

COMMUNITY HEALTH CENTERS NETWORK (CHCN) IN GRAND KASAI SPACE TO PROMOTE ACCESS OF PRIMARY HEALTH IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC)

Project Promoters: AusCongo Network (ACN) and Australian Medical Aid for Africa (AMAA)



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About the applicants:

Australian medical aid or Africa (AMAA) ABN 57608785001 is registered with the Australian Charities and Not-for-profits commission (ACNC) as a charity since March 2013. It is a Health promotion charity endorsed to access tax concessions with the Australian Government. AMAA is endorsed as a Deductible Gift Recipient from 24 March 2013. It is covered by Item 1 of the table in section 30-15 of the Income Tax Assessment Act 1997.

AMAA has grown into a vibrant organization working with a range of people and organizations across multiple sectors. AMAA implements program to support health care facilities in Africa with training and recycled equipment. It also partners with local organizations in Africa to develop program in agriculture sector and education to reduce malnutrition, analphabetism and inadequate health access.

Operational area of the organization

AMAA is functional currently in DRC with the vision to reach many other African Countries.

Field of operation

AMAA adopted an integrated sustainable development model which works in five main thematic areas:

- Health and nutrition
- Water, sanitation and hygiene
- Education and protection
- Agriculture
- Women empowerment

Health and Nutrition

Health program of the organization has one broad component

- Community health via increase collaboration between state and communities in the management of health services and community health problems. It has own trained health workers who actively disseminate health promotion information on maternal care, child health, immunization, hygiene practices and health promotion of communicable disease and chronic condition management. The organization is raising fund to build its own equipped community health centers and training facilities in the remote Kasai Oriental region which will provides inpatient, outpatient services, pharmacy, pathology and 24x 7 emergency service.

Water, Sanitation and Hygiene

The organization will enhance and foster states and community collaboration to improve access to clean drinking water and make people aware on safe water handling, collection, transportation preservation and use. Will implement thousands of household toilets in villages, educate people on both infrastructural and personal hygiene and prevent open defecation through wide community level campaign, school sanitation program.

Education and Protection

As an effort to improve education, literacy and prevent violation of children and women right to education, the organization will run bridge course and coaching centers for dropouts, unschooled and enrolled children in schools. Ultimate goal running these programs will be to



mainstream children in age -appropriate classes in the formal school. They will be provided nutritious food and health education imparted to students for good hygienic practices.

Women empowerment

Hundreds of women self-help groups will be formed primarily for growing saving habits and internal lending to initiate business venture for income. Basic money management and education will be provided to women in the community

Agriculture

The organization has acquired 10 hectares of farming land and has employed men and women for integrated farming with vegetable garden, fish cultivation, rearing duck and hen

AusCongo Network (ACK) ABN 45571615526 is a registered as Public Benevolent institution with Australian charities and Not-for-profits commission (ACNC) endorsed as Deductible Gift recipient (DGR) and tax concessions since April 2011.

In the Democratic Republic of Congo (DRC) ACN is legally registered and currently running a community development center in Mbuji-Mayi, one of the poorest cities in the DRC to supports hundreds of local community members to enhance livelihoods and local economy. ACN formed partnership with World Relief Australia as its agent for fundraising, finance management and development and delivery of Agriculture and keeping girls at school project in Mbuji-Mayi in DRC.

ACN community and business center became a thriving hub for community activities, self-organization, industry group and project development to reduce poverty in the region. The following are industry groups created but the ACN: Health care Alliance, diamond Diggers, Agriculture workers, Lives stock keepers, small business, Transformer groups, youth, women and cultural groups.

ACN partners with Kyeema Foundation and Partners International Collaboration Community Aid (PICCA) in his village chicken vaccination project; with Rotary Club of Greater Springfield, of Paddington and Rotary Club of Mbuji-Mayi in 3 different projects such as Buddy2buddy solar, Teacher in a box and Fuel-efficient stoves.

ACN finally partner with The Australian Government in sewing social enterprise project in Queensland.

ACN believes that building health center network for these communities will be a fulfillment of its ambition to reduce poverty and improve access to healthcare equitably.

Fondation Ntambwa kabangu George (FNKG) is registered charity in the Democratic Republic of Congo (DRC). It is endorsed with tax concession with the Congolese government. It partners with AMAA for its actions in DRC



Governance structure (Information about the members)

The governing body sets the organization's strategic direction, ensures organizational values are adhered to and ensure resources are well managed and approves all budgets and audited financial statements. The governing body also ensures the organization comply with laws and regulations.

The role of each member of the governing body are outlined below

Designation	Name	Gender	Roles
President			To approve all legal aspects of the organization and holds the authority for taking any decision or action within the organization for both program and administration aspects
Secretary			Chief functioning and monitor day to day interventions, liaise with resources agencies, responsible for administration, accounts and ensuring quality program implementation
Treasurer			Responsible for financial decision-making process, assuring proper accounts and documentation, ensuring adherence to all internal and external financial policies
Vice president			Supplement the president
Vice secretary			Supplement the Secretary
Member			Participate in decision making processes particularly for policy making and ensures quality program implementation
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The Mission Statement

The sustainable development of marginalized and vulnerable people to ensure a quality of life through empowerment, education, information, infrastructure development, healthcare service and economic self-reliance through convergence of services provided by local self-governments.

Source of Funding

We rely on funding in the form of grants, donations and sponsorship from governments or general public.



Organization's capacity to implement health/education/empowerment projects:

Health:

AMAA and its partners build on providing health services to vulnerable people of disadvantaged communities in DRC since 2013. Organization focuses on ensuring equitable access of deprived rural and urban population to quality health and nutrition services. The Health and nutrition actions aim at enhancing wellbeing of vulnerable groups, especially women, children, aged and people with disability from the right based perspective. AMAA and its partners aim to build community health centers in Tshiala and Bakwa Nkamba villages of the Kasai Oriental province.

Education:

AMAA and its partners believe that education is a key driver of change which can help communities break out a cycle of poverty and powerlessness. Education has been recognized as a fundamental right under the DRC constitution with free education to every child from year 1-8.

They aim to create education/school centers in the regions to help children who have dropped out from school to equip themselves to return to formal schooling. Coaching program support is also available to children to ensure retention

Water, Sanitation and Hygiene (WASH)

AMAA and partners work on the program to install deep drinking water well in these communities of Kasai. Develop action plan to support families and communities in improving sanitation and hygienic practices to reduce illness and related pocket money expenditure. They aim to help family to build constructing thousands of toilets, assist school constructing school sanitary blocks with toilet, urinal, hand washing facilities and drinking stations

Women empowerment:

AMAA and partners aim to organize self-help groups and capacity building initiative via inhouse training and organize cooperative for women and also create job opportunity with the program of agriculture.

Project Proposal

Rational:

Geographic area

DRC is a fragile state, with important pockets of conflict in the eastern Congo. Since 2015, The government of DRC began a process to increase the number of provinces from 11 to 26. This process known as decoupage is complex, not proceeded smoothly, and controversial among Congolese. The creation of new provinces means the creation of new government positions, provincial ministerial positions and agencies, which injects substantial uncertainty into the relevant government structures involved in agriculture and health.



Kasai oriental is one of the provinces issued from the decoupage. It is famous for its industrial diamond mining. High humidity in the DRC and high temperatures are causing pleasant weather at times, but also partly tropical hot and humid. Food production has fallen short of demand due to the population's dwindling interest in agriculture. Total area of 9,545 km² with the population of 3,145,000 and density of 330 people per km². The province consists of the five territories including Kabeya -Kamwanga, Katanda, Lupatapata, Miabi and Tshilenge. The five territories are extremely inaccessible and lack road and the most basic facilities. Food security and lack of employment forced people to migrate to other cities in search of work. This forced migration puts families at risk, as they settle in temporary living conditions in unsafe environments. Children are particularly at risk, and find themselves victims of child labour. 62.3% of population live with less than one dollar a day.

There is 6 health districts and 49 health zones in the region. There are theoretical 27 number of health zones to be developed in order to meet primary care need of this population. There is a lack of basic infrastructure such as roads, bridges, public transport, and electricity. Access to education and health care are very limited in the region.

Problem related to health

Public health

The access to primary healthcare and nutritional services is constrained in the Grand Kasai region. Poor access to clean water, unhealthy behaviour and environments influence greatly the spread of disease. Elevated thresholds of malnutrition continue being reported in the region because access to food commodities is constrained by extremely high market prices, poor agricultural activities and lack agricultural feeder roads. Limited number of partners engaged in responding to the situation, the health cluster and Ministry of Health continue to advocate for more partners and multisectoral collaboration with Water, sanitation and hygiene (WASH) and communication components for effective interventions. Epidemiological surveillance data from World health organisation (WHO) reveal a heavy burden of morbidities such as malaria and acute respiratory infections affecting vulnerable person including children. Maternal and infant mortality and malnutrition remained elevated.

Public health system in the region is extremely inadequate. It is neither dependable nor accessible. In Tshiala and Bakwa Nkamba villages the situation is even severe. There is little or no health care facilities. Hospital in the region lack means of transport like ambulance that can improve accessibility. There is scarcity of hospitals (well-equipped or otherwise), beds, investigation facilities and pharmacies. Many of the existing government centres are non-functioning and inaccessible, due to the isolation and the lack of road connectivity. Thus people who need urgent medical care are not able to access the local health facility and the available centres are also not adequately prepared to tackle emergency obstetric and neonatal care, dental surgery, ophthalmology or psychiatric cases. Most do not have Ultrasonography machine, blood bank, laboratory technicians or other essential resources to provide the necessary health care services. As a result, communities are forced to rely on quacks, risking their lives, many illnesses go untreated and reliance on unlicensed medical practitioners is very high.



The majority of healthcare facilities are understaffed, have limited or no electricity supply and are poorly managed, resulting in underperformance and underutilization of existing facilities. Absenteeism and unaccountability severely damage credibility and reliability of services offered by the Government.

Maternal and child health and Safe Motherhood

Due to high levels of food insecurity and limited investment in health infrastructure, Grand Kasai space possesses some of the lowest health and nutrition indicators in the country. There are alarming rates of stunting, wasting and micronutrient deficiencies exceeding 52%, 8% and 7 % respectively. Major contributors to these include poor hygiene and sanitation, limited access to health and nutrition services, and lack of diverse and sufficient quantities of foods in diet. Women's poor nutrition, 44.9% of women are underweight during pregnancy and very high fertility rates contribute to undernutrition in utero. The situation is reportedly even worse, though no study report is available to confirm these. It is projected that 28% of pregnant women weigh less than 45 kg. 65.6% of women and 62.5% of pregnant women are anemic. 62% of girls get married before they are 18 years of age and 30% of these women deliver their first child before reaching 19 years of age. Women suffer more than men from common ailments (communicable or otherwise). They are more stressed mentally. The fertility rate is 7.6% much higher than the national average. Use of contraception methods is also extremely low with only 4.2% using a modern method (OC Pills regularly) due to irregular supply and poor tolerance/compliance while condom use by males is only 2.7%. Female sterilization (33%) is 41 times more common than vasectomy (0.8%). Unmet need for family planning is 23%. Despite high rates of ANC visits and deliveries in health facilities, maternal and neonatal health still pose significant challenges. The main causes of maternal mortality include post-partum hemorrhage, infection diseases, obstructed labor, abortion complications, eclampsia and preeclampsia.

Whatever the geo-socio-economic condition of the region, high risk maternity and resultant mortalities are unacceptable in 21st century in a mineral rich resource country like DRC.

To address this situation alongside existing program our community health center network, has implemented healthcare system with technical and managerial capacity to put in place an integrated model of maternal, newborn and child health, family planning and reproduction health, nutrition, water and sanitation, malaria, tuberculosis, and HIV/AIDS service in the Tshiala and Bakwa Nkamba villages.

Project Title : Community Health center Network Program in Grand Kasai

Project Location and Duration:

Two development construction of healthcare facilities in Tshiala and Bakwa Nkamba villages have been considered for this project.

Duration of the project will be for Five (5) years.

The proposed project will commence with effect from 24 March 2022 .

Target group & Population:

The target group for the project will be poor families in the project area. There will be a special emphasis on maternal and child health, providing optimum pregnancy care to pregnant women. Similarly, families that are categorized as Below Poverty Line (BPL) and Poorest of the Poor (POP) will be provided with free and/or subsidized curative healthcare services

Beneficiaries



Through this project, this population will have access to curative healthcare services. More specifically, beneficiaries will include:

Direct

- 1,500 pregnant women will receive ante-natal and post natal-care through Health workers
- All new born children

Goal:

To build a replicable model of healthcare in the Grand Kasai region, ensuring all people in the target area have access to quality affordable healthcare.

Project Objectives:

1. To provide curative and preventative healthcare services to at least 100,000 people in Bakwa Nkamba and Tshiala village , through Community Health Care Network (CHCN) and Training program and Out-Reach programs.
2. To ensure safe motherhood in Grand Kasai space by providing optimum pregnancy care to all pregnant women in the target area, reducing maternal and infant mortalities by 10%.
3. To strengthen infant and young child feeding support group through maternal, infant and young child nutrition program

The impact objectives are:

- 70% reduction in mortalities from preventable diseases by 2027
- Number of cases of dysentery and diarrhoea reduced by 80% by 2027
- Maternal mortality reduced to less than 1 in 1000 (2027)
- Infant mortality rate reduced to less than 10 in 1000 (2027)

The process objectives are:

- Institutional delivery increased to 75% (2027)
- Increased awareness level among programme beneficiaries.

Project Strategy:

1. Village Mapping and Cluster Formation

The project covers villages which are very spread out. Each Health Worker will be given responsibility of two or three clusters. A profile of the villages with information on physical assets and institutions with in the village will be developed to help with programme planning.



Mapping will include household number, name of the family head and members, number of children within one year and identification of eligible couple. The overall process can be seen below.



2. Home Visits

Health Workers will conduct home visits to provide pre and post-natal care to pregnant and lactating women including measuring weight and height, blood pressure, haemoglobin, albuminuria, fundal weight, risk screening from history and complaints. They will also provide counselling on pregnancy care including registration of all pregnant women at sub-centres and ensuring that all mothers receive tetanus toxoid vaccination. They will encourage mothers to attend ante-natal care camps and to opt for institutional delivery, particularly for those women identified as at risk.

Project Activities:

1. Curative Healthcare

Curative healthcare services will be delivered through purposefully built healthcare infrastructure, which includes a CHCN and Training Centre and an Out-Reach Centre (ORC) in Tshala and Bakwa Nkamba. These community health centres will be fully operational. Facilities available at the Health centres include:

- Out Patient Department
- In-door department including 20-bed ward.
- Operation theatre
- 3-bed delivery suite
- Investigation facilities including pathology, X-Ray, USG and ECG
- Eye-care unit
- Dentistry
- Pharmacy
- Ambulance

All services will be provided at subsidized rate, ensuring that they are accessible and affordable for the community.

2. Health Cards

Health cards will be given to eligible families, allowing them to avail of healthcare services free of cost. These beneficiaries will be selected based on need. Priority will be given to those

families who are considered Poorest of the Poor. A comprehensive beneficiary selection process will be conducted, utilising Self-Help Group (SHG) network. SHGs will be responsible for identification and selection of suitable families for health cards.

3. Mobile Clinics

Mobile health clinics will be conducted twice a month in each village. Both general and specialised health camps will be conducted. Appropriately trained doctors will be recruited to conduct camps and will attend all mobile health clinics. These camps will ensure that basic healthcare services are accessible to the entire community. Camps will include general health, eye-care, child nutrition and pregnancy care.

Safe Motherhood

Activities

4. Recruitment of Health Workers

20 health workers, all local women from programme villages will be recruited and trained as Health Workers. 2 of these health workers will be made supervisors. The following criteria will be used in the selection of health workers:

- Ability to develop detailed operational plans and implement accordingly.
- Understanding of village level situation and ability to make community diagnosis based on situational analysis.
- Clear understanding on what are the key issues to be addressed (couple monitoring, pregnancy confirmatory test and LMP, centre registration, Tetanus Toxoid, periodical check-up in mother camps, EDD, Status of delivery, PNC check-up etc.) and why they are important.
- Understanding of infant care such as breastfeeding, nutrition etc.
- Knowledge on Government schemes such as Integrated Child Development, community delivery program.
- Understanding of process for collection of Government documentation such as below poverty line (BPL) cards, birth certificates etc.

5. Training of Health Workers

20 health workers will receive refresher training on rights-based, systematic, modern methodologies, increasing their knowledge and skills. The training will include:

- Body Mapping and Overview of Organs
- Clear understanding of LMP, EDD and EPD calculation and its importance
- Pregnancy – the cause and effect
- ANC, INC and PNC
- Anaemia, haemoglobin detection and its importance during Pregnancy
- BP, Albumin, Height, Weight, fundal height, Foetal Movement.



- Risk mother identification.
- Know available health services
- Village mapping and determining targets

Each health worker will be provided with necessary equipment (medical and contingency) and consumables (nutritional supplement drugs, pregnancy detection strips, spirit, cotton, reagents, and formats).

As a result of the training, these health workers will be better prepared to ensure optimum Ante-Natal Care, to mobilise resources.

6. Ante-Natal Care Clinics

We will conduct at least 8 ANC camps each month through health workers in our targeted areas. After identification of pregnant women, the health workers will motivate them to attend ANC clinic for periodic check-ups including weight, blood pressure, haemoglobin, albuminuria, fundal weight, risk screening from history and complaints. They will also mobilise pregnant women to avail of USG facilities at the Community health centre.

7. Specialized Clinics

Specialized clinic at least 3 per month in Tshiala and Bakwa Nkamba where pregnant women (mainly at risk and poor mothers) are able to avail of specialized care and services from doctors will be organized. Free nutritional supplement drugs (Vitamin B Complex, Vitamin C, Calcium Citrate, Vitamin D and Ferrous Fumerate) will be supplied to any pregnant women that were required them.

Outputs and indicators

Objective 1:

- Approximately 100,000 people in the 2 areas have access to quality affordable healthcare.
- 12,500 and above OPD consultation per year (Mbuji-Mayi: 5000, Tshiala: 3000)
- 2,350 and above investigation cases per year
- 516 and above patients get medical treatment.
- 24x7 hours pharmacy service

Objective 2:

- 20 health workers recruited, trained and supplied with equipment
- 19 villages mapped and clustered
- 96 and above ante-natal care clinics conducted in each year
- 144 and above specialised camps conducted in each year
- 100% of pregnant women registered at community health centres
- 95% of pregnant women receive at least 3 ANC check-ups
- 95% pregnant women receive 2 USGs during pregnancy



Expected outcomes:

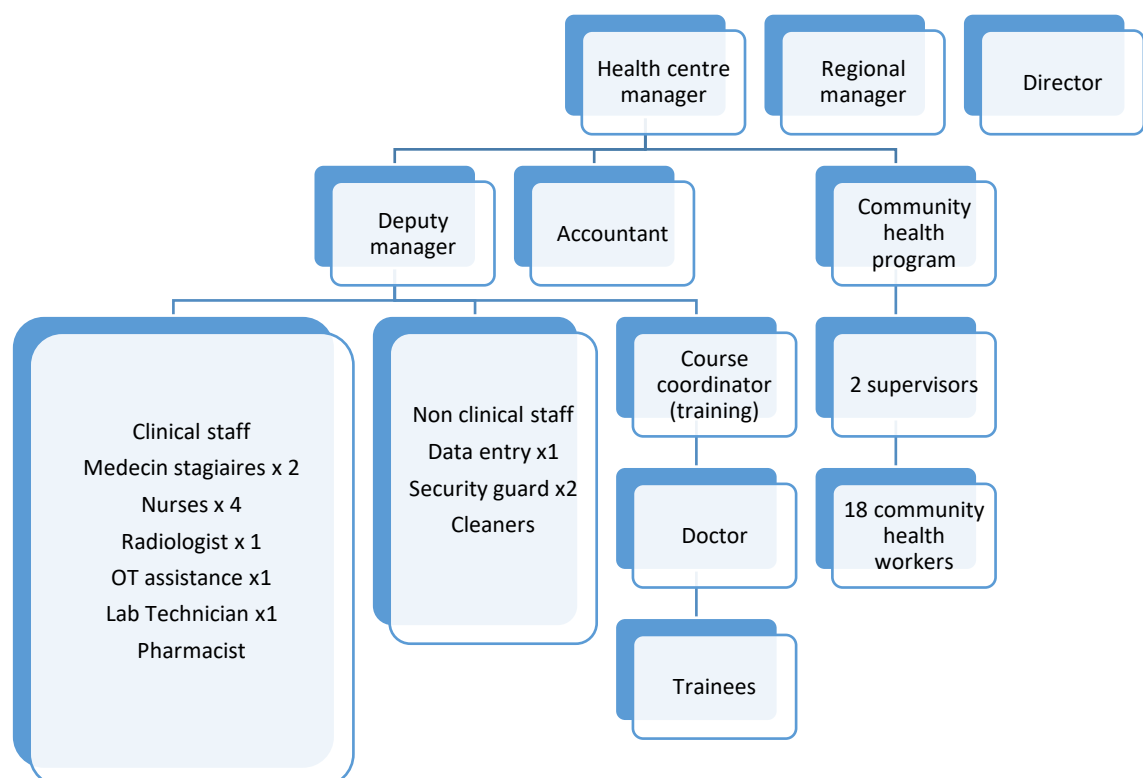
- 70% reduction in mortalities from preventable diseases by 2027
- Number of cases of dysentery and diarrhoea reduced by 80% by 2027
- Maternal mortality reduced to 1 per 1,000 (2027)
- Infant mortality rate reduced to 10 per 1,000 (2027)
- Institutional delivery increased to 85% (2027)
- Immunization of 100% new born babies

Expected outcomes:

- 1000 pregnant women will Registered and receive at least 3 ANC check-ups
- 85% pregnant women receive 2 USGs during pregnancy
With the project area.
- 75% of Institutional delivery will ensure during 1st year
- Immunization of 100% new born babies
- Malnourish mother will receive nutritional supplementary medicine and documented.
- At least 12500 people will receive the health services

Project Management

The project will establish a three-tier management system in place to monitor and coordinate all programme, finance and administrative activities within the organization. The management structure of the programme is given below.



At the top level, the organization is managed and governed by a Governing Body (GB). It is responsible for monitoring the overall functioning of the organization with respect to governance, developing the annual and financial plan as well as raising external funds for ensuring organizational sustainability. The GB is also responsible for management of administrative aspects such as transparency, human resource management, and developing various policies and guidelines.

The Director of the organization is responsible for coordinating and facilitating the overall functions of the projects and programmes and is accountable to the Governing Body. He/she also monitors the functioning of the Project Management Team (PMT) and delineates tasks to the relevant persons.

The project planning, implementation and monitoring responsibilities lie with the community health centre Manager. The PMT will have monthly meetings to review progress and plan for the next month. The Manager is also responsible for compilation of all reports from respective Programme Coordinators on a monthly basis.

Project Coordinators are responsible for planning, implementation and monitoring of programme activities as per the Annual Action Plan. Project Coordinators coordinate directly with the centre Manager for programme related support. The Programme Coordinators also maintain linkages with finance personnel to review the financial situation on a monthly basis.

Monitoring and evaluation:

The programme will be monitored at community, field office and head office level. The governing body will monitor the programme through 6 monthly reviews of progress reports and financial records. GB members would also undertake field visits to programme areas to see the progress and guide the project team.

The Project Management Team shall meet every month to review progress, take decisions to address any issue affecting the smooth implementation of the project and review and approve monthly activity plan and budget. Collection of data to assess progress towards achievement of programme outputs and outcome shall be done as appropriate.

The Project Management Team shall facilitate monitoring visits by donor agency, on request.

A mid-term and end-term participatory evaluations are proposed in this project. The evaluations will be carried out involving the stakeholders and with the help of external evaluators with relevant expertise.

Reporting & Documentation:

Narrative and financial reports shall be submitted to stakeholders on six monthly basis or as specified in the signed Memorandum of Understanding (MOU).



Sustainability:

As with all healthcare systems, sustainability is crucial to ensure the long-term success of the project. Four methods for increasing patient number and hence ensuring the long-term sustainability of the facility have been identified.

1. Revenue from Patients

All income from patients will be used towards the running costs of the facility. Patient numbers will be increased in subsequent years, generating further revenue.

2. Feasibility study and development of health mutual association

Health Mutual Association is designed to help families save monthly for healthcare costs, rather than facing the greatest burden of cost when they are ill and least able to pay. The health mutual association schemes will aim at increasing ante-natal care and ensuring institutional delivery. All costs to pregnant women for institutional delivery will be covered under these schemes, increasing accessibility for pregnant women and the sustainability of the community health centres network initiatives.

3. Fundraising

Community health centre network will keep engaging with his local community, volunteers and manage donor database.

4. Mainstreaming with Government

The overall objective of the project is to build replicable model of quality healthcare (without compromising) that be adopted by the Government. This will ensure the overall long-term sustainability of the project. Significant effort will be placed on liaising with the Government in his goal to provide universal healthcare and promoting this successful model of healthcare.

Annexure – I



Project Implementation Plan:

Sl. No.	Activities	12 Month												
		1 st Quarter			2 nd Quarter				3 rd Quarter			4 th Quarter		
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13
1	Curative Health													
1.1	Staff Recruitment & orientation	√												√
1.2	Baseline survey	√	√	√										
1.3	Baseline survey report			√										
1.4	Purchase of ambulance				√									
1.5	General health camps			√	√	√	√	√	√	√	√	√	√	√
1.6	OPD	√	√	√	√	√	√	√	√	√	√	√	√	√
1.7	Consultation / investigation	√	√	√	√	√	√	√	√	√	√	√	√	√
2	Preventive health													



2.1	Recruitment of Health Workers and Supervisors		✓	✓	✓									
2.1	Training of Health workers and Supervisors			✓										
2.3	Village mapping			✓	✓	✓	✓	✓	✓					
2.4	Community mobilization	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.5	Issue health cards		✓	✓	✓	✓	✓	✓	✓	✓				
2.6	Ante-Natal Care clinics		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.7	Specialized camps		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Programme monitoring, evaluation, management													
3.1	Purchase of computer and accessories			✓	✓									
3.2	Programme monitoring	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.3	Progress reports				✓			✓			✓			✓
3.4	Mid-term Evaluation (2025)													
3.5	Final Evaluation (2027)													



Annual Budget for Community health Programme							
Year 1				Year 1			
No.	Heading	Unit	Duration (months)	Unit Cost (AUD)	Total Cost (AUD)	Funding GAP (AUD)	Organisation Support (AUD)
1.0	Personnel Costs						
1.1	Hospital Manager	1	12	700	8400	00	8400
1.2	Administrateur Gestionnaire	1	12	600	7200	00	7200
1.3	Residential Medical Officer	2	12	500	12000	00	12000
1.4	Medical Officer	2	12	500	12000	00	12000
1.5	Chirurgien Dentiste	2	12	500	12000	00	12000
1.6	Community Health Coordinator	2	12	500	12000	00	12000
1.7	Anesthésiste A1	1	12	350	4200	00	4200
1.8	Accountant cum Administrator	1	12	350	4200	00	4200
1.9	Nurse	4	12	400	19200	00	19200
1.10	X-ray technician	1	12	150	1800	00	1800
1.11	Pathology technician	1	12	300	3600	00	3600
1.12	Pharmacist	2	12	200	4800	00	4800
1.13	Technicien Labo A1, A2	2	12	200	4800	00	4800
1.14	Driver	2	12	200	4800	00	4800
1.15	Cleaner	1	12	100	1200	00	1200
1.16	Security (24-Hour)	2	12	100	2400	00	2400
Subtotal					\$ 114,600.00		\$ 114,600.00



2.0	Programme Costs						
2.1	Curative Health						
2.1.1	OPD Costs (General)	8	12	100	9600	00	9600
2.1.2	Consultation, Investigation and Medicine Costs	12500	1	5	62500	00	62500
2.1.3	Health Camps (Specialised)	12	12	150	21600	00	21600
2.1.4	Hospital Maintenance	1	12	80	960	00	960
2.1.5	Purchase of ambulance	1	1	52000	52000	00	52000
2.1.6	Ambulance Maintenance	1	12	30	360	00	360
Sous total					\$ 147,020.00		\$ 147,020.00
2.2	Safe Motherhood						
2.2.1	Health Worker Supervisor	2	12	200	4800	00	4800
2.2.2	Health Workers	18	12	75	16200	00	16200
2.2.3	Training of Health Workers (16 days for 18 HWs and 2 Supervisors @ \$5 per head)	20	16	15	4800	00	4800
2.2.4	Equipments /tool kit for Health workers	20	1	100	2000	00	2000
2.2.5	ANC Camps	8	12	60	5760	00	5760
2.2.6	Nutritional Supplementary Drugs	100	1	100	10000	00	10000
Subtotal					\$ 33,560.00		\$ 33,560.00
3.0	Monitoring and Evaluation Costs						
3.1	Travel	1	12	100	1200	00	1200
3.2	Reporting and Documentation	1	12	60	720	00	720
Subtotal					\$ 1920.00		\$ 1920.00
4.0	Construction de batiment de l'hopital et l'équipement en lits						
4.1	Construction Batiment d'hopital	1	1	333,848	333,848	00	333,848
4.2	Lits d'hopital	150	1	120	18000	00	18000
Subtotal					\$ 351,848.00		\$ 351,848.00



5.0	Administration Costs						
5.1	Office Stationary	1	12	150	1800	00	1800
5.2	Office Expenses	1	12	150	1800	00	1800
5.3	Travel and Communication	1	12	100	1200	00	1200
5.4	Compuer purchase	10	1	700	7000	00	7000
5.5	Audit	1	1	1500	1500	00	1500
Subtotal					\$ 13,300.00		\$ 13,300.00
Total					\$ 662,248.00		\$ 662,248.00



Total project Budget

N	Description	Cost
1	Capacity building -Medical and construction supervisors and trainers	\$ 237,570
2	Capacity building -Equipment and transport	\$ 96,278
Sub-total for capacity building		\$333,848
3	Development of 2 new community health centre network @ \$311,500 each to implement standardised design	\$623,000
Total cost for 5 years		\$ 956,848

