Awassa Catholic Church

Dongora Clinic Renovation
PROJECT PROPOSAL

Awassa Catholic Secretariat

June 28, 2013

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PROJECT PROPOSAL

Dongora Clinic Renovation

1. Applicant:

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In charge of the project: Mr. Dawit Birhanu, AWCS Health Coordinator, Mr. Behailu Kassa, AWCS Assistant Health Coordinator; Mark Banga, AWCS Social and Development Program Manager

2. Title of the project:

Dongora Clinic Renovation

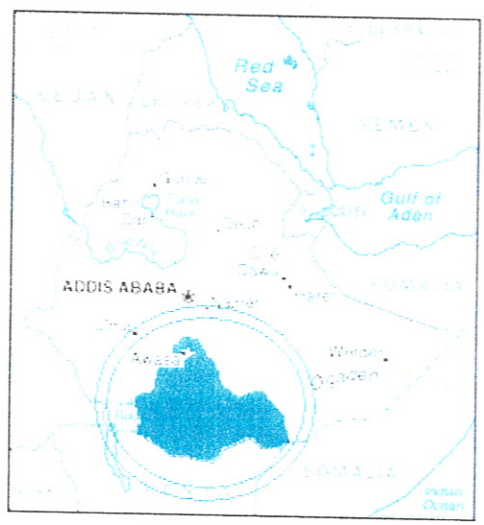
3. Country: ETHIOPIA: APOSTOLIC VICARIATE OF AWASSA

4. Kind of project: Healthcare
5. Duration: August 2013 – March 2014

6.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. The Awassa catholic secretariat (AWCS) acts as the main coordinating office for all pastoral, social and development activities of the vicariate.



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 33 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 BoscoDilla	SNNPRS	Gedeo	Salesian Sisters	20,765
Fullasa	SNNPRS	Sidama	Sisters of Charity (SCCG)	33,450
Galcha	SNNPRS	Gedeo	Franciscan Missionary of Christ Sisters	20,240
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 Dongora 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 Dongora clinic:

1.construction of new card room

2.construction of new staff toilet with shower

3.construction of new patient pit latrine

4.various renovations to existing clinic facilities and additions of some furniture

8. Short description of the projects:

The Catholic Church of the awassa vicariate founded Dongora clinic in 1978.Initially the mission was founded by the Comboni missionaries which, at that time built a clinic. The Comboni sisters was the first congregation of sisters to take- over the management of the clinic. Later on the management was handed-over to the Sisters of the Immaculate (S.M.I), who running the clinic at present. Dongora clinic works in close collaboration with Donors and local woreda, zonal and regional Health authorities. Similar to the other Health facilities of the church, Dongora clinic provides an integrated primary Health Care program that comprises five activities namely curative, emergency, EPI/MCH, HIV/AIDS/TB/STI and CBHC.

Dongora clinic is located at 10 kms from the town of AletaWondo (district), and 60 kms from the city of Hawassa. Hawassa is the capital of the Southern Nation Nationalities peoples Region of Ethiopia. Dongora has responsibility for three kebeles with a total population of 23,799. The clinic has a good reputation, and its services are extended to all those who seek them from the catchment areas and its surrounding rural communities.

In the year 2012, a total of 9,195 and 1,095 cases of adult and children patients received proper diagnosis and treatment out patiently in the respective order. About 1000 children below the age of 2 years were immunized against common child hood illness &2307 mothers were followed-up through ANC program for the same period of time.

The Dongora clinic facilities has, for several years, been providing all above Health services in a existing building that was constructed very long time ago. The clinic facilities are in need of some renovation to optimize the patient services at the clinic. This renovation will involve the demolishing some of the old buildings, the modification of current buildings to allow the moving of services from main clinic building to another, and new construction. The end goal is to modify the services using the existing facilities and constructing new items(building), only when necessary. The various components are described below.

1. CONSTRUCTION OF NEWCARD ROOM

The current card room is located out of the outpatient department area (main building of the clinic). This situation is not convenient for patients to be served according to the health management information system which designed by the federal government of Health (FMOH) this existed card room is also too narrow to keep & arrange medical documents of the patients.

Therefore, we are proposing to construct a proper new card room at suitable site for patients by attaching main clinic building according to HMIS and making wide enough for keeping all patients medical documents & files. This new card room is 7mx3.45 dimension at the side of inpatient department (IPD) with a thick class mass concrete floor slab of masonry foundation block wall bedded in cement mortar, with corrugated galvanized iron sheet roof covering fixed to zigba wood, with metal door & metal glazed windows with supplying all electrical installation process.

2. CONSTRUCTION OF NEW STAFF TOILET WITH SHOWER

The current staff toilet which is located in the middle of the main clinic, should be moved to outside of the main clinic to the side of the entrance (gate) of religious sisters. The existing staff toilet is not convenient for staff because of its location that affects the privacy of the staff, on the other hand the area would be replaced by other service of clinic which limited to the outpatient department. So this existing staff toilet room should be demolished and replaced by outpatient department (OPD) room.

Therefore, we propose to construct a new staff toilet (5m depth latrine hole) with two units (1 for female staff & 1 for male staff) and shower by attaching with main clinic at the end of the main clinic building.

3. CONSTRUCTION OF NEW PATIENT LATRINE

The current patient latrine which was constructed years ago is deteriorated and not convenient for patients. Its location is opposite side and far from the laboratory room. Due to the national environmental health mandate of constructing patient latrine at line the side of laboratory room with in limited distance to make it effective to submit stool and urine samples.

Therefore, we propose to construct a new patient dry ventilated improved pit latrine(VIPL) to side of laboratory room to make it easy for patients to collect and submit their stool and urine to nearby laboratory room. This VIPL should be constructed 5m depth with 6 units (3 for female and 3 for male patients).

4. RENOVATION & BUILDING MODIFICATION

Dongora clinic has, for many years, been providing curative and preventive includes out patients. Inpatients and EPI/MCH service respectively in a building that was constructed very long time ago. The arrangements and quality of service rooms are not well organized compared to the recently built rooms of the clinic, is now very low quality and condition. In addition to this, rooms separated from each other by thin wooden panels (not concreted blocked wall), this affect patient privacy highly. Therefore, various small improvements to the physical clinic facilities that would translate in higher quality care and service to the patients.

These works include the following:

a. Widening laboratory room

The existing laboratory room is not wide enough to fulfill all required activities. It has no window at proper site for collection of patients specimen. The room has not enough table for arranging all various specimen safely.

The plan is to expand existing laboratory room to current card room (making two different rooms one) or one wide laboratory room for provision of high quality diagnostic service within wide enough room. Those involves:

- Demolishing of hollow concrete block (h.c.b) portion walls to create, wider space merging two rooms.
- Dismantling the steel door, close the lower 1m with h.c.b wall B fix steel window size 90x100cm
- Fix the steel window the back side wall with the size 1x1m for sample collection
- Fix double bowel stainless steel sink size 60X160cm with all accessories on RHS stand
- Supply B fix 50 it capacity Ariston type water heater with 15mm water supply line with an accessories

- Apply two coats of plastic painting to internal walls & chip wood ceiling

b. Modification In patient Department(IPD)

The existing in patient department is not sufficient for patients who require in patient service (admission) the inpatient department service consist critical observation of severe cases for 48 hrs.

The structure of this current (IPD) Room will be modified to create wide space between beds of each patients to provide ventilated environment.

- Demolishing of h.c.b walls at the inpatient ward& existed staff toilet
- Shift in patient ward wooden door to the end of the wall
- Opening & closing of wooden partition walls & painting
- Construction of h.c b partitions of OPD 3 and dressing rooms extending the walls to the height of the ceiling

c. Modification of TB Block

The existed TB block and kitchen were constructed years ago need to be modified. This building has deteriorated externally and internally and also is now of very low quality & condition. It has damaged some parts of roof through which leakage of rain continuously during rainy season. The wall has become broken in some parts and old painting disintegrated all over the wall. The door & window of kitchen has become out of function and no longer usable.

Therefore, we propose to modify both main building and kitchen to ensure TB patients can access proper service during intensive phase of their treatment. This will be accomplished by;

- Stopping the roof leakage by replacing the damaged spoiled chip wood
- Removing all loose & work out cements and mortar to apply pointing to stone pavements & plastering to pre-cast concrete wall & ground gutters where it is required.
- Apply two coast of pointing to plastered internal walls, external beams & columns and also ship wood ceiling of both the main block & kitchen.
- Modify steel door & window to the TB kitchen.

5. FURNITURE

Additional furniture will be needed to properly outfit the function of the new rooms. This will be in addition to the current furniture at the clinic. Here is the summary by room:

Room	Description	Quantity
Card room	card shelf	3
	table	2
	chair	3

	bench	4
Laboratory	equipment shelf	1
	table	1
	chair	4
	bench	2
Inpatient department	Patient bed	3
	chair	3
	bench	2

Total Furniture summary:

Type	Quantity
Table(120*60*75)	3
Chair	10
Bench(170cm long)	8
Supplies Shelf(120*0.40*1.0cm)	3
Patient Beds	3

6. CONTINGENCY

Given the nature of the work of renovating the older buildings, we have done our best to estimate the works but we know that there will be small additions to the work list once we begin. We will control the use of this contingency carefully and will report on its use.

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

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:

The total population of Sidama zone is 2,966,652 (2007 national census). 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.

Dongora

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%. 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: 23,799 people served by Dongora clinic

11. Estimated project costs: Please find below a summary of estimated project expenses and attached a Bill of quantity estimate by professional contract, Ato Keflegn of B&K General Contractor:

Item	Description	Amount (Birr)	Amount (Euro) @ 23.8
1	Construction of new card room	130,517	€ 5,484
2	Construction of new staff toilet	114,685	€ 4,819
3	construction of new patient latrine	119,791	€ 5,033
4	Renovation and Building modification	79.791	
4a	Widening the Laboratory Room	18,010	€ 757
4b	Modification of Inpatient department and OPD3 dressing room	98.939 / 55,979	€ 2,352
4c	Modification of TB Block	24,950	€ 1,048
5	Furniture	36,000	€ 1,513
5a	Furniture Transport	2,300	€ 97
6	Contingency for small renovation additions	40,000	€ 1,681
7	AWCS Project Administration and Monitoring (5%)	30,860	€ 1,297
	15% VAT on items 1-5 =	74,990	€ 3,151
	TOTAL (including VAT) =	648,082	€ 27,230

− 20% = 22.000

2 .. 6000
2 ..
2 ..
22 ..

+15% = 481 932 = 554221 ~ 109.000 :

− 30.000
− 2.300
− 30.860

63.000
+ 22 000 = − 85.000.

12. Financing in EURO

The total project funding requested through this proposal is: **€27,320 Euro.** The Sisters of the Immaculate in Dongora, have not secured other funding for this project. The AWCS is kindly requesting to you to fund the entire project.

13. **Monitoring of the project**: Will be performed by the AWCS Health Coordinators, Dawit Birhanu, Behailu Kassa, and Mark Banga, AWCS Social and Development Program Manager.

14. **Reporting of the project**: Status updates will be given throughout the implementation of the project and a comprehensive final report will be prepared at the end of the project including all accomplishments and financial summary.

Piu'en

Giuspanny (saving) 1) Furniture : - 30.000

only 6000 for laboratory are O.K.

2) Transport : - 2300.

3) Half toilet : 2.

expenses (sele tenen) = Block work

= Electrical install.

= Sanitary install.

Possibility of saving : 5000.-

4) Dry latrine only 4 units, - 20%

not six : = 22.000