POST IMPLEMENTATION REVIEW

WATER FOR LIFE

Review undertaken by: Tayler Associates Limited

Post Implementation Review: Water for Life Project

Executive Summary

Tayler Associates was contracted by The Logie Legacy to undertake a post implementation review (PIR) of the Water for Life Project – an ambitious project with the potential to provide major public health benefit to the whole hospital community. Review of documents took place in the week commencing 13th November, following an initial briefing meeting on 28th September with Chris Faldon. A PIR Framework was designed, and the full framework can be found in Appendix 1. Victoria Tayler visited St Francis Hospital with Chris Faldon (The Logie Legacy), Adam Wood (NHS Borders) and Mike Baird (Scottish Water) from 20th to 24th November 2017. During the visit several key informant interviews (see Appendix 2) were undertaken as well as a walk around the project implementation site with Mr John Western, engaged to supervise the final phase of the project and Mr Paul Splint from Medical Support Group (MSG), Holland.

The delivery of the Water for Life Project was severely delayed and suffered some financial losses due to weaknesses in the financial and implementation systems. The resulting report summarises the 15 key lessons from the Water for Life Project and draws out 6 recommendations for future implementation. These recommendations are:

1. Formally recognise the role of all partners in the implementation of a project with clearly defined roles and responsibilities
2. Clearly defined planning around sustainability needs to take place at the start of a project
3. Independent contracting should be a preferred mechanism for delivery of infrastructure works but appointment of contractor should be subject to public tender
4. Regular reporting as defined in a contract is essential and failure to report must have consequences
5. The establishment of a 'Donor Forum' could result in better coordination, sharing of resources and raise the standard of delivery across the board
6. A full project plan and budget with milestones and clear deliverables linked to a contract needs to be in place before each project begins

Further, the report identifies steps for ensuring that the Water for Life project is adequately completed through the delivery of a Phase 3 which will look to connect meters to all the households to ensure sustainability by collecting a water rate to fund maintenance works. The report also identifies 5 future projects (but is not limited to) that the Logie Legacy may look to consider undertaking:

1. Phase 3: Water Meters
2. Sanitation project
3. Infection Prevention and Control Quality Improvement
4. Nursing Training School Capacity Development
5. Governance/Hospital Systems improvement including master planning

Background

The Water for Life Project stemmed from a visit undertaken in 2012 by NHS Borders volunteers who were alerted by St Francis hospital staff to the significant short comings in both the hospital and domestic water system.

> *"…the hospital has literally no running water from taps, causing an outcry from staff and departments. It is a daily nightmare to all residents and departments. Some staff resident at St Francis claim that they have not had running water at their houses from their taps for almost 1-2 months now and are very desperate about the situation" – St Francis Hospital Senior Administrator (November 2014)*

Work was undertaken to draw up a water system plan (Appendix 3) with support from retired water engineer Paul Splint and technical input from a volunteer from Scottish Water. Funds were raised very quickly in 2013 (primarily from two large private donations) and the original project initially scoped at £62K was begun in 2014, with a predicted time frame of 12- 18 months. By March 2017, now significantly delayed and over budget yet not evidently near completion, the project lead was alerted to an incident of serious financial misconduct amounting to the loss of $12,000. Criminal proceedings were begun by the hospital management and two key hospital staff were dismissed and the contract was not renewed for another. Investigations are still underway. $8000 of the missing $12000 was repaid from another source reducing the overall loss to the project.

Prior to the financial misconduct, the project had suffered three noteworthy events.

1. Labour force

Following advice from MSG, The Logie Legacy[1] had attempted to appoint their own contractor to undertake the work. The contractor came recommended by MSG and was believed to be the best option in terms of value for money and control. The hospital blocked the appointment strongly expressing concerns that a tendering process hadn't been followed. The preferred contractor was eventually appointed after some process (albeit one that was not clear to the consultant) however he was not allowed to hire his own workforce and was forced to utilise largely unskilled labour from the hospital labour pool and to use the hospital procurement process for acquiring materials. This resulted in significant delays as the unskilled labour struggled with the work and the St Francis procurement team lacked the technical expertise to manage the supply chain effectively.

2. Delays in implementation

Significant delays occurred during this project. These appear to have stemmed from almost constant errors on the part of procurement in ordering and receiving the correct materials, undoubtedly resulting in additional costs being incurred and significant stoppages by the workforce who were not bound to any contract or targets. Finally, due to the financial misconduct a full-on stoppage as funding was unavailable to complete the project.

3. Household connections

Initially it had been suggested that the final phase of the project, connecting the main supply to individual households could be undertaken within the Hospitals maintenance plan and budget. However, part way through the project it became clear that this was not feasible - given the total hospital maintenance budget was less than $2000/year (and this was required to pay general workers, groundsman, cleaners etc.) and undertake ALL maintenance of both the hospital and the compound at large. This Phase 2, the household connections, was undertaken by The Logie Legacy following further fundraising on their part.

Water metering had not been part of the initial scope of the project however once the true nature of the lack of maintenance funding was apparent it became clear that a plan for the sustainability of the water system was required and water metering was tabled as a potential solution. This has been accepted in principle by the board of the hospital and water metering can be implemented once funding for the meters is obtained.

Key Lessons

Lesson 1: There is a need for the partnership to formally extend beyond the Hospital to the Ministry of Health (MoH) at National and Provincial level

Initially the 'Water for Life' project partnership was primarily between the twinning group from NHS Borders (eventually to become The Logie Legacy) and St Francis Hospital Management Board and a signed agreement was obtained. Collaborative work with other stakeholders such as MSG, Friends of St Francis, Scottish Water, Christians Aware etc. has seen them contribute advice, technical support, and some funding. Although approaches had been made to management at Provincial MoH level as well as individuals within both the Lusaka and Eastern Water and Sanitation Companies no formal agreements were in place. When financial irregularities were uncovered, additional support was required from both the MoH and Churches Health Association of Zambia (CHAZ) to provide oversight through checks and balances.

[1] Please note I have referred to 'The Logie Legacy' throughout although strictly speaking the original work was with UK volunteers from the formal twinning relationship between St Francis Hospital and NHS Borders as it is more succinct to do it this way. The Logie Legacy became a charitable body registered with OSCR in 2016.

Moving forward it is recommended that although the formal agreement will remain with St Francis, MoH engagement at the start both in technical matters and in agreeing oversight is needed.

Understandably there are sensitivities around MoH potentially seizing the opportunity to garner support for projects in other Eastern Province hospitals and clinics. This could be overcome by the formal partnership agreement between St Francis and The Logie Legacy

Lesson 2: Sustainability planning is essential to ensure aid effectiveness, and is required at the initial scoping and planning phase

The programme was designed primarily as an installation exercise but part way through a sustainability plan was created around metering and charging to ensure maintenance. The result is that additional costs are now incurred as the purchase and installation of the meters will happen after the households are connected. Moving forward, ongoing maintenance and running costs need to be factored into the costing of the project and a plan for covering the running costs needs to be drawn up at the time of project initiation. Ultimately this will prevent wastage during the project life cycle but will also ensure that the project investment is safe guarded and maximised.

Lesson 3: Understanding funding mechanisms ahead of project implementation is essential

Assumptions were made at the beginning of the project based on advice given by MSG as well as the available information from St Francis which led to decisions about the approach - including the initial decision about who would carry the burden of connecting the system to the households. Had additional information been available it would have been clear that this wasn't feasible at the onset. Moving forward the partnership needs to have more transparency about budget constraints and responsibilities and the nature of the responsibility for the financial obligations. Perhaps this also speaks to a partnership culture which seems to view funding for projects as 'a gift' with no accountability and infinite possibility (see lesson 7).

Lesson 4: Investing in project scoping and planning is essential

The technical elements of the project were extremely well costed but the unknowns (household connections and meters as well as additional project management cost from the UK) meant the project budget swelled. Although you will never eliminate the need for some contingency funds, as not all variables are visible at the beginning of a project, you cannot even with the best planning account for all eventualities. The initial project budget included a contingency line but it was insufficient to cover all the unanticipated demands. Moving forward, projects should be fully scoped and costed and a detailed project plan, budget and timeframe should be agreed to ensure that the proposed project implementation is fit for purpose. All partners should be party to the development of this documentation and its contents formally agreed.

Lesson 5: All donor funding must be ring fenced and be controlled by separate ledger

This measure was adopted part way through the Water for Life project following the financial irregularities. Moving forward all project contracts should stipulate this as a requirement for funding.

Lesson 6: Appointing an independent contractor would allow an additional layer of accountability

Despite the hospitals objections at the time of the contracting processes and to a lesser extent in interviews during the post implementation review (PIR) the appointment of an independent contractor is common and standard operating practice in most donor funded construction projects. There is nothing irregular in this if procurement processes are followed, and public tender is undertaken. Most donors (notably EU and DFID) have strict procurement rules which are stipulated in the project contract and any purchases not following these regulations are disallowed.

Although on paper an external contractor (with his own labour force) appears more expensive the benefit of having skilled/experienced labour and contractual targets as well as experienced procurement means there is less wastage and inevitably less slippage in timescales. A contractor should also be insulated to some degree from any corruption and if the contractor's contract is sufficiently scoped and water tight there is less 'wiggle room' for price fixing, top slicing, over ordering and other common mechanisms for personal enrichment.

Lesson 7: There is a strong need to have formal contracts for project implementation

Project Contract: Partnership - Contracting is a sensitive and delicate area. Traditionally a partnership such as this has worked on trust and mutual respect. External donors often stipulate contracting arrangements which are clearly defined. However, by not having formal contracts to stipulate the roles, responsibilities, levels of accountability and transparency the partnership is open to inefficiency at best, corruption at worse. Formal contracting should in no way replace the trust and mutual respect but should act as a formal recognition of this mutual understanding and allow mutual protection in the event of changing circumstances. The project contract should clearly stipulate the following;

- Nature of the project, including full scoping
- Full cost of the project, including any co funding responsibilities
- Project timeline and milestones/target
- Funding release criteria/timing
- Reporting requirements
- Failure to deliver consequences/sanctions

Project Contract: Contractor - the necessity to have a contract in place for any contractor appointed on projects is evident following the significant delays in the implementation of the Water for Life project. As one would do in the UK a contract with a contractor should include, but is not limited to the following elements:

- Nature of the project, including full scoping with specific requirements
- Full cost of the contract
- Project timeline and milestones/target
- Funding release criteria/timing
- Failure to deliver consequences/sanctions

Lesson 8: Roles and responsibilities of all stakeholders need to be clearly defined

As in any institution of this size there are inevitably many stakeholders, both local and international, and several parties involved in a project of this nature. A 'Memorandum of Understanding' could be a useful mechanism for defining roles and responsibilities and formalising working arrangements to ensure mutual accountability and benefit.

Lesson 9: Establishing a Sterling bank account for the receipt of funds in Zambia could prevent exchange rate losses

At the outset of the project, funds were transferred to a US Dollar account then converted locally to Kwacha, resulting in two conversions, one from Pound Sterling to US Dollar and a further from US Dollar to Kwacha. Part way through the project a Sterling account was established where funds are held in Sterling until invoices are due for payment at which point they are converted. This limits the number of time the currency is converted (now only once Sterling to Kwacha) as well as potentially offers a safeguard as Pound Sterling is stronger and more stable than the Kwacha so by keeping funds in Sterling you may protect against extreme fluctuations.

Lesson 10: Regular reporting either quarterly/ monthly basis established at beginning of the project

One of the most significant challenges to the project was the lack of clear communication channels. Although there was an informal understanding of who was responsible on each side there were no formal agreements around reporting structures or timeframes. At times during the project, particularly when the financial misconduct was revealed, the UK Project lead went months without communication from the St Francis side, despite his efforts to get a report from St Francis. There appears to have been an inconsistent approach to who was responsible on the St Francis side with ill-defined lines of communication. Moving forward, reporting guidelines and expectations need to be established at the beginning of project with the following elements contractually agreed before the project starts;

- Reporting timeframes, minimum quarterly narrative/ full financial statements
- Reporting templates, supplied at the beginning of the project
- Clearly identified responsible reporter (who will report to The Logie Legacy and vice versa)
- Channels for escalation (who do you go to if the responsible reporter fails to deliver or if the quality of the report is not acceptable)
- What are the consequence of failing to report (funds withheld, funds withdrawn etc)

Lesson 11: Seeking external professional advice for technical matters is recommended

The project was designed with the technical support of MSG who have a long-standing relationship with St Francis and evidently expert technical experience in infrastructure programmes. However, some of the advice was perhaps outdated or ill positioned - namely, the suggestion that the household connections could be made with the hospital budget. Further, the specification of the bore holes which are unlined and potentially not sufficiently deeply sunk also creates potential weaknesses in the sustainability of the project. Moving forward it would be advisable to ensure all plans (both technical and project implementation) are reviewed by external experts. This could add an additional layer of scrutiny to the process and may prevent challenges later in implementation.

Lesson 12: The level of accountability at St Francis is poor and donors need to raise the bar on their expectations to support improvements in this area

St Francis offers a unique view of development not that commonly found anymore. The hospital compound is large, with little evidence of master planning or strategic planning. This is partially due to the Mission nature of the hospital which means it falls somewhat outside of the MoH orbit and therefore is not subject to MoH cycles of planning and governance. This is also made more acute by the fact that the Hospital appears never to have been in direct receipt of large USAID, DFID or EC funding. Many hospitals in receipt of this large bilateral aid are forced to implement systems and processes to meet donor criteria/scrutiny, thus receiving aid and improving their governance simultaneously (albeit to lesser and greater degrees of success). Donors have a responsibility to not only give support but to ensure that the systems are in place to responsibly manage that support. Because of the nature of the donor/recipient relationship in this context it does appear that St Francis' views support less as a grant which they are responsible for good stewardship of but more as a gift – a gift that has few, if any, strings attached and requires little, if any, accountability. This appears to be the case with other donors active at the hospital not just The Logie Legacy.

Moving forward, donors need to raise the bar on what they will accept around accountability and professionalise their approach to St Francis while supporting St Francis to improve their systems to meet higher standards of accountability and transparency. This can be achieved through better contracting and better definition of the roles and responsibilities of the partners.

Lesson 13: All parties would benefit from the establishment of a donor/partner forum

If donors/partners had a forum where they were able to share resources (contracts, workplans, applications etc), consistency on approach might be achieved. A forum would also allow for less duplication in efforts and shared approaches. If all donors/partners worked together they could also learn from each other and improve their own capacity and understanding. Moving forward, an annual St Francis Partners forum should be established where all those working in St Francis can share their work plans for the coming year, their specific requirements for the work and exchange lessons learnt. This forum should be hosted and managed by St Francis and happen at St Francis. Failing that, a European meeting hosted by one of the partners would be a fair second place approach. There is however a significant need for better coordination and unified messaging for donors/partners and the consultant observed an appetite among the donors for better collaboration and future joint working.

Lesson 14: Lack of oversight led to delays, slippage, wastage and additional costs

It was clear in the interviews that the lack of oversight and a single point of responsibility for the project at St Francis meant that there were delays and wastage. We heard countless stories of failings to procure the correct supplies, supplies being delivered too late or incorrect supplies being delivered. We were also told of incidents of the Finance Department calling a halt to activities as they insufficient cashflow to allow for the payment of workers or to purchase materials and funds to pay workers or buy materials. Many of these delays were then overcome when Mr John Western was assigned to be the on the ground project lead. This demonstrates the value of having qualified, competent technical expertise on the ground. It is understood that St Francis is hiring an in-house Project Manager whose salary will be covered for two years by MSG. This individual is understood to be expected to have a technical background and will take responsibility for all infrastructure projects from specification to completion. This is an admirable step in bringing oversight and accountability. What remains unclear is if this person would be empowered to challenge existing systems (especially hospital administration and procurement). Moving forward it may be necessary to consider having the project manger's role and responsibilities specially addressed in the contract and lines of authority clearly defined. It is also recommended that all

future infrastructure projects also include allowance for external review from an independent person, who could support the delivery if the project is delayed or the partnership is concerned.

**Also, important to note that this Project Manager, although a positive introduction for infrastructure projects, may not be best placed to support quality improvement projects - for example an Infection Prevention project or capacity building for the nurses training school. If this sort of quality improvement intervention is to be undertaken, project management capacity would need review.

Lesson 15: St Francis need to take responsibility for making sure regulation is adhered to and specified at the start of the project

Reasons given for St Francis scuppering the appointment of Mr Lemmy Mwale as contractor were that it didn't meet various regulations and he was unable to provide proof of his suitability. Mr Mwale disputes this. However, it speaks to a bigger issue of St Francis' role in the design of a project. St Francis needs to be present at the design phase, specifying the regulations around employment, minimum wage, health and safety, government tendering etc. These issues should be scoped and defined before implementation begins. Moving forward these regulatory elements need to be laid out ahead of contracting and if necessary covered in a contract around the project with clear definitions of process (i.e. recruitment and procurement) and responsibility.

Key Recommendations

1. Formally recognise the role of all partners in the implementation of a project with clearly defined roles and responsibilities – this could be done through an MOU or partnership agreement, but any party receiving funds in a project must have a formal contract in place
2. Clearly defined planning around sustainability as part of a contract process needs to take place ensuring all maintenance and ongoing running costs are defined and budget responsibility is clear
3. Independent contracting should be a preferred mechanism for delivery of infrastructure works but appointment of contractor should be subject to public tender
4. Regular reporting as defined in a contract is essential and failure to report must have consequences
5. The establishment of a Donor forum could result in better coordination, sharing of resources and raise the standard of delivery across the board
6. A full project plan and budget with milestones clear deliverable linked to a contract needs to be in place before each project begins.

Recommendations for next steps

Given that the Water for Life Project as it currently stands lacks a sustainability plan a Phase 3 is required. This Phase 3 should incorporate the purchase and installation of water meters and the establishment of a plan for reading these meters and charging householders a fee.

However, before Phase 3 is undertaken the partnership would benefit from the following actions;

1. A project initiation document (a document laying out what the project is and who is responsible for what- a pre-contract/ agreement to proceed) See Appendix 5.
2. A project scope/specification document (the technical document laying out what the work will entail detailing materials, labour requirements and accounting for any technical expertise and regulatory requirements)
3. A project contract (specifying roles, responsibilities, reporting requirements, timelines, milestones, deliverables and financial arrangements) See Appendix 6
4. A reporting format for finance and narrative See Appendix 7
5. A detailed project plan (which visually represents the milestones, requirements etc laid out in the contract) See Appendix 7

In addition to the introduction of these specific tools for future project deployment, the partnership should consider the introduction of a Partnership Agreement/Memorandum of Understanding for the partnership. This would be a wider agreement to continue to work together. You may want to specify areas or a specific mission and to assign partnership roles and responsibilities. This document could be used as an opportunity to formalise the relationships broadly.

The Logie Legacy may also want to consider trying to drive the introduction of a donor/partner forum as this could be a useful tool for collaboration and coordination moving forward.

Potential Future Projects

Although not strictly in scope of this review, it is evident that there are several opportunities for Logie Legacy project delivery within the hospital. These include, but are not limited to the following:

1. **Water for Life (Phase 3) - Water Meters**

This is an absolute priority as the current investment in the water infrastructure is not secure without some planning for maintenance. This will need careful scoping and costing and a formal commitment on both sides about roles and responsibilities. It would be prudent before undertaking this project to ensure a clear picture of the current state of the pumps and bore holes is ascertained as there is a risk that these will fail before metering is in place and that the investment already made would be lost. It is strongly recommended this audit is conducted as a matter of urgency.

2. **Sanitation project**

There is clearly a need for significant improvement to the sanitation infrastructure and a desire by the partnership to explore a collaborative project of high public health significance. However, like the Water for Life project a sustainability plan and a proper scoping would be needed before beginning - although this may already be in passage with the recently Logie Legacy funded 'Technical Assessment' study by the specialist organisation, BORDA-Zambia . The cost of such an undertaking would not be insignificant and therefore it is strongly recommended that the partnership ensure that formal structures and operations are in place before undertaking such a costly and time-consuming intervention.

3. **Infection Prevention and Control Quality Improvement**

Undoubtedly and no doubt supported by Mr Wood's observations, significant gains can be made from undertaking a quality improvement exercise around Infection Prevention and Control. There may well be easy gains in improving certain processes but there is clearly need for wide scale training and behaviour change intervention. It is recommended however that more data is needed about Surgical Site Infection rates and Health Care Associated Infections to ascertain the degree of the problem and the areas for possible improvement.

4. **Nursing Training School Capacity Development**

We understand that St Francis are seeking to offer the 3 year diploma program for registered nurses and registered midwives but this has been held back largely due to lack of infrastructure development. The new lecture theatre, classroom and hostel are attempts to address these shortcomings. However more investment is needed - skills lab, computers, library facilities, staff housing. There may be opportunities to support this work, either through infrastructure investment of staff capacity development, curriculum development and delivery.

5. **Governance/Hospital Systems improvement including master planning**

The overwhelming observation is that, although reasonably well managed, the hospital lacks master planning, governance strength and strategic direction. A possible project could exist to support the development of a 5 year forward view and the development of a masterplan for the hospital site. The current approach is to pursue infrastructure funds from government and donors to improve and increase infrastructure. However, the systems to support this infrastructure are missing and no clear plan is in place for how the space is used or maintained. This obviously leads to void space, resource waste and inefficient, possibly even ineffective, use of donor money, as improvements are made on donor funds but then not integrated or maintained. This lack of master planning/strategy is a significant risk to the long-term sustainability of any investment. Significant gains could be made by improving the systems that exist to support this broader strategic thinking. This support could be given through capacity development and mentoring. However, it is recommended that if The Logie Legacy undertakes this they bring in management experts from the NHS or elsewhere to support it.

Conclusion

St Francis is an extraordinary place, blessed with some of the most genuinely kind, enthusiastic and community spirited staff, volunteers and partners. It is a hospital with a tremendous history and infinite potential. The partnership with the Logie Legacy is a strong and vibrant one which is marked with all the hallmarks of good partnership. There is mutual respect, mutual learning and undoubtedly mutual benefit. The single greatest challenge to the success of the partnership and its undertakings is a naïve approach to the management of funding and projects. As with so many partnerships such as this, born out of friendship and mutual trust there has been little investment in the partnership/project governance structures, resulting in delays and loss not necessarily through malice but through lack of structure.

This is by far the easiest thing to resolve in partnership as the introduction of clear parameters and useful tools will bring clarity and structure. It is clear both sides are up for this and any changes and structures would be mutually welcomed as expressed in all the interviews undertaken in the PIR.

The Logie Legacy is in a strong position to lead the way in implementing best practice in partnership approach and project management which would bring about significant capacity improvements in St Francis Hospital administration and management.

The desire for a successful conclusion to the Water for Life Project is strong across the partnership. An improved and safer water supply across the whole hospital network is a provision of fundamental public health importance. This success however is still to be determined but could be guaranteed by managing Phase 3 to a best practice standard and would set the partnership up for future successes.

Appendix 1

Review areas:

- Conduct a gap analysis
- Review the project proposal to evaluate how closely the project results match the original objectives
- Review the expected deliverables (including documentation) and ensure either that these have been delivered to an acceptable level of quality, or that an acceptable substitute is in place
- If there are gaps, how will these be closed?
- Determine whether the project goals were achieved
- Is the deliverable functioning as expected?
- Are error rates low enough, and is it fit for purpose?
- Is it functioning well, and in a way, that will adjust smoothly to future operating demands?
- Are users adequately trained and supported? And are there sufficiently enough confident, skilled people in place?
- Are the necessary controls and systems in place, and are they working properly?
- What routine activities are needed to support the project's success?
- If there are problems here, how will these be addressed?
- How does the result compare with the original project plan, in terms of quality, schedule and budget?
- Determine the satisfaction of stakeholders
- Were the end users' needs met?
- Is the project sponsor satisfied?
- What are the effects on the client or end user?
- If key individuals aren't satisfied, how should this be addressed?
- Determine the project's costs and benefits
- What were the final costs?
- What will it cost to operate the solution?
- What will it cost to support the solution in the future?
- How do the costs compare with the benefits achieved?
- If the project hasn't delivered a sufficiently large return, how can this be improved?
- Identify areas of further development
- Have all the expected benefits been achieved? If not, what is needed to achieve them?
- Are there opportunities for further training and coaching that will maximize results?
- Could you make further changes, which would deliver even more value?
- Are there any other additional benefits that can be achieved?
- Identify lessons learned
- How well were the projects deliverables assessed, and how well were timescales and costs assessed?
- What went wrong, why did these things go wrong, and how could these problems be avoided next time?
- What went well, and needs to be learned from?
- Report findings and recommendations
- What have you learned from this review?
- Do you need corrective activity to get the benefits you want?
- What lessons have you learned that need to be carried forward to future projects?
- Does this project naturally lead on to future projects, which will build on the success and benefits already achieved?

To answer these, I would need to meet with key project staff on the ground as well as some of those not involved in the project but benefitting from its implementation. I'm sure you have these people identified and meeting them shouldn't be a problem.

My plan would be unstructured interviews and then following up with any unclear elements.

I'm conscious of the sensitivities so am keen to frame this as preparation for future project rather than a review of the Water for Life project.

Appendix 2

List of Interviews Meetings Week 20th November 2017

Chris Faldon, Secretary, 'The Logie Legacy', Water for Life Project lead, Monday 20th November

Dr Lalick Banda, Hospital Medical Director, 21st November

David Mwanza Acting Accountant, 21st November

Collins Lwiindi, Project Accounts Assistant Finance Department, 21st November

Robert Banda, HR officer, 22nd November

Bruno Mwale, Hospital Administrator, 22nd November

Paul Splint, MSG, 22nd November

John Western, volunteer water engineer, 22nd November

Mike Baird, Scottish Water, 23rd November

Hillam Kalumbi, Head of Maintenance, 23rd November

Lemmy Mwale, independent contractor, 23rd November

‘Water for Life’ Project

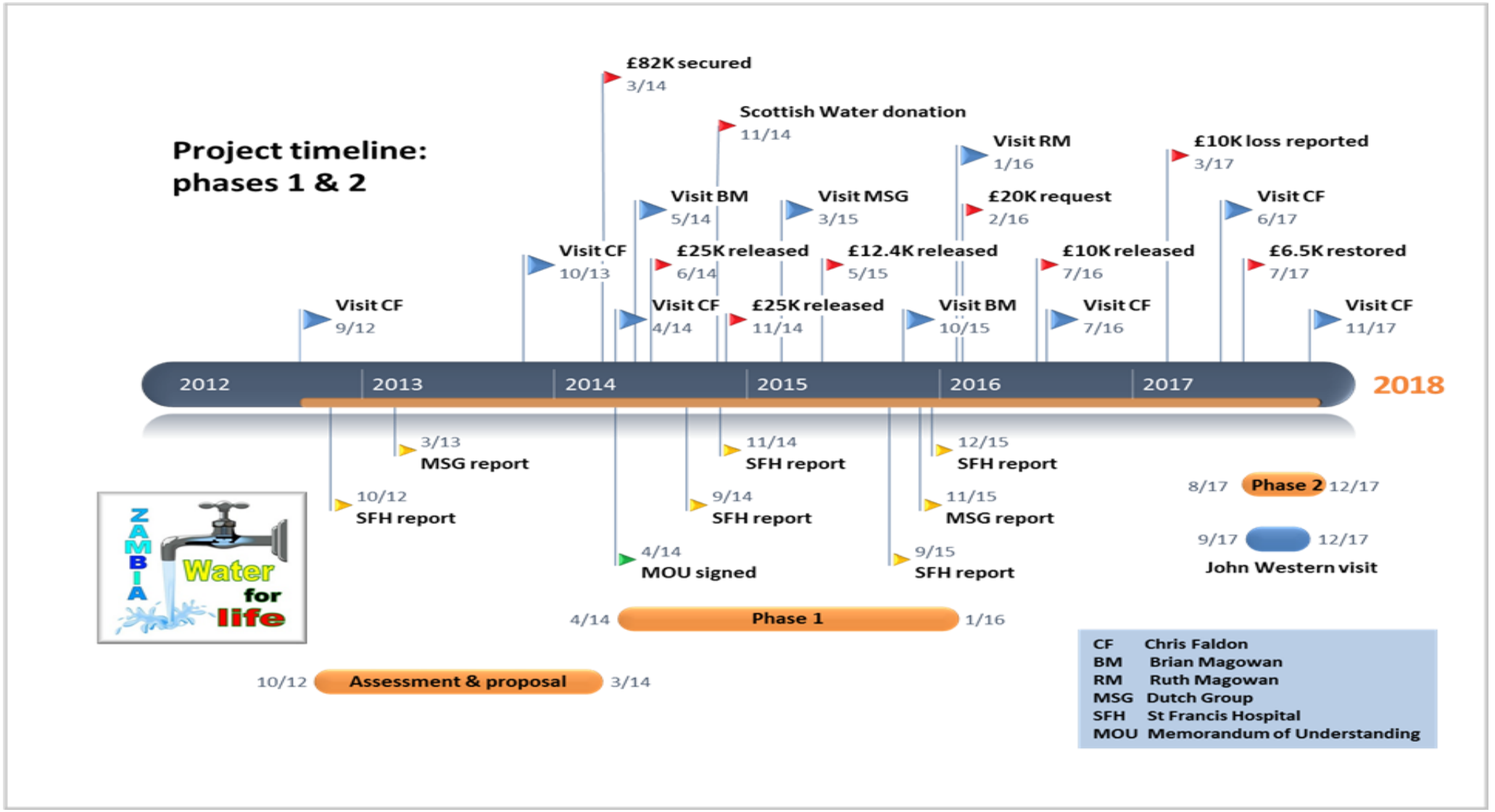
Breadth, Depth & Scope

Summary of the main project activities	Approximately £90,000 has been raised within the UK to secure improvements to the water supply and distribution. **Phase 1 - infrastructure (£75,000)** • Reflush and deepen 2 boreholes • Drill two new boreholes • Construct and install 2 sets of new booster pumps • Construct 3 elevated tanks • Lay down 7km new PVC pipes from the main storage tank to identified areas within the hospital compound **COMMENCED 08/2014 - THIS WORK HAS NOW BEEN COMPLETED** **Phase 2 - connections (£15,000)** • Connect to 140+ properties across the hospital site **COMMENCED 08/2017 - THIS WORK HAS NOW BEEN COMPLETED** **Phase 3 - sustainability (£10,000)** • fit water consumption meters to the domestic and commercial properties • establish a mechanism to collect water rates **NOT YET COMMENCED – REQUIRES FURTHER FUNDING**

Impact of development	1100 people use the water supply daily (when it is available!)
	
	• **Hospital wards and departments**
	  ○ Over 350 occupied beds at any one time
	  ○ 22,600 admissions per year
	  ○ Over 93,000 outpatients seen annually.
	• **Wider hospital compound**
	  ○ 130 houses
	  ○ 7 hostels
	  ○ nursing school with kitchen
	  ○ visitors mess with kitchen
	  ○ 2 primary schools
	  ○ Chada (small shops)
	  ○ SFH training centre
	
	A more reliable and safer water supply is now operational.
	
	The successful implementation of phase 3 should see a sustainable development to benefit the hospital community for many years to come

Appendix 4

Made with Office Timeline



Appendix 5

Example Project Initiation Document

Project Initiation Document

Revision History

Version	Date	Summary of changes	Changes marked

Approvals

Name	Date	Version

Distribution

This document has been distributed to:

Name	Date	Version

Purpose of Document

Background

Programme Definition and content

Project Organisation Structure and Accountabilities

Deliverables and Initial Work Plan

Phase	Key Actions

Project Controls

Risk/Constraints

Assumptions

Annex 1: Board Membership

Annex 2: Programme Phases and Key Deliverables

	Broad PID Actions by Programme Phase	Planned Programme Deliverables
Phase 1		

Appendix 6

MOU link

A specific contract would need legal consultation, this is a starting point

https://www.thet.org/wp-content/uploads/2017/09/Memorandum-of-Understanding-Template.pdf

Appendix 7

Reporting Template

Project status Report

Project Summary

REPORT DATE	PROJECT NAME	PREPARED BY
Date	Project	Victoria Tayler

Status Summary

To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own.

Project Overview

TASK	% DONE	DUE DATE	DRIVER	NOTES

Budget Overview

CATEGORY	SPENT	% OF TOTAL	ON TRACK?	NOTES

Risk and issue history

ISSUE	ASSIGNED TO	DATE

CONCLUSIONS/RECOMMENDATIONS

Appendix 8

Generic project planning materials with guidance

https://www.thet.org/wp-content/uploads/2017/09/How-to-Complete-a-Project-Plan.pdf