



IMPACT UPDATES

STANDING TOGETHER

- FROM DREAMS TO REALITY -



"This is a dream come true and it is a very happy occasion for me because I have

a memory of the past. The things at this hospital provided today, when I think about it, I always want to cry. My father developed a hernia - a strangulated hernia and my father died as a result of it. My sister died when she wanted to deliver her child. This hospital is named Leyaata, in our language, meaning "Rescue Us." If this hospital was here, perhaps my father would not have died. My sister would have been alive today. And so, I'm grateful that many people have stood with me to work for this dream to come to pass. In fact, the chiefs of this land have stood with me. Carpenter women have come and cleaned this hospital, so it will be ready today. I want to thank you all!"

- **Dr. David Mensah**



Dr. David Mensah, standing with partners from the UK and Canada, as he gives thanks in front of the 9,000+ crowd attending the Leyaata Hospital Commissioning.

MIRACLES ALONG THE WAY - - -

As NEA began to explore the possibility of registering a hospital under the Christian Health Association of Ghana (CHAG), they found they first had to be a member of one of the larger Christian bodies CHAG supports. They chose and applied to become members of the Ghana Pentecostal and Charismatic Council (GPCC), but had no connection with the leadership of this group and as most people in Ghana will tell you, you need connections in order to get certain things done.

—> (continue on page 2)

After receiving the application, the GPCC sent a representative to Tamale to check on and learn about NEA. The officer was having dinner with his brother-in-law who lives in Tamale, and casually asked him, "Do you know anything about the Northern Empowerment Association?" His brother-in-law happened to be Ebenezer, who has been one of NEA's building contractors for many years. He is well versed in all NEA's initiatives. His first-hand knowledge reassured the GPCC representative and he unreservedly recommended the organization for acceptance into the membership of GPCC which was the first step towards being able to work under the CHAG umbrella.

This was a reminder that this is God's hospital, His plan – and that when it comes to connections, our connection with Him is of first importance.

The next logical step was a feasibility study. We needed to know what it would cost, what buildings, equipment and staff we would need, and of course, if it could sustain itself. The costliest component of this would be the buildings.

A friend of GRID & NEA who is an engineer, heard a little about this discussion and connected us with Engineering Ministries International (eMi) – a Christian non-profit group of engineers that offers its skills and services freely for projects like this. eMi agreed to help.

We shared with them the health services and specialties we had ascertained were needed and before long 17 engineers formed an eMi team which came to Carpenter to put it all on paper. They tested wind direction, they tested water, they checked the direction of the sun, counted the trees on the site and then they drew up the plans for this amazing hospital locating it in such a way as to maximize airflow and minimize the heat of the sun. They envisioned all the departments

and ensured that washrooms, staff rooms, storage rooms and more were included. They planned for efficient patient flow. They also provided the costing for such a facility, at the building rates per square foot at the time.

We can't even imagine what this would have cost if we had to pay the going rate to bring in these skilled engineers and to produce the plans, but it was their gift to GRID, NEA and the people it will serve.



The 17 engineers from eMi who visited Carpenter and conducted the feasibility study with the NEA staff.

When we saw the estimated cost of the buildings and then added a modest budget for hospital equipment, plus a cushion for start-up costs and cash flow for three years, at which time it was envisioned the hospital would be sustainable, we truly thought this project was too big for our little organization. GRID's logical response to this feasibility study should have been – it's not feasible. But, in faith, believing it was God's plan, each member of the GRID board solemnly voted "yes" to proceed.

In so many surprising ways, the storehouses of heaven were opened, the hearts of people were moved to be part of this, and **miraculously USD \$12,000,000** has been given to plant this hospital on the ground, equip it and to launch the operational phase.

Every gift to this project is precious – we know of one man in Canada who was blind, but musically gifted, who decided to record and sell his music, donating the proceeds to GRID. We know of single mothers who pledged support each year. Many have given (as Mother Teresa recommends) “**until it hurts.**”

As our theme of **standing together** implies, all gifts – large and small – have meant that **together we have partnered with God** in the fulfilment of His command to ‘**love our neighbours as ourselves**’. That all the funds needed were supplied is yet **another miracle to us**, especially since so many organizations saw such a sharp decline in support during the time of Covid.

We had factored into our equation used equipment in good condition that would be donated by Canadian hospitals. Our Equipment Ambassadors from several hospitals and their team picked up, inventoried, cleaned and packed into containers all the donations that came in. Two containers of very valuable goods were shipped to Ghana.



The team of volunteers who inventoried, cleaned and packed the donated hospital equipment into the containers.

At this point we re-costed what was essential for the start-up of the hospital (subtracting from this list what we already had obtained) and found it would cost almost three times our original budget of **USD \$1,200,000** to purchase what was still needed. On top of that, one of the ramifications of Covid was that the donations of hospital equipment stopped.

And then another miracle!

Dr. Karen Leyden from England, who had been on several Ghana medical missions, knew of a Christian organization headquartered in her city, called Medical Aid International (MAI) that “works to improve healthcare across the developing world through supplying medical equipment, accessories, training and biomedical support that is context-appropriate, fit for purpose and tailored to the individual project.” She contacted our lead surgeon, Dr. Rob Hicks, in UK who lives in the same city, and they made the initial contact with MAI to discuss the possibility of them getting involved.

Incredibly, MAI was ready to take on the project and would be able to provide the equipment needed for the hospital – within our original budget. In the end, MAI has provided far more than we had on that start-up list through donations that had come their way. An added benefit was that Ghana and England are on the same 220V electrical system which meant that step-down transformers were not required as they would be for the Canadian 110V equipment. The hospital is now set with some of the best equipment available anywhere in the world.

Truly, another miracle!



Abraham Sayibu (Leyaata Hospital Administrator), Dr. David Mensah, and Tim Beacon (MAI CEO) standing in front the new ambulance.

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In addition, unbeknownst to any of us at GRID, someone from eMi spoke with a contact in a US organization to tell them about this project. The organization contacted GRID, sent representatives to Ghana to meet with NEA and to see the hospital foundations that had already been laid. They then agreed to provide the funds for the hospital equipment MAI was organizing as well as an oxygen plant!



NEA staff unpacking and assembling the hospital equipment that MAI delivered for the opening of the Leyaata Hospital.

For construction purposes, there are two items that are crucial – sand and gravel. They can be hard to locate and often contractors must travel long distances to get them. Each truckload can be costly. To our utter amazement, the hospital is located on land that is full of high-grade gravel. Our excavator dug all the gravel needed just feet away from where the structures are built. In addition to that, Teselima, the community that is about 3 km north of Carpenter, has large deposits of high-grade building sand and donated all that was needed to build the hospital. These two items alone could have destabilized the construction budget, but there they were, literally underfoot, waiting to be used for this special purpose.

Of course, a primary need for any hospital is clean water. One of the first activities undertaken at the hospital site was to ensure that adequate underground water was available. To everyone's great relief and joy, the wells drilled were discharging water at such a rate that the drillers recommended that we find a way of bottling it and selling it.



Drilling of water at the hospital site.



Leyaata Hospital's water treatment building.

We hope these illustrations of just some of the **miracles along the way** will serve as a reminder that **when we work together with God for His purposes and we show up to do our part**, He shows up too in ways that surprise us and cause us to stand back in awe.

Time, Talent, Treasure

by: Dr. David Mensah

As I pondered over our theme of **Standing Together**, I kept thinking of the ways in which so many have given so much to bring us to this joyful moment of commissioning the model hospital that has been a dream for such a long time.

Many of you have given time.

Faithfully praying, planning, supervising, building and more. On our last contractor's report, they recorded over 500,000 hours spent on construction. That does not include the NEA staff, many of whom have been there day and night, putting in countless more hours. It doesn't include the delegations (sometimes numbering over 200) that showed up from nearby villages in the later stages to clean, haul dirt, weed, carry cement, or whatever was needed to get the hospital set.

Many have given of their talents.

We have mentioned the engineers with eMi. In addition, there were so many medical professionals partnering and guiding through the feasibility study to the opening. Some have used their fundraising talents to share the project with others. Some have used their communication skills to keep us all abreast of the progress. Those at MAI have used their hospital equipment knowledge to ensure that just the right tools were in hand.

Many have given of their treasure.

The Jugboi chief generously gave the land. The Teselima community gave their sand. And there were so many who gave and gave and gave again to get us to the enormous original goal of **USD \$10,000,000** and exceeded it, making the unfeasible feasible.

It is impossible for us to convey the depth of gratitude we feel towards everyone who has been part of this journey - for each moment spent, each talent offered, and each gift given.

During the commissioning program, as I performed the traditional duty of walking around and welcoming the whole crowd of visitors, I saw so many people weeping tears of joy. They, like us, have watched too many loved ones die needlessly because they couldn't get to or receive adequate healthcare in time.

Thanks be to God, that is no longer their fate. Healthcare has come to them and these buildings, this equipment, and the exceptional staff that has been chosen to be His tools - will be used to ensure that men, women, boys and girls receive the treatment they need. Although they cannot thank you personally, please know that each patient who will walk through the Leyaata Hospital doors would want to.

You may never see them, but your generosity will have a part in their healing for a very long time to come.

We will receive their smiles and thanks on your behalf.

JAN JAM!
THANK YOU!





NICU



CHAPEL



OPERATING ROOM



ADULT PATIENT WARD



ICU



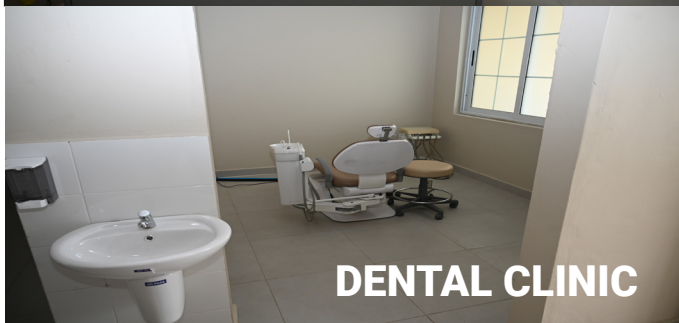
PEDIATRIC WARD



EYE CLINIC



LAB



DENTAL CLINIC



CT SCAN



REGISTRATION



PHARMACY

PHARMACY





PHARMACY PARTNERS
Sherry, Amanda (Leyaata Hospital Lead Pharmacist) and Linda



Dr. Josh, Dr. Martin, and Marion



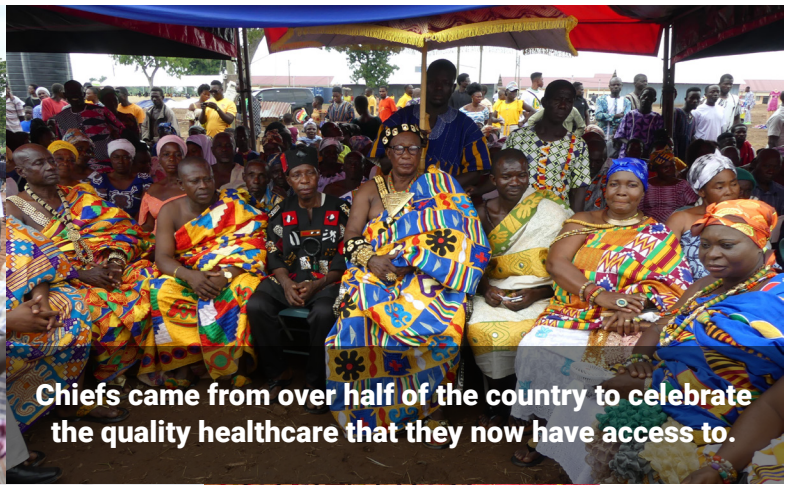
GHANA HEALTH PARTNERS 2022 & LEYAATA HOSPITAL STAFF



Dr. Kyle with his son, Eli, and daughter, Victoria



Dr. Ben (fourth from the left), Leyaata Hospital Chief Physician with the Ghana Health Partners Physicians Team



Chiefs came from over half of the country to celebrate the quality healthcare that they now have access to.



Dr. Sory (Board Chair of CHAG) said they would do in all their power to see Leyaata Hospital become a teaching hospital.



Presentation of smocks by the chiefs to Dr. Jennifer Wilson and Jacques & Brigitte Lapointe to express their gratitude.



Leyaata Hospital ribbon cutting.



Leyaata Education Centre sod turning.

TRIBUTES

Rev. Douglas Porter



It is with profound gratitude that we pay tribute to Rev. Douglas Porter who went to be with the Lord on July 9, 2022.

Rev. Porter and his wife Ella heard a little of the dreams of the NEA

founders in the early 1980s and felt that God was calling them to be part of supporting NEA's vision to alleviate poverty and suffering in Christ's name. To that end, a Canadian board was formed, and Rev. Porter was GRID's first chairman, faithfully serving in this capacity for over 25 years.

In the momentous GRID board meeting, when the wish of each member was sought over whether they were in favour of proceeding with the construction of the Leyaata Hospital, Rev. Porter gave his solemn 'yea' and added

"My wife and I want to be the first to contribute to this hospital," and pulled out an envelope which held their gift. Just weeks before his passing, after he received his invitation to be part of the hospital opening, he sent his regrets saying that he was sure that by now people were dancing with joy in Ghana as the day of the hospital opening drew closer. Indeed, they were. We do not have adequate space or words to convey how thankful we are for the privilege and joy it was to serve together for so many years.

Barry Ralph Dohms



Barry has been a GRID board member since 2019. On August 24, 2022, he passed away peacefully with family by his side. We greatly appreciate Barry's commitment and contribution to the work in Ghana. Our

thoughts and prayers are with Barry's wife, Annie, and his family.

Chief Kofi Benkponriakpo II



In 1996, when NEA began work in the Bole- Bamboi District and David Mensah was looking for the best location to be the hub of their endeavours, the Jugboi chief, who is the overlord of the three

communities of Jugboi, Carpenter and Teselima, (and also David's uncle) generously gave over 500 acres of land bordering Carpenter and stretching towards Jugboi for this purpose.

It is with great sadness that we report that Chief Kofi Benkponriakpo II passed away two days before the hospital was commissioned – an event that he was so looking forward to being part of.

We gratefully acknowledge this gift of land that the hospital now stands on knowing that it will be a blessing to the people of this area and far beyond for years to come.

Transitioning to Serving Our Patients

by: Jacques Lapointe

As I read the previous pages, it brings to life again the commissioning with all the tradition, colour, and ceremony of this most memorable day. It also brings to mind all that preceded it to make it possible. So many had parts to play over the years and we are appropriately thankful, but to God be the glory.

On this back page, I hope to help us make a successful transition to the most important phase and probably the one that will get the least initial publicity. In just a few weeks, once all the selected staff have moved in and trained on the best available equipment and operating systems in the country, the **Leyaata Hospital will be admitting its first patients**. As impressive and well planned as the commissioning itself, preparation for this day is as meticulous and even more critical.

Thus starts the **“Operational Phase”** of the Leyaata Hospital. This is when the training of the medical staff, the diagnostic staff, the lab staff, and the pharmacy staff, among many others, will come together in **providing the healing and care that makes a hospital, a hospital**. That also makes a great hospital, a great hospital. Those walkways and sections of the hospital that were on the leisurely commissioning tour will take on a new and purposeful life. From admission to diagnosis and treatment, the **Leyaata Hospital will be serving its ultimate purpose, the healing and care of those in need**.

There's another aspect to the “Operational Phase” that gets no publicity but is as critical to its success. This goes on behind the scenes and is a daily balance act for the Senior Leadership Team, and especially for the hospital administrator. This is the financial aspect of operating a hospital.

In Ghana, about 65% of a typical hospital's operating budget is funded by the government's health ministry. This comes in various forms, but the rest must be provided by other sources of revenue. In our planning for the Leyaata Hospital, a number of these sources of revenue were identified and many are entrepreneurial ventures in Ghana that are already well on their way to living up to their promise.

In our planning, it was also expected that the hospital would be running at a deficit for up to three years. Some of the funds set aside for this were needed to complete the construction and equipping of the hospital.

We anticipate needing to provide extra operating funds for a few years, so I'm asking for extra help from those who have a special interest in the hospital. This is not meant to replace funding needed for our other ongoing aspects of our work in Northern Ghana.



are partner organizations working to alleviate poverty in Northern Ghana.

Motivated by Christ's love, our mission is to assist poor communities to meet their basic needs in a sustainable manner.

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