THE OPEN UNIVERSITY OF TANZANIA (OUT)

AND

SOUTHERN NEW HAMPSHIRE UNIVERSITY (SNHU)

TITLE: KIBWEGERE DISPENSARY CONSTRUCTION PROJECT

BY

HESHIMA E.J

DURATION: 1 YEAR (OCT.2002 – OCT.2003)

A PROJECT DISSERTATION SUBMITTED IN PARTIAL FULFILMENT FOR THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT IN THE SOUTHERN NEW HAMPSHIRE UNIVERSITY AT OPEN UNIVERSITY OF TANZANIA 2003.

Declaration

I, Heshima E.J, declare that this is my own original work and has not been presented to any University for award of a degree.

Candidate: _____ _____

Heshima E. J Date

Supervisor: _____ _____

Michel Adjibodou Date

Statement of Copyright

Title of the study	:	Kibwegere Dispensary Project.
Author of the study	:	Heshima E.J
Degree Requirement	:	MSC in CED.
Awarding University	:	SNHU/OUT.

Dedication

This work is dedicated to my family, especially my wife Happy and to my beloved children who really missed my company for a long period and whose care, support and encouragement has made me what I am today.

May God bless them always.

Acknowledgement

This proposal has been produced with the help and cooperation of many individuals, institutions and organizations based in Dar es Salaam region.

Hence, I would like to extend my sincere appreciation to all those who rendered support which made the execution of this project work possible:-

- The Ministry of Health.
- Lecturers and Supervisors.
- Statisticians.
- Relatives and friends.
- Ward Leaders.
- Kibwegere Community and the leaders.
- Mama Kimatare.
- Mr. Shayo.
- Mr. Mshana.
- Project committee.
- And other contributors.

Apart from these, all the omissions and errors if any remain entirely mine.

ABBREVIATIONS & ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome.

ANC - Antenatal Care.

APR - Annual Progress Report.

CBO - Community Based Organization.

EPI - Expanded Program on Immunization.

FG - Final Goal.

IEC - Information Execution Committee.

IG - Intermediate Goal.

MCH - Maternal and Child Health.

M&E - Monitoring and Evaluation.

MOV - Means of Verification.

NGO - Non-Governmental Organization.

OVI - Objective Verification Indicators.

PAC - Project Advisory Committee.

PHC - Primary Health Care.

PNC - Postnatal Care.

PROMEP - Program Monitoring and Evaluation Plan.

PRSP - Poverty Reduction Strategy Plan.

RH - Reproductive Health.

TFNC - Tanzania Food and Nutrition Center.

TT - Tetanus Toxoid.

UNDP - United Nations Development Program.

AFB - Acid Fast Bacillus

PHNB - Public Health Nurse B

DMO - District Medical Officer

MMOH - Municipal Medical Officer of Health

RMO - Regional Medical Officer

COH - City Commissioner of Health

HLM - Healthcare Learning Materials

ICM - Information Communication Materials

Contents

PART I

INTRODUCTORY

CHAPTER 1

Executive Summary

1.1 Project Title

KIBWEGERE DISPENSARY PROJECT.

1.2 Contact Person

Heshima E.J., CED Consultant / Facilitator Tel: No.0741-251034.

1.3 Proposal Submitted by

Heshima E.J., Dar es Salaam – Tanzania.

1.4 Problem statement

For many years, Kibwegere Villagers have been faced with difficulties to access health care facilities. They are forced to travel more than 20km to the nearest health facility. This is only possible during the dry season, greatly impacting the infant / child and mother mortality rate.

1.5 Goal

By the end of December 2003, more than 80% of the Kibwegere residents will have access to Primary Health Care (PHC).

1.6 Project synopsis

The target group of the project consists of 2,300 people in the Kibwegere Village. As a result of the project, it is expected that 75% of the households will be free from infant / child and mother mortality.

1.7 Results

Infant/child and mother mortality rate reduced. As a result, villagers will be free from infant/child and mother mortality followed by the fact that all villagers will have access to health care facility, reducing the incidence and percentage of infant /child mortality.

1.8 Background to the problem

A background on how I arrived at this project can be summarized as follows: -

As I was driving through the Kibwegere village, I met two women escorting an expecting woman, they were sitting under a tree as a consequence of failing to get a means to reach the nearest public health center (PHC) such as a clinic or dispensary. This woman was about to deliver on the way to Kibamba Dispensary, which is about 10km from where she was. I managed to rush her to Kibamba dispensary where a trained midwife attended her, and within very few minutes she delivered safely.

Later on, I felt I could do something to help improve access to help health care facility in Kibwegere. With my training, I was set to conduct interviews,

formulate problem statement with the collaboration of the community (people of Kibwegere).

It is obvious that development depends on the capacity of the community / society to analyze, adapts, initiate and manage changes.

Following a **focus group need assessment** conducted at the Kibwegere village, I started working on the construction of the dispensary as per analysis of data collected among other essential facilities lacking in Kibwegere, the villagers ranked the construction of a dispensary number one on the list of their priorities. See Appendices A and B.

1.9 Total Project Budget Plan

The Project expected to cost.	Tshs. **57,041,641.00**
Community contributions.	Tshs. 14,260,410.00
Requested support.	Tshs. 42,781,231.00

CHAPTER 2

Introduction Overview

2.1 Maternal and Child Health

In spite of high percentage of women receiving antenatal care in various health facilities, infant and maternal mortality rate remains very high; only 40% of pregnant women deliver in health facilities.

The goal of this project is to provide timely and appropriate care to women during and after pregnancy so as to reduce the maternal morbidity and mortality as well as achieving a good outcome for the baby.

Rates of maternal, infant and child mortality:

In Tanzania, between 2,000 and 4,000 women die in childbirth every year. Also, over 200,000 children die before they reach their fifth birthday. In Kibwegere village, infant and child mortality and malnutrition rates are higher and more than half of pregnancies of Kibwegere women are at high risk.

Kibwegere Health Socio-economic Indicators (2001)

S/No.	*Type of Indicator*	*Kibwegere Ratio*	*National Figures*
1.	Estimated population	2,300	36.2million
2.	Prenatal mortality rate	10/100	73/1,000
3.	Infant mortality rate	12/100	115/1,000
4.	Under 5-mortality rate	20/100	191/1,000
5	Maternal mortality rate	60/100	572/100,000

Targets against the above Indicators:

S/No.	*Targets*	*By 2003*
1.	Prenatal mortality rate	From 10 to 6/100
2.	Infant mortality rate	From 12 to 7/100
3.	Under 5-mortality rate	From 20 to 12/100
4.	Maternal mortality rate	From 60 to 36/1,000
5.	Immunization of children under-5 against communicable diseases.	From 40% to 95%

2.2 Background.

The Kibwegere village is one of the Kibamba ward's villages found in Kinondoni Municipal (district) in Dar es Salaam city with a population of about 2,300 people. Kibwegere, Hondogo and Kidimu locations are used to share common social services such as water, health center, etc. Therefore, Kibwegere dispensary will provide an additional infrastructure for the three locations and its neighboring villages / wards.

The Kibwegere village is a land of people of diverse ethnic origins, traditions and occupational orientations. The Kwere, Zaramo, Kwavi and Zigua are historically the indigenous people of the village, and are considered to be the host community to the other tribes from different areas of Tanzania.The predominant community occupations, which closely follow ethnic lines, are agriculture and pastorals, which are of more subsistence level.

Accordingly, settlement patterns (villages and neighbourhoods) range from scattered to fairly close together (centers) families.

Religious orientation is another cultural aspect of the eco-system, which differentiates along the lines of ethnicity and occupation in the village; this ranges from traditionalists and ancestor worshippers, Christianity to the predominant Islamic.

For these reasons of diversity in economic, social and environmental facilities and level of awareness and aspirations, the community has no closer essential facilities, namely, water, health and physical communications.

Only very few villagers have opportunity to engage themselves in small trades and petty local commerce in their local markets.

The nearest place to get essential facilities needs is a distance of about 20km away from the village. Therefore, this project is aiming at reducing or eradicating PHC problems facing the Kibwegere villagers in participatory approach.

Once the dispensary is operational, it is expected that no villager will travel all the way to Kibamba dispensary or Tumbi hospital in the coastal region, which is too a long distance for most of the households.

2.3 HIV/AIDS:

Among other causes of high maternal death rate include HIV/AIDS. HIV infections and AIDS are becoming more serious causes of mortality among women of childbearing age.

Source: - MOH (RCHS) JHPEGO – July 2002.
- Tanzania Bureau of Statistics.
- Reproductive and Child Health.
- TFCN Dar es Salaam.

Patients have to travel between 10-20km or more to get to any health unit which force them to practice self-medication, go to herbalists, buy drugs from clinics and ordinary shops or simply stay at home during the illness or delivery.

Expectant mothers who need closest doctor/nurse care travel all the way to Kibamba dispensary, which is lacking delivery facilities, or to Tumbi hospital in Kibaha, which is in the coastal region.

The nearest dispensary (Kibamba), which is between 10-20kms away at Kibamba centre on the Dar es Salaam/Morogoro road, is very far for most of the villagers (especially expecting women). To make matters worse, there is no reliable means of transport between Kibwegere and the nearest dispensary or hospital. Due to the long distance from the village to any public and private hospitals, community members delay seeking treatment until the condition is serious and treatment become more expensive, which frequently leads to death.

Thus, it is very difficult for sick people especially pregnant women who sometimes loose their lives or give birth while on the way to the hospital which also cause infants/children deaths.

2.4 Village Profile:

2.4.1 Location

Kibwegere village is located in the West of Dar es Salaam.

Kibwegere community is one of the 14 villages in the Kinondoni district. Kibwegere village is in Kibamba ward, which is among 27 wards in Kinondoni Municipality (also a district), in Dar es Salaam City (Tanzania).

2.4.2 Population

The total population of the village is over 2,300 people with an annual growth rate of 4.8%. The village acts as the smallest administrative units in the administrative hierarchy (i.e. from the village to the government level).

2.4.3 Economic Activities and Agriculture

The project target group comprises the poor and very poor households. The Kibwegere residents are mostly engaged in agriculture (small-scale farming). Women play a significant role in the household and village economy. They provide more than 80% of all agricultural labour requirements. They are engaged in crop growing (e.g. cassava, maize, sweet potatoes, coconuts, vegetables, and fruits); also animal husbandry (e.g. cattle, goats, chicken, sheep, pigs etc).

CHAPTER 3

Project Summary

3.1 A summary of the situation of women and children health care at Kibwegere village

The situation of women and children at Kibwegere village is manifested by high rates of mortality and malnutrition. They are caused by inadequate food consumption compared to energy requirements and disease. In turn, these factors are affected by the level of income, workloads, and access to basic services (especially health facilities).

The **goal** of the child and mother care project is to provide timely and appropriate care to women during and after pregnancy and children under – five to reduce the maternal morbidity and infant/child mortality as well as achieving a good outcome for the baby. Maternal and child mortality constitutes one of the major health problems in Kibwegere area. A number of women in the Kibwegere village die each year from complications of pregnancy, abortion attempts and childbirth. "*Maternal deaths or maternal mortality and morbidity are defined as the deaths of a woman while pregnant or within two days of termination of pregnancy or by the pregnancy or its management but not from accidental or incidental causes*". Children also die each year due to the lack of health facilities near their homes and the incidence of malnutrition.

Registration for vital statistics is not well established and updated (sometimes not available at all) for both mother and child.

Therefore, the essence of this project is that, community participates in the collection of information and organizes the essential elements of their own health care with support of the community-based dispensary.

3.2 **The Kibwegere dispensary project is of two folds:**

The **first** component of the project is the initiative to build a community-based dispensary in the village.

The **second** component of the project is the establishment of a program to provide health services to the child-mother care and general health care to all villagers.

PART II

PROBLEM AND PROJECT

CHAPTER 4

Primary Health Care

4.1 Problem Statement

The major problem facing Kibwegere community is the lack of health care services / facilities causing high incidence of Child / Maternal Mortality, Malaria, ARI, Clinical AIDS, Diarrhea diseases, Intestinal worms, Tuberculosis, Skin disease, Schistosomiasis, Injury, Snake bites (poisoning) and others. Poor sanitation also increases the incidence of various waterborne diseases.

The concentration of a large population in an area that lacks basic sanitation facilities simply amplifies the prevalence incidence of disease such as malaria, diarrhea etc. that lead to increasingly high child / maternal mortality.

The limited number of health facilities and poor quality of health care together with broad socio-economic factors has resulted in worsening welfare indicators of the Kibwegere Community. An increase in infant and under-five mortality has been observed. Immunization against diseases has also decline due to the distance between the village and hospital facilities. A rise in malnutrition levels has also been noted.

This proposal is **aiming** at strengthening Primary Health Care (HPC) by advising more rational use of resources and encouraging community participation

(especially labour and partial financing) hence, the **main objective** being to encourage community involvement in the financing and delivery of health services.

"*Community involvement* (initiative) means, a process in which local communities participate in planning, implementation and utilization of health activities in order to take responsibility for and benefit from improved health care delivery system".

CHAPTER 5

Detailed Project Description

"Maternal – Child Health Care" Program in Kibwegere Village

5.1 Mother Care

The program will improve the health and development of women and children, who constitute more than 75 percent of the population of Kibwegere villagers. Provision of medical care during pregnancy, at delivery and under 5-child health care is essential for the survival of both the mother and their infants / children. Over 70% of the women at Kibwegere area do not deliver in health facilities; hence there are few data about their mortality rates.

Therefore, the situation of women and children at Kibwegere is manifested by high rates of mortality and malnutrition due to their poor levels of income, workloads and lack of access to basic health services.

The program will focus on some aspects in terms of health care, treatment, nutrition, vaccination / immunization and follow up.

The areas to be covered include *antenatal care*, *Delivery care*, *postnatal care*, and *childhood vaccination* and *general health care* for all.

5.1.1 Antenatal/Prenatal Care

Focused antenatal care is providing goal oriented care that is timely, friendly, simple, beneficial and safe to pregnant women.

Antenatal care (ANC) visits; ideally, women should receive at least four thorough,

comprehensive, personalized antenatal visits, spread out during the entire pregnancy. But some women may need more visits depending on their condition. All these visits will assist in early detection of disease or abnormality or any other complication.

More than half of pregnant women in rural areas (likewise in Kibwegere village) receive antenatal care from a less-trained rural medical aide or maternal and child health (MCH) aide due to the lack of health centers or dispensary.

Pregnancy monitoring and early detection of complications are the main objectives of antenatal care. *Tetanus Toxoid Vaccination* is another important aspect of antenatal care as tetanus is still a relatively common causes of death among newborns in Tanzania. A baby is considered protected if the mother received two doses of tetanus Toxoid vaccination during pregnancy.

5.1.2 **Diet and Nutrition**

Mothers will be advised on balanced diet that includes proteins, high calories contents, fruits and vegetables and micronutrients supplements (such as iron, foliate & vitamin A). A balance diet assist in preventing anemia and other diseases and ensuring the foetus grows well.

5.1.3 **Delivery Care**

Proper medical care attention and hygienic conditions during delivery can reduce the risks of complications and infections that can cause death or serious illness to either the mother or the baby.

More than 70% of Kibwegere women deliver at home due to the lack of health facilities.

Assistance during Delivery

Births at Kibwegere village are more likely to be assisted by only relatives and friends of the mother or deliver without assistance. That is, only less than 25% of births in Kibwegere are assisted by qualified or trained medical personnel.

Diet and Nutrition

Women are encouraged to take balanced diet and receive vitamin A supplement within 2 months and after the delivery.

The mother is educated to eat balanced diet as she needs to eat plenty of food, drink plenty of soup, water, etc. in order to produce more milk for the baby.

5.1.4 Postnatal Care

Postnatal care is the care provided to the mother after delivery together with important information on how to care for herself and her child. The timing of postnatal care is important since most maternal and neonatal deaths occur within two days of delivery.

Therefore, proper postnatal care can reduce the risk of maternal mortality, which is very high in Kibwegere village. Women will be encouraged to seek postnatal care soon after their child's birth so as to reduce maternal morbidity and mortality. Also to make sure that she receives vitamin-A supplement within 2 months after delivery.

5.1.5 Follow up

The medical personnel will design a community-based management and monitoring system, which focuses attention on children and health of pregnant women.

All parents can be shown how to interpret their children's growth card.

See Appendix G4.

5.2 Child Care

5.2.1 Childhood vaccinations

Diseases caused by viruses, bacteria, and parasites cause immense human misery and kill many thousands annually, especially young children.

Major objective of this program is to reduce infant and child mortality by controlling communicable diseases. Hence, children should receive the complete vaccination by 12 months of age.

Vaccinating Children

S/No.	*Age/Period*	*Type of Vaccine*	*Dose*	*Dose scale*
1.	At birth	BCG	1	BCG 1
2.	0 – 12 Months	DPT	3	DPT 1 2 3
3.	0 – 12 Months	POLIO	3	POLIO 0 1 2 3
4.	0 – 12 Months	Vaccine against measles,rubella, etc	-	OTHERS

Footnotes:

BCG – Vaccine against tuberculosis at birth or soon after birth.
DPT – Vaccine for the prevention of diphtheria, pertussis (whooping cough) and TT.
Polio – Vaccine given at birth.

5.2.2 Diet and Nutrition

A healthy mother can breastfeed her child till he / she is 2 or 3 years old. When a baby is 4 months old, mother's milk does not give enough food, so the baby needs to start eating other foods as well.

5.2.3 Weaning care

0 – 4 months

Babies should not be given solid food until they are 4 months old.

The changing over from mild to solid food (weaning) requires infants to eat a variety of foods with breast milk or infant formula.

4-6 months

The baby needs porridge mixed with groundnuts added with

powdered dried fish or eggs.

6-12 months

A little oil must be added to the food, fresh fruits, ground beans etc.

1-5 years

A 1-year old child needs plenty of food such as groundnuts, dried fish, beans, dried seeds, eggs, meat and all body-building food. These under –5 children need to eat more energy-rich food depending on age.

There are 3 kinds of foods: bodybuilding foods, protective foods, and energy-giving foods.

All foods provide us with *nutrients*, which are essential to keep us alive and healthy.

Nutrients have different roles to play in the way the body functions:

- Carbohydrates and fats are *energy-rich* and supply the body with energy.
- Proteins are *body-building* and help with growth and repair.

- Vitamins and minerals have many different roles, but in general they are *protective* and help to keep us healthy.

Hence, balanced diet is needed as it provides necessary nutrients in the appropriate proportions and quantities to meet body needs.

5.2.4 Toddlers and young children

Small children under-five years should eat a variety of foods to provide a range of nutrients. Their diet should include some starchy, fibre-rich foods (such as whole meal bread, potatoes, beans etc.) cheese, cereals, fruit, vegetables, eggs, milk, meat, bread etc.

5.2.5 Health and good practices / manners

- Children should be encouraged to be clean before he / she eats.
- Children to eat a meal with other family members as children learn by copying from their parents, brothers and sisters.
- Children should become independent at feeding themselves as soon as possible.

5.2.6 Birth Registration

One of the universal rights of children is to have their birth registered and to have a *Birth Certificate*. Only about 5% of the Kibwegere children are registered. The main reasons given for not registering births include:

- ✓ The villagers do not know that it is necessary to register them.
- ✓ They think that, it might cost too much.
- ✓ They do not know where to register.
- ✓ They must travel too far etc.

5.3 Other Heath Services

5.3.1 General Consultation Unit

The overall aim of the health sector policy in Tanzania is to improve the health and well being of all Tanzania's with focus on those most at risk, and ensure that health services are responsive to the needs of the population. The **mission** being to provide appropriate and affordable, promotive, preventive and curative health services to all villagers (male and female) at Kibwegere.

5.3.2 Primary and Secondary Health Problems

The program will observe the primary health problems (such as malaria, ARI, AIDS / HIV, Diarrhea, intestinal worms, tuberculosis, skin diseases, eye problems and schistosomiasis in school pupils etc.), secondary health problems (such as acceptable latrines, reliable source of water and sanitation etc.) and counseling.

The medical team and the Dispensary Advisory Committee will sensitize the community on the ownership of health services, and the importance of keeping the village water source and surrounding clean. A clean water source and clean surroundings / environment helps to prevent a number of water born diseases.

5.3.3 **Preventing malaria infections**

People will be encouraged to sleep under insecticide treated bed nets to prevent mosquito bites, which spread malaria. Other protective measures include sprays, creams and to improve drainage of swamps in the area which facilitates breading sites for schistosomiasis and malaria.

It will also deal with general health, reproductive and sexuality (family planning) to all villagers.

5.4 **Institutions for Supply and Services**

In general, the Ministry of Health implements the immunization program, public health services and facilities in Tanzania. For example; immunization is administered through "Expanded Program on Immunization" (EPI) under the Ministry of Health. Health and sexuality is administered by "Reproductive and Child Health" under the same Ministry etc.

Also, **cost sharing** was introduced in Tanzania in 1994. The system involves the community in paying a small portion for the service they received. The funds obtained remains at the facilities with the aim of improving services provided; For instance, purchase of additional drugs, minor repair etc.

Other interested parties like individuals, Non-Governmental Organizations (NGOs) and other institutions will be invited to contribute towards improving health services delivery at Kibwegere village.

CHAPTER 6

Project statements

6.1 Vision

The Kibwegere vision is to develop a health care system to provide the Kibwegere village community with equity of access to health care as closer as possible (i.e. to individuals-family-community) by building a dispensary to access primary health care services closer to their homes and illness / death incidences reduced.

6.2 Mission

The Kibwegere mission is to provide appropriate and affordable, preventive and curative health services through community participation and internal / external fundraising to support dispensary construction.

6.3 Goals

6.3.1 General Goal

The General goal of the project is to have relevant, effective, efficient and sustainable primary health care services in the village by setting out to explore the financial and delivery of health care facilities and services.

6.3.2 Final Goal

Improved health security of more than 80% of Kibwegere residents by the end of year 2005.

6.3.3 Intermediate Goals

- Infant / child and mother mortality rate reduced by year 2004.
- The overall goal of the project is to improve the living standards (health care) of poor rural households so as to increase their participation in the development process.
- By the end of year 2003, Kibwegere village community is to attain one crucial goal, which is to ensure delivery of health facilities / services (operational dispensary) closer to the community / people.
- To improve the health conditions of the Kibwegere village people.

6.4 Objectives of the study

The objectives of the study include:

- To determine the way of financing and delivery health services to the Kibwegere village community.
- To improve health care services of Kibwegere village community.
- To provide relevant health facilities for the low-income earner households.
- To examine community willingness and ability to participate (involvement) in building their own dispensary.

- To access various actors for financing and delivery of health facilities and services.
- To investigate other factors that might be affecting the delivery of health services in that area.
- To examine accountability at the local level in relation to implementation.
- To identify measures which can best address the problems of effective financing and delivery of health facilities / services in terms of equity and sustainability.

Other objectives include:

- Establishment of Primary Heath Care for the purpose of : -
  - ✓ Immunization against major infectious diseases.
  - ✓ Control of locally endemic diseases with particular emphasis on malaria, diarrhea, HIV/AIDS etc.
  - ✓ Reducing the spread of HIV/AIDS infection through increased public awareness of transmission mechanism.
  - ✓ Promoting action at the community level, and providing health care for people with HIV/AIDS.

PART III

PROJECT ADMINISTRATION

CHAPTER 7

Management Plan

7.1 The Government will provide doctors, nurses, midwives and other staffs through the Ministry of Health by its own expenses.

Note: The Ministry of Health has promised to offer a "Letter of Intent".

Administrative Staff

S/No.	*Personnel*	*Number Required*
1.	**Clinical Cadre**:	
	• Medical Assistant Officer (Supervisor).	1
	• Clinical Officer (MA).	1
	• Clinical Assistant (RMA).	1
2.	**Nursing Cadre**:	
	• Registered Nurse midwife.	1
	• Public Health Nurse (PHNB) or Trained Nurse.	1
	• MC Aides.	1
3.	**Paramedical**:	
	• Trained Laboratory Assistant.	1
4.	**Non Medical Personnel / workers**:	
	• Dispensary committee chairman.	1
	• Watchmen.	2
	• Gardener and surroundings cleaner.	1
	Total	**11**

See Appendix B.

CHAPTER 8

Monitoring and Evaluation

8.1 Monitoring and Evaluation

Monitoring and Evaluation Plan for the Kibwegere Project Activities.

The Kibwegere Health Project will have a monitoring & Evaluation system. The project team will develop a community-based monitoring and evaluation plan and facilitate capacity building to project beneficiaries in implementing the monitoring and evaluation plan. A baseline, mid-term and final evaluation will be done using indicators from the monitoring and evaluation plan.

The project advisory committee (PAC) will serve as the body that will provide useful feedback to the project management team.

8.2 Monitoring

Project monitoring will be on a regular basis, and will be a continuous process of collecting, analyzing, and using data and information needed to guide project implementation. This will observe the following: -

(a) The service offered by the project.

(b) Effective and efficient use of inputs, activities, and outputs of the interventions.

(c) Service delivery, which refers to the performance of the project management.

(d) Project strategies of the service delivery.

This information will be obtained through weekly, monthly, quarterly and annual meetings. The meeting minutes will be used for monitoring purposes.

The results of monitoring will help to: -

(a) Identify important trends and patterns related to the outputs.

(b) Identify problems before they become serous obstacles to the performance and progress.

Monitoring tools will include sessions, visits, seminars etc.

8.3 Evaluation

Evaluation will be done quarterly and yearly in order to assess performance, achievement and impact on the beneficiaries and the project's sustainability.

See Appendix D;

It saves to show the outcome per six month / year and the evaluation based on the established indicators.

8.4 Monitoring and Evaluation system

The project M&E system is developed in the manner that all participants know precisely (in terms of indicators and criteria) which results are required, and which effects and impacts are expected.

8.5 A detailed Annual Plan

(i) Project baseline Survey:

Project baseline survey (rapid assessment) will be conducted within 6 months of the commencement of the project where the results will shade some lights and will give guidance on how best the project staff can effectively plan their services for better results in the intervention areas.

The major objective of the baseline is to begin building trust between the project staff, CBOs and the community members.

Kibwegere dispensary project will use the following tools for baseline survey:-

- Project logical framework focusing on project indicators.
- Project detailed M & E Plan, which will be used to develop baseline study design, which will describe the objective of the baseline and project methodology.

The results of the baseline will be used to refocusing the project interventions to define organizational development needs and refinement of the project annual plan.

(ii) Mid-term Evaluation

A mid-term evaluation will be conducted 18 months after the commencement of the project implementation using the same baseline indicators for the following purpose: -

(a) To access the project implementation.

(b) To access the validity of the project assumptions and refine as necessary.

(c) To learn and access the successes and failures.

(d) Help in redirection of some activities depending on the results.

(e) To access the capacity of the project to achieve what it is set to accomplish.

The results of this level of evaluation will be used by the project team and CBO to reflect on the project concept and design.

At this stage, if any deviation will be observed towards achieving the intended goals, changes can be made to the project assumptions, goals, and objectives and implementation strategy.

(iii) Final Evaluation

An end of the project evaluation will be done 6 month before the end of the project to asses:-

(a) The positive or negative changes in the lives of the Kibwegere community members in different perspectives.

(b) Sustainability of the project interventions.

This level of evaluation is essential in order to: -

(a) Learn achievements.

(b) Constraints.

(c) Impact of the project to beneficiaries etc.

The following tools will assist the team in the evaluation, namely, physical observations, surveys, clinic cards, registers and interviews by the evaluator with the key parties and the target group (Kibwegere households).

8.6 Follow up actions

The successful attainment of the results of the project activities is based on the fact that the community will take the lead role while the ministry of health, NGO's, other donors and interested parties will complement the community efforts.

The project committee will make close follow ups the implementation of the activities to enhance attainment of the results of the project.

At the closure of the program, the dispensary committee will make follow up on the attainment of the outputs and recommendations of evaluation so as to make it sustainable.

A system to monitor and evaluate the project progress in achieving Goals for maternal and childcare program is detailed in Appendix G.

CHAPTER 9

Dissemination Plan

In order to keep relevant information up to date, the dispensary management will have to practice the habit of keeping RECORDS through different media like Registers, Database etc.

This information will be available and shared with other parties whenever needed.

There will be provision of small newsletters in English or Swahili language.

Information on vaccination status will be recorded on the *Vaccination Cards*, *Child Health Cards* and *maternal clinic cards*, which will record the information about the growth monitoring, child immunization, and morbidity and the information covering all children under age five.

All parents will be shown how to interpret their children's growth cards.

See Appendix G4.

CHAPTER 10

Continuation Plan

The program will be financed in terms of staffs and medicine by the government, which will be supported by the government policy of people's cost sharing.

Provided that, this system will not be able to provide sufficient supplies, the dispensary will link itself with other dispensaries, health centers, hospitals / referral hospitals and other interested health care partners due to its infancy stage in order to be sustainable.

PART IV: BUDGET

CHAPTER 11

Project Budget Plan

11.1 Total Budget Plan Summary

Kibwegere Village Project requires the following supports: -

Kibwegere community contributions	8,556,246.00
Kibamba ward contributions	5,704,164.00
Other interested parties contributions	14,830,827.00
Additional/External supports needed.	27,950,404. 00
Total Budget requirements	**57,041,641.00**

11.2 Funds secured as per Jan, 03

Contributor:	Description:	Quantity:	Amount (Tshs):
Community	Sand	28 Lories	560,000.00
Community	Cash	-	250,000.00
Community	Cement	40 Bags	280,000.00
		Total	**1,090,000.00**

See Appendix C.

APPENDICES

APPENDIX A0

METHODOLOGY

APPENDIX A1

SURVEY PLAN

Constructing a Survey Plan:

Data Source	Secondary Data	Primary Data
1. Survey Approaches	Observations.	Surveys, Observations.
2. Survey Instruments.	Questionnaires and literatures.	Idea cards.
3. Sampling Plan.	Sampling Unit.	Sample size.
4. Contact Method.	Telephone, mails.	Personal contact and meeting

Data collection

Multiple data collection methods were used which included household level questionnaires, observations and a focus group brainstorming.

Focus group discussions were held with the community group in order to understand and assess their basic needs (or problems) and address the major ones.

Sampling Process

At the household level, a random sample of 75 was interviewed.

The sample sizes were decided on the basis of participants who attended the meeting.

Data Analysis

- The data was analyzed by the use of SPSS software package, and
- MS Project and Accounting package (One write)
- Three clusters were identified: -

  One with high access to health services.

  An intermediate access to health services.

  An area which health services are scanty and inaccessible.

- The aim was to establish association or non-association of income levels at household level and lack of health facilities / services.

APPENDIX A2

QUESTIONAIRES

PROBLEMS ASSESSMENT

Kibwegere Needs Project

1. Gender, tick the appropriate box if you are a male or female.

Male ☐

Female ☐

2. List several problems facing Kibwegere village community.

3.Do your family has good access to: -

Problem	1. Strongly Disagree	2. Disagree	3. Neither Disagree or Agree	4. Agree	5. Strongly Agree
Health Water Education Transportation					

4. Degree of access to social services:
   Tick in the box the extent you can access to the following services:

Problem	*Full Access*	*Fair Access*	*Fairly Access*	*No Access*
Health				
Water				
Education				
Transport				

5. Among the four prioritized problems (i.e. Education, health, water and transport), rank them by priority hereunder: -

   Very Important (1).....

   Important (2).....

   Not so Important (3) .....

   Not Important (4) .....

6. What is the distance to the nearest health unit?

Distance from the nearest health unit

Within a radius of – Km.	**Number Of Respondents**
0 - 1	.....
5 - 10	.....
10 - 15	.....
15 - 20	.....
Over 20	.....
Total	

APPENDIX A3

Data Collection

Community Priority Needs by Gender

	1st Priority		2nd Priority		3rd Priority		4th Priority		Total
Problem / Needs	Male	Female	M	F	M	F	M	F	M & F
Health	25	20	18	3	5	1	2	1	75
Education	6	6	8	7	28	11	8	1	75
Water	10	4	7	15	18	4	15	2	75
Transport	2	8	4	2	21	1	23	14	75

The above is the tally sheet of Responses for the Kibwegere community by gender showing male's and female's views on social services.

Number of participants 75:

50 male.

25 Female.

APPENDIX A4

DATA ANALYSIS USING M S PROJECT

Cases	Response By Gender	Health	Education	Water	Transport
1	M	1	2	3	4
2	M	1	2	3	4
3	M	2	3	1	4
4	M	1	4	2	3
5	M	1	2	3	4
6	M	2	1	3	4
7	M	1	4	2	3
8	M	1	2	3	4
9	M	2	3	1	4
10	F	1	2	3	4
11	F	1	3	2	4
12	M	1	3	2	4
13	M	2	1	4	3
14	M	1	3	2	4
15	M	2	4	3	1
16	M	2	3	1	4
17	F	1	3	2	4
18	M	2	1	3	4

19	**M**	**1**	**2**	**3**	**4**
20	**M**	**1**	**3**	**2**	**4**
21	**M**	**1**	**2**	**3**	**4**
22	**M**	**2**	**3**	**1**	**4**
23	**M**	**1**	**3**	**2**	**4**
24	**M**	**2**	**4**	**3**	**1**
25	**M**	**2**	**3**	**4**	**1**
26	**M**	**1**	**3**	**2**	**4**
27	**M**	**4**	**3**	**1**	**2**
28	**F**	**4**	**2**	**3**	**1**
29	**M**	**1**	**3**	**4**	**2**
30	**M**	**2**	**3**	**1**	**4**
31	**M**	**3**	**4**	**1**	**2**
32	**M**	**1**	**2**	**4**	**3**
33	**M**	**2**	**3**	**1**	**4**
34	**M**	**2**	**3**	**4**	**1**
35	**M**	**2**	**1**	**4**	**3**
36	**M**	**2**	**3**	**1**	**4**
37	**M**	**1**	**3**	**4**	**2**
38	**M**	**2**	**4**	**1**	**3**
39	**M**	**1**	**3**	**4**	**2**
40	**M**	**1**	**3**	**2**	**4**
41	**F**	**1**	**2**	**3**	**4**

42	**M**	**1**	**3**	**4**	**2**
43	**M**	**3**	**4**	**1**	**2**
44	**F**	**1**	**3**	**2**	**4**
45	**M**	**1**	**3**	**2**	**4**
46	**F**	**1**	**2**	**3**	**4**
47	**M**	**3**	**1**	**4**	**2**
48	**F**	**1**	**4**	**2**	**3**
49	**M**	**1**	**2**	**4**	**3**
50	**M**	**1**	**3**	**4**	**2**
51	**F**	**1**	**3**	**2**	**4**
52	**M**	**3**	**1**	**4**	**2**
53	**F**	**1**	**2**	**4**	**3**
54	**F**	**1**	**4**	**2**	**3**
55	**F**	**2**	**3**	**4**	**1**
56	**F**	**1**	**3**	**2**	**4**
57	**M**	**1**	**3**	**4**	**2**
58	**M**	**2**	**3**	**1**	**4**
59	**F**	**2**	**4**	**1**	**3**
60	**F**	**1**	**3**	**2**	**4**
61	**F**	**1**	**3**	**2**	**4**
62	**F**	**1**	**2**	**3**	**4**
63	**M**	**2**	**1**	**4**	**3**
64	**M**	**1**	**3**	**2**	**4**

65	**M**	**1**	**2**	**4**	**3**
66	**M**	**2**	**3**	**1**	**4**
67	**M**	**4**	**2**	**1**	**3**
68	**F**	**2**	**3**	**4**	**1**
69	**F**	**1**	**4**	**2**	**3**
70	**F**	**1**	**3**	**2**	**4**
71	**F**	**1**	**2**	**4**	**3**
72	**F**	**1**	**2**	**3**	**4**
73	**F**	**3**	**1**	**2**	**4**
74	**F**	**1**	**3**	**2**	**4**
75	**F**	**1**	**3**	**2**	**4**

GENDER * HEALTH NEEDS Cross tabulation

		HEALTH NEEDS				**TOTAL**
		VERY IMPORTANT	IMPORTANT	NOT SO IMPORTANT	NOT IMPORTANT	
GENDER	FEMALE	20	3	1	1	25
	MALE	25	19	4	2	50
Total		**45**	**22**	**5**	**3**	**75**

KIBWEGERE NEEDS ASSESMENT, OCTOBER 2002

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Health Needs* Gender	75	100%	0	0%	75	100%
Education Need* Gender	75	100%	0	0%	75	100%
Water Needs* Gender	75	100%	0	0%	75	100%
Transport Needs* Gender	75	100%	0	0%	75	100%

HEALTH NEEDS* GENDER Cross Tabulation

	GENDER		Total
	Male	Female	
Very Important	25	20	45
Important	19	3	22
Not so Important	4	1	5
Not Important	2	1	3
Total	**50**	**25**	**75**

EDUCATION NEEDS* GENDER Cross Tabulation

	GENDER		Total
	Male	Female	
Very Important	7	1	8
Important	10	8	18
Not so Important	26	12	38
Not Important	7	4	11
Total	**50**	**25**	**75**

WATER NEEDS* GENDER Cross Tabulation

	GENDER		
	Male	**Female**	**Total**
Very Important	14	1	15
Important	10	14	24
Not so Important	10	6	16
Not Important	16	4	20
Total	**50**	**25**	**75**

TRANSPORT NEEDS* GENDER Cross Tabulation

	GENDER		
	Male	**Female**	**Total**
Very Important	4	3	7
Important	11	0	11
Not so Important	10	6	16
Not Important	25	16	41
Total	**50**	**25**	**75**

FREQUENCY TABLE

HEALTH NEEDS

		Frequency	Percent	Valid Percentage	Cumulative Percent
Valid	Very Important	45	60	60	60
	Important	22	29.3	29.3	89.3
	Not so Important	5	6.7	6.7	96
	Not Important	3	4	4	100
	Total	**75**	**100**	**100**	

EDUCATION NEEDS

		Frequency	Percent	Valid Percentage	Cumulative Percent
Valid	Very Important	8	10.7	10.7	10.7
	Important	18	24	24	34.7
	Not so Important	38	50.7	50.7	85.3
	Not Important	11	14.7	14.7	100
	Total	**75**	**100.1**	**100.1**	

WATER NEEDS

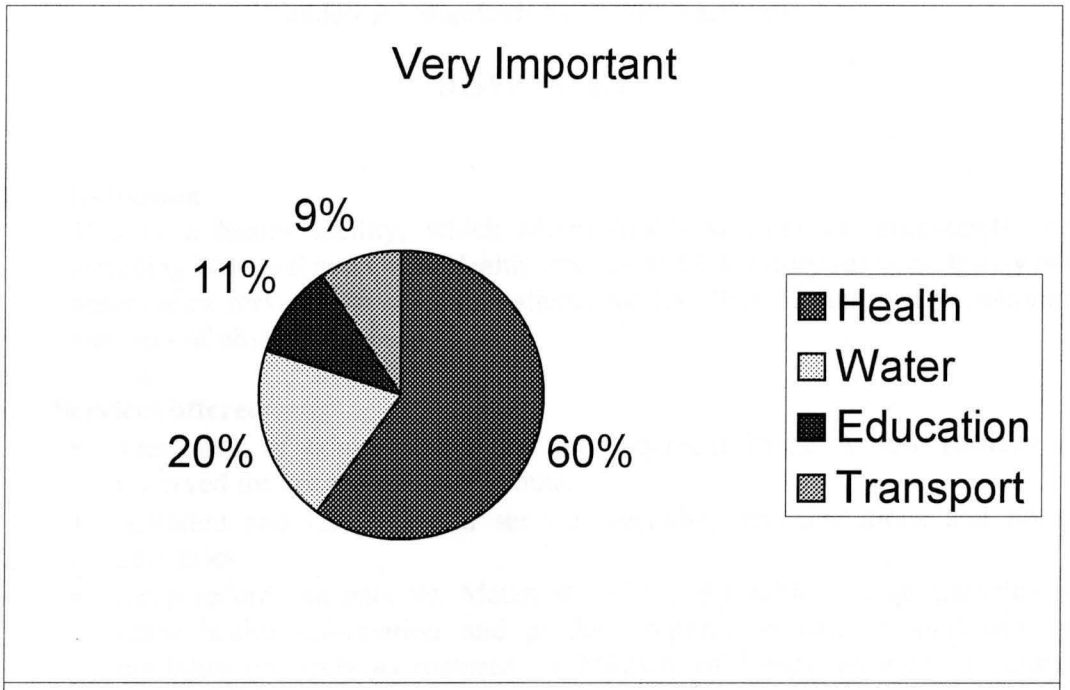
		Frequency	Percent	Valid Percentage	Cumulative Percent
Valid	Very Important	15	20	20	20
	Important	24	32	32	52
	Not so Important	16	21.3	21.3	73.3
	Not Important	20	26.7	26.7	100
	Total	**75**	**100**	**100**	

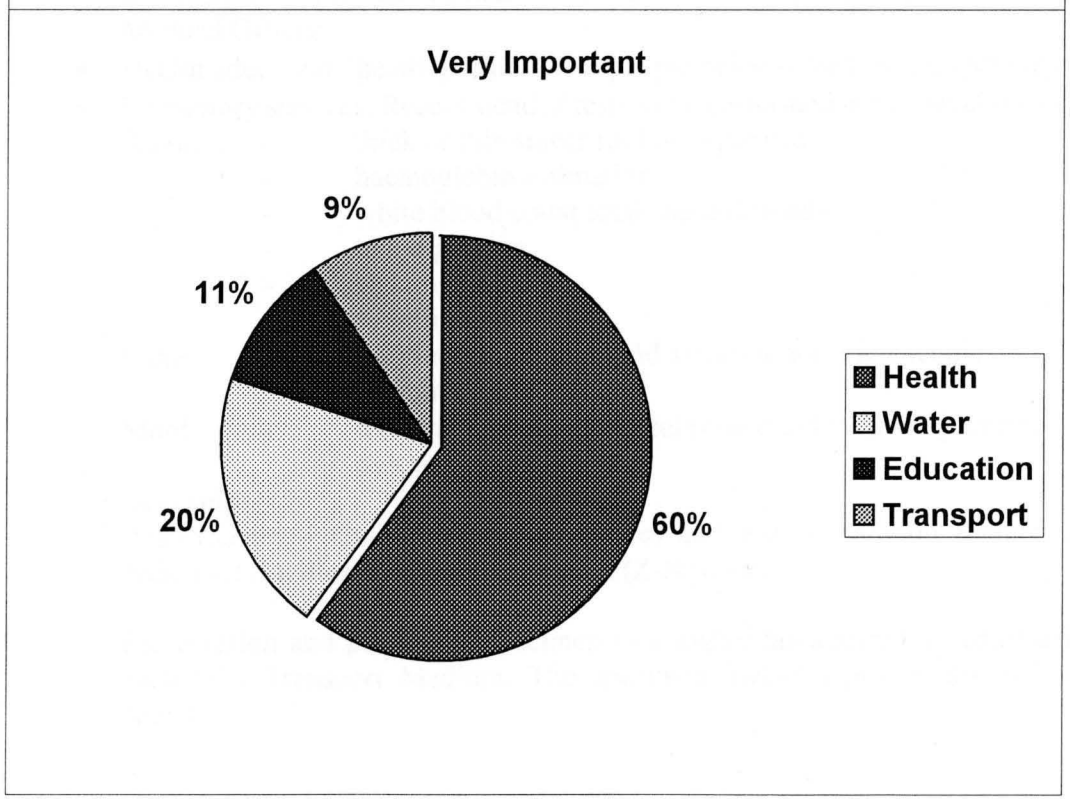
APPENDIX A5

NEEDS ASSESMENT THROUGH SPSS PROGRAM

KIBWEGERE NEEDS ASSESMENT RANKING

Needs	Very Important
Health	45
Water	15
Education	8
Transport	7
Total	**75**





APPENDIX B0

THE UNITED REPUBLIC OF TANZANIA.

MINISTRY OF HEALTH.

Guideline Standards for Health Facilities:

DISPENSARY

3.1 **Definition**

This is a health facility, which offers health services on outpatients basis including Maternal and Child Health services and laboratory services. It may offer observation services for selected patients for less than 12 hours. The maximum numbers of observation beds are 4.

3.2 **Services offered**

- Treatment of common diseases on outpatient basis. A few patients are observed for not more than 12 hours.
- Maternal and Child Health services including immunizations and normal deliveries.
- Keep records on patients, Maternal and Child Health, disease statistics and other health information and produce reports on disease morbidity and mortality promptly as required by Ministry of Health through the District Medical Officer.
- Health education / health promotion to people being served by a dispensary.
- Laboratory services. Recommended tests to be performed at this level include:

Blood	-	thick or thin smear for blood parasites.
	-	haemoglobin estimation .
	-	white blood count total and differential.
	-	blood glucose.
	-	sickling test.
	-	syphilis screening.
Urine	-	for glucose, proteins and sediment for microscopic examination.
Stool	-	direct microscopy with saline and iodine for organisms, ova and occult blood.

Skin snips-

Pus/exudates – Gram staining procedures and wet preparation Sputum for Acid Fast Bacillus (AFB), investigation (Z-N Stain).

Preservation and posting of specimen to a higher laboratory (optional) using Steward's Transport Medium. The specimen includes pus swabs and pap smears.

3.2 **Staffing**

Clinical Cadre

Assistant Medical Officer 1 (Supervisor). The supervisor should spend at least two hours twice per week at the dispensary.

Clinical Officer (MA) 1

Clinical Assistant (RMA) 1

Nursing Cadre

Registered Nurse Midwife 1.

Public Health Nurse B (PHNB) 1 or trained nurse at all times the clinic is open.

MCH Aides 1.

Paramedical

1 Trained Laboratory Assistant.

3.3 **Premises**

The building should have the following rooms:

- Reception and records room.
- Consultation room
- Laboratory rooms – 1 (Reception cum Main Working Room).
- Dressing room.
- Injection room.
- Dispensing room cum drug store.
- Observation room(s).
- Store.
- MCH room (optional).
- Toilet facilities.
- Washing slab.
- Incinerator.

A minimum total of 8 rooms (excluding MCH services).

3.4 **Essential equipments and supplies**
(See appendices).

Appendix C

Form for Application for registration / re-registration of a health facility – see following pages (1-10)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

APPLICATION FOR REGISTRATION / RE-REGISTRATION OF A HEALTH FACILITY.

(To be filled every year by all Non-Governmental health facilities)

PART A

This section should be filled by a fully registered/licensed Medical / Dental practitioner or a registered Nurse/Midwife on (i) his / her own behalf or on the behalf of (ii) an approved organization registered by the Registrar of Societies, Ministry of Home Affairs, or the Registrar of Companies, Ministry of Trade and Industries, approved by the Ministry of health and supervised by that registered/licensed Medical/Dental practitioner or registered Nurse/Midwife belonging to that organization.

1. Type of health unit (tick appropriate option)
   Medical Clinic
   Dental Clinic
   Nursing Home
   Maternity Home
   Dispensary
   Health Centre
   Hospital
2. Authority responsible for establishing/running the facility (tick appropriate option)
   Parastatal
   Voluntary agency
   Private
   Other (Specify) .....
3. What date did you/do you expect to start operation: ..../..../....19....
4. Facility identification

4.1 Name .....
4.2 Owner .....
4.3 Name of Doctor in charge .....
4.4 Qualification of the officer in charge .....
4.5 Registration number (if facility previously registered) .....
4.6 Location:
   Street .....
   Village .....
   Ward .....
   Town .....
   Division .....
   District .....
   Region .....
   Address: .....

P. O. Box .....
Telephone .....
Telex .....
Fax number .....
E-mail .....

5.Distance from the nearest hospital/health center/dispensary/clinic

	Name	Distance in km	Owner
Hospital			
H/center			
Dispensary			
Clinic			

6.Services Offered

Type of Service	YES	NO
General outpatient Services		
Maternal and child health Services		
Laboratory		
Dental		
Observation services		
Inpatient services		
Maternity services		
Minor Surgeries		
Major Surgeries		
X-Ray		
Ultrasound		
Home visiting		
Specialist clinics		
Medical		
Paediatrics		
Surgical – general		
Orthopaedics		
Obstetrics/Gynaecology		
Ophthalmology		
Ear, nose and throat		
Others – Specify		

7.Staff

Staff Category	Number Employed	
	Full Time	Part Time
Specialists Medical Officers		
Medical		
Psychiatry		
Surgical – general		
Orthopaedics		
Obstetrics/Gynaecology		
Ophthalmology		
Ear, nose and throat		
Radiology		
Anaesthesia		
Haematology		
Microbiology/Immunology		
Pathology		
Public Health		
Other specialists (Specify)		

Staff Category	Number Employed	
	Full Time	Part Time
General practitioner (MO)		
Assistant Medical Officer		
Clinical Officer (Medical Assistant)		
Clinical Assistant (Rural Medical Aid)		
Dentist (DDS)		
Assistant Dental Officer		
Dental Therapist (Dental Assistant)		
Nurse A		
Nurse B		
Public Health Nurse B		
Maternal & Child Health Aide		
Pharmacist		
Pharmaceutical Technician		
Pharmaceutical Assistant		
Laboratory Technologist		
Laboratory Technician		
Laboratory Assistant		
Radiographer		
Radiographic Assistants		
Others (Specify)		

8. Premises

Type of premise	Number of Rooms
Reception	
Records	
Office for Officer in charge	
Office for Nursing Officer in charge	
Consultation room	
Laboratory reception	
Laboratory working room	
Blood bank	
Male Nurses changing room	
Female Nurses changing room	
Male Doctors changing room	
Female Doctors changing room	
Injection room	
Dispensing room	
Observation rooms	
Store	
MCH rooms	
Minor theatre	
Major operating theatre	
Laundry	
Mortuary	
Library	
Seminar/conference room	
Kitchen	
Toilet facilities	
Washing slab	
Incinerator	

9. Number of Beds

Type of Ward	Number of Bed
Male general (medical & surgical)	
Female general (medical & surgical)	
Male Medical	
Male Surgical	
Female Medical	
Female Surgical	
Delivery	
Paediatrics	
Intensive care	
OPD Observation	
Others (specify)	

10. Essential equipment and supplies:

See guideline standards for health facilities – Appendices A and B.
For the items 11-14 please tick the appropriate option.

11. Building(s):
Walls: intact / have cracks.
Paint: good / flaky.
Ceiling: Good / falling or leaky.
Doors and windows: intact / broken.
Space in each room: adequate / inadequate.

12. Water Supply:
Source of water: None / piped / well / rain water tank / stream.
Is water adequate for all purposes?
Water available for drinking: None / not boiled / boiled.

13. Sanitation:
Type of toilet: None / Flush / Pit latrine.
Toilets for: Patients / Staff / Both.
Toilets for: males / females / both.
State of toilets: Clean / Dirty / Not in use.
Sewerage system: None / Not functioning / leaking or overflowing.

14. Waste disposal:
Surroundings: clean / dirty.
Waste basket / dustbin: none / present.
Dumping site: None / dirty / cared for and clean.
Incinerator: None / Not functioning / Functioning.

I certify that I have read and understood the guideline standards for health facilities and do promise to adhere to those guidelines. I also certify that the particulars stated here in this application are correct in every detail. I have attached, and signed at the back to certify as true copy, copies of certificates of registration / license as medical / dental / nurse practitioner for all applicable employees at the facility, my own curriculum vitae, and the floor plan of the buildings for this facility.

This application is / is not on behalf of an organization. I have / have not therefore attached a contract agreement between the organization and the medical / dental / nurse practitioner in charge of the facility as well as his / her current curriculum vitae.

Name .....Signature .....

Designation ..... Date .....

PART B: FOR FILLING BY DISTRICT MEDICAL OFFICER (DMO) OR MUNICIPAL MEDICAL OFFICER OF HEALTH (MMOH)

Name of facility for registration .....

.....

The Comments of DMO or MMOH of the area should be based on:

(a) Applicant should be a fully registered / licensed medical/dental practitioner or a registered Nurse/Midwife (i) on his / her own behalf or (ii) on the behalf of an approved organization registered by Registrar of Societies, Ministry of Home Affairs, or the Registrar of Companies, Ministry of Trade and Industries, approved by the Ministry of Health, and supervised by that registered / licensed / dental practitioner or Nurse / Midwife belonging to that organization.

(b) Staffing in relation to type of health facility in question.

(c) Premises meet minimum number of rooms.

(d) Facility has the essential equipments and supplies for that type facility.

(e) Consideration of the views of the appropriate local government authority.

I recommend/do not recommend the above application for registration/re-registration for the following reasons:

.....

.....

Name of DMO/MMOH .....

Signature: ..... Date .....

PART C: OR FILLING BY REGIONAL MEDICAL OFFICER (RMO) OR CITY COMMISSIONER OF HEALTH (COH)

I recommend/do not recommend the application for registration / re-registration of for the following reasons:

.....

.....

Name of RMO/COH .....

Signature: ..... Date .....

PART E: MINISTRY OF HEALTH DECISION

The application ref. No. .....

For registration/re-registration of .....

.....

(Name of the health facility)

Is not approved / approved subject to the following conditions:

.....

.....

.....

.....

.....

Approval is for the facility to operate as a Clinic / Nursing home / Maternity home / Dispensary / Health center / Hospital from the month of ..... 19..... to the month of..... 19.....

Name of Registrar .....

Signature: ..... Date .....

for PRINCIPAL SECRETARY

APPENDIX C0

THE BUDGET AND BUDGET JUSTIFICATION

Budget Narrative

APPENDIX C1

Personnel and Operating Budget

	Description/ Activities	Estimated Cost	Community Contribution	Gap or Deficit	Funded By Local Donors	Funded By External Donors
1.	**Personnel:** - Supervisors/coordinators. - Consultants/Experts.	15,240,000.00	-	15,240,000.00		
2.	**Contractors:** - Hired. - Volunteers.	12,000,000.00	6,000,000.00	6,000,000.00		
3.	**Medical Equipment:** - Fare security equipment. - Refrigerators, sterilizers, etc.	8,738,250.00		8,738,250.00		
4.	**Statutory Requirements** - Contractual costs. - Registration. - Requesting doctors, nurses and other personnel. - Other procedures.	300,000.00	300,000.00			
5.	**Dispensary supplies** eg. Stationeries	680,270.00	-	680,270.00		
6.	Indirect costs (Miscellaneous) 90%.	3,326,177.00	3,326,177.00	-		
	Total	**40,283,797.00**	**9,626,177.00**	**30,648,520.00**		

APPENDIX C2

STAFFING PLAN

Administrative Staff Budget

S/No	*Personnel*	*Number required*	*Salary per Month*
1.	Clinical Cadre		
	• Medical Assistant Officer (Supervisor)	1	240,000.00
	• Clinical Officer (MA)	1	180,000.00
	• Clinical Assistant (RMA)	1	180,000.00
2.	Nursing Cadre		
	• Registered Nurse midwife	1	90,000.00
	• Public Health Nurse (PHNB) or Trained Nurse	1	90,000.00
	• MCH Aides	1	90,000.00
3.	Paramedical		
	• Trained Laboratory Assistant	1	150,000.00
4.	Non Medical Personnel/workers		
	• Dispensary committee chairman	1	25,000.00
	• Watchmen	2	150,000.00
	• Gardener and surroundings cleaner	1	75,000.00
	Total	**11**	**1,270,000.00**

APPENDIX C3

BUILDING MATERIALS

I	**WORK TO PLINTH LEVEL:**			
	(i) 150mm thick Hardcore to receive 100mm thick concrete bed			
	7 tone Lorry	4 loads	60,000	240,000
	(ii) 230mm foundation wall.			
		882 Nos.	510	449,820
	Sub Total.			**689,820**
II	**CONCRETE WORK**			
	(i) 100mm thick bed, Grade 20 (1:2:4)			
	Cement			
	Sand –7 tone lorry	86 bags	6,700	576,200
	Aggregate – 7 tone lorry	2 loads	20,000	40,000
		3loads	60,000	180,000
	(ii) Sawn formwork to edges of bed / 75mm to 150mm nicle			
	1" x 6" x 10 feet long			
		25pcs	4,200	105,000
	(iii) Concrete grade 15 (1:3:6) foundation footing:			
	Cement			
	Sand – 7 tone lorry	58 bags	6,700	388,600
	Aggregate – 7 tone lorry	1 load	20,000	20,000
		3 loads	60,000	180,000
	(iv) Horizontal beams			
	Cement			
	Sand – 7 tone lorry	19 bags	6,700	127,000
	Aggregate – 7 tone lorry	1 load	20,000	20,000
	16mm diameter ms bar 40feet long	1 load	60,000	60,000
	8mm diameter bar mild steel – 40 fee long	21 pcs	8,000	168,000
		27 pcs	4,000	108,000
	Sub Total			**1,973,100**
III	**SUPERSTRUCTURE**			
	Solid concrete block to BS 2028			
	Type 'A'	1441 Nos.	400	576,400
	(i) 6" x 9" x 18"	224 Nos.	320	71,680
	(ii) 4" x 9" x 18"			
	(iii) Sawn framework to sides and safit of beams:			
	(a) 1" x 9" x 10 feet long	39pcs	8,500	331,500
	(b) 1" x 6" x 10 feet long	8pcs	7,400	59,200
	Sub Total			**1,038,780**

IV	**ROOFING**			
	(i) 28 Gauge Galvanized Corrugated Iron Sheets (GCI) Standard size 3 x 1m	82 pcs	7,100	582,200
	(ii) Carpentry (Roof structure)			
	Rafter			
	2" x 4" x 10 feet long	24 Nos.	6,500	156,000
	2" x 4" x 123 feet long	22 Nos.	7,000	154,000
	(iii) Purlins			
	2" x 4" x 10 feet long	45 Nos.	6,500	292,500
	(iv) Hardwood fascia board			
	1" x 9" x 10feet long	14 Nos.	9,000	126,000
	1" x 9" x 12 feet long	4 Nos.	10,800	43,200
	(v) Brandering			
	2" x 2" x 10 feet long.	137 Nos.	750	102,750
	Sub Total			**1,456,650**
V	**CEILING**			
	10mm thick hardboard/chipboard ceiling fixed to brandering (8" x 4")	53pcs	8,000	424,000
	Sub Total			**424,000**
VI	**DOORS**			
	Supply and fix hardwood paneled door (Di) with glazed fanlight panel on top complete with associated Ironmongery frame:			
	(i) Overall size 900 x 2500 x 45mm.	7 Nos.	200,000	1,400,000
	(ii) Overall size 750 x 2500 x 45mm.	1 No.	150,000	150,000
	(iii) Frame with vent.	8 Nos.	50,000	400,000
	Sub Total			**1,950,000**
VII	**WINDOWS**			
	Supply and fix hardwood glazed casement windows, complete with frame, mullions, transoms and ironmongery:			
	(a) Frames.			
	(i) Overall size 1200 x 1600mm.	12 Nr.	70,000	840,000
	(ii) Overall size 600 x 600mm.	1 Nr.	70,000	70,000
	(b) Glass shatters.	26 Nr.	19,300	501,800
	Sub Total			**1,411,800**
	FINISHINGS AND DECORATIONS			

VIII	**FLOORS:**			
	25mm cement and sand (1:4) floor finish:			
	(i) Cement.	52 bags	6,700	348,400
	(ii) Sand – 7 tone lorry.	2 loads	20,000	40,000
A	**WALLS:**			
	15mm cement and sand plaster:			
	(i) Cement.	14 bags	6,700	93,800
	(ii) Sand – 7 tones lorry.	3 loads	20,000	60,000
	(iii) To prepare and apply three coats emulsion paint to wall Surface 20 litters capacity plastic.	5 Nos.	16,500	82,500
	Sub Total			**624,700**
B	**EXTERNAL WORK:**			
	(a) GALVANIZED STEEL:			
	75mm diameter, Galvanized steel (G.S) column, 2500mm high to be fixed into concrete.	10Nos.	6,000	60,000
	Sub Total		**6,000**	**60,000**
	(b) PAVIOURS			
	(i) 600 x 600 x 50mm thick Concrete paving slabs laid on 50mm thick sand bed (12" x 12"); sqm = 11 pcs (98 sqm.).	1068 Nos.	1,583	1,689,644
IX				
	(ii) Manhole (M.H.) Cover 600 x 600mm cast iron manhole cover.	1Nr	15,000	15,000
	Sub Total			**1,864,644**
XI	**FITTINGS AND FIXTURES**			
	JOINERY			
A	**PRIME QUALITY WROUOGHT MNINGA**			
	(i) 20mm thick worktop, bottom and shelves 1" x 12" x 10 feet long.	15pcs	8,750	131,250
	(ii) Beaver:	7pcs	8,300	58,100
	(a) 2" x 6" x 10 feet long.			
	(b) 1" x 1" x 10 feet long.	5cps	6,000	30,000
B	**DOORS**			
	Supply and fix hardwood panel door compete with associated ironmongery overall size 500 x 520 x 25mm thick (Frames and Shatters etc.)	10Nos.	70,000	700,000

C	**DRAWERS** Supply and fix hardwood drawer comprising 20mm front, sides, back 6mm thick plywood base, all tongued, grooved and glued together overall size 500 x 400 x 150mm deep (frames and shatters).	9Nos.	53,000	477,000
	Sub Total			**1,396,350**
XII	**PLUMBING AND ENGINEERING INSTALLATION**			
A	**COLD WATER SUPPLY PIPE WORK**			
	(i) Galvanized mild steel pipes to Bs 1387 "medium" grade with screwed joints in the running length 19mm diameter fixed with galvanized saddle in chase.	17m	9,000	153,000
	(ii) Extra over bend	9Nos.	500	4,500
	(iii) Extra over tee	4Nos.	500	2,000
	(iv) Brass taps and valves to Bs 1010 with screwed connection to galvanized steel pipe 19mm pillar tap.	8Nos.	8,500	68,000
	(v) Sanitary Fittings: (a)"TIFFANY" coloured vitreous China wash hand basin ref.121624A with 2Nr tap holes; oval pedestal with Kupla fitment ref.1313085, cottage half duel flow mixer; 20mm centers with 1.25 feet pop up waste ref.9292400LF; concealed hangers ref.7192200 and iso-valve servicing valves ref. 9060400	4Nos.	85,000	340,000
	(b) Polyethylene Simtanks 5000 litters	2Nos.	440,000	880,000
B	**PIPE WORK:** (a) Waste and overflow pipe-work: (i) Galvanized mild steel pipes to BS 1387 "medium" grade with screwed joint in the wing length 25mm diameter fixed with galvanized saddles.	6m	15,000	90,000
	(ii) Extra over equal tee.	4No	600	2,400
	(b) Drain pipe: (i) U.P.V.C pipes and fittings to BS 3506 class 'O' with spigot and socket joints laid in trench.	22m	7,000	154,000
	(ii) Build in end of draw pipe to brickwork or block work.	14Nos	400	5,600
	(c) Cold water supply pipe-work (i) Galvanized mild steel pipe to BS 1387 "medium" grade with screwed joint in the running length 19mm diameter fixed with galvanized saddle in chase.	15m	9,000	135,000

	(ii) Extra over bend.	6Nos	500	3,000
	Sub Total			**1,837,500**
XIII	**ELECTRICAL INSTALLATION**			
A	**LEAD CABLES**			
	(i) Supply and fix 2 x 1.5mm2 Con. PVC/PVC Cable.	50m	11,250	562,500
	(ii) Supply and fix 2 x 2.5mm2 CU PVC/PVC cable	20m	6,500	130,000
B	**FITTINGS**			
	(ii) Distribution Board, 12 way TPN Flush mounted, complete with MCB's and integral 100A TPNRCID as MEM Cat No. BM 121 + BMR 100.	1No	40,000	40,000
	(ii) 20w (600mm) single fluorescent fittings as THORN Cat No. PP20 complete with tube.	17Nos	4,000	68,000
C	**SWITCHES**			
	(i) 6A one way one gang switches as MEM Cat No. 2400	10Nos	600	6,000
	(ii) 6A one way two gang switches as MEM Cat No.2406	4Nos	800	3,200
	(iii) 13A switch sockets outlet- twin as MEM Cat.	9Nos	1,200	10,800
	Sub Total			**820,500**
	Grand Total			**15,487,844**

APPENDIX D0

KIBWEGERE DISPENSARY CONSTRUCTION

LOGICAL FRAMEWORK

PROJECT: KIBWEGERE DISPENSARY CONSTRUCTION, 2003

DATE OF COMMENCEMENT: OCTOBER 2002. **DURATION: 1 YEAR.**

S/NO	NARRATIVE SUMMARY:	MEASURABLE INDICATORS (OVI):	MEANS OF VARIFICATION (MOV):	KEY ASSUMPTIONS:
1.0	**Final Goal (Impact):** Improved health security of more than 80% of Kibwegere residents specifically women (---) and children (---) by the end of 2005.	• Reduced incidences of diseases and deaths. • More than 85% of the households in Kibwegere village know where to get health services and use its facilities.	• Field surveys. • Household interviews. • Project baseline, and end of the project evaluation reports. • Periodic progress reports. • Register books. • Village statistics and records. • Referral reports.	• Funds shall be available. • Dispensary services in operation. • The dispensary to cater for 2,000 people or more.

2.0	**IntermediateGoals (Outcomes)**			
2.1	**<u>Intermediate Goal # 1</u>** Increased access to ANC & PNC for women and children.	• By the end of 2003, 85% of women will have accessed to ANC & PNC. • By the end of 2003, 85% of children will have accessed to PNC. • By the end of 2004, 95% of women will have accessed to ANC & PNC. • By the end of 2004, 95% of children will have accessed to PNC. • Proportion of women actively attending ANC and PNC.	• Village maternal statistics. • Mothers Clinic Cards. • Children Clinic Cards.	Skilled personnel shall attend 95% of the women and children.
2.2	**Intermediate Goal # 2** Increased the rate of attendances to ANC and PNC especially for women of low socio-economic status from 10% in 2002 to 90%	• Number of women receiving ANC services. • Number of women attending PNC clinics.	• Project records. • Maternal registration records. • Household interviews. • Physical observations.	Households continue to have full access to ANC and PNC services.

	and establish PNC to reach 50%.			
2.3	**Intermediate Goal # 3** Increased rate of clean supervised deliveries from 10% to 75%	• Women deliver under supervised care. • Number of women accessing MCH and general health care.	• Dispensary project committee reports. • Midwives records. • Birth records. • MCH records.	Facilitator and the local government continue to support ownership and management of the dispensary by the community.
2.4	**Intermediate Goal # 4** Reduced infant and child mortality.	• Number of deaths of children under 5 years.	• Village registers. • Village health workers. • Midwives records.	More than 90% of newborns will be born in safe hands.
2.5	**Intermediate Goal # 5** Reduced maternal mortality.	• Number of deaths of women in childbirth due to complications of pregnancy. • % of pregnant women monitored. • % of deliveries at home.	• MCH staff records. • Birth attendants' records. • Village health committee reports.	Skilled doctors and midwives shall attend all pregnant women in the village and neighboring.

		• % of deliveries attended by trained personnel.		
2.6	**Intermediate Goal # 6** Increased and sustained valid vaccination coverage at 90% of all EPI antigens for infants and 80% TT for pregnant women.	• Vaccination coverage level. • 85% of the target group become aware and take precaution by using this facility.	• Project report. • EPI records. • TT records.	An overall immunization coverage of 80% will be maintained. All children will be immunized.
2.7	**Intermediate Goal # 7** Nutrition; reduced severe malnutrition to 20% and moderate malnutrition to 22% in children under 5 by June 2005.	• % of children under 5 with under 60% standard weight for age. • % of children under 5 with 60% to 80% standard weight for age. • By the end of 2005, food nutrition for individual households improved by 90%. • Number of people becomes aware and use balanced diet. • % of food intake and micronutrient deficiency recorded.	• Dispensary quarterly weighing records. • Village health committee reports. • TFNC records.	Every household shall have adequate balanced diet.

2.8	**Intermediate Goal # 8** Increased access to quality PHC services by Kibwegere residents and the neighbouring community.	• At least 80% of Kibwegere villagers will have accessed primary health services by October 2004 and receive ANC and childcare. • % of Kibwegere residents reported accessing the dispensary services. • Proportion of Kibwegere residents attending PHC.	• Patients' register books. • Clinic cards. • Health statistics. • Community records. • Workshops records.	A big number of Kibwegere residents shall use this facility accordingly.
2.9	**Intermediate Goal # 9** Community participates in construction and managing their dispensary.	• Dispensary facility completed and operating under the community management. • The Kibwegere dispensary becomes operational by October 2003. • Required number of dispensary personnel of eleven workers allocated and in operation. • 100% medical consumables and other	• Site surveys. • Dispensary building / facilities in place. • Personnel records. • Community committee minutes. • Periodic reports. • Interview with parents (in M&E Plan). • Training reports.	All required resources shall be available in all the time.

		supplies in stock at anytime. • Dispensary community committees functioning.		
3.0 3.1	**PROJECT OUTPUTS** **Outputs for G # 1:** • Functioning ANC and PNC clinic. • Skilled ANC & PNC nurses in place. • Women sensitized to attend ANC and PNC.	• Proportion of community members participates in construction of the dispensary. • Number of skilled nurses. • Number of sensitization sessions, meetings and campaigns conducted.	• ANC and PNC Unit. • Dispensary personnel in place. • HLM, Radio, TV and other media used for sensitization.	ANC and PNC shall be operating efficiently.
3.2	**Output for IG # 2** Provided quality health care within reachable distance for the whole community women and their neighbours.	• More than 80% of the service users receive health services from the dispensary by October 2003.	• Project records. • Ministry of health statistics. • Monthly dispensary records.	The number of dispensary users shall increase drastically.

3.4	**Output for IG # 4 & 5**: Reproductive and child health services accessed by all households.	• 100% focused Kibwegere women and children attended ANC during pregnancy and PNC after delivery.	• Maternal clinic cards. • Incidence record registers. • Children clinic cards.	Focused group shall attend ANC and PNC and dispensary services shall be available at a time.
3.4	**Output for IG # 6** Child immunization against major infectious diseases, control of local endeamic diseases etc.	• 85% of the target group becomes aware to take prior precaution. • Number of households attended conducted community participatory theatres or campaigns.	• Project reports. • Child clinic cards. • Number of educational brochures taken. • Parents' attendance registers.	Number of the service users improved and statistics shall show positive responses.
3.5	**Outputs for IG # 7** • Organized regular health services and nutrition sessions for the Kibwegere women and the villagers at large. • Women trained on how to prepare balanced diet.	• Weekly sessions carried out. • Number of households attending by gender. • Number of health children attended clinics. • Proportion of malnutrition cases	• Project reports. • Attendance registers records. • Village and Ward Nutrition records. • TFNC records.	Instructors and community members will be willing to participate in sensitization seminars.

	• Kibwegere residents mobilized to establish home gardens, cattle and poultry keeping.	reported. • Number of maternal and children underweight records.		
3.6	**Outputs for IG # 8** • Kibwegere residents attended by the dispensary facility. • Kibwegere residents sensitized on PHC.	• Number of villagers requesting doctors' consultation. • Proportion of residents using PHC. • Number of Kibwegere households convinced to use this facility.	• Patients' records. • Consultation records.	Residents shall be sensitized and use the dispensary facilities.
3.7	**Outputs for IG # 9** • Community dispensary committee funds rise for the construction received. • Kibwegere dispensary committee skilled to manage the PHC facilities. • Dispensary facilities constructed within Kibwegere catchment area. • Skilled Health workers in place.	• More than 90% of the villagers participate in kind and submit their contributions. • New dispensary building completed and operating under trained / skilled management.	• Advisory committee meeting minutes. • Receipt books. • Attendance registers records. • Handover records. • Health facility in operation.	• A big number of participants shall be realized. • Villagers are willing to take responsibility and participate fully.

4.0 4.1	**PROJECT ACTIVITIES** **Activity for output for IG# 1** Health care providers to be trained in women's and children's issues, and women sensitized to use the dispensary services especially ANC and PNC.	• Number of women access ANC and PNC services. • Number of health care workers trained on improved maternal care. • Increased number of women seeking health care at village level.	• Maternal clinic cards and registers. • Children clinic cards. • Number of trained midwives.	Funds shall be available for training and target group shall be willing to participate.
4.2	**Activities for output for IG # 2:** • Advocacy/sensitization meetings/seminars and campaigns to be conducted. • To improve maternal awareness programs.	• Periodical sessions carried out followed by attendance. • Increased number of articles, radio and TV programs. • Number of women attending these sessions. • % of women gained weight during pregnancy. • % of women feeding their children frequently. • % of hospitals baby friendly.	• Surveys and routine data. • Campaign reports. • Media content analysis reports.	Kibwegere households shall be willing to utilize this facility.

	• To train peer educators on maternal and child care, HIV/AIDS and communicable diseases and distribute health care learning materials (HLM) to the community.	• % of health care learning materials (HLM) repacked. • Number of HLM distributed.	• Trainers' reports. • Project reports. • Interviews.	People will collect HLM and read them carefully.
4.3	**Activities for Output for IG # 3.** • To conduct training in advocacy and maternal skills and issues for key implementers including village community development officers. • To train program staff in management skills. • Training of trainers on health related issues of women.	• Number of participants attended and participates fully. • Number of selected households trained and qualified in maternal and child health issues. • Number of training of trainers (TOT) established. • Number of officials trained.	• Training reports. • Training carried out. • Trainees will be knowledgeable.	
4.4	**Activities for Output for IG # 4&5:** Reproductive health care sensitization: To conduct	• 85% of the target group (women) gets sensitized by October 2003.	• Antenatal reports. • Child clinic reports.	Health baby born with no stress to the mother and

	workshops in order to ensure the delivery of full-term health baby with minimal stress or injury to mother and baby.	• Number of safe deliveries observed. • Number of deliveries attended by trained personnel.	• Midwives attendance reports. • Village Health statistics.	child.
4.5	**Activities for Output for IG # 6:** • To conduct community sensitization campaign on immunization, communicable diseases and HIV/AIDS. • To distribute information/ communication materials targeting to maternal issues and general issues.	• Number of seminars conducted. • Number of people (by gender) attended from respective groups. • Number of community households sensitized. • Improved immunization for primary antigens. • Number of the information materials distributed to the community. • Increased knowledge and awareness of health related issues. • Improved health-seeking behavior among mothers as well as the residents. • Improved participation in health care among men.	• Project reports. • Campaign reports. • Routine data and annual surveys. • Communication materials (community H/books, posters/ leaflets) prepared with feasible dissemination plan and distributed to the strategic areas and Radio / TV programs.	• Willingness of the campaigners and community members to participate.

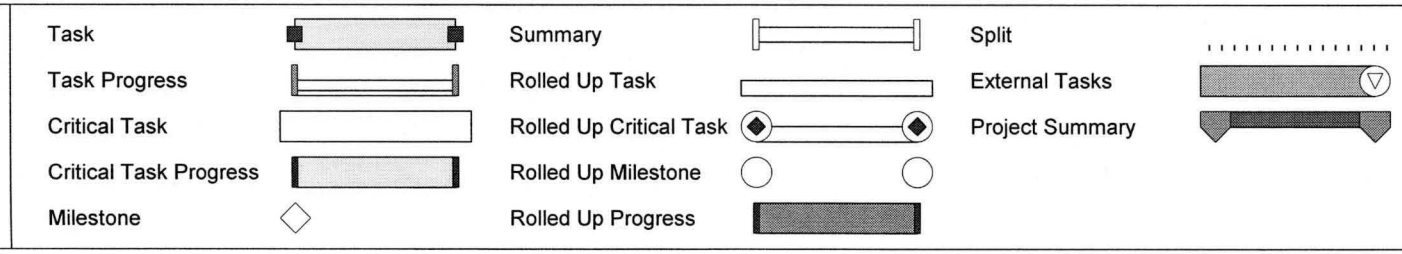
4.6	**Activity for output for IG # 7:** Nutrition, To conduct community based nutrition education campaigns, seminars and workshops and training on production, consumption and preservation of micronutrient rich food at family level to the extension workers, school teachers and local government leaders.	• Number of extension workers, teachers, villagers and local government leaders trained. • Number of community households owning gardens and keeping cattle / poultry for their consumption by 2004.	• Improved households health statistics. • Under weighted children records. • Pregnancy complications records. • Required supplement food nutrients records.	Balanced diet will be available to more than 95% of the Kibwegere villagers. Hence, no need of supplement food nutrients.
4.7	**Activities for Output for IG # 8:** The dispensary management facilitates the use of the service by all the villagers and their neighboring community.	• 85% of the Kibwegere residents and their neighbouring community receiving health services from this dispensary by 2004.	• Patients' records. • Inventory records. • Doctors' consultation records.	Attendants available and medicine shall be available.
4.8	**Activities for output for IG # 9:** • Fundraising: Community mobilization and approach internal and external	• Number of community mobilized and their contributions. • Number of donors approached and	• Contribution / donation receipt records. • Project reports.	Funds shall be adequately available.

	donors to solicit funds for construction, purchasing assets, medical equipments and supplies. • Resources mobilization: To mobilize resources like human, building materials and medical equipments for the dispensary. • Construction: To mobilize and facilitate the community and resources in order to carry out construction activities .	amount donated. • Proportion of stakeholder responses. • Number of personnel allocated. • Size of various inventories consumed. • More than 95%of the resources for construction will be available. • Functioning dispensary facility.	• Construction progress reports. • Reporting staff files. • Goods received notes. • Stock record cards. • Inventory reports. • Hand-over report	Resources and funds to cater for such resources are available at a time. Dispensary building in place and operating.
4.10	**Activity for outputs for IG # 1-9:** To undertake monitoring and evaluation (M&E) Activities: - Quarterly review meetings. - Field visits to dispensary project. - Community meetings. - Technical support activities. - Review meetings. -Integrate community based monitoring and evaluation system.	• Number of meetings /sessions conducted. • Number of field visits conducted. • Type of M&E activities carried out. • Village with regular monitoring systems: - Improved community's ability in planning and analyzing maternal and child health problems. - Improved community health and hygiene.	• Mid-term review reports. • Project progress reports. • M & E Reports.	Monitoring and evaluation system shall be efficient and effective.

APPENDIX E0
MS PROJECT TIME LINE.
KIBWEGERE DISPENSARY CONSTRUCTION PROJECT

ID	Task Name	Actual Duration	Start	Finish	Predecessors
1	**Preliminaries**	0 days	Thu 10/10/02	Thu 10/10/02	
2	Sand Collection (38 lories) and community contributions	58 days	Fri 10/11/02	Tue 12/31/02	
3	Hiring brick making machine	1 day	Thu 1/2/03	Thu 1/2/03	1
4	Clearing and leveling the ground for foundation	1 day	Thu 1/2/03	Thu 1/2/03	1,2
5	Purchasing cement,cyprus timber, nails, sisal ropes etc	6 days	Fri 1/3/03	Fri 1/10/03	4,3
6	Hiring and organizing volunteer corps	6 days	Fri 1/3/03	Fri 1/10/03	4
7	Seeking loca l /central authority procedures	2 days	Mon 1/13/03	Tue 1/14/03	6,5
8	**Bricks Preparation**	0 days	Wed 1/15/03	Wed 1/15/03	
9	- *Making bricks*	*27 days*	*Wed 1/15/03*	*Thu 2/20/03*	*2,4*
10	- Bricks curing period	25 days	Wed 1/15/03	Tue 2/18/03	7
11	Make arrangement with Mansoon,Carpenter, Ellectric engineer,Architectur etc	4 days	Tue 2/25/03	Fri 2/28/03	7,8,9
12	Collection / assemble construction materials and equipments	4 days	Mon 3/3/03	Thu 3/6/03	
13	**Excavation and earthworks**	0 days	Mon 3/3/03	Mon 3/3/03	10
14	- Remove top soil	2 days	Mon 3/3/03	Tue 3/4/03	11
15	- Excavate foundation trench	5 days	Mon 3/10/03	Fri 3/14/03	12
16	- Soil sterilization	1 day	Tue 3/11/03	Tue 3/11/03	14,13,15
17	Constructing foundation strips	4 days	Mon 3/17/03	Thu 3/20/03	14

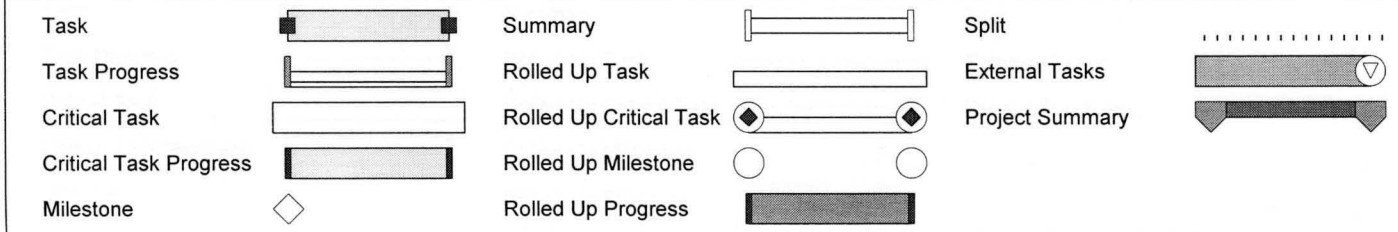
Project: Kibwegere Time Line
Date: Thu 8/21/03



KIBWEGERE PROJECT TIME LINE

ID	Task Name	Actual Duration	Start	Finish	Predecessors
19	Constructing foundation ground beams	3 days	Wed 4/30/03	Fri 5/2/03	16
20	Lay foundation	5 days	Wed 5/7/03	Tue 5/13/03	17
21	Constructing the walls	34 days	Tue 6/24/03	Fri 8/8/03	18
22	Constructing beams	4 days	Mon 6/30/03	Thu 7/3/03	18,19
23	Contructing the roof	6 days	Tue 7/8/03	Tue 7/15/03	
24	**Plumbing and Installation Engineering**	0 days	Tue 7/8/03	Tue 7/8/03	21
25	- Toiletries	20 days	Tue 7/8/03	Mon 8/4/03	21,22
26	- Electrical installations	20 days	Tue 7/8/03	Mon 8/4/03	21
27	- General pipe works (water and sewage systems)	20 days	Tue 8/5/03	Mon 9/1/03	22,24,25,26
28	- Cement the floor	5 days	Tue 8/12/03	Mon 8/18/03	
29	Final Touches	0 days	Tue 8/12/03	Tue 8/12/03	26
30	Ceilling activities	7 days	Tue 8/12/03	Wed 8/20/03	27
31	Drainage, Packing and gardening activities	17 days	Tue 8/12/03	Wed 9/3/03	19,21,22,26,28
32	**Plastering and Artwork**	17 days	Thu 9/4/03	Fri 9/26/03	
33	Fixing doors, window and parts thereof	0 days	Thu 9/4/03	Thu 9/4/03	29,30
34	Fix door and window frames	6 days	Fri 9/12/03	Fri 9/19/03	30
35	Fix door and window shatters	8 days	Fri 9/12/03	Tue 9/23/03	29
36	Fix security locks and asociated ironnmongery	8 days	Wed 9/24/03	Fri 10/3/03	31

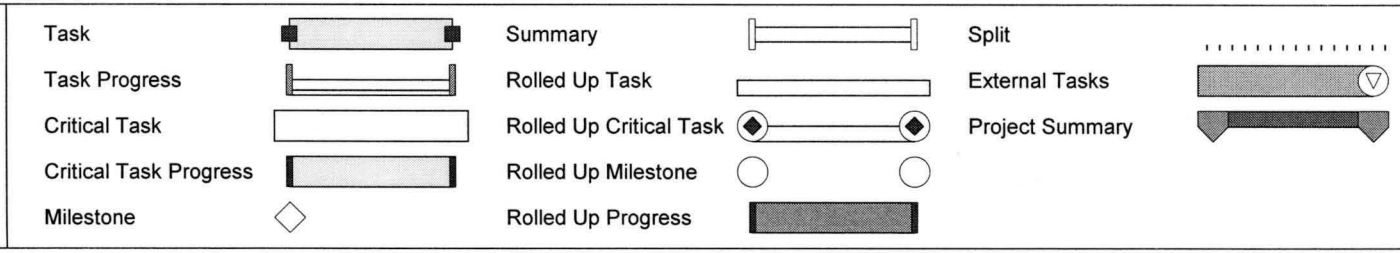
Project: Kibwegere Time Line
Date: Fri 8/22/03



KIBWEGERE PROJECT TIME LINE

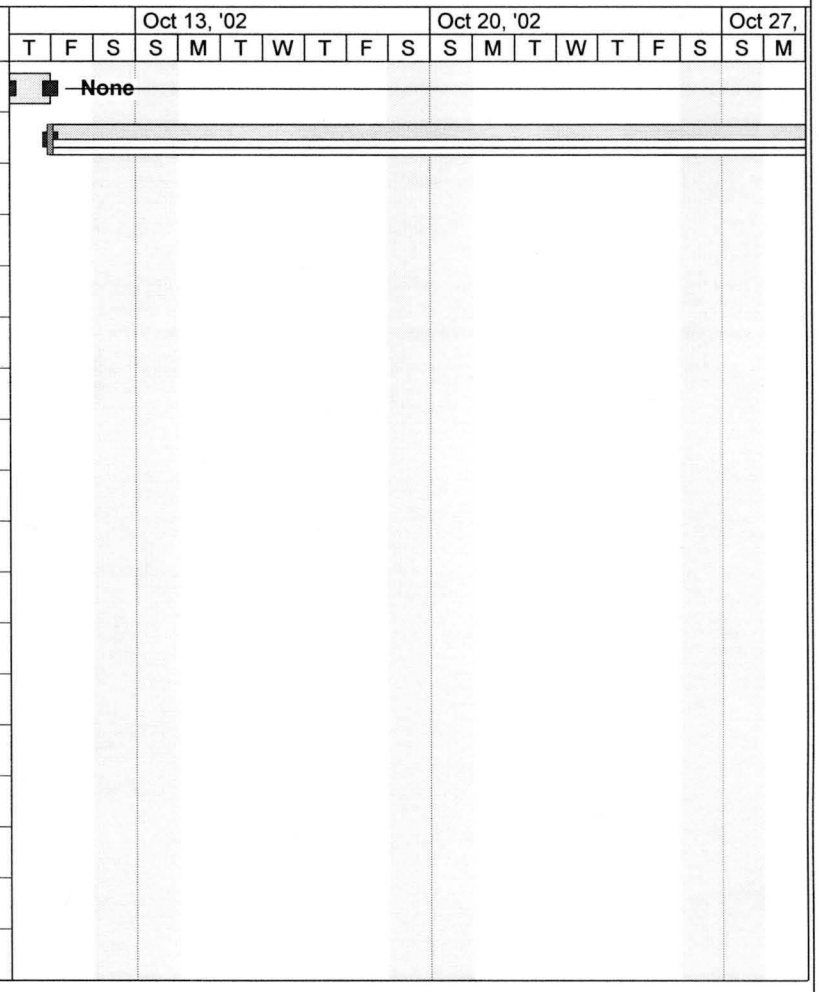
ID	Task Name	Actual Duration	Start	Finish	Predecessors
37	Furnitures and fixtures fixing / fittings	14 days	Tue 10/14/03	Fri 10/31/03	34,33,35,36
38	Finishing, emulsion painting and decorations	7 days	Thu 10/23/03	Fri 10/31/03	37,33,34,35,36
39	Staff / Personnel and Drugs / medicine from the Ministry of Health in action.	4 days	Wed 10/29/03	Mon 11/3/03	38
40	Hand over	2 days	Tue 12/10/02	Wed 12/11/02	

Project: Kibwegere Time Line
Date: Fri 8/22/03



KIBWEGERE PROJECT TIME LINE

ID	Resource Names
1	None
2	Community,Committee,Tools like spades,carrying bags,Wheelbarrows etc.
3	Community.,Contractor
4	Contractor,Volunteers,Community,Casual Labours.
5	Contractor,Purchasing committee,Money.
6	Technical committee,Money.
7	Procedural Committee
8	None
9	Committee,Community,Sand,Cement,Water,Brick making machine.
10	Community,Water,Contractor,Curing facilities.
11	Contractor,Project committee,Money.
12	Project committee,Contractor,Money.
13	None
14	Contractor,Community,Community.
15	Contractor,Community,Casual Labour,Casual Labour.
16	Contractor,Community,Community.
17	Contractor,Community,Cement,Sand,Bricks,Water.
18	Community,Bricks,Sand,Cement,Water,Contractor,Aggregate.

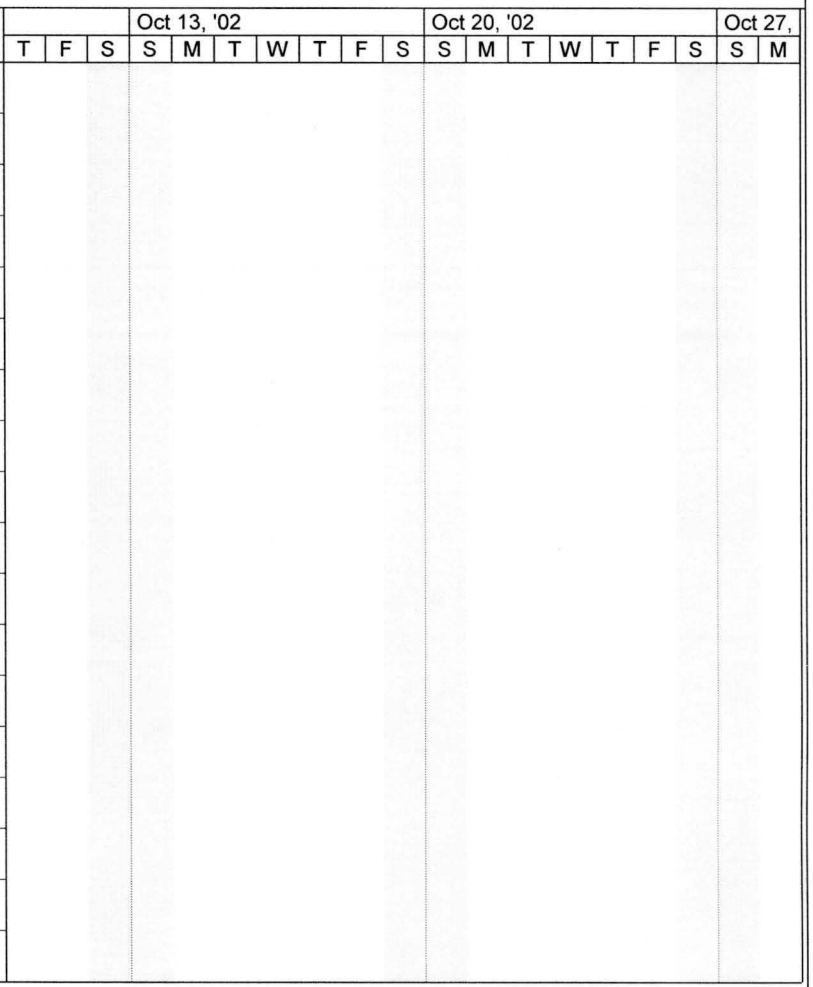


Project: Kibwegere Time Line
Date: Fri 8/22/03

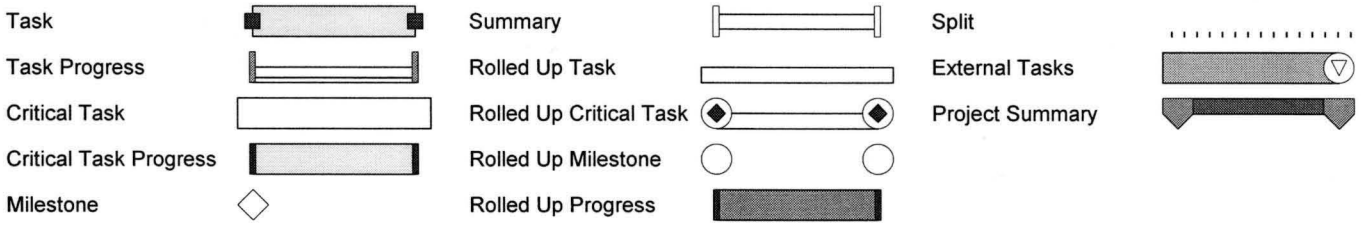
Task
Task Progress
Critical Task
Critical Task Progress
Milestone
Summary
Rolled Up Task
Rolled Up Critical Task
Rolled Up Milestone
Rolled Up Progress
Split
External Tasks
Project Summary

KIBWEGERE PROJECT TIME LINE

ID	Resource Names
19	Community,Cement,aggregate,Sand,Water,Contractor,Iron bars,Money,Iron bars/rods,Money.
20	Contractor,Community,Cement,Sand,Bricks,Water,Aggregate.
21	Contractor,Community,Sand,Cement,Water,Bricks,Casual Labour,Water.
22	Contractor,Community,Sand,Cement,aggregate,Water
23	Contractor,Community,Timber,Nails,Iron sheets,Binding wires,Flat bars,Money.
24	None
25	Community,Engineer,Wc,Contractor,WCs,H.Basins,Cement,Sand,Toilet ware fittings.
26	Community,Electric instoller,Wires,Electric Switches,Lamps,Cutout,Contractor,Main switch.
27	Community,Plumber,Water pipes,Fittings,Contractor,tapes.
28	Community,Mansoon,Cement,Sand.
29	None
30	Community,Carpenter,Ceiling boads,Timber,Nails,Nails and other materials.
31	Community,Contractor,Pavement tiles,Cement,Sand,Sand.
32	Community,Cement,Sand,Contractor,Architectur.
33	None
34	Community,Cement,Sand,Contractor,Door and Window frames,Water,Water.
35	Community,Contractor,Door and Window Shatters.
36	Community,Contractor,Door and window Fittings.



Project: Kibwegere Time Line
Date: Fri 8/22/03



KIBWEGERE PROJECT TIME LINE

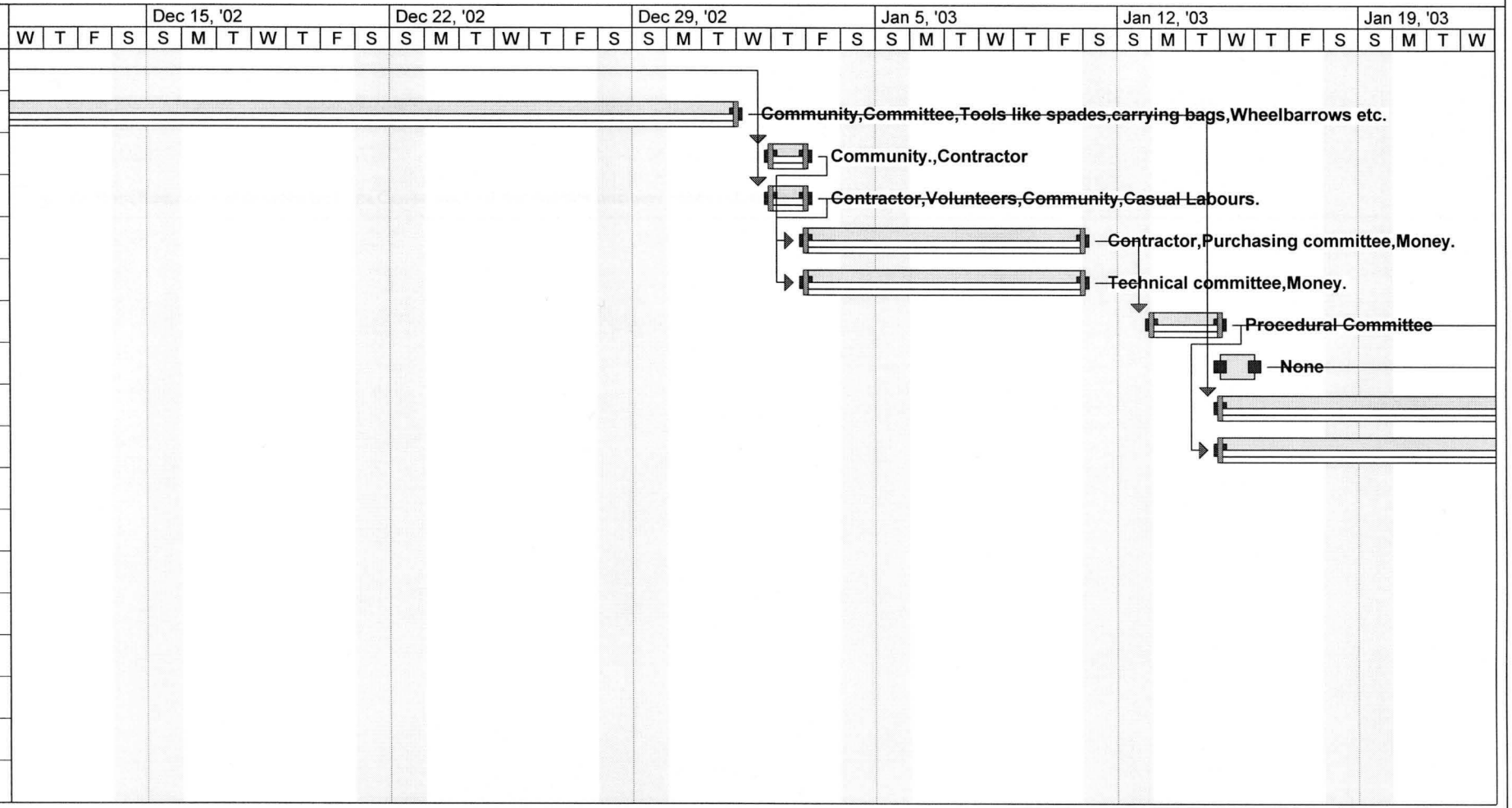
ID	Resource Names
37	Community,Contractor,Timber,Fixtures,Fittings,Fixtures and Fittings.
38	Community,Contractor,Painter,Paints,and vanishes,Brushes,Decorator etc.
39	Contractor,Project committee,Local/Central gvt. Officials,Local / Central Government Officials.
40	All Beneficiaries,Facilitators,Donors,Governmental Authorities and any other interested party.

	Oct 13, '02										Oct 20, '02							Oct 27,	
	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M

Project: Kibwegere Time Line
Date: Fri 8/22/03

Task		Summary		Split	
Task Progress		Rolled Up Task		External Tasks	
Critical Task		Rolled Up Critical Task		Project Summary	
Critical Task Progress		Rolled Up Milestone			
Milestone		Rolled Up Progress			

KIBWEGERE PROJECT TIME LINE



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Date: Fri 8/22/03

Task		Summary		Split	
Task Progress		Rolled Up Task		External Tasks	
Critical Task		Rolled Up Critical Task		Project Summary	
Critical Task Progress		Rolled Up Milestone			
Milestone		Rolled Up Progress			

KIBWEGERE PROJECT TIME LINE

ID	Dec 15, '02							Dec 22, '02							Dec 29, '02							Jan 5, '03							Jan 12, '03							Jan 19, '03			
	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W
37																																									
38																																									
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40	**All Beneficiaries,Facilitators,Donors,Governmental Authorities and any other interested party.**																																								

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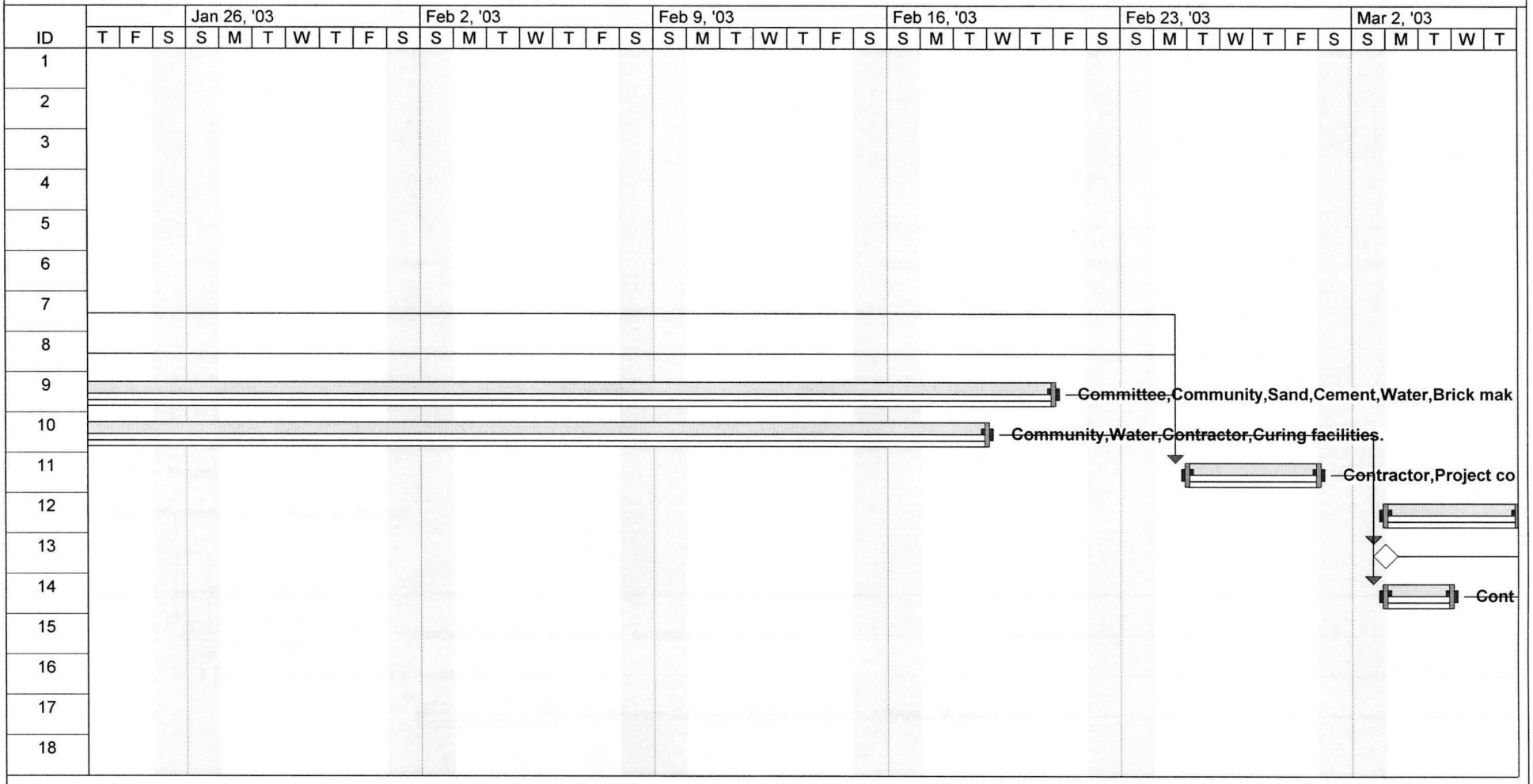

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Date: Fri 8/22/03

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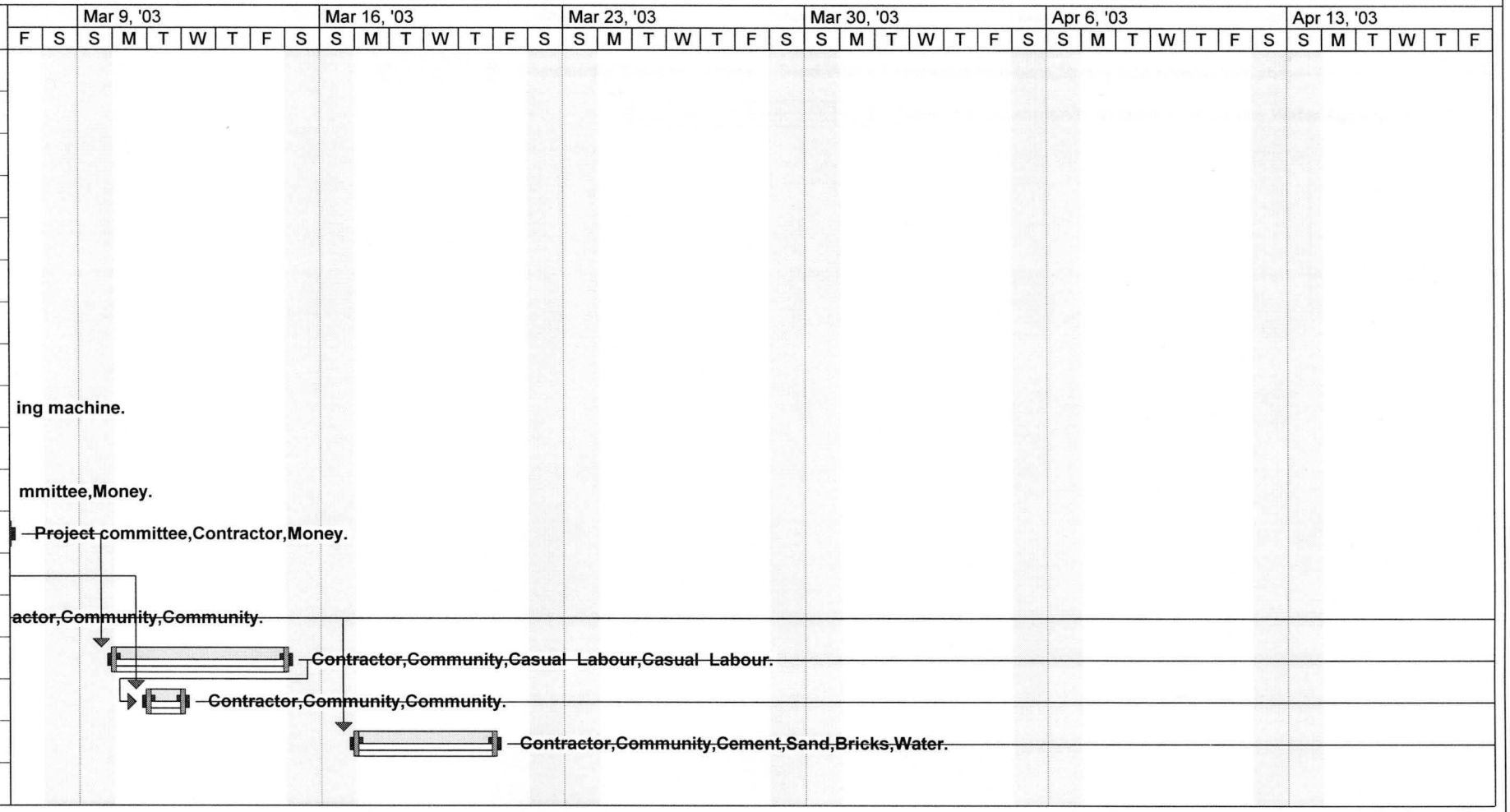

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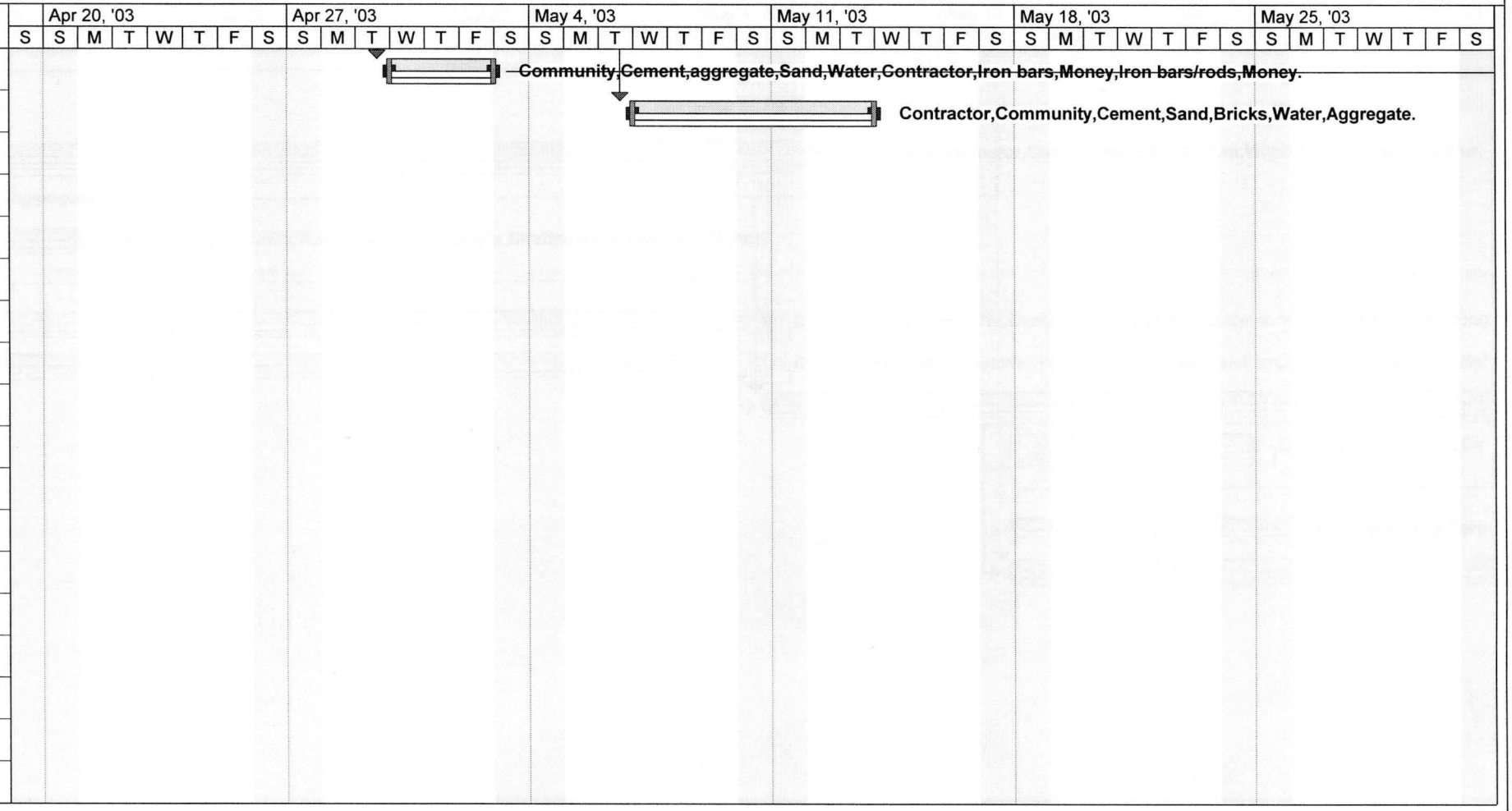

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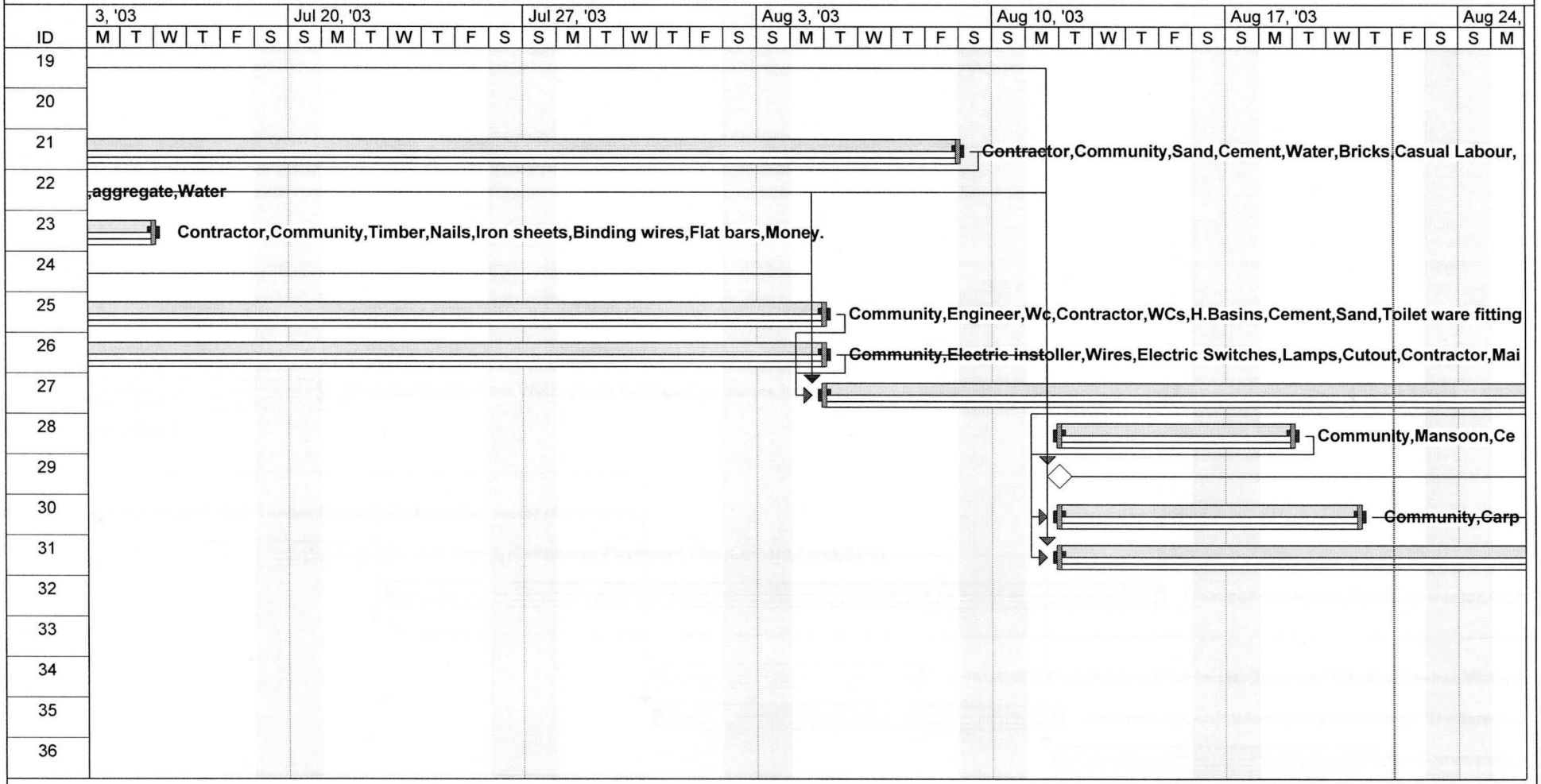
KIBWEGERE PROJECT TIME LINE



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Task Progress		Rolled Up Task		External Tasks	
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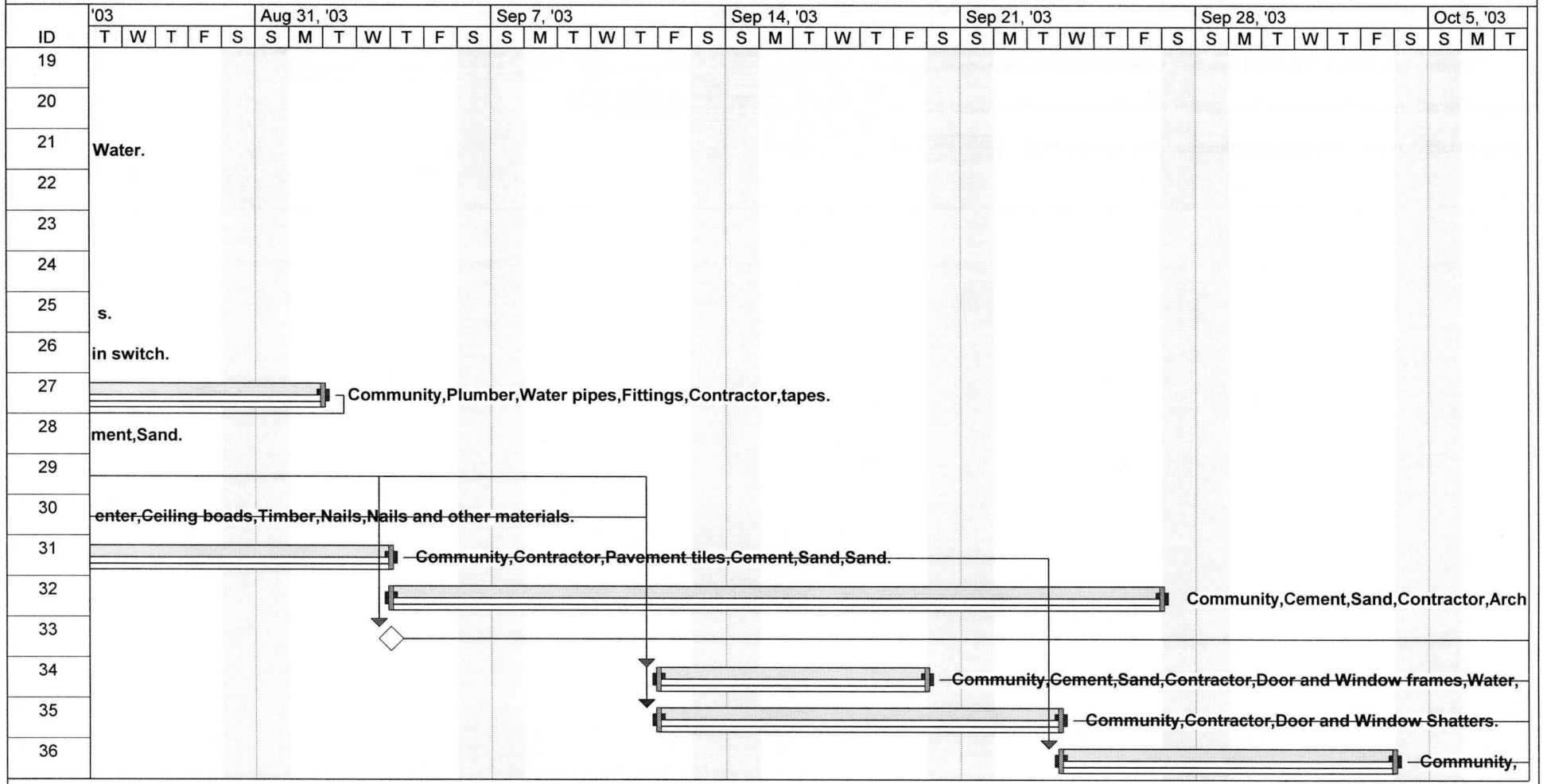

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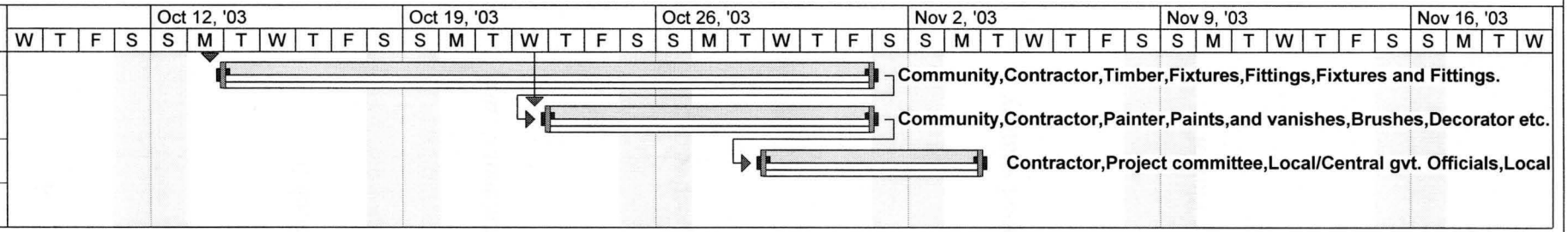

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APPENDIX F0

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