Awassa Catholic Church

Miqe Clinic Renovation

PROJECT PROPOSAL: DRAFT #1

Awassa Catholic Secretariat

December 12, 2011

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PROJECT PROPOSAL

Miqe Clinic Renovation

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In charge of the project: Yibeltal Jemberu, AWCS Health Coordinator; Mark Banga, AWCS Social and Development Program Manager

2. Title of the project:

Special Health Program Projects: Miqe Clinic Renovation

3. Country: ETHIOPIA: APOSTOLIC VICARIATE OF AWASSA
4. Kind of project: Healthcare
5. Duration: From: February 2012 To: December 2012

6. Situation/Background

The Diocese of Awassa

The Diocese (Vicariate) of Awassa serves 8 million people and a large area (118.000 km2) covering the southern region of Ethiopia. Ethiopia is predominantly a Christian country (60%), with the Ethiopian Orthodox Church forming the majority. The Catholic Church accounts for less than 1% of the population. Beginning in 1964, the Awassa Diocese is a young Church in the family God comprising about 200,000 Catholics with 19 parishes and 505 rural chapels/small christian communities. We are mindful operators of the Gospel and also agents of full human promotion, where social work for human development becomes unified with pastoral care.

Awassa Health Program

The Catholic Church has always been a strong advocate and promoter of health as an indispensable vehicle to development and the common good. Access to quality health care is one of the main keys to ensuring a better future for the children and families in our poor communities. The Church's involvement in the health sector has brought a significant change in the life of people here in Ethiopia. The Vicariate commits an enormous investment of people, energy and resources to health care through her 12 facilities with programs of direct assistance to the sick, mother-child health, prevention programs, public health education and a caring attention to HIV/AIDS pandemic.

The primary health care offered by the Vicariate is administered through the Awassa Catholic Secretariat coordinating office and the program has been expanding both in coverage, services offered and quality. Currently, the AWCC operates 12 health care facilities (11 clinics and 1 health centre) covering a population catchment area of approximately 300,000 people and 53 municipalities (kebelles). The Outpatient departments alone cared for 199,607 patients and the laboratories processed 143,000 tests last year across all the clinics. Our clinics are operated by 9 congregations of dedicated Religious Sisters. It is these Sisters who give all their efforts, energies and love to manage the 12 facilities and also deliver quality care. In total, over 200 staff reached out their hands to our patients to extend the best quality health care services we are able to offer. The following table provides a summary of our overall health program in the Awassa Vicariate.

Health Unit	Region	Zone	Institute Responsible	Total Population
Arramo	SNNPRS	Gedeo	Society Helpers of Mary Sisters	20,019
Bushullo Health Centre	SNNPRS	Awassa Town	Franciscan Missionaries of Mary (FMM)	26,125
Dadim	Oromia	Borana	Sisters of Charity (SCCG)	26,000
Dongora	SNNPRS	Sidama	S.M.I Sisters	23,799
Don Bosco Dilla	SNNPRS	Gedeo	Salesian Sisters	20,765
Fullasa	SNNPRS	Sidama	Sisters of Charity (SCCG)	33,450

Health Unit	Region	Zone	Institute Responsible	Total Population
Galcha	SNNPRS	Gedeo	Franciscan Missionary of Christ Sisters	33,170
Gosa	Oromia	Gujii	Franciscan Missionaries of Mary	8,233
Haro-Wato	Oromia	Gujii	Comboni Missionaries	19,260
Miqe	SNNPRS	Sidama	Daughters of Mercy and the Cross Sisters	30,351
Shafina	SNNPRS	Sidama	Hand Maids of the Church	44,606
Teticha	SNNPRS	Sidama	Comboni Missionaries	22,790
			Grand Total	**308,568**

7. Objective:

The Miqe Clinic facilities are in need of some renovation to optimize the patient services at the clinic. This proposal includes the following renovations/constructions with the objective of improving the quality of healthcare services offered to patients at Miqe clinic:

1. Moving MCH/EPI
2. Modification to create new TB treatment rooms
3. Construction of new Patient Waiting Room
4. Construction of new Dry Latrine Toilet
5. Various Renovations to existing clinic facilities

8. Short description of the projects:

The Catholic Church started its presence in Miqe in 1995. The mission was founded by the Comboni Missionaries which, at that time, they built a school and a clinic. The *Medical Missionaries of Mary* was the first congregation of Sisters to take-over the management of the clinic. Later on, the management was handed-over to the *Daughters of Mercy and the Cross Sisters*, who are running the clinic at present. Similar to the other health facilities of the Church, Miqe clinic provides an integrated PHC program that comprises four component activities namely curative, Expanded Program of Immunization and Maternal and Child Health Care (EPI/MCH), HIV/AIDS and Community based health Care.

In the year 2010, a total of 9,195 and 1,095 cases of adults and children patients received proper diagnosis and treatment out- patiently in the respective order. Slightly below 1000 children below the age of 2 years were immunized against common childhood illnesses and 2307 mothers were followed–up through the Antenatal Care Program for the same period of time.

The Miqe Clinic facilities are in need of some renovation to optimize the patient services at the clinic. This renovation will involve the demolishing of old building, the modification of current buildings to allow the moving of services from one building to another, and new construction. The end goal is to modify the services using the existing facilities and constructing new items only when necessary. The various components are described below.

1. Moving MCH/EPI

Miqe Clinic has, for several years, been providing EPI /MCH service in a building that was constructed very long time ago. This building has deteriorated greatly and, compared to the recently built rooms of the clinic, is now of very low quality and condition. On the other hand, it has become very difficult to provide quality service in this old building due to the gradually increasing flow of clients of the EPI/MCH program that is extended beyond the capacity of the existing building. Above all, this has affected both the quality and amount of the EPI/MCH program of the clinic.

The plan is to move the MCH/EPI services to the current Tuberculosis (TB) treatment building. This involves moving the TB services to the current Nutrition building and therefore accommodating the following MCH/EPI and nutrition rooms in the previous TB building. This also involves moving the laboratory (currently located in TB building) back into the main clinic building into one of the OPD rooms. The new MCH/EPI/Nutrition building will have the following rooms:

Existing Rooms:

- Pre-Natal
- Post-Natal
- Delivery
- EPI (Vaccination/Immunization)
- Shower room
- Nutrition

New construction (possible):

- Nutrition Kitchen

This move will involve very little modification to the building because the TB building is in such good condition and the layout is advantageous for MCH/EPI services. Possibly a kitchen will be added to facilitate the preparation of hot meals for the children's nutrition program, but this is still being discussed. Finally the old MCH/EPI building made of mud walls will be demolished since it is no longer usable.

2. Modification to create new TB treatment rooms

The TB service will be moved to the existing Nutrition building. The TB services involve both outpatient and inpatient for severe cases. To accommodate in the Nutrition building, the structure will be modified to create 2 separate inpatient rooms from the existing 1 room by building a new wall. Also, some doors and windows will need to be added/relocated.

3. Construction of new Patient Waiting Room

The current patient waiting area is a roughly constructed roof of corrugated metal sheeting with wooden poles holding it up. This roof covers a series of wood benches on the soil ground where patients wait. But this leaves the patients open to the weather elements and during the rainy season the conditions for the patients is very bad. Therefore, we are proposing to construct a proper waiting room which would be partially closed one two/three sides. The building would include new benches

and a tile floor to ease cleaning.

4. Construction of new Dry Latrine Toilet

The current dry latrine toilet which was constructed 15 years ago has now filled and is no longer usable. It was closed this year and the clinic patients are temporarily all using the TB patients toilet which is not ideal. Therefore we propose to construct a new patient Dry Ventilated Improved Pit Latrine with 4 units (1 for staff and the remaining 3 for patients).

5. Various Renovations to existing clinic facilities

There are various small improvements to the physical clinic facilities that would translate into higher quality care and service to the patients. These works include the following but are not limited to:

- Expand concrete walkways to ensure OPD patients can access the laboratory, injection, card rooms on walkways
- Extend corrugated metal sheet roof on two sides of the main clinic building to that patients can access the laboratory window, injection, card rooms under cover from rain
- Addition of some additional draining ditches to direct rain water around main clinic building and past the new patient waiting area
- Other small renovations

Currently, the plans are being discussed between the AWCS health department and the Miqe Sisters, and drawings for the works are being made. After the plans are finalized, we will go out to a trusted general contractor for estimate. Once we have this exact estimate and the contractor is chosen, then we will be able to provide a detailed breakdown of all project costs.

9. Geographical site, population and social condition of the Sidama and Gujii

9.1 Geographical site, population and social condition of the Sidama and Gedeo

a) Geographical site:

The Southern Nations, Nationalities and People's Region (SNNPR) was established in 1993 and is one of nine regional states of Ethiopia. It is situated in the south-western part of the country neighbouring the Republic of Kenya, the Sudan Republic in the southwest, the Gambella region in the west, and the Oromia region in the Northeast. The SNNPR is comprised of thirteen Administrative Zones which includes the Sidama Zone and the Gedeo Zone.

b) Population:

In the Sidama Zone, five Vicariate clinics (Miqe, Shafina, Dongora, Fullasa and Teticha), and one health centre (Bushullo) serve a population of approximately 181,000.

c) Social Condition:

Agriculture is the cornerstone of the region's economy with the majority of the population living in rural areas. The major crops cultivated include coffee, maize, and Enset. Enset and maize are the main staple diet of the Sidama. In most rural areas, traditional agricultural techniques are applied resulting in low production. Most families live below the poverty level.

Institutions such as health care and basic educational facilities are far from being sufficient and are scattered widely apart. In 2005 the health coverage of the Sidama Zone reached only 39.64%. While the health coverage for the Gedeo Zone was only 47.09%. The burden of diseases in the region, measured by premature death from all causes, comes from primarily preventable causes and is dominated by communicable diseases.

10. Target group Beneficiaries:

30,351 people served by Miqe clinic

11. Estimated project costs:

As mentioned above, we do not have a detailed cost estimate yet. The *Daughters of Mercy and the Cross Sisters* in Miqe have already secured funding for part of the project from a private donor in Europe. They have raised 160,000 Ethiopian Birr or about €6600 Euro. The AWCS is seeking to fund the remaining part based on the estimate we hope to receive in February 2012. We would then be able to begin the work immediately.

As soon as the drawings, exact list of works and estimate are ready, we will submit a second final proposal.

12. Financing in EURO

The total project funding requested through this proposal is: **To be determined.**

14. Monitoring of the project: Will be performed by the AWCS Health Coordinator, Yibeltal Jemberu, and Mark Banga, AWCS Social and Development Program Manager.