Mother and Child Care Project.

March 2009

Name of applicant	**ST. JOSEPH'S HOSPITAL, JIRAPA**
Title of project	**DEMOLITION AND RECONSTRUCTION OF MATERNITY WARD**
Total cost of the project	**MATERNITY - €179,394.00** **FEEDING CENTRE - €20,000.00**
Total duration of the project (min.12; 18 months)	**18 MONTHS**

DEMOLITION AND RECONSTRUCTION OF MATERNITY WARD, ST. JOSEPH' HOSPITAL, JIRAPA.

1. Summary

The project aims at demolishing and rebuilding the existing maternity ward, built in the 1950s, into a modern and attractive ward.

The demolition and reconstruction of the maternity ward would help attract more expectant mothers to the hospital for delivery. This would also help to further reduce the falling trend, but still high patronage, of the services of the Traditional Birth Attendants (TBAs) with their attendant consequences.

It is also pertinent to add that malnutrition, particularly among fewer than five children, in the district is of great concern and it thought that this project could be of assistance in putting up a feeding centre (a kitchen) within the hospital to help rebuild the nutritional status of these children.

II. Background And Rationale

St. Joseph's Hospital was built in 1953 and most of its current infrastructure including the maternity was build at the time. Over the years, the general deterioration of the ward got so extensive that it can no longer be maintained in its current state. Indeed the ward at present can best be said to be in a sordid state, unfit for human habitation.

It is also known that the physical environment contributes greatly to the acceptability of the kind of services that is rendered in health care. Despite the intervention of the government to make all deliveries free of change, a greater proportion of deliveries are still done by the Traditional Birth Attendants (TBAs) who charge little fees, even within the vicinity of the hospital. In 2008 for

instances, TBA deliveries in the district constituted 34.2% (1070) of the total deliveries (3147) in the district. This is even better than the 54.6% and 46.5% respectively recorded in 2006 and 2008.

Anyone would wonder why one would opt to be delivered by an unskilled person at a fee rather than a skilled person at the hospital for free. The fact is simply that the maternity ward is not attractive, to say the least.

Indeed, as per the 2008 annual reports of the Jirapa District Health Administration and the Hospital, consistently over the years, TBAs have recorded higher figures in deliveries than the district hospital.

Table 1: Summary of Reproductive Health Performance From 2006 - 2008

	2006		***2007***		***2008***	
Indicators	***Actual***	***% Cov.***	***Actual***	***% Cov.***	***Actual***	***% Cov.***
Total deliveries	2937		3427		3133	
Skilled deliveries	1331	45.3	1834	53.5	2063	65.8
TBA Deliveries Only	1606	54.7	1593	46.5	1070	34.2
District Hospital	597		800		904	These are part of the skilled deliveries

Source: Jirapa District 2008 Annual Report

St. Joseph's Hospital is blessed to be the only hospital in the region that, apart from the regional hospital, has an obstetrician/gynecologist and in spite of this, the district still has high deliveries outside the hospital.

It is the singular view of management that the demolishing and rebuilding of the maternity ward would help attract more expectant mothers within the Jirapa District and the surrounding communities of other districts to deliver more at the hospital.

It has been the norm that for institutions, such as ours, that depend on the government for their infrastructure, when ever the government is unable to provide them they are helpless. The effort by management to solicit support from other bodies and not to throw their hands in despair, would be and is an innovative approach to helping solve the thorny issue of improving health infrastructure for improved maternal and child health in the district.

On malnourished children, it is worth noting that the hospital as it stands has no system of feeding its clients on admission and in particular malnourished children.

Though these children previously were assisted by the Catholic Relief Service (CRS) with food ration to help rebuild their immune systems and bodies, the hospital is unable to cook the raw food in the right way to adequately meet the nutritional requirements of the children. The food is often rationed to the parents or care givers who though taught what to do, are unable to obtain the necessary ingredients to get the right meal for the children due primarily to poverty. Even adults are not spared the rod of malnutrition

This development has led to a number of malnourished children dying whilst on admission at the hospital.

Table 2: Under five malnourished children admitted

UNDER 5 ADMISSIONS,	38	30	51

MALNUTRITION			
Above 5 Admissions, Malnutrition	13	0	2
Under 5 dying with Malnutrition	2	4	5
Under 5 dying of Malnutrition death rate	5.3%	13.3%	9.8%

Source: 2008 Annual Report, St. Joseph's Hospital, Jirapa.

III. Intended Results

The intention and expectation of management is that the implementation of the project would attract a greater number of expectant mothers to seek care and deliver at the hospital under professional guidance. Our vision is to reduce to at most 15% of women seeking the services of TBAs in the district whilst aiming to have at least 80% institutional deliveries.

The completion of the project would also help avert the imminent danger of the unit being declared by regulatory bodies as unsuitable for its intended purpose and therefore should be closed down. The repercussion of this would be the exacerbation of the situation we seek to avert, poor maternal and child health status.

To ensure sustainability of the projects, management would in accordance with the recent policy of the Ministry of Health set aside at least 5% of its internally generated funds to ensure planned preventive maintenance.

When the feeding centre project is implemented, as conceived, management would expect that:

1. More parents who have malnourished children would be willing and prepared to bring them to the hospital for treatment and rehabilitation.
2. It would eliminate the practice where clients either on their own or on the request of their relations seek early discharge because they are unable to meet their dietary needs whilst on admission.
3. It would afford clinicians the opportunity of appropriately managing health conditions that require specific dietary needs. This is because dietarians and caterers can tailor their meals to suit specific needs as against the practice where a client is offered whatever that is available, but may not necessarily be appropriate for ones condition. Meals would also be regular and offer certainty.
4. The project would afford mothers and care givers of malnourished children the opportunity to be taught how to prepare nutritious meals out of the locally available food stuff as management intends to incorporate a hands-on teaching of dietary therapy.

IV. Project design and Implementation Plan

The project is estimated to cover a maximum period of 18 months considering the volume of work involved in demolishing and re-building the ward into a modern one, with all the needed divisions and compartments.

It therefore involves relocation, demolition, evacuation of debris out of the hospital and reconstruction of an entirely new ward.

Management has over the years sought the assistance of many institutions and some Non-Governmental Organizations in its quest to have this project implemented. However, no good results have come out of those efforts. It is therefore the conviction of management that co-financing appears impossible.

What management can pledge however is the devotion of a minimum of 5% of its internally generated funds towards the routine maintenance these two structures to ensure longevity.

Training of midwives and anaesthetists on safe delivery and anaesthesia administration and recovery, respectively, would also be required at least once a year to refresh and retool them for better performance.

The midwifery training school which is an affiliate of the hospital would better train the students for the hospital and the rest of the nation if training materials for hands-on training at the hospital are provided. Both tutors and practicing midwives could also be trained on topical maternal and child health issues to further strengthen the collaboration between us.

The potential danger to the implementation of the project may be inadequate funding or the luck of it. A communication difficulty via internet, which is faster in our settings, is not readily available at our end and this may pose problems.

On the feeding centre management intends on completion and equipping of the structure, to engage the services of dieticians and caterers who meet national standards and who would together with a three member sub-committee of management ensure adherence to national policies on institutional feeding

The project is designed to provide three meals daily to clients on admission and even those who appear at the OPD and found to be in need of any short time dietary needs.

It is also meant to provide special diet to meet specific dietary and health needs of clients. Subsequent to this, management has decided that for clients who were put on special diets whilst on admission or in the care of the hospital, parents and care givers of such clients would be taught how to prepare suitable meals for such persons, even after discharge.

In the light of the above, it is the desire of management that when the feeding centre is completed the staff of the unit should be trained on nutrition rehabilitation.

Management would provide the start-up capital in acquiring food items to start the feeding programme and also any teaching and learning materials that may be required. However, we would be open to any institution or individuals such as the Catholic Relief Services who are prepared to support us with food.

The source of the start-up capital would be the Hospital's internally generated funds, primarily, and from the service allocation from central government.

The potential risk of achieving the objectives of the projects would be the hospital's inability to raise adequate funds at each point in time to ensure that clients are fed. However this situation is very unlikely considering the fact that over 75% of the district's population has enrolled with the national health insurance scheme and thus would ensure a regular and reliable source of income for the continuity of the project.

V. Monitoring and Evaluation

Fortunately for management, the volume of work involved requires that a consultant should be engaged to manage the project from start to finish.

It is therefore the considered opinion of management that partners would on quarterly basis, through out the project implementation stage, be furnished with a management and the consultant's progress reports.

Our estates unit would also be tasked to liaise with the regional estates unit to monitor and provide progress of work, during implementation, and utilization reports, on completion to partners.

Management would also expect that partners independently commission a monitoring team of their own to monitor the project

VI. Institutional Arrangement and Management Plan

The project would be supervised by a consultant, appointed by management, at the construction stage, whilst the institutional and regional estates units would be tasked to provide and implement a planned preventive maintenance programme under the supervision of management on completion of the project.