



We Serve

# **LIONS CLUB OF THIKA - KILIMAMBOGO**

**ST. CYRIL & METOD HEALTH CENTRE  
MUKUYU-INI KENYA**

**PHASE 2 PROJECT**

**PROPOSED MATERNITY, DENTAL AND EYE UNITS**

**PROJECT PROPOSAL**

**DECEMBER 2010**

## 1.0 Introduction

The Lions Club of Thika Kilimambogo proposes to undertake the development of Phase II of the recently completed St. Cyril & Metod Health Center at Mukuyu-ini village in Mangu Location of Kamwangi Division of Thika District in Central Province of Kenya. It is expected that this project phase will be funded through donor finances received from Lions District 122, Czech-Slovak Republics, who also funded the Phase 1 of the Health Centre in 2007.

This proposal has therefore been prepared with a view to presenting the general background information on the project; including technical details, proposed project phasing, cost estimates and the proposed project construction and operation management set up. It is envisaged that the proposal will provide sufficient background and justification for the project to enable the Lions District 122 to favourably consider the project for funding.

## 2.0 Background Information

Mukuyu-ini village is located about 35km west of Thika town, the Thika District headquarter. The village is in Gatundu North Constituency, which is the fourth poorest Constituency in Central province with 36 % of the population estimated to live below the poverty line. This is as compared to an average of 31% of the people living below poverty line in Central Province and 35% in Thika District as clearly depicted in Table 1.0 below.

**Table 1.0 : Poverty levels in the Province, District and Division**

Province / District / Division / Location	Number of People from 1999 census*	Estimated Number of Poor People	Percent of People below Poverty Line
Central Province	3,223,772	1,001,087	31.05
Thika District	458,861	160,155	34.90
<b>Kamwangi Division</b>	<b>97,400</b>	<b>35,045</b>	<b>35.98</b>
Chania Location	26,836	10,253	38.21
Githobokoni Location	24,345	8,763	36.00
Gituamba Location	18,106	5,878	32.47
Mang'u Location	28,113	9,667	34.39

*Source: Kenya Bureau of Statistics*

Mang'u Location where Mukuyu-ini village is located has an estimated population of 28,100 people according to 1999 figures. The population was estimated to be approximately 40,000 people in 2005.

The main economic activities in the area are agricultural in nature with coffee and dairy farming being the main commodities. Other activities include horticulture farming, small-scale business activities mainly centered on trade of farm produce.

### **3.0 Original Project Justification**

The construction of the Mukuyu-ini Health Centre Phase I was funded by District 122, Czech-Slovak Republics, of the International Association of Lions Clubs, through the efforts of the Lions Club of Thika Kilimambogo.

The project was justified on the grounds that despite the high population, Mang'u location has only one health center and the nearest hospitals in Gatundu and Thika towns are about 40 km away from Mukuyu-ini Village. The people in the village and the surrounding areas had over time therefore identified access to health services as one of their key priority.

In addition, the local Catholic Church faithful had through fund raising activities managed to buy adequate land to build a fully-fledged health center, with space for future extensions, and had appealed to various donors, including the Lions Club of Thika Kilimambogo, for assistance towards the development of such a facility.

The location of the village was also considered ideal for a health center as it would cover a large area, given that it is accessible through an all weather road next to the site, and would serve the nearby schools and division headquarters. Piped water was also easily connectable to the proposed site.

### **4.0 Phase II Project Justification**

The proposed Phase II project will comprise the construction of maternity, dental and eye units at the health center. In addition, it will include an associated reception area and store with additional external toilet facilities. The plans for this proposed development are presented in the Annexes.

This proposed phase is justified on the grounds that it will provide missing maternity and dental facilities that are essential for the general administration and the day to day running of the health center. These facilities will also provide the respective specialized treatment to the local community, in addition to the general medical facilities already available at the health center.

As pointed out in Section 3.0 above, the land required for the proposed phase and other future extensions is available at the site, having been acquired by the local community over time.

### **5.0 Design Concept**

The proposed Phase II will be located on the available space next to the existing health center Phase I as indicated on the location plan presented in Annex 1.0. The site layout is such that it allows for easy extension of future project phases, including specialized eye unit and Staff Housing.

The building layout design concept is such that it allows for an open plan in which all the facilities provided are connected through a common verandah, which will serve both for circulation and as waiting area for patients (Annex 2.0).

This arrangement further allows for easy communication between the administration and the various units of the health center, in addition to facilitating better interaction with the patients and the general public.

The main building structure will be built of masonry stone, which is readily available in the area. The roof will comprise of IT4 profile coloured Iron sheets and will be designed so as to cover the verandah area, thus saving on cost while providing shade to the waiting patients. The proposed cross-section detail is indicated on Annex 3.0.

## 6.0 Project Cost Estimates

The construction cost for the proposed Phase II project has been estimated based on a preliminary Bill of Quantities (BoQ) for the works, which is presented in Annex 4.0. The BoQ has been priced using the corresponding rates in the Phase I project and prevailing construction rates for similar works in the project area. A summary of the costs based on figures derived from the BoQ is presented in Table 2.0 below.

**Table 2.0 : Phase 1 Cost Estimate Summary (in Kshs)**

ITEM NO.	DESCRIPTION	COST ESTIMATE
		KSHS
1	Substructures	437,700 /=
2	Walling	137,010 /=
3	Reinforced Concrete Frame	71,900 /=
6	Roofing General	336,105 /=
7	Doors	67,650 /=
8	Windows	113,115 /=
10	Finishes generally	205,830 /=
11	Sanitary Fittings	12,000 /=
12	Electrical installation	125,000 /=
13	Joinery fittings	190,000 /=
14	External works	120,000 /=
	<b>Estimated Project Cost</b>	<b>1,816,310 /=</b>
	<b>Plus 15% Contingencies</b>	<b>181,631 /=</b>
	<b>Total estimated Project Cost</b>	<b>1,997,941 /=</b>
	<b>Say Total</b>	<b>2,000,000 /=</b>

The above summary indicates that the estimated construction cost for the proposed Phase II project is Kshs 2,000,000 /=, inclusive of 15% contingencies. At the current exchange rate of (1USD= 80Kshs) the estimated cost of the project is USD 25,000.

## 7.0 Project Construction Management

The commitment shown by the Phase I Project Management Committee and the local community at the construction stage is considered critical to the overall success of the project. This also gives a good indication and assurance that the health facility will be well utilized and run in a sustainable manner once completed.

Likewise, therefore, the management of the construction of this phase of the project will be upon the same management committee, in which four members of the Lions Club of Thika Kilimambogo, one of who is a qualified medical doctor, are members. Other members include the Local Catholic Priest and representatives of the Parish Committee and the local community.

The Project Management Committee in corroboration with the Project Consultants will be responsible the procurement and the management of the construction contract from the inception to completion. This process will include the tendering and contract award at the pre-contract stage; and the construction supervision and contract management at the post-contract stage.

The construction works will be undertaken by a qualified Contractor selected through competitive tendering. Bills of Quantities and Tender Documents will be prepared and several qualified Contractors invited to Tender. During construction, the committee will prepare and send to all parties regular financial and construction works progress reports to keep them, and in particular the financiers, in the picture.

## **8.0 Management of the Health Center**

Once completed, the additional facility will be run and managed, as part of the main health center, by the same project management committee discussed above. At this stage, the committee will be responsible for the day-to-day running, operation and general management of the health facility, including but not limited to staff matters, financial management, audit of accounts and general development.

The representatives of the lions club in the committee will be expected to offer technical backstopping for the other committee members. The club will also facilitate capacity building of the committee members by organizing seminars and other related training that will ensure professional and sustainable management and oversight of the health facility.

An additional Clinical Officer and other medical personnel will be hired or seconded from the Ministry of Health as discussed below. The Clinical Officer and his team will be responsible for the day-to-day running, maintenance and operation of the facility, under the guidance and direction of the Management Committee.

## **9.0 Sustainability of the Project**

To ensure financial sustainability of the health center, including the additional facility once operational, it is proposed that;

- ◆ The local Community involvement be promoted through their participation in management committee and through user charges.
- ◆ The local Catholic Church Parish and Nairobi Arch-Diocese be requested to identify suitable church organization / volunteers who that can run the facility.
- ◆ The Government of Kenya under the current cost sharing medical programme be approached to assist with drugs and other supplies as part of its contribution.
- ◆ The Ministry of Health be requested to assist by seconding a qualified Clinical Officer and other personnel to be responsible for the daily running of the facility.
- ◆ The LC of Thika Kilimambogo continues to solicit funds from donors, friends and other well wishers that will assist in the general recurrent expenditure.
- ◆ Additional local resources such as the Constituency Development Fund (CDF) and local government funds be sourced to supplement the user charge.

**10.0 Project Implementation Schedule**

If and when funds are available, the project is expected to be implemented and completed in 3½ months (14 weeks) as follows:

i)	Completion and Approval of Plans	-	0.5 weeks
ii)	Preparation of Tender Documents	-	0.5 weeks
iii)	Tender Invitation and Evaluation	-	1.5 week
iv)	Tender Award and Mobilization	-	1.5 week
iv)	Construction Works Period	-	10 weeks
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	<b>◆ Total project period</b>	-	<b>14 weeks</b>
			=====
	<b>◆ This works out to</b>	-	<b>3½ months</b>
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