Stonafeller Foundation Grant Proposal: Health is Wealth

A. Organization Description

Founded by former Peace Corps volunteer Len D. Hand in 2010, Health is Wealth (HW) is a rural health organization combating the syndemic of Malaria and HIV infection, ameliorating health inequities through resource and training support, and reducing factors impacting health quality across the West African region. Health is Wealth has recently expanded its rural health efforts to include sustainable development and environmental decontamination projects--targeting factors like unclean water in exacerbating negative health markers throughout the region. HW's investments into well-drilling, the training of 200+ community health workers, Malaria/HIV treatment and testing for rural Guinean and Liberian communities, and general wellness advocacy within the broader West Africa is crucially engaged with the Stonafeller Foundation Grant's ecosystem revaluation and health advancement prioritization areas.

B. Problem(s) to be Addressed

Using funds from the Stonafeller Foundation Grant, Health is Wealth intends to target West African rural health disparities by bridging clean water accessibility gaps, targeting rural communities located within Guinea, Sierra Leone, Liberia, Côte D'Ivoire, and Ghana. Perpetuating factors of water contamination throughout the region are the distance and scarcity of adequate well infrastructure to at-risk rural communities, the degree of unsustainable or contaminated drilling locations, and the deficiency of current advocacy efforts to elevate the urgency of the issue.

C. Activities / Strategies

- Engage rural West African communities struggling with clean water access to ensure a culturally sensitive approach to well-drilling projects and other community health initiatives.
- Commission land surveys to identify ecologically sustainable locations for well drilling in proximity to rural West African communities struggling with clean water access.
- Coordinate well drilling projects in collaboration with target rural West African communities to ensure sustainable access to clean water.
- Implement strategies and advocate policies within rural West African communities to promote water sanitation practices and procedures to ensure sustainable transformation of clean water accessibility.

D. Budget

Health is Wealth's projected organizational budget for the grant period is $2.2 million. Our proposed project to increase clean water access across West Africa through well drilling will require a budget of $500,000 during the grant period.

Health is Wealth will leverage the requested grant amount of $500,000 to conduct land surveys, engage communities, advocate sanitation and health policy, and drill 100 new water wells in rural West African communities, with a concentrated focus on rural communities situated in Guinea, Sierra Leone, Liberia, Côte D'Ivoire, and Ghana.

Health is Wealth's major funders include the African Development Bank (AfDB) and the AJA Foundation. Health is Wealth is still in the process of securing additional funders for our well drilling initiative, as this is a newer project.

See attached for additional requested budget documentation.

Health is Wealth's Most Recent Audited Financial Statements

[Audited Financial Statements, here]

Health is Wealth Operating Budget

Expenses	**Amount**
Salaries and Benefits (including payroll taxes)	$800,000
Contractors and Professional Services	$600,000
Travel and Mileage	$50,000
Monitoring and Evaluation	$250,000
Public Outreach (including marketing, fundraising, and advocacy)	$150,000
Insurance (including other forms of liability coverage)	$10,000
Rent and Utilities	$150,000
Office Supplies (including mailing expenses)	$30,000
Equipment	$100,000
Supplies and Commodities	$60,000
Total	$2.2 million

Health is Wealth's Requested Grant Budget

Expenses	Amount
Salaries and Benefits (including payroll taxes)	$176,000
Contractors and Professional Services	$137,000
Travel and Mileage	$12,000
Monitoring and Evaluation	$60,000
Public Outreach (including marketing, fundraising, and advocacy)	$33,000
Insurance (including other forms of liability coverage)	$2,200
Rent and Utilities	$33,000
Office Supplies (including mailing expenses)	$6,600
Equipment	$27,000
Supplies and Commodities	$13,200
Total	$500,000

Note: These costs are estimated as a portion of our overall operating costs. Health is Wealth maintains that our administrative costs are inextricably linked to the effective implementation and success of our projects.

E. Expected Outcomes

For over a decade, Health is Wealth has worked on the forefront of health issues plighting rural communities in West Africa. We are experienced in delivering programming to combat HIV and Malaria in these communities, impacting the lives of thousands of West Africans. It is in alignment with our work on eliminating Malaria that we are now working to advance clean water access in the region, as we are keenly aware of and experienced in dealing with the negative outcomes stemming from unclean drinking water and poor water sanitation. Our project will have three cumulative outcomes, each positively impacting community health in West Africa.

- Short-Term Goal - By the end of the grant period, Health is Wealth will have or be in the process of drilling 100 water wells in rural communities in Guinea, Sierra Leone, Liberia, Côte D'Ivoire, and Ghana to increase access to clean water across West Africa.
- Medium-Term Goal - Within 6 months of completed well drilling, Health is Wealth will assist rural West African communities accessing newly drilled water wells with

formulating and implementing new sanitation procedures and practices to ensure sustained clean water access and improvements in community health.

- Long-Term Goal - Health is Wealth will reduce new malaria infection rates in rural West African communities impacted by our well drilling initiative by 50% within 3 years of opening a new water well and increasing clean water access for the community.

F. Assessment

- Key indicators are critical for measuring the impact and the quality of our project by tracking progress towards fulfilling our ultimate goal of improving water access and health. The following indicators have been selected to reflect the project's intended outcomes at various stages.

Objective/goals	Key Indicator	Measurement Method	Unit of Measurement	Timeframe
Completed infrastructure (wells)	# of wells built or rebuilt	Site visits and local records	Number of wells	Base, middle, end
Improved access to clean water	% of households with improved access to clean water	Household survey	% of households with access	Base, middle, end
Improved water quality	% of water wells meeting national quality standards	Lab testing of water samples	% of water wells meeting national quality standards	Base, middle, end
Training and capacity building	# of active community water management committees	Interviews with local leaders, community groups.	Number of committees	Base, middle, end
Reduction of Malaria	# of cases	Health clinic reports, surveys.	% of reduction	Base, middle, end
Reduction of HIV	# of cases	Health clinic reports, surveys.	% of reduction	Base, middle, end

- Baseline data

Baseline data is essential to monitor the progress of the proposed project and assess its impact on water access within the community. The baseline data will include demographic, health, water quality, and socio-economic data, collected from the key indicators previously mentioned. This

data will allow us to track improvements in water access and its direct impact on health, time savings, and community engagement throughout the duration of the project.

- Diversity and inclusive representation to ensure equitable outcomes

Following the collection of baseline data, we will conduct Focus Group Discussions within each target community to gather deeper insights into local needs and perspectives. To ensure inclusive engagement, separate Focus Group Discussions will be held specifically with marginalized groups, including women, persons with disabilities, and minority populations. These sessions will provide a platform for participants to share their concerns, contribute ideas, and help identify barriers that may affect the project's design and implementation.

Throughout the duration of the project, we will establish community-led monitoring structures that actively involve underrepresented voices. Women and members of marginalized groups will be included as part of local monitoring committees, which will play a key role in tracking progress, verifying outcomes, and identifying any challenges at both the project and community levels. This approach promotes transparency, accountability, and a sense of local ownership.

- Adaptive learning cycles to drive continuous improvement

The project team will establish a structured adaptive learning process to ensure that findings from ongoing monitoring directly inform implementation, guide mid-course corrections, and drive continuous improvement. This will be achieved through regular monitoring and data review through community-led feedback from household surveys as well as field visits. The project team will track progress by conducting quarterly review meetings to analyze the data collected and to identify rising challenges or trends.

- Sustainability and Maintenance

The long-term sustainability and maintenance of our project's outcomes are important. In order to ensure sustainability, firstly, we will start off early with ongoing engagement with local stakeholders in order to ensure that their inputs will help align project activities with local priorities. Also, throughout the process, we will prioritize capacity building for local actors. Training will be provided to community members, local technicians, and committee representatives.

G. Prior History

Health is Wealth has a strong track record of addressing the interconnected health burdens of HIV and malaria in vulnerable communities across West Africa. For over 15 years, our organization has implemented integrated health interventions aimed at reducing infection rates, improving health outcomes, and strengthening local health systems. Through this syndemic approach, we have implemented community-based projects that address both health and

livelihood challenges such as investing in well-drilling for safe water access, training over 200 community health workers, and expanding malaria and HIV testing and treatment in rural communities.

- Long-term healthy generation

The proposed projects will give communities long term-solutions for their livelihoods. By integrating efforts to combat the syndemic of malaria and HIV with environmental decontamination and access to safe water, we are building a healthier foundation for current and future generations. As mentioned, we have trained over 200 community health workers, embedding health knowledge and care capacity directly within communities.
Also, clean Water and Environmental Health Interventions such as well-drilling gives communities long term access to clean water. We prioritize local leadership, knowledge-sharing, and enhancing community capabilities to ensure that the project's benefits endure beyond our direct involvement.

- Dealing with Change

In our commitment to providing sustainable water solutions, we have proactively adapted our well-drilling projects to address evolving environmental challenges. Recognizing the impacts of climate change and ecological considerations, we conduct environmental impact assessments through careful site selection and planning before drilling.

Also, understanding the connection between climate change and disease transmission, we have incorporated climate-resilient strategies into our health interventions. Such as, distributing long-lasting insecticidal nets to communities during periods of increased rainfall, which can elevate malaria transmission risks.

These previous projects showcase our adaptability through climate-resilient strategies and community empowerment ensuring sustainable and impactful outcomes during evolving environmental and health contexts.

H. Board of Directors

Dr. Tamara McHants, PharmD
President of the National Pharmaceutical Association, Inc
President, Board of Directors, Health is Wealth

- Tamara McHants is an advocate for bridging health inequity gaps across the African continent, ensuring favorable health outcomes in minority communities. In 2002, Dr. McHants co-founded CMS Health Initiatives, a non-profit organization focused on addressing health disparities across communities impacted by HIV/AIDS and malaria. Dr. McHants is the active President of the National Pharmaceutical Association, an organization committed to the progress of racially underrepresented pharmacy personnel within the United States.

- As the President of the Board of Directors for Health is Wealth, Dr. McHants' responsibilities include but are not limited to:
    - Facilitating Board meetings involving relevant committee members
    - Ensuring decorum within Board meetings
    - Mediating intra-Board disagreements and conflicts
    - Overseeing the development and achievement of organizational mission, goals, and vision

Marisa Morales
Chair, Board of Directors, Clean Water Action
Board Member, Board of Directors, Health is Wealth

- Marisa Morales is an active partner in an environmental non-profit that raises awareness of water quality and air pollution across the globe. Ms. Morales is also a current member of Communities of Color United for Racial Justice (CCU), a coalition working towards racial equity, specifically in public health--prioritizing the empowerment of people and communities of color.
- As a Member of the Board of Directors for Health is Wealth, and the Chief Operating Officer, Ms. Morales' responsibilities include but are not limited to:
    - Oversight of HR and staffing, ensuring HW maintains optimal recruitment standards and internal cohesion.
    - Enforcing organizational business model
    - Oversight of HW's financial operations and final decision-making power, pertinent to organizational budget decisions
    - Oversight and management of day-to-day office operations

Bernard Kaufiku
President of Africa Public Health Foundation
Board Member, Board of Directors, Health is Wealth

- Dr. Bernard S. Kaufiku is a licensed doctor and Special Advisor to the Namibian government in the areas of public and private health, with approximately 25 years of clinical expertise. A passionate supporter of HIV management during his time in Namibia, Dr. Kaufiku has demonstrated a clear commitment to the elimination of mother-to-child HIV transmissions through his approach to combating the syndemic of HIV and diseases like malaria.
- As a Member of the Board of Directors for Health is Wealth, and the Chief Financial Officer, Dr. Kaufiku's responsibilities include but are not limited to:
    - Oversight of money flow and general financial planning
    - Treasury management, recording keeping, and financial statement oversight
    - Assessment of HW's financial trajectory
    - Development of corrective plans to boost HW's financial status

Adam Adogenu
Council Member, Africa Public Health Foundation
Board Member, Board of Directors, Health is Wealth

- Dr. Adam Adogenu's work prioritizes pan-African innovation, economic development, and regional transformation. Under his leadership, the Africa Public Health Foundation has driven investment and support into community-led public health partnerships, medical technology, and HIV/Malaria testing support.
- As a Member of the Board of Directors for Health is Wealth, and the Secretary, Dr. Adogenu's responsibilities include but are not limited to:
  - Management of board documentation, correspondence, and meeting minutes
  - Advisement of Board best practices
  - Administrative and logistical support

I. Key Staff

Len D. Hand
Founder and Executive Director at Health is Wealth

A Peace Corps alumnus and our founder, Mr. Hand has effectively overseen HW employees and stewarded HW's platform, network, mission, and vision for 15 years.

Devon L. Pope
Development Director

Mr. Pope came to HW 9 years ago from Oxfam. He oversees program development in collaboration with our 4 regional coordinators and coordinates HW's MEL efforts.

Nadine Diallo
Guinean Health Policy Coordinator

A native citizen of the country, Ms. Daillo has managed HW programming in Guinea since 2018. She came to HW after a 10-year career with the African Health Organization.

Emmanuel Cooper
Liberia and Sierra Leone Health Policy Coordinator

Mr. Cooper has managed HW programming in both Liberia and Sierra Leone since 2016. He came to HW after a 7-year career with AMANET.

Stephanie Diomande
Côte D'Ivoire Health Policy Coordinator

Mrs. Diomande has managed HW programming in Côte D'Ivoire since 2014. She came to HW after a 3-year career with Health Alliance International.

Tani Akuffo-Jones
Ghana Health Policy Coordinator

Ms. Akuffo has managed HW programming in Ghana since 2016. She joined us directly after completing her M.A. at John Hopkins.

Mallorie D. Ease
Communicable Disease Prevention Director

Mx. Ease has developed HW health policy programming since 2018. They joined HW

after 4 years with the CDC, where they began their career in health policy.

Numa Burr
Bookkeeper

Mrs. Burr is a founding member of the HW team. She has managed HW's financial management and budgeting efforts since 2010. She came to HW after a 15-year career in corporate accounting with Wendroff & Associates, CPA.

J. References

Colleen McKenna
Executive Director of AJA Foundation
Existing Donor
XXXXX@AJAFoundation.org

Clement Mensah
Development Effectiveness and Quality Assurance Officer with AfDB
Existing Donor
XXXXX@AfDB.org

Dr. Emma Bruce
Executive Director of Malaria Partners West Africa
Past Partner Organization
XXXXX@malariapartnersinternational.org

K. Lobby Statement

For the grant period of 20XX, Health is Wealth will allocate $15,000 or approximately 3% of our project budget to lobbying. We will also engage in grassroots advocacy and cooperation with rural communities to achieve any and all legislative changes relevant to our project activities and goals.

Len D. Hand
Executive Director

L. Supporting Documents - See attachments.

<u>Federal Tax exemption letter on behalf of Health is Wealth</u>

[Federal Tax exemption letter, here]

<u>Articles of Incorporation on behalf of Health is Wealth</u>

[Articles of Incorporation, here]

<u>Health is Wealth EIN Number</u>

[Health is Wealth EIN number, here]

Health is Wealth By-Laws

[Health is Wealth By-Laws, here]