, an outside consultant will oversee the capital campaign, research and analyze the components of the project, and consult with the UMMF Board.

ALLIANCES AND STRATEGIC PARTNERSHIPS WITH INTERNATIONAL ORGANIZATIONS AND GOVERNMENTS

This strategy will require research and analysis of those international organizations and governments that have programs on health care for Africans. International organizations whose mission is to provide health care for African nations will be contacted and alliances formed with many of these organizations. These organizations will also help in finding medical personnel – physicians, nurses, and technicians – for the medical center.

The research will look at existing programs the UMMF may be able to join, or piggyback on. For example, the international Aids programs that are being funded and directed by world health organizations. The tactic will be for UMMF to piggyback off those organizations programs, positioning itself to receive funds, resources, support, and publicity from these organizations.

There are a number of international organizations whose mission is to improve the lives of Africans. UMMF needs to connect and network with these organizations and get their assistance in reaching UMMF's goals. The first step in this strategy is to research and annotate what groups and organizations exist and how, and if, these organizations can be of help to UMMF.

For example, Africare is an organization created by Africans and Americans, working as partners. To date, the organization has provided \$675 million in assistance to over 2,000 projects in 36 African countries. Africare's financial support comes from one of the most diverse donor bases in the charitable world. From this organization, UMMF can learn and get helpful information to help develop their capital campaign and their project.

Another example: Doctors Without Borders. This organization begins a project when it identifies the existence of a humanitarian crisis, or when it has been asked by the national government or other organizations to consider establishing a project.

An exploratory team of experienced medical personnel visits the site and evaluates the medical, nutritional, and sanitary needs, the political environment, the security situation, transportation facilities, and local

capabilities.

Perhaps, this organization would be able to assist UMMF in determining the medical needs of Akoli-Imenyi, as well as assist in finding medical personnel to operate and maintain the Uwakah Memorial Medical Center.

The organizations listed below are all involved in African affairs. Research needs to be completed and a list drawn up of those organizations that could be of help to UMMF. Once that list is complete, members of the UMMF Board, and the consultant, will then make connections with the organization's directors and program officers and form alliances and strategic partnerships.

Again, it is important that UMMF Board members, especially Dr. Uwakah, make personal contact with the organizations they would like to form an alliance with, or request support from. These organizations include:

- WHO: Nigeria Pro-Health International
- Third World Foundation
- Nigeria Family Health Services Project
- Good Heart Foundation
- ECWA Community Health Care Pilot Program in Nigeria
- African Journal of Reproductive Health
- Malaria Foundation International
- Save-A-Child Surgery Project
- International Committee of the Red Cross: Nigeria
- International Women's Health Coalition: Africa
- Association of Nigerian Physicians in the Americas
- Global Alliance for Africa
- Medical Care Development Inc.
- United Nations Population Fund
- PathFinder in Nigeria
- SIECUS in Nigeria
- Independent Group for Health in Africa
- USAID in Nigeria
- Life Project (from University of Kuopio)

- African Networks for Health Research and Development
- Association of Nigerian Physicians in America
- World Travel Guide: Nigeria: Health
- WWW VL Public Health: Nigeria
- Healthnet: Nigeria
- MBendi: Nigeria: Health
- Information Project for Africa: Population
- The Clinton Foundation

Fundraising strategies will be continually evaluated, and tasks and timelines set for during, and after, each stage of the campaign. To the extent possible, the Board will invest time, energy, and resources to carry out the many challenges and demands of the campaign, and hire the services of a grant writer and fundraising consultant to steer the project.

MANAGEMENT TEAM

The members of the UMMF Board of Directors is of critical importance to the success of the foundation. It must be a working Board, with individual assignments and tasks. They are the on-stage image of the foundation and the pivot around which the mission revolves. The foundation, and its mission and purpose, will be judged on the basis of the members of the Board.

Outside consultants and advisors can be of significant help, but it is the investment of time and passion from Dr. Uwakah and Mr. Uzegbu that will determine the success of the UMMF mission.

Other members of the Board are equally important and have individual roles to fulfill, but the President and Vice-President of UMMF are the two people who must determinedly drive the foundation's mission. It is incumbent upon the foundation to develop a management strategy that places each Board member in a strategic position that supports the organization's purpose. It is also necessary to appreciate that, given the demands on their time and their limited financial resources, Dr. Uwakah and Mr. Uzegbu will only be able to do so much.

Strategically, therefore, the Board must take one step at a time, knowing that the long-term objective—a fully functioning hospital in Akoli-Imenyi—is a distant desire, and that progress will have to be made in small steps. To plan otherwise would be folly. That is why the 'Grow As We Go' strategy is appropriate and proper.

Dr. Uwakah and Mr. Uzegbu's primary function is to spread the word of UMMF's mission, to speak to any and all influential people who might lead them to sources of funding, in-kind resources, advice, and support.

Once research has concluded which foundations and philanthropists to approach for the first step in the Grow As We Go strategy, Dr Uwakah will communicate with those foundations and philanthropists introducing himself and his foundation. After that initial introduction, the grant will be sent.

It is of critical importance that Dr. Uwakah becomes the foundation's "presence." It is his passion and commitment that must be shared with the organizations, institutions, and companies that are approached for funding.

Dr. Uwakah and Mr. Uzegbu must also work together to create an Advisory Board that consists of influential men and women, who agree to support UMMF's mission in whatever ways they can. The Advisory Board should consist of no more than five to ten people. Dr Uwakah and Mr. Uzegbu should meet quarterly with the full advisory group, and maintain monthly contact with them, via phone and email.

The Advisory Board will be a powerful tool that UMMF Board can count on as it pursues its mission. Dr. Uwakah and Mr. Uzegbu must also become members of organizations and institutions whose missions are in alignment with the mission of UMMF. The goal for Dr. Uwakah and Mr. Uzegbu is to become well-known among the organizations and institutions with interests in African and Nigerian affairs.

SUMMARY

The Uwakah Memorial Medical Foundation is intent on providing the village of Akoli-Imenyi, and surrounding villages, with a medical facility that provides medical care for all the people.

The overall goal of the foundation is to establish and manage a hospital that will require approximately \$50M to build and operate.

This is an ambitious undertaking that the Board recognizes will have to be done in stages. Since there is currently no medical facility in the area, the UMMF Board will strive to initially raise enough capital to build and sustain for three years a small-scale medical facility and staff it with a physician and a nurse assistant.

From this modest beginning, the foundation will move to the next stage: raising a second level of funds to improve upon the medical facility structure, hiring more personnel, and increasing the types of medical services. This graduating strategy will continue until the Uwakah Memorial Medical Center has evolved into a full-service hospital in Akoli-Imenyi.

With minimal resources and funds, the foundation members recognize that it will take between five to ten years to reach its ultimate goal.

Dr. Uwakah and Mr. Uzegbu will dedicate whatever time and resources they can to furthering the goals of the foundation. They will create an Advisory Board that supports the foundation. They will join international organizations engaged in African and Nigerian affairs. They will engage in a word-of-mouth campaign, whereby they share their commitment and passion to build a medical facility in Akoli-Imenyi, and will function as visible spokespersons for UMMF.

To continue the work of the foundation will require hiring the services of a consultant to write and administer grants, carry out needed research, and develop and refine the foundation's strategies.

