



Project Fund Request: Matibi Mission Hospital Outreach Vehicle

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Created by: Adnos Chikomo (FFM Projects Coordinator)

Address: Matibi Mission, Mwenezi District, Masvingo Province, Zimbabwe

Phone: +263-772-694-124/715-165-119

E-Mail: adnos.chikomo@matibi.ch / adnoschikomo@gmail.com

1. Management summary

This project was developed in consultation with the authorities of the Catholic Diocese of Masvingo who run Matibi Mission Hospital. Further consultation was done with Caritas Zimbabwe in Harare working in liaison with the Zimbabwe Catholic Bishops Conference. The need for a hospital outreach vehicle is an old problem which remained of low priority until late 2018 when a threat of waterborne diseases necessitated quick entry by health staff into the villages to manage cases. At the moment there was only one old utility vehicle which was practically overwhelmed by errands since the only other vehicle at the hospital was the ambulance.

When the procurement of the vehicle became top priority in 2018, it still remained unimplemented for a long time due to difficulties in mustering favourable quotations. Local quotations were stating at least 65 thousand US dollars for the preferred Toyota Land Cruiser 78 Series Station Wagon. At least 3 options were considered to circumvent this challenge: First there was a suggestion to go for a good second hand vehicle of the same make and model. However, even this option brought very expensive quotations too. Vehicles as old as 20 years were charged as much as 40 thousand US dollars and thereabouts. The second option was to resort to a different model, particularly the Toyota Hilux Double Cab. Though a bit inferior to the Land Cruiser, a Hilux would still suit the terrains and the outreach work. This option too hit a brick wall related to prices which ranged from 35 to 45 thousand US dollars for second-hand South African Hiluxes manufactured between 2012 and 2014, with those manufactured in 2015 going for over 50 thousand.

The failure of the above two options left the planners with the need to try importing the vehicle from overseas. In this option the hospital pledged to foot the rest of the costs except the purchasing price which would be requested from FFM. Consultations on this option brought into play the name Begeca, a vehicle manufacturer based in Germany. Previously the Catholic Diocese of Masvingo had procured 2 vehicles fabricated by this company. The company quoted 33 thousand US dollars but warned that the price could go up by April 12th 2020.



2 Total estimated costs of the project

Purchase price	33,000 USD
Importation duty	Waived
Clearing agent	250 USD
Handling charges	150 USD
Insurance	45 USD
Licensing	10 USD
Registration	5 USD
Total	33,460 USD

3 Funding

Cash from FFM	33,000 USD
Local contribution	460 USD
Total	33,460 USD

4 Time plan for realisation of results

The vehicle is being procured at the backdrop of an imminent price change as stated earlier above. Ideally the vehicle must be purchased before April 12th and once this is done the rest of the procedures will ensue right away. The involvement of Caritas Zimbabwe will expedite the process because this organisation has worked with the involved supplier for some time already. Both BEGECA and Caritas know the procedures and are in touch with each other. Both organisations know a reliable clearing agent called Freight World Zimbabwe who will facilitate the application for rebate among other things so that the donation does not incur duty. Exact times may be difficult to guesstimate but prior such experiences indicate that four to five months from purchase date are needed to have the vehicle at Matibi Mission Hospital.

5 Financing plan

Barely 1,4% of the procurement costs will be footed by Matibi Mission Hospital. Of course there are underlying costs such as fuel for the car but basically the FFM is approaching this project as a donation. When the FFM alerted about their readiness to purchase the vehicle, the hospital had already checked around for the attendant costs and put aside 150 USD to pay Caritas Zimbabwe as handling charges. Furthermore, an arrangement was made between the hospital and Caritas that the latter pay the rest of the costs on behalf of Matibi Mission Hospital to expedite the process and get repaid later when the vehicle is already at Matibi. This is because at the time of planning, some of the costs such as clearing fees were only estimations based on prior experiences and therefore not yet exact. Moreover, the hospital needs a bit of time to arrange the money once the actual figures come out.



6 Person(s) in charge

The hospital and its responsible authority arranged that the procurement of this Matibi vehicle be handled by Caritas Zimbabwe in Harare. The government of Zimbabwe through its revenue authority has tough procedures for the waiver of duty for donations like these. One requirement for waiver of duty is that the recipient organisation must be a locally registered non-profit like Caritas. The FFM Trust is also registered in a like manner but due to the urgency of the project it was considered that an experienced agency be used. Caritas Zimbabwe has diocesan subsidiaries in each of the country's provinces including Masvingo but these ones have no independent registrations. So Caritas Masvingo does not have papers to declare independently as a non-profit without using Caritas Zimbabwe the mother body.

The person in charge at Caritas Zimbabwe is one Brother Anthony Saga who is the National Coordinator of the organisation. In this vehicle procurement assignment, he will be working with the General Secretariat of the Zimbabwe Catholic Bishops Conference headed by one Father Fradereck Chiromba. This is technically because in the Catholic system, Caritas is a serving arm of the Church which is accountable to the bishops.

Caritas will play its role up until the vehicle lands in Harare and is registered, insured and licensed. The FFM Trust then pursues the planned method to eventually have the vehicle at Matibi Mission Hospital. So far the FFM Projects Coordinator has facilitated liaison between the hospital and Caritas as well as the involvement of the Catholic Diocese of Masvingo to ease and securitise the transference of the vehicle from Caritas when time comes. The Diocese through its Financial Administrator will make sure the hospital does not lack in meeting the Caritas requirements to have the vehicle at Matibi. There will also be a simple official acceptance ceremony to be organised by hospital with the facilitation of the Priest-in-Charge of Matibi Mission in cooperation with the FFM Projects Coordinator. Then there is the hospital's Medical Superintendent who is the chief of staff at the hospital who will be responsible for the day to day usage, care and maintenance of the donated vehicle.

7 Detailed information about the project

7.1 Detailed project description

The prevailing economic freefall in Zimbabwe has left communities vulnerable in far too many ways to tell; and health delivery has not been spared. Those health institutions that are still operational have had no option but to devise creative means to serve severely impoverished communities. One such creative method of operation has been to initiate and increasingly strengthen outreaches where medical officers go into the villages to treat patients who fail to make it to the health centres for various reasons including prohibitive distances and exorbitant transport fares.

Matibi Mission Hospital which serves more than 300 villages took on this creativity at least five years ago but only put it on high priority in 2018 having noted its inevitability due to the



increasingly expansive hospital catchment. The institution now practically serves as a *de facto* referral in the district because other neighbouring institutions are unfortunately less resourced. Help from the FFM has sustained Matibi Mission Hospital and kept it high on the district map and beyond, even attracting clientele from other districts of Masvingo and Midlands provinces. The fact that Matibi Mission Hospital is responsible for the provision of services across such a wide geographical span is the boldest justification of the outreach vehicle. In addition, the wide varieties of served clients are in remote rural communities since the hospital is situated in the deep of the rural, over 100 kilometres away from the nearest urban centre.

The outreach programme is being considered in earnest after the alternative to expand rural healthcare infrastructure is seemingly failing. The government and local authorities who are responsible to construct new health facilities are facing financial difficulties and it seems such development will take ages upon ages to materialise. Therefore, Matibi Mission Hospital decided to reach out to its remotely located clients by making regular visits to the villages. There the doctors and nurses will conduct treatments, surveillances and health education among a variety of other services to regular and irregular patients and community residents at large.

The hospital appropriately describes its outreach programme as the ‘hospital on the wheels’. In the current absence of the needed expansion of health infrastructures, the hospital on the wheels intends to support both the hospital workers (to conduct their work scrupulously) and the community residents (to overcome common barriers to health access). The programme crops up from an understanding of the anxious situation of the local people who among other things lack money to spend on health services, let alone transport to the health centre. The hospital on the wheels programme is expected to indirectly encourage responsible authorities to consider health services expansion as a matter of urgency by demonstrating the wide lack of accessibility. Hopefully the government structures will respond to this indirect call in due course but if they do not, outreaches will emerge among the best practices that hospitals may have to improvise and constantly improve.

7.2 Project goals

As already highlighted above, to provide quality services to their immediate communities and hence the planned outreach mechanism so that Matibi Mission Hospital covers up for their lack, at least in the meantime.

The outreach vehicle is also needed to take Matibi doctors beyond the normal catchment of their hospital. This resulted from the support given by FFM to incentivise doctors at Matibi while neighbouring hospitals are either without doctors or have economically disgruntled ones. Shortage of medical doctors is now the norm in Zimbabwean health institutions especially those in remote rural areas because of staff turnover and the difficulties faced by



government to recruit, hence the idealness of the better motivated Matibi doctors serving further than their immediate communities.

7.3 Project risks

Hospital outreach programmes commonly meet staff retention challenges. Rapid staff turnover makes it hard to keep the community visits active for a long time. In a remotely located institution like Matibi Mission Hospital, staff turnover may threaten the outreach visits with short life whereby current staff who have the programme's vision eventually get to leave the institution, leaving the programme to no one's express care. However, the Matibi version of outreach is blessed to be in the hands of incentivised medical doctors who have at least one branded reason to stay put (the salary top-up). Moreover, consideration is given to other staff in each service department such as Opportunistic Infections Department, Rehabilitation Department, Maternity Department, Paediatrics Department and so on. This takes the programme into more hands than just the doctors so that more people are involved and concerned for its sustainability. This use of multidisciplinary teams is likely to produce sustainability of services.

The outreach visits depend very much on the availability of assorted skills in the outreach teams. Fewer skills will defeat the objectives of the programme including economisation and effective management of health issues. In future the hospital considers providing in-house trainings to maintain skills needed for the complex tasks in case some members of staff may leave the institution for any inevitable reasons.

Another limitation may emanate from the fact that there is shortage of utility vehicles at Matibi Mission Hospital. This tempts the decision makers to use the designated outreach vehicle for non-outreach errands. While this is to be expected, plans are in place to arrange the outreach visits so that the vehicle has spare time to go for maintenance checks and to run other errands without clashing with scheduled outreaches.

7.4 Negative impacts of not realising this project

The geographical size of Matibi Mission Hospital catchment creates complexity for the delivery of health services without an outreach vehicle. The village posts to be visited are as far as 30 kilometres from the hospital and without a versatile vehicle the service providers will not even dream of reaching to those villages. Specific-discipline facilities such as the maternity home are often overfilled, meaning that if the outreach programme is to fail there will be unbearable pressure for such services at the hospital.

In addition, the fixing of health staff shortages is still too far in site. The current gaps in critical skills such as medical doctors are poised to worsen. The sight of doctors and specialists has become a rarity in rural areas. Any letdown on this planned outreach scheme may mean sustained difficulties for large numbers of villagers who pin their hopes on Matibi doctors to access health services, let alone afford them.



8 Other organisations or governmental support

Ample description has been given already above regarding the collaboration between FFM and Caritas in making this procurement happen. The Ministry of Health and Childcare was also approached for assistance in facilitating this project although their help seemed to be slow and an alternative approach was selected.

9 Additional information

In future even the FFM Trust must have had enough experience to handle similar procurements. Necessary credentials are all available except this initial experience of going through the rigorous procedures associated with cargo clearance.

10 Personal comments

It has to be emphasised that a no-cost handover procedure must be conducted whereby the hospital officially receives the donation. The value of such small ceremonies will be appreciated in the ongoing cooperation once they have gained momentum. Among many other conveniences these formal events help establish rapport between and among project partners especially in FFM's collaborative approach. These small ceremonies also produce visibility for our work, not for praise-seeking but for future consideration such as when seeking the support of government or other organisations locally and internationally. Unlike big NGOs whose credibility is pinned on published financial statements, the credibility of smaller Trusts like FFM comes mainly from stories of change we would have facilitated as endorsed by beneficiaries and stakeholders.

11 Decision FFM Switzerland

Project funding request status:

- New Assessment Ready for decision Cancelled
 Declined Approved Implementation

Decision made by:

- E-Mail circular Board Meeting Telephone conference

Decision date:

Signatures (two necessary)



Oliver Müller
President
Friends for Matibi

Michael Zuberbühler
Vice president
Friends for Matibi

Daniel Schmidt
Treasurer
Friends for Matibi