

**ESTABLISHMENT OF HOME-BASED CARE (HBC)  
STEP-DOWN FACILITY (HOPE FOR LIFE) FOR  
HIV/AIDS VICTIMS AT PELONOMI HOSPITAL  
IN MANGAUNG COMMUNITY BY 2006**

**PROJECT MANAGEMENT BASE LINE**

By

**MAMOJAKI (MONIMANG) EMILY MOHADI**

*Submitted in fulfillment of MDS 791 Dissertation as part of Masters for  
Development Studies degree intended to be completed by the end of 2005.*

**Supervised by Mrs. Greyling  
Centre for Development Support  
PO Box 339  
University of Free State  
Bloemfontein  
9300**

**September 05**

# TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS</b>	iv
<b>LIST OF ACRONYMS AND ABBREVIATIONS</b>	v
<b>ABSTRACT</b>	1
<b>EXECUTIVE SUMMARY</b>	1
<b>INTRODUCTION</b>	3
<b>CHAPTER 1: FEASIBILITY STUDY</b>	4
1.1 Team Selection	4
1.2 Situation analysis	4
1.2.1 General overview and background - Description of the Challenge/ Problem	4
1.2.2 Problem Situation – Causal Problem - Cause Effect Relationship	7
1.3 Conceptualisation of the Problem	8
1.3.1 Root Definition –CATWOE mnemonic	8
1.3.2 Gap analysis	10
1.3.3 Conceptual model	11
1.4 SWOT analysis	11
1.5 PESTEL analysis	12
1.6 Stakeholder analysis	13
1.7 Risk analysis	15
1.8 Profitability	17
1.9 Sustainability	18
1.10 Project Selection (Numerical and Non numerical Models)	18
1.11 Cost benefit analysis	20
1.12 Value Management	21
1.13 Conclusions on Feasibility Study	22
<b>CHAPTER 2: IMPLEMENTATION PLAN</b>	24
2.1 Outcome objective(s), standards and indicators	24
2.2 Output or result objectives and their measurements	26
2.3 Activity chart	29
2.4 Work breakdown structure (WBS)	31
2.5 Network chart	32
2.6 Gantt chart	33
2.7 ABC resource plan	34
2.8 Budget plan	36
2.9 Cash flow projections	37
2.10 Procurement plan	38
2.11 Human resources plan and OBS	39
2.12 Communication plan	41
2.13 Activity and resource management	43
2.14 Marketing plan	44
<b>CHAPTER 3: PROJECT MANAGEMENT: Monitoring and Control Strategies and Systems</b>	45
3.1 Management control systems	45

3.2	Quality management	46
3.3	Earned Value	47
3.4	Monitoring Process	49
<b>CHAPTER 4: PROJECT PHASE OUT</b>		<b>51</b>
4.1	Project evaluation	51
4.1.1	Assessing outputs	51
4.1.2	Assessing efficacy	51
4.1.3	Assessing efficiency	52
4.2	Training Programme for Project owners	52
<b>CHAPTER 5: CONCLUSIONS, RECOMMENDATIONS, AND REFLECTIONS</b>		<b>53</b>
5.1	The future of <b>HOPE FOR LIFE</b> project – Product Life Cycle	53
<b>LIST OF FIGURES</b>		<b>iii</b>
<b>LIST OF TABLES</b>		<b>iii</b>
<b>LIST OF SOURCES</b>		<b>55</b>

## LIST OF FIGURES

Figure 1:	<b>HOPE FOR LIFE</b> Problem Analysis – Causal Tree	7
Figure 2:	Risk Management Model	16
Figure 3:	<b>HOPE FOR LIFE</b> Work Breakdown Structure	30
Figure 4:	Relationships of Project team	40
Figure 5:	Network of Relationships – Communication Network	42
Figure 6:	Project Schedule Control Chart	45
Figure 7:	Control Loop	46
Figure 8a:	Earned Value Plan-No integrated planning	47
Figure 8b:	Revised/Integrated Earned Value Plan	48

## LIST OF TABLES

Table 1:	SWOT Analysis	12
Table 2:	PESTEL Analysis	13
Table 3:	Stakeholder Analysis	14
Table 4:	Risk Management Matrix	16
Table 5:	Scoring Model	20
Table 6a:	Outcome Objectives	24
Table 6b:	Output Objectives	26
Table 7:	Activity Chart	29
Table 8:	Gantt Chart	33
Table 9:	Resource plan	34
Table 10:	Budget Allocation	36
Table 11:	Cash Flow Forecast	37
Table 12a:	Procurement Plan	38
Table 13b:	Procurement Control	38
Table 14:	Profiles of Project Team	40
Table 15:	Project Responsibility Matrix	41
Table 16:	Monitoring Matrix	50
Table 17:	Decision Process Flow Chart	54

## **ACKNOWLEDGEMENTS**

Special thanks to my family: my husband, George, my son Tlogi and my daughter Ikgomotseng, for the love and support they had given me and especially my mother who had been there through thick and thin.

To all my friends, especially Phangi Malope and Punini Leluma, I thank you very much for your support during my studies. My ex-colleagues, at Pelonomi Hospital Quality Assurance Office, Baby Sesedinyane, Pinki Belot and Phila Garing, were the pillars of my strength.

I shall never forget, Miss Zanele Dlungwana, my co-student for her availability and endless encouragement for going through this project.

To Dr. NRJ van Zyl my former co-supervisor in Project Management and Thabiso Mokotsolane. Without their valuable guidance, assistance and motivation I would not have achieved and accomplished this work.

## LIST OF ACRONYMS AND ABBREVIATIONS

ACWP	Actual cost of the work completed. The sum of the costs incurred in accomplishing work.
AIDS	Acquired immune deficiency syndrome
BAC	Budgeted cost at completion. The total budgeted cost of the baseline or project cost accounts.
BCWP	Budgeted cost of the work performed. The earned value or original budgeted cost for work actually completed.
BCWS	BCWS Budgeted cost of the work scheduled. A cost estimate of the resources scheduled in a time-phased cumulative baseline.
CATWOE	Clients, Actors, Transformation, Worldview, Owners and Environmental
CBO	Community-Based Organizations
CV	Cost variance (BCWP - ACWP).
DOH	Department of Health
DOW	Department of Welfare
DSD	Department of Social Development
HBC	Home based care
HIV	Human immunodeficiency virus
MLM	Mangaung Local Municipality
NGO	Non-Government Organizations
PPM	Project Planning Matrix
PWA	People living with HIV infection or AIDS
ROI	Return of Investment
SMART	Specific, Measurable, Attainable, Realistic, Time bound
STD	Sexual transmitted diseases
SV	Schedule variance (BCWP - BCWS).
SWOT	Strengths, Weaknesses, Opportunities, Threats
VAC	Variance at completion (BAC - EAC or BAC - FAC). Indicates expected actual over or under run at completion
WBS	Work Breakdown Structure

## ABSTRACT

*Development on HIV/AIDS fighting and mitigating the impact of the plague in Africa and other developing nations has been slower in getting off the ground than in developed countries. The nature of development approaches, furthermore, in the early years was predominantly concerned with the biomedical and biological aspects of the epidemic. The social and economic aspects of the epidemic only later started featuring in the development agenda. HIV/AIDS in the long term will undermine social and economic development, because the epidemic undermines the determinants of development, which include social and human capital, and domestic savings. These broader macroeconomic impacts of HIV/AIDS all originate at the household and individual level, which is where the real impact of the epidemic is felt. In addition, it is imperative to focus on the impact and implications of the epidemic at household level to help identify appropriate and relevant development approach at community level.*

*Consequently, this document proposes establishment of home-based care facility HOPE FOR LIFE to empower the community of Mangaung to participate in the fight of the HIV/AIDS scourge. This will be done by means of systematic project management formulation, implementation and control tools and techniques.*

## EXECUTIVE SUMMARY

The HIV/AIDS plague is one of the biggest health and social challenges that threatens human existence because of its complicated nature that confronts and undermines numerous attempts to control scourge. The HIV/AIDS scourge perpetuates poverty and is also aggravated by poor living conditions in which billions of the people live in. The fact that medical knowledge is not yet able to control the pandemic and is too expensive and unaffordable for millions infected people it is directly responsible for high mortality rates. Furthermore the impact and implications of the epidemic result in human beings in particular those who are infected, affected and inflicted by HIV/AIDS to feel frustrated, helpless and morbid with bleak future.

As a result it is important to involve by initiating collective approaches that will mobilize and rally communities to take part in fighting the scourge with the aim of addressing both health and social issues. The proposed project consists of four phases namely, the formulation, the implementation, the organizational structure and control and evaluation of the project.

**The formulation of Hope for Life Project**

The formulation process for HOPE FOR LIFE project depends on the findings and recommendations identified from the Feasibility Study in which the viability of the project was determined through assessing the current situation and its implications to the infected, affected and inflicted Mangaung community members, the gap that makes it impossible for the affected community to change their current situation to the ideal situation of mitigating the scourge.

The impact of the problem is described and verified through cause and effect relationship to assist the stakeholders to identify and select the appropriate project and to formulate relevant objectives. In addition this section analysed the position and chances of project owners to execute the project by weighing up costs against the desired benefits. During feasibility study process factors that may influence and affect the success or failure of the project such as the internal issues like capacity and ability of projects owners to implement the project as well as external environment including availability of funding were analysed through analytical techniques such as SWOT, PESTEL, Risk analyses and many more others. The findings and recommendations from feasibility study support the implementation of the selected project because its profitable in that its benefits surpass the costs that may be incurred. The following section is going to design the implementation tools to ensure effective achievement of HOPE FOR LIFE PROJECT.

**The implementation of Hope for Life Project**

The implementation tools for HOPE FOR LIFE project are planned, designed and developed through project management planning and control techniques to ensure effective execution of activities required to achieve the set objectives. These are detailed and simplified to ensure that they are clear and manageable. Various tools that are used include Activity Chart, Network Chart Gantt Chart, to analyse the relationship of the activities and their time frames. Other tools include the resource plan and resource sheet, which lists the required (both human/work and material) resources to implement the activities. Furthermore the financial plan in the form of project budget and cash flow projections are made to ensure that the activities and resources are well costed for execution of the projection. The estimated total costs for the project are R1050 000.00.

## **Human Resources Plan and Organizational Breakdown Structure (OBS)**

The aforementioned implementation plan depends on the ability of the human resources to organise themselves and to manage the project effectively and efficiently. This depends on their ability and skills of the project team. In addition the useful tools for project management include procurement plan, communication plan, and other administration and management strategies.

## **The Evaluation of Hope for Life Project**

In order to ensure that the project is effectively and efficiently the project manager is going to audit the project progress documents to determine quality performance. Furthermore the transition of the project life cycle into product life cycle is going to be discussed to ensure that the project owners are prepared to operate independently.

## **INTRODUCTION**

This document is a proposal for an establishment of home-based care (HBC) step-down facility (Hope For Life) for HIV/AIDS victims at Pelonomi hospital in Mangaung community by 2006. The proposal is designed with project management planning and control techniques to ensure effective and efficient execution of tasks. The project is aimed at improving the quality of life of Mangaung community by mitigating the impact of HIV/AIDS to the infected, affected and inflicted individuals and their family members.

This effort is in line with global society's attempts to identify more appropriate strategies that can be employed in fighting the HIV/epidemic. Consequently the HBC was regarded as more relevant and practical solution to address the development issue of HIV/AIDS by involving the community.

The proposal is subdivided into formulation, implementation and control phases to ensure that the project achieves the desired objectives and moreover its beneficial to the people to whom it is intended for. Consequently the following section is going to assess the viability of the project.

## CHAPTER 1: FEASIBILITY STUDY

The aim of the study is to assess the practicability of organising a step down facility (proposed name is HOPE FOR LIFE) to serve the public of Mangaung whereby a building at Pelonomi Hospital will be used for this purpose. This is in line with the government effort to fight and control the pandemic and to give support to them. In this way the section assesses the capacity of project owners to plan and execute the project. Mainly it focuses on chances for success of the project.

### 1.1 Team Selection

In order to ensure that the feasibility study as well as the whole project is professionally undertaken and to ensure that it identifies appropriate and relevant strategic plan project team is selected. The project team consists of Project Manager, Project Team (M. Coetzer, M. Rasunyane, Sarah de Wee) who were selected because of their involvement of HIV/AIDS coordination at Pelonomi Hospital. The aforementioned Project Team members are selected because of their involvement and experience in HIV/AIDS in their work environment. The main responsibility of the team is to formulate and implement the strategic plan to achieve the proposed project. The team members are selected according to their skills and abilities required to carry out planned tasks effectively and efficiently (see *chapter two subheading 2.10 Human Resource and OBS on page 40*).

### 1.2 Situation analysis

In order to understand current situation about the HIV/AIDS pandemic it is crucial to analyze its general overview so as to assess its implications to the infected and affected individuals, their families, community in general – including community organizations – as well as its impact to health and socio-economic development in general.

#### 1.2.1 General overview and background – Identification and Description of the Challenge/Problem

While the morbidity and mortality of HIV/AIDS scourge continues to increase with about 16 000 new infections per day new models of care start to shift from individual health care to broader determinants of health in general. These include social, economic, cultural and political factors. Hence emphasis is placed on models of care that mobilise community with the aim of addressing wider context of the disease (De Guzman 2001:663). However, De

Guzman points out that this concept is relatively new thus is not completely conclusive strategy to mitigate the epidemic.

Social factors such as social structures resulted in other groups being more vulnerable than others. For example some cultures deny women decision-making power on sexual activities, while on the other hand limited information, knowledge and resources result in many people being vulnerable and victims of the scourge. In order to reduce the gap De Guzman (2001:666) emphasis the importance of mobilising the communities by empowering individuals through education, income-generating schemes and other empowerment interventions. In addition other interventions need to focus on reducing societal stigmatisation and discrimination against the disease. The aforementioned strategies have the potential for sustainable attitude and behavioural change towards unsafe sex. De Guzman is of opinion that sustainable behavioural change is possible through community participation and assumption of responsibility for ensuring respectful care of individuals living with HIV/AIDS. With limited medical treatment in reducing the scourge and the complications associated with available medical treatment such as costs and uncertainties for compliance with treatments for medications such as anti-retroviral therapy community approach is desirable. The community care approach can also be useful in adopting the TB-DOTS treatment therapy to ensure compliance.

Taking into consideration the aforementioned situation in which it is envisaged that both home based care (HBC) and community based care (CBC) has the potential of influencing the determinants of HIV/AIDS scourge, consequently the need for establishment of these structures is crucial and urgent. In addition such structure may relief the impact of overcrowdings at health facilities such as hospitals due to an increase of patients due to illnesses related to HIV/AIDS infections who are often forced to be discharged and sent back home where there is no professional support and care. Consequently efforts made by the (HBCs) and (CBCs) do also relieve the family members by providing professional support to care for the infected individual and to counsel and educate them to prepare them for future after loss of their beloved one.

In response to this call in 1999 the South African Government specifically formulated HIV/AIDS and STD Strategic Plan to create an enabling environment to deal with the scourge. The strategy was proposed by Health Minister DR M Tshabalala-Msimang in

response to call from the State President Thabo Mbeki to involve all sectors of the society to be actively involved in combating the scourge (Department of Health 2000:1). The general aims of the strategy are to reduce number of new infections and to reduce the impact of HIV/AIDS on individuals, families and communities. Given the fact that community-based approach was stated as a more appropriate method of dealing with this epidemic the following strategies, education, promotion of voluntary testing, care and treatment are social-oriented are selected as guiding tool for selecting this project.

It is acknowledged that community based care service agents are established throughout the country including Free State Province but most of them do not offer integrated, sustainable care giving in that they are informal community-based organisations with poor resources. Furthermore they are established and managed by community members with limited capacity often not close to health providing facilities such as hospitals. On the other hand hospitals have limited resources, which result in overcrowding that forces infected patients to be discharged prematurely. In order to illustrate the complex nature of lack of coordinated home based care facilities the cause effect principle is going to be used to show root cause that contributed to the current change and its long term effects.

1.2.2 Problem Situation – Causal Problem - Cause Effect Relationship

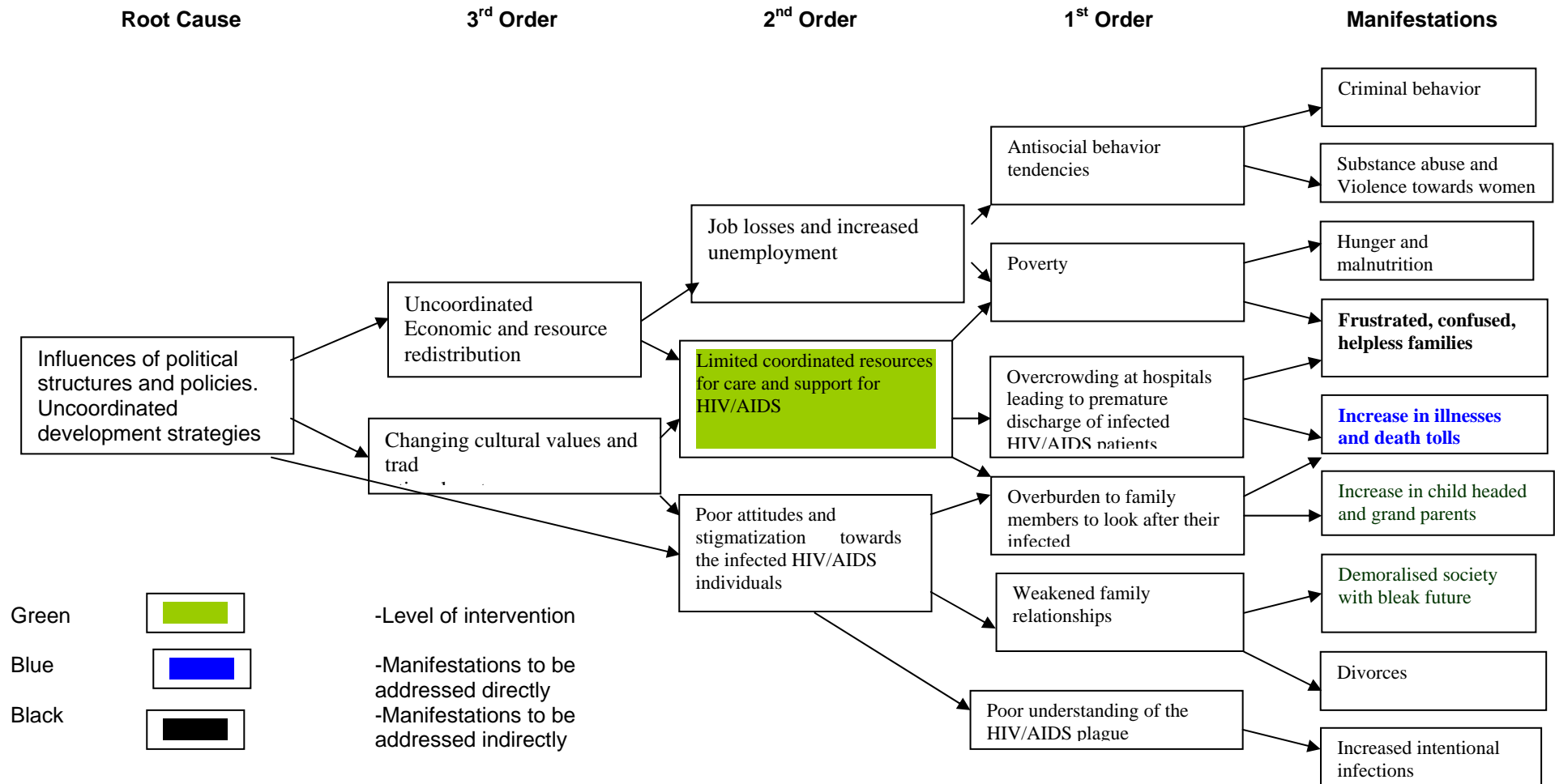


Figure 1: HOPE FOR LIFE Problem Analysis – Causal Tree

Looking at the cause-effect (causal tree) relationship in figure 1 above it is clear that root cause of identified is multi dimensioned resulting in more complex results or symptoms such high increases in illnesses and death tolls and many other implications. Consequently the project (HOPE FOR LIFE) aims to redress the situation by intervening by establishing the facility that will contribute towards reduction of the implication of the HIV/AIDS pandemic.

### 1.3 Conceptualisation of the Project

This section further describes the current situation, the gap that exists between the current situation and the ideal situation.

#### 1.3.1 Root Definition –CATWOE mnemonic

The CATWOE mnemonic is a root definition that aims to analyse the current situation (development problem for an example lack of step down facilities for HIV/AIDS infected individuals) and it stands for Clients, Actors, Transformation, Worldview, Owners and Environmental constraints. In order to understand the role of the project in improvement of the current situation it is advisable to start with transformation activity because it contains the core essence of the project.

- **Transformation:** The main purpose of the project is to offer the infected HIV/AIDS individuals who cannot be housed in health structures like hospitals and those who cannot receive proper care at their homes at a more affordable but professional accommodation and care. The care provided goes beyond health (physical and psychological) factors but is inclusive of social aspects by including affected and afflicted family members to help them face the reality of loss of their beloved and prepare them for a changed life set-up. In this way HOPE FOR LIFE HBC will achieve the long-term objective of raising awareness and educating communities about the implications of the pandemic by encouraging attitude and behavioural change. Transformation aims to shift paradigm by empowering people to take informed decisions about matters that affect them. Although HOPE FOR LIFE will be housed in the hospital premises it will be independently managed and its approach will be community-based one, which is customer friendly because community members will be involved.

- **Clients:** The direct beneficiaries include infected, affected and afflicted individuals their families and friends from the community of Mangaung and Free State Province in general who need professional care. This may also include members of the community who need to broaden their knowledge about the epidemic.
- **Actors:** This constitute of involved stakeholders like, board of directors, executive committee, project manager, project team, local government, tourists and donors. This may also include those who are against the idea. These actors have the power to make the project to succeed or fail.
- **Worldviews:** Main aim of HOPE FOR LIFE's mission is to extend government's goals of preventing spread of the HIV/AIDS scourge and providing quality care to the infected through HBC approach. It also aims to promote community participation in learning more about the implications of the scourge and to teach community members about available preventative measures. The principles of the project are based on both National and International development policies that aim to prevent the plague.
- **Owners:** Project owners consist of project initiator (project owner), project team, two community organisations and two nurses.
- **Environmental constraints:** Potential obstacles to be dealt with may include both material and non-material resources
  - **Material obstacles:**
    - ◆ Failure to secure adequate funds for the project.
    - ◆ Failure to secure the ideal building structure
    - ◆ Lack of equipment, furniture, surplus material and so on.
  - **Non-material obstacles:**
    - ◆ Lack of operational skills to organise themselves (Project team / members).
    - ◆ Lack of commitment by project owners, because of lack of motivation
    - ◆ Past failure rates on projects
    - ◆ Political influences which such as 'high jacking' of the project for political purposes
    - ◆ Poor care giving skills by the officials and the volunteers
    - ◆ Lack of interest to help with professional skills by the health workers (non-members) such as doctors, nurses and psychologists from the hospital

The possible solution for most of material obstacles depends on the availability of funds. Generation of funds depends on the impact of this proposal to convince the donors about

the importance of the project objective and the expected outcomes. The non-material obstacles are of primary concern because failure of human resources to apply the outlined project management tools and techniques to the project can result in the failure of the whole project in spite of availability of funds. In that case the project owners may be confused, frustrated and distrusting the ability of project management to help them to reach their objectives. Thus special attention will be paid on human development throughout the project. Minimum requirements for the success of the project include the following:

- Procurement of ideal building within Pelonomi premises
- Human capital (organizational structure)
- Funds to cover expenses like, incentives, transport and rental costs.
- Utilities such as technology (telephone, fax, computer etc.)
- Facilities like office, means of transport (when needed)
- Administration facilities like stationery, equipment and furniture, etc.
- Marketing strategy (advertising and promotion) to sell it to the community members and the external world.
- Ability to deal accordingly with contingencies, that is, unexpected occurrences (risks/challenges) that were not predicted.

Proper preparation of this document/proposal will ensure that above mentioned requirements are satisfactorily met.

### **1.3.2 Gap analysis**

Continuous rapid growth of HIV/AIDS infections and projected death tolls caused by diseases that are HIV/AIDS related, lack of resource (expensive medication, care facilities, overcrowdings at hospitals), need for specialised trained human resources to ensure compliance with prescribed medication undermines efforts made to deal with the plague, that is, establishment of other community care organisations that are not well capacitated with skills and capital. Currently lack of adequate HBCs perpetuates the implication of the epidemic at the community. As a result this situation 'dims the little hope' the affected and infected individuals and their families may have for dignified life, information, knowledge and proper care. In general it makes it difficult to reduce the impact of the disease in the community.

Therefore establishment of HOPE FOR LIFE is envisaged to help bridge the gap in a unique way because its position is within health facility that is well established and is accessible by most patients. This is going to put HOPE FOR LIFE in a good position especially during emergencies. Both inmates of HOPE FOR LIFE and Pelonomi hospital will be transferred from one institution to the other whenever necessary.

### **1.3.3 Conceptual model**

In order to establish the project successfully the following key output objectives must be accomplished:

1. Securing adequate funding for the project
2. Obtain right of use of 'ear marked' venue from the Pelonomi Hospital authorities
3. Procure adequate equipment and furniture and other innovation materials for the project
4. Recruit competent staff and volunteers with adequate expertise and provide required development training.
5. Evaluate and officially commission and hand over the project to the owners

In order to affirm achievement of the aforementioned objectives, a number of techniques are going to be discussed and analyzed to assess the chances of project owners and the project team's ability and capability of realizing their objectives of getting the project 'off ground'.

### **1.4 SWOT analysis**

The aim of SWOT analysis is to ensure that the project has the potential of succeeding. Consequently strengths and opportunities are going to be optimized, while the weaknesses and the threats are going to be mitigated so as to optimize the chances of success.

### SWOT Analysis Framework

**Table 1: SWOT Analysis**

	Internal factors	External factors	
<b>Strengths</b>	<ul style="list-style-type: none"> <li>➤ Existence of the current international and national policies on dealing with HIV/AIDS such as HIV/AIDS &amp; STD Strategic Plan 2000/2005</li> <li>➤ Recognition of the importance of Community-based care facilities</li> <li>➤ Contribution combating the plague</li> <li>➤ The building is within the premises of Pelonomi Hospital</li> <li>➤ Accessibility to clients</li> <li>➤ It has the support of the community and councilors of Mangaung</li> <li>➤ Focus on only HIV/AIDS infected patients thus providing specialized service as compared with the hospital that caters for various illnesses.</li> </ul>	<ul style="list-style-type: none"> <li>❑ Project owners work in close collaboration with relevant government departments like DSD and DOH for support</li> <li>❑ Establishment of network with other service providers for referrals</li> <li>❑ Potential sponsors and community are keen to support the project</li> <li>❑ Contribution towards goals of Strategic Plan for HIV/AIDS and STD to prevent and reduce infections</li> <li>❑ Close collaboration with Pelonomi Hospital during emergencies for specialised assistance</li> <li>❑ Offloading of burden from the hospital to the centre during overcrowding in hospital</li> <li>❑ Sharing of resources available at the hospital</li> </ul>	<b>Opportunities</b>
<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>❖ Need for a well formulated strategic plan such as project management to implement manage the project</li> <li>❖ Lack of reliable source of income</li> <li>❖ Lack of adequate equipment and furniture</li> <li>❖ Lack of skilled health technical expertise</li> <li>❖ Lack of skilled social technical expertise</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of adequate funding</li> <li>• Insufficient procurement of required resources (both human and material)</li> <li>• Inadequate support from the individuals, family members, community members</li> <li>• Competition from other home care service agents</li> <li>• Improper attitude from health providers towards care givers and the patients</li> <li>• Conflict and misunderstandings on roles played between the DOH and DSD departments</li> </ul>	<b>Threats</b>

According to the above SWOT analysis table looking at the internal factors such as project strengths the project owners are in a good position to implement the project as compared to the weaknesses they may experience. Furthermore looking at external factors such as opportunities the project has a better chance of being competitive against its competitors.

#### 1.5 PESTEL analysis

PESTEL technique on the other hand analyses other opportunities and/or constraints such as political, economic, social, technological, environmental and legal issues that may favour or hinder the progress of the project. Furthermore PESTEL analysis is useful in identifying positive aspects that may contribute towards the success of the project.

**Table 2: PESTEL Analysis Framework**

<b>Political</b>	<ul style="list-style-type: none"> <li>➤ All relevant stakeholders are involved, including the political leaders, authorities at the hospital, the DOH and DSD departments</li> <li>➤ This was done to ensure that the project is aimed at meeting community needs and to confirm them</li> <li>➤ The project is transparent, participatory to ensure that it is well supported at all levels</li> <li>➤ The project is aimed at meeting the National political goals of improving standard of living of all members of the society</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>➤ Development of sound financial management strategy to ensure funds are utilized according to plan</li> <li>➤ Inadequate funding and management can impact on the progress of the project because it may be difficult to procure required resources</li> <li>➤ Since the project is not aimed at profit making there will be no monetary value associated with its activities, but its profitability is based on achieving outcome objectives such as offering HBC to the infected, afflicted and affected people.</li> <li>➤ However, it will benefit the clients in that they will be relieved from financial needs such as medication, food, and so on</li> <li>➤ In addition the project will provide financial support for the volunteers in the form of stipends valued at about R500 per month</li> <li>➤ Network with other programmes to help the infected and affected family members to create income generating activities</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>➤ This project is going to decrease burden of care from the family members and the community in general</li> <li>➤ The project is also going to provide psychological needs for the afflicted and affected family members and prepare them to face reality with stronger attitude</li> <li>➤ Professional care both for health or social needs is going to be provided</li> <li>➤ Provide long term solutions such as education and attitude change towards safe sex and behavior towards HIV/AIDS plague in general</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>➤ Access to advanced health technology such as X-rays, laboratory, computers and so on available in the hospital</li> <li>➤</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>➤ The project has no impact on environment because it is going to be established in an already existing building structure</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>➤ The project is guided by a number of legal frameworks both international and national that are aimed at fighting against HIV/AIDS pandemic. These include Strategic Plan for HIV/AIDS and STD for 2000/2005, Development Programme policies and so on.</li> <li>➤ HOPE FOR LIFE HBC is going to be run by regulations and policies based on its own constitution</li> </ul>

Looking at the above environmental dimensions of PESTEL analysis the project has good chance of succeeding as it takes into consideration the opportunities that the facility will bring in the future for the community.

### 1.6 Stakeholder analysis

This section focuses on project stakeholders or participants. The main aim is:

- ☛ To identify individuals who has an interest in the success or failure of the project;
- ☛ To assess their stake in the project;
- ☛ To better understand the social and political issues which the project planners must take into account

Identification of stakeholders involved listing potential stakeholders, short listing them by selecting the most important ones and lastly by assessing their role in terms of their problems/needs, interests/expectations, potential/contribution and linkages to others/priorities

**Table 3: Stakeholder Analysis**

Participants/ stakeholders	Needs and Expectations	Role and Contributions	Linkages (conflicts, cooperation, dependency)
<i>Project owners</i>	<ul style="list-style-type: none"> <li>☞ Establishment of Step-down facility for home-based care service.</li> <li>☞</li> </ul>	<ul style="list-style-type: none"> <li>* Participate in project planning</li> <li>* Decision makers based on policy and objectives</li> </ul>	<ul style="list-style-type: none"> <li>☞ Well define project scope</li> <li>☞ Willing to cooperate in project management</li> </ul>
<i>Originator, project manager</i>	<ul style="list-style-type: none"> <li>◆ Identify community problems</li> <li>☞ Ensure successful completion of the project</li> <li>☞ Central role player in project management</li> </ul>	<ul style="list-style-type: none"> <li>* To see to it that the project is successful.</li> <li>* Facilitate all the relevant activities.</li> <li>* Responsible for the success or failure of this venture.</li> </ul>	<ul style="list-style-type: none"> <li>☞ Contribute towards community development by offering required skills to formulate, implement and control the project</li> </ul>
<i>Sponsors</i>	<ul style="list-style-type: none"> <li>◆ Adequate financial management skills</li> <li>☞ Expect project team to be self-sufficient and have adequate financial management</li> </ul>	<ul style="list-style-type: none"> <li>* Mainly (DOH &amp; DSD departments)</li> <li>* To support the HOPE FOR LIFE financially and otherwise</li> <li>* Facilitate and coordinate HOPE FOR LIFE</li> </ul>	<ul style="list-style-type: none"> <li>☞ Support HOPE FOR LIFE project which will contribute towards community development – reduction of HIV/AIDS impact</li> </ul>
<i>Infected, afflicted and affected family members</i>	<ul style="list-style-type: none"> <li>◆ Proper care and counselling</li> <li>◆ Sufficient food and health security</li> <li>◆ Access to home-based care facilities.</li> <li>☞ Access to information and knowledge</li> <li>☞ Support and empathy</li> </ul>	<ul style="list-style-type: none"> <li>* Users and beneficiaries of services</li> </ul>	<ul style="list-style-type: none"> <li>☞ Information and knowledge about their status</li> <li>☞ Receive treatment and dignified care</li> </ul>
<i>Project Team</i>	<ul style="list-style-type: none"> <li>◆ Inadequate skills to implement project activities</li> <li>☞ Training and supervision from the project manager to ensure that relevant activities are performed according to plan</li> </ul>	<ul style="list-style-type: none"> <li>* Responsible to ensure that the project is attainable. They are responsible to ensure that all activities are achieved</li> </ul>	<ul style="list-style-type: none"> <li>☞ Learn and assist the project owners with professional skills to ensure that the project is successful</li> </ul>

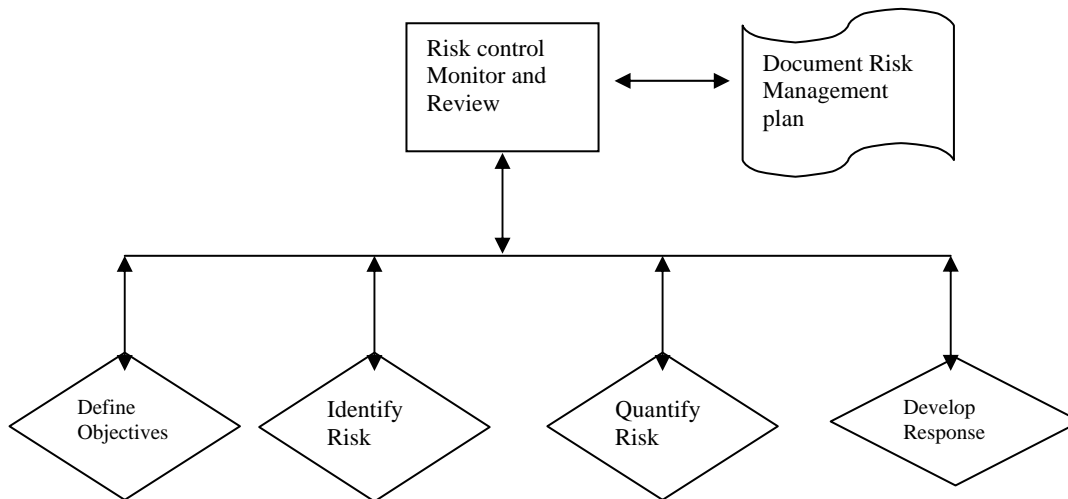
Participants/ stakeholders	Needs and Expectations	Role and Contributions	Linkages (conflicts, cooperation, dependency)
<i>Suppliers</i>	<ul style="list-style-type: none"> <li>☞ To provide their services and products in time to ensure smooth running of activities</li> </ul>	<ul style="list-style-type: none"> <li>* They are responsible for prompt delivery so as to ensure that deadlines are met.</li> </ul>	<ul style="list-style-type: none"> <li>☞ Supply services and goods though negotiated credits</li> </ul>
<i>Political parties (local government)</i>	<ul style="list-style-type: none"> <li>☞ Increased number of their followers participating in activities that improve their livelihoods</li> <li>☞ Expect community participation in the project</li> </ul>	<ul style="list-style-type: none"> <li>* Representatives from political organisations are responsible to raise awareness about the need for this project so as to ensure its support from the community at large</li> </ul>	<ul style="list-style-type: none"> <li>☞ Assist in this project as part of community development</li> </ul>
<i>Community in general</i>	<ul style="list-style-type: none"> <li>☞ Increased number of the community members participating in activities that involve improvement of their knowledge about HIV/AIDS</li> <li>☞ Relieved from the burden of caring for their own patients</li> </ul>	<ul style="list-style-type: none"> <li>* Community members are also expected to raise awareness about the project as the political parties</li> </ul>	<ul style="list-style-type: none"> <li>☞ Support the project</li> </ul>
<i>Technical Supporters and facilitators (DOH and DSD) departments</i>	<ul style="list-style-type: none"> <li>◆ Poor management of development projects</li> <li>☞ Improved knowledge and abilities from the community members to apply their knowledge</li> </ul>	<ul style="list-style-type: none"> <li>* Provide relevant educational advice</li> <li>* Provide financial support</li> <li>* Coordinate and facilitated the project</li> </ul>	<ul style="list-style-type: none"> <li>☞ Fund the project</li> <li>☞ Provide technical advises</li> </ul>
<i>Professional providers (business consultants, legal advisers)</i>	<ul style="list-style-type: none"> <li>☞ Draw and draft relevant contracts</li> <li>☞ Provide counselling were necessary</li> </ul>	<ul style="list-style-type: none"> <li>* Legal counselling from appointed legal agency will be sought with the aim of ensuring that all legal procedures are followed</li> </ul>	<ul style="list-style-type: none"> <li>☞ Assist with professional services</li> </ul>

The aforementioned stakeholder matrix clearly indicates the needs and expectations, roles and contributions, linkages of each stakeholder to the project. This is useful in determining their needs and their role in the project to ensure its success.

### 1.7 Risk analysis

In this section focus is on the risk management of identified potential risks that may hinder the progress of the project. Risk management is according to Burke (2001:230) “the processes concerned with identifying, analysing and responding to uncertainty [throughout project life-cycle]. It includes maximising the results of positive events and minimising the consequences of adverse events”. The aim of risk management is to ensure that the

project team is prepared and well equipped to face unknown circumstances and ready to deal with such challenges in order, to avoid failure of the project. Therefore, Risk Management Model will be implemented. This model helps to define objectives, identify risks, quantify risks and develop relevant responses.



Source: Burke 2001:230

**Figure 2: Risk Management Model**

The following matrix is going to help in illustrating the above Risk Management Model. The Risk Management Model helps to formulate risk management plan and risk management implementation (monitoring and controlling) through training and communication.

**Table 4: Risk Management Matrix**

Define Objectives	Identify Risks	Quantify Risks	Develop Responses
<b>Project Objectives (outcomes) (Intervention Level)</b> Establishment of home-based care step-down facility (HOPE OF LIFE) at Pelonomi Hospital in Mangaung Community by 2006, that will cater needs for HIV/AIDS infected individuals, afflicted affected family members	<ul style="list-style-type: none"> <li>➤ Failure of achievement of the output objectives as outlined below</li> <li>➤ Failure to control and project triangle (time, resources – human &amp; material – and work/performance)</li> </ul>	<ul style="list-style-type: none"> <li>➤ During initial stage of the project risks appeared to be frequent but after defining the objectives they were minimized</li> <li>➤ Evaluate objectives of the strategic plan and review them accordingly</li> </ul>	Formulate well defined strategic plan and implement it accordingly to achieve output objectives <ul style="list-style-type: none"> <li>➤ Develop appropriate project management tools, and control techniques to manage project triangle</li> </ul>
<b>Output Objectives:</b> 1. Secure R1000 000 start up project funding by February 2006	<ul style="list-style-type: none"> <li>➤ Poor formulation of project strategic plan that fails to convince sponsors</li> </ul>	<ul style="list-style-type: none"> <li>➤ During initial stage the risk is high</li> <li>➤ During project development the risk declined</li> </ul>	<ul style="list-style-type: none"> <li>➤ Integrated formulation of strategic plan that include sponsors at all levels</li> <li>➤ Development of sound financial management strategy that ensures proper</li> </ul>

Define Objectives	Identify Risks	Quantify Risks	Develop Responses
			management of funds
2. Renting of identified venue by May 2006	➤ Failure to secure the identified building at Pelonomi Hospital	➤ Moderate risk because initial discussion has been made	➤ Involve authorities at all levels at the hospital to ensure that they remain informed about the progress of the project
3. Renovation of the facility	➤ Failure to procure renovation material	➤ Low risk	➤ Review the resource sheet against the plans
4. Procure equipment and furniture according to the list of the facility's resource requirements by May 2006	➤ Poor procurement of equipment and furniture due to inadequate funds	➤ Moderate risk depending of availability of funds	➤ Regular review resource sheet to meet available funds
5. Recruit staff and develop training programmes by 10 March 2006	➤ Poor recruitment and training of staff	➤ Low risk because of interest and commitment shown by project owners and community members	<ul style="list-style-type: none"> <li>➤ Develop sound recruitment programme and advertise it sufficiently.</li> <li>➤ Provide adequate training and development programme for the staff and the volunteers</li> </ul>
6. Commission project by June 2006 and hand over to the community	➤ Delay of commissioning due to failure to deal with any project triangle constraints	➤ Moderate provided proper project management skills are applied	➤ Take into consideration the impact of project triangle in delaying the project, thus applying techniques such as Earned Value to monitor progress and deal with unpredicted situations accordingly

In order to assess the impact of potential risks, risks are identified, quantified according to each objective so as to formulate appropriate strategy to mitigate the risks. These strategies are useful in optimising the chances of the project to succeed.

### 1.8 Profitability

Since this project is not going to generate profit, but aimed at benefiting community through home-based care and other HIV/AIDS related services monetary profit is insignificant and inappropriate main aim is only to improve quality of life of the infected, affected and afflicted individuals and their family members. Its profitability is meeting its outcome objectives, which is to offer HBC services to the clients. The availability of HOPE FOR LIFE is expected to improve health and quality of life of the aforementioned clients by preparing the terminally ill through palliative programme, while on the other hand it will help the afflicted and affected family members to face the reality of losing the beloved one. Generally it will help restore the dignity and respect that the infected individuals and their afflicted and affected family members deserve as people.

## 1.9 Sustainability

The sustainability of the project does rely on:

- Securing reliable and sustainable income,
- Acknowledgement of the importance of HBC services offered by HOPE FOR LIFE to the infected afflicted and affected individuals and general support to the community.
- Commitment of all stakeholders in realizing their desired objectives
- Support from health providers (nurses and doctors) from the hospital
- Proper training for the volunteers and their continuous willingness to help

Given full assurance and willingness to provide the aforementioned enabling conditions by all interested stakeholders it is proper to indicate that the project has the potential to be sustainable.

## 1.10 Project Selection Models

The selection of this project is based on the numeric and non-numeric models, which were used to identify and appraise project options and general factors that influenced in decision-making on selecting this project. The selection of the project is based on the following considerations developed by Meredith, Production, Marketing, Financial, Personnel and administration.

### Production Considerations

- It is guess estimated that HOPE FOR LIFE would function by January 2006. However, this will depend on successful completion of outlined output objectives. In addition the ability to produce and provide desired outcome objectives such as home-based care services and other services such as counselling. It is envisaged that HOPE FOR LIFE will be more effective and efficient because its approach is integrated in that it accessible both the hospital and the community.

### Marketing Considerations

- It is estimated that users are going to access HOPE FOR LIFE through referrals from the clinics and mainly from Pelonomi Hospital itself, while others will be direct from the community
- Users are expected to come in numbers because HOPE FOR LIFE is going to be HBC specializing specifically to HIV/AIDS needs

- In order to ensure delivery of good quality service, HOPE FOR LIFE will provide the service that is client friendly in that it relieves burden from the family members while involving community members who are willing to participate through volunteering.
- HOPE FOR LIFE will be offering skills to care givers, which they can use even after leaving the HOPE FOR LIFE. In addition caring for caregivers programme is going to be developed to help caregivers to cope with stressful situations.

### **Financial Considerations**

- General cost of the functioning of HOPE FOR LIFE may change from time to time depending on the new information from consultants that may lead to reviewing of the set objectives.
- Basically the centre will be functioning as non-profit making organization, thus it will rely on charity sponsors as well as contributions made by the business people and the community in general.
- Detailed financial projections are going to be discussed in chapter two under *subheading 2.9 Cash flow projections on page 38.*

### **Personnel Consideration**

- A variety of skills are required for efficient functioning of HOPE FOR LIFE. These will range from talents, work experience, training and skills, technical and operational skills, administration and management skills.
- Initially the management staff may consist of the manager, secretary and other assistance (consultant). Additional staff may be temporarily employed.
- Volunteers will be recruited and trained to look after the clients. The volunteers will receive stipends of about R500 per month to motivate them.

### **Administration and other Considerations**

- Generally the administration duties and responsibilities are estimated to comply with local, national and international standards because of professional consultations and organizational structure.
- In order to provide efficient customers services, skills such as home-based care activities are going to be co-ordinated and facilitated through regular communication

and interaction between HOPE FOR LIFE and other related development organizations.

### ❖ Scoring Models

Since the project is an establishment of a non-profit making organisation the first financial models may not be applicable. The more appropriate models are scoring models in which a number of desirable factors weighed in terms of their importance. The variables that will be used are select and do not select.

**Table 5: Scoring Model**

Factors	Yes Select	No Do not select	Weighting
Profit < 20%	X		
Enter new market	X		
Increase market share	X		
New equipment required	X		
No increase in energy requirements		X	
Technical expertise required	X		
Manage with existing personnel	X		
External consultancy	X		
No impact on workforce safety	X		
No impact on environment issues	X		
Payback period immediately	X		
Offer good customer service	X		
<b>Total</b>	<b>11</b>	<b>1</b>	

The factors in the above table indicate the significance of the project as almost all factors were selected as important for the project. Therefore the project is more appropriate strategy to mitigate the impact of the HIV/AIDS pandemic in the community.

### 1.11 Cost benefit analysis

Cost benefit analysis is an important economic tool that establishes the financial feasibility of the project. According to Burke (2001:48) a cost-benefit analysis is “generally based on the following economic principles which weighs the benefits against the costs”:

- **Pareto improvement criterion** which emphasis that the project should make some people better off without making anyone worse off. This principle is in congruent with HOPE FOR LIFE’s main objective, which is to improve quality life of the infected afflicted and affected individuals. Furthermore the local community is going to benefit

by using services of HOPE FOR LIFE to improve their knowledge about the HIV/AIDS disease.

- On the other hand **Hicks-Kaldor test** aims to assess whether the project is more realistic. This test states that the aggregate gains should exceed aggregate losses. The proposed HOPE FOR LIFE project complies well with this principle because its objectives of HBC meet community-based care needs and are more beneficial to clients. These benefits are more than costs because they are aimed at improving life of the infected and affected individuals, family members and community in general, thus the project is worth pursuing.
- **Willingness-to-pay test** is simply to determine how much your clients are prepared to pay for your product. Although this technique emphasize the payment of services HOPE FOR LIFE's services are not necessarily going to be paid by the clients because HOPE FOR LIFE is aimed at serving the most poor and needy. In this regard the analysis is not on monetary value but solely on benefits that are to be acquired by the beneficiaries. The following techniques are useful in this regard:
  - ↳ **The supply and demand curve** in this case will focus on the capacity of the HOPE FOR LIFE to provide HBC services to the clients to meet their constantly increasing demands and needs, which are HIV/AIDS related. For an example it is important to assess the carrying capacity of the HOPE FOR LIFE against its ability to offer quality service to avoid overcrowding.
  - ↳ **Monopolies and Oligopolies** compares the benefits of sole functioning/service providing against multi trading. In this instance HOPE FOR LIFE is going to offer specialized HBC services focusing on HIV/AIDS disease issues and needs, unlike traditional health facilities like the hospital that offer variety of services that lead to shortage of resources and overcrowding which in turn lead to immature discharge of infected patients who become burden to their family members.

### 1.12 Value Management

Value Management is according to Burke (2001:47) "a structured, systematic and analytical process which seeks to achieve value for money by providing all the necessary functions at the lowest total cost consistent with required levels of quality and performance." HOPE FOR LIFE intends to get value for money by ensuring that the selected project is the best in bringing most desired benefits (improved health for infected HIV/AIDS individuals and their affected family members) at the lowest costs. This will be

achieved through accountability and commitment displayed by the Project Manager and Project Team during project implementation.

### **1.13 Conclusions on Feasibility Study**

- ☛ The project is highly welcomed by all direct beneficiaries (infected, affected and afflicted individuals and their family members), as well as indirect beneficiaries like other stakeholders and the community at large because it will not only benefit the patients but as well as other community members who need more information about the pandemic
- ☛ The infected individuals are anxious to see the project being implemented immediately because it will be a stepping-stone towards improvement of their lives and restoration of their dignity.
- ☛ The conducted feasibility study clearly indicates that the project owners are in a good position to undertake the project successfully, both financially and with other inputs such as labour.

### **Recommendations**

- ☛ It is highly recommended that funds be secured as soon as possible so that the project should proceed as planned.
- ☛ Needed action from local authorities and project owners to ensure the project success are as follows:
  - a) All stakeholders should support the implementation and the post-implementation level of the project to ensure its survival and sustainability.

On the other hand project owners should:

- b) Establish an effective invoice system for all business management activities of the project and the Centre.
- c) Promote staff professional practices through empowerment and capacity building
- d) Develop mechanisms that minimize conflict by seeking long term goals and solutions
- e) Develop and secure measures that will monitor the use of the property such as loaning of books and time frames for individual computer use to ensure that other learners get equal opportunities.

The team facilitating the process and motivating the rationale behind this project are highly qualified professionals, political leaders, and prominent members of the community, committed infected individuals and their affected family members. Donors who are committed in funding the project are reliable and have a good track record. These include the departments of Health and Social Development. Fundraising activities are showing positive development. Given the aforementioned planned scenario implementation of the project is estimated to have better chances of success because proper channels have been followed, to estimate budget, timeframes and guidelines.

## CHAPTER 2: IMPLEMENTATION PLAN

While the previous chapter focused mainly on assessing the capacity of project owners to undertake the project and to determine and weigh benefits against costs, this chapter is going to plan, design and development tools that will be used during the actual implementation of the project activities. Main focus is on identifying, and formulating possible practical strategies and mechanisms that will be implemented to ensure the success of the project. These include formulation of specific objectives and relevant activities that will be followed to achieve the set objectives.

### 2.1 Outcome or Purpose objective(s), standards and indicators to measure the outcome objectives

The following table outlines general and specific outcome objectives, standards and indicators to measure them. This table acts as yardstick that indicates the performance of HOPE FOR LIFE project. Actual achievement is going to be compared against estimated objectives, indicators and measurements to weigh the progress and success.

**Table 6a: Project Outcome Objectives**

Intervention strategy	Indicators	Means of Verification	Risks/Assumptions
<b>Development goal</b> The impact of HIV/AIDS in the community is reduced	➤ At least 80% of the people receiving HBC service from the centre by means of the programme are satisfied with the service during the first three to five years of its conception	Satisfaction survey	All output objectives are successfully completed
<b>Project purpose / (outcome objective):</b> Establishment of home-based care step-down facility (HOPE OF LIFE) at Pelenomi Hospital in Managaung Community by 2006, that will cater needs for HIV/AIDS infected individuals, afflicted affected family members	➤ At least 80% of the people receiving HBC service from the centre by means of the programme are satisfied with the service during the first year of its conception	Satisfaction survey	All specific outcome objectives (below) are satisfactorily completed
<b>Specific (output) objectives</b>			
1. Home-based care is provided to individuals infected by HIV/AIDS (This does not refer to food parcels).	➤ 50 in-patients cared for on daily basis	Register kept by HOPE FOR LIFE	Commissioning and launching of project is successful
2. Home based care is provided to individuals / families affected by	➤ 80 - 100 households supported on a monthly basis ➤ - The number of child headed	Register kept by HOPE FOR LIFE	Commissioning and launching of project is successful

Intervention strategy	Indicators	Means of Verification	Risks/Assumptions
HIV/AIDS (This does not refer to food parcels)	households supported on a monthly basis		
3. Care teams are trained and perform their duties.	<ul style="list-style-type: none"> <li>➤ 24- 30 volunteers are recruited and trained for a year</li> <li>➤ 12 caregivers operating on a daily basis</li> <li>➤ 6 caregivers operating on a daily basis</li> <li>➤ 12 caregivers doing home visit on daily basis</li> </ul>	Register of recruited and trained individuals	Recruitment programme is successfully completed
4. A support service is introduced	<ul style="list-style-type: none"> <li>➤ 100 families or persons linked to other services for the year</li> <li>➤ 100 people assisted to access social grants in the year</li> </ul>	Register	Care teams are trained and perform their duties.
5. Counseling services are introduced	<ul style="list-style-type: none"> <li>➤ 100 people counseled on a monthly basis</li> </ul>	Register	Care teams are trained and perform their duties.
6. An information, education and awareness programme is introduced.	<ul style="list-style-type: none"> <li>➤ 4 workshops conducted for a year</li> <li>➤ 600 people reached through workshops in a year</li> <li>➤ 2 of public meetings in a year</li> <li>➤ 1000 of materials developed and distributed in a year</li> </ul>	Workshop reports List of participants  Exhibition reports Public meeting reports List of materials developed	Care teams are trained and perform their duties.
7. A food assistance programme is implemented	<ul style="list-style-type: none"> <li>➤ 200 food packages distributed on a monthly basis to adults</li> <li>➤ 200 of food packages distributed on a monthly basis to children (babies)</li> </ul>	Register Register	Procurement and distribution of food parcels is successful
8. Community is mobilized against HIV/AIDS	<ul style="list-style-type: none"> <li>➤ 4 of child care committee established</li> <li>➤ Number of inter-sectoral networks been set up for referrals</li> </ul>	List of child care committees List	Care teams are trained and perform their duties.
9. Care facilities and shelters are provided	<ul style="list-style-type: none"> <li>➤ 50 of people supported by means of temporary shelter in the week</li> <li>➤ 50 of children supported means of a day care centre</li> </ul>	Register  Register	Care teams are trained and perform their duties.

Successful attainment of the aforementioned outcome objectives depends on successful completion of the output (result) objectives discussed below. Attainment of the output objectives should be 'SMART'. In other words they should be:

- **Specific:** They are quantifiable and testable
- **Measurable:** These objectives can be arranged and organized through the centre.
- **Attainable:** Because they meet the aforementioned conditions they are realistic enough.
- **Resources:** The main resources taken into consideration are availability of funds, and human capital to conduct training and administration duties.
- **Time-bounded:** The objectives clearly specify the period of attainability.

## 2.2 Output or result objectives, standards and indicators to measure output objectives

The following table outlines the desired output objectives that the project owners aim to achieve.

**Table 6b: HOPE FOR LIFE Output Objectives**

Project Elements	Main tasks	Indicators	Assumptions	Means of Verification	Milestones
<b>Development goal</b> The impact of HIV/AIDS in the community is reduced	✓ A sound professional management for HOPE FOR LIFE	✓ At least 80% of the people receiving a service by means of the programme are satisfied with the service	⇨ Project launching is successful ⇨ HOPE FOR LIFE is fully functioning as an Institution	♦ Full functioning of the HOPE FOR LIFE ♦ Completed project proposal document ♦ Assessment performance survey and other reports	<b>Beginning of the year 2006</b>
<b>Project Objectives (outcomes) (Intervention Level)</b> Establishment of home-based care step-down facility (HOPE OF LIFE) at Pelonomi Hospital in Mangaung Community by 2006, that will cater needs for HIV/AIDS infected individuals, afflicted affected family members	✓ Prepare good project plan to inform relevant stakeholders ✓ Office and operation set-up and preparation for business start-up	✓ At least 80% of the people receiving a service by means of the programme are satisfied with the service	⇨ Project proposal completed at the end of June 2005 and submitted to potential donors from July 2005 ⇨ All output objectives are successfully completed	♦ Availability and approval to use the building ♦ Records from the administration officer ♦ Registers ♦ Assessment performance survey and other reports	<b>January 2006</b>
<b>Output Objectives:</b> 1. Secure R1000 000 start up project funding	1.1. Discuss funding agreements with potential donors like DOH and DSD 1.2. "Submit requests for funding to rent, renovate and purchase the required equipment, tools and furniture" 1.3 Upon approval of funding	✎ Agreements made by potential donors to fund the project ♦ R800 000 available for purchasing of renovation materials, equipment and tools	⇨ Capacity of the project owners to negotiate funding (both verbally and written for an example drafting of convincing project proposal) ⇨ Donors are interested in the project ⇨ Availability of adequate	♦ Letters of approval and signed contracts and the deposited money in the project's bank account	<b>Tuesday 19 Jul 2005</b>

Project Elements	Main tasks	Indicators	Assumptions	Means of Verification	Milestones
	proposal receive grant to start the project	<ul style="list-style-type: none"> <li>➤ R200 000 available for administration costs for initial activities</li> <li>➤ Registration and other relevant documents available</li> </ul>	funds		
2. Renting of identified venue	2.1 Negotiate accesses and use of the identified venue with Pelonomi Hospital authorities 2.2 Inspect the building so that renovation development plans should be drafted 2.3 Design and plan the outlay of the facility 2.4 Office and operation set-up and preparation for business start-up 2.5 Renting of identified venue completed	<ul style="list-style-type: none"> <li>✓ Actual site visit and planning by the project manager and the technical experts such as interior decorator</li> <li>✓ Inspection and planning of the building in general by engineers to ensure that the planning is appropriate for the planned home-based care facility</li> <li>✓ Reports and document plans</li> <li>✓ Agreement documents</li> </ul>	<ul style="list-style-type: none"> <li>⇨ Approval from Pelonomi Hospital authorities to use the building for the project</li> <li>◆ Building renovated and prepared for home-based care activities</li> </ul>	◆ Lease agreement	<b>Monday 08 Aug 2005</b>
3. Renovation of the facility	3.1 Recruit the tenders 3.2 Employ contractor to renovate the buildings to meet the needs for home-based care facility 3.3 Monitor renovation	<ul style="list-style-type: none"> <li>◆ Purchasing documents and registering them into the inventory register</li> <li>◆ Daily records and progress reports</li> </ul>	<ul style="list-style-type: none"> <li>⇨ Sufficient funds are available</li> <li>⇨ Prices falls within the budget limits – competitive and cost-effective</li> <li>⇨ Orders made in time for suppliers to deliver in time, that is, within two months time frame</li> </ul>	<ul style="list-style-type: none"> <li>◆ Registers, Invoice, supporting documents</li> <li>◆ Reports and records</li> </ul>	<b>Tuesday 20 Sep 2005</b>
4. Procure equipment and furniture according to the list of the facility's resource requirements	4.1 Review resource sheet to decide as to which equipments and furniture to purchase 4.2 Request quotations from at least three suppliers 4.3 Select the preferred supplier and place orders 4.4 "Track delivery, receive	<ul style="list-style-type: none"> <li>◆ All required resources and equipment are procured</li> <li>◆ Procured goods are registered and installed or stored for use.</li> </ul>	<ul style="list-style-type: none"> <li>⇨ Funds are available to cover human resource costs at least stipends for volunteers</li> <li>⇨ Appropriate recruits are found</li> <li>⇨ Relevant material resources are available</li> </ul>	<ul style="list-style-type: none"> <li>◆ Registers, Invoice, supporting documents</li> <li>◆ Report on actual eye inspection on the progress</li> </ul>	<b>Thursday 11 Aug 2005</b>

Project Elements	Main tasks	Indicators	Assumptions	Means of Verification	Milestones
	goods and register them on inventory register"		⇒ Volunteers are willing and committed to help in HOPE FOR LIFE HBC care giving		
5. Recruit staff and develop training programmes	5.1 Develop recruitment plan that outlines the skills and experiences of potential employees 5.2 Publish the plan to the community 5.3 "Select, interview and hire successful candidates " 5.4 Orient staff for two days 5.5 Place staff in positions and conduct ten days initial training	<ul style="list-style-type: none"> <li>✓ 30 of volunteers are recruited</li> <li>✓ Train and prepare 30 volunteers for eight weeks with care giving skills</li> <li>✓ At least 4 of the project owners should be able to manage HOPE FOR LIFE by the end of first six months</li> </ul>	<ul style="list-style-type: none"> <li>⇒ All activities are completed as scheduled</li> <li>⇒ HOPE FOR LIFE is well marketed to the beneficiaries and that they are willing to make use of its services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Signing of employment contracts and terms of employment</li> <li>◆ Attendance of training sessions</li> <li>◆ Inspection and testing of the products for their quality and standards</li> </ul>	<b>Monday 26 Sep 2005</b>
6. Commission project and hand over to the community	6.1 Develop activity programme for the employees 6.2 Market and promote the facility 6.3 Inspect and test the practicality of the destination two weeks before the official opening 6.4 Commission of project completed	<ul style="list-style-type: none"> <li>✓ Evaluation report</li> <li>✓ Transfer documents</li> <li>✓ Actual handing over of the project to owners</li> </ul>	⇒ All output objectives are successfully completed	<ul style="list-style-type: none"> <li>◆ Inspection of the facilities against the plan</li> <li>◆ Project evaluation report</li> <li>◆ Other important transfer documents</li> </ul>	<b>Monday 07 Nov 2005</b>

The above Project Planning Matrix (PPM) reflects all the important aspects of the project that need to be taken into consideration during the formulation, implementation and control of the project. These include the indicators, assumptions, means of verifications (MOV), and milestones for each objective. In this way progress of each objective can be evaluated and controlled so as to ensure that it does not affect the whole project.

## 2.3 Activity chart

Table 7: Activity Chart

WBS	DESCRIPTION	DURATION	E. START	L. START	FLEXIBILITY	C. PATH	DEPENDS	OPTIMISTIC	EXPECTED	PESSIMISTIC	VARIANCE
1	"Establishment of step down facility in Hope For Life by 2006, that create enabling environment for HIV/AIDS infected and affected individuals / families by providing home-based care"	208d	Mon 05 Jul 04	Mon 05 Aug 01	0d	Yes		0d	0d	0d	
1.1	<b>Secure R1000 000 start up project funding by Tue 19 Jul 2005</b>	40d	Mon 05 Jul 04	Mon 05 Aug 01	20d	No		0d	0d	0d	
1.1.1	Discuss funding agreements with potential donors like DOH and DSD	10d	Mon 05 Jul 04	Mon 05 Aug 01	0d	No		0d	0d	0d	
1.1.2	"Submit requests for funding to rent, renovate and purchase the required equipment, tools and furniture"	20d	Fri 05 Jul 08	Fri 05 Aug 05	0d	No	3	0d	0d	0d	
1.1.3	Upon approval of funding proposal receive grant to start the project	10d	Fri 05 Jul 15	Fri 05 Aug 12	0d	No	4	0d	0d	0d	
1.2	<b>Renting of identified venue by Fri 05 Aug 2005</b>	13d	Wed 05 Jul 20	Tue 05 Oct 04	54d	No		0d	0d	0d	
1.2.1	Negotiate accesses and use of the identified venue with Pelonomi Hospital authorities	5d	Wed 05 Jul 20	Tue 05 Oct 04	0d	No	5	0d	0d	0d	
1.2.2	Inspect the building so that renovation development plans should be drafted	1d	Wed 05 Jul 27	Tue 05 Oct 11	0d	No	7	0d	0d	0d	
1.2.3	Design and plan the outlay of the facility	5d	Thu 05 Jul 28	Wed 05 Oct 12	0d	No	8	0d	0d	0d	
1.2.4	Office and operation set-up and preparation for business start-up	2d	Thu 05 Aug 04	Wed 05 Oct 19	0d	No	9	0d	0d	0d	
1.2.5	Renting of identified venue completed	0d	Fri 05 Aug 05	Fri 05 Oct 21	0d	No	10	0d	0d	0d	
1.3	<b>Renovation of the facility by Mon 19 Sep 2005</b>	31d	Tue 05 Aug 09	Mon 05 Oct 24	54d	No		0d	0d	0d	
1.3.1	Recruit the tenders	10d	Tue 05 Aug 09	Mon 05 Oct 24	0d	No	11	0d	0d	0d	
1.3.2	Employ contractor to renovate the buildings to meet the needs for home-based care facility	1d	Tue 05 Aug 23	Mon 05 Nov 07	0d	No	13	0d	0d	0d	
1.3.3	Monitor renovations	20d	Wed 05	Tue 05	54d	No	14	0d	0d	0d	

WBS	DESCRIPTION	DURAT ION	E. START	L. START	FLEXI BILITY	C. PATH	DEPE NDS	OPTIM ISTIC	EXPEC TED	PESSI MISTIC	VARIA NCE
			Aug 24	Nov 08							
<b>1.4</b>	<b>Procure equipment and furniture according to the list of the facility's resource requirements by Wed 12 Oct 2005</b>	<b>17d</b>	<b>Wed 05 Jul 20</b>	<b>Wed 05 Aug 17</b>	<b>20d</b>	<b>No</b>		<b>0d</b>	<b>0d</b>	<b>0d</b>	
1.4.1	Review resource sheet to decide as to which equipments and furniture to purchase	5d	Wed 05 Jul 20	Wed 05 Aug 17	0d	No	5	0d	0d	0d	
1.4.2	Request quotations from at least three suppliers	5d	Wed 05 Jul 27	Wed 05 Aug 24	0d	No	17	0d	0d	0d	
1.4.3	Select the preferred supplier and place orders	2d	Wed 05 Aug 03	Wed 05 Aug 31	0d	No	18	0d	0d	0d	
1.4.4	"Track delivery, receive goods and register them on inventory register"	5d	Fri 05 Aug 05	Fri 05 Sep 02	0d	No	19	0d	0d	0d	
<b>1.5</b>	<b>Recruit staff and develop training programmes by Fri 25 Nov 2005</b>	<b>32d</b>	<b>Fri 05 Aug 12</b>	<b>Fri 05 Sep 09</b>	<b>20d</b>	<b>No</b>		<b>0d</b>	<b>0d</b>	<b>0d</b>	
1.5.1	Develop recruitment plan that outlines the skills and experiences of potential employees	5d	Fri 05 Aug 12	Fri 05 Sep 09	0d	No	20	0d	0d	0d	
1.5.2	Publish the plan to the community	5d	Fri 05 Aug 19	Fri 05 Sep 16	0d	No	22	0d	0d	0d	
1.5.3	Select, interview and hire successful candidates	10d	Fri 05 Aug 26	Fri 05 Sep 23	0d	No	23	0d	0d	0d	
1.5.4	Orient staff for two days	2d	Fri 05 Sep 09	Fri 05 Oct 07	0d	No	24	0d	0d	0d	
1.5.5	Place staff in positions and conduct ten days initial training	10d	Tue 05 Sep 13	Tue 05 Oct 11	0d	No	25	0d	0d	0d	
<b>1.6</b>	<b>Commission project by Fri 06 Jan 2006 and hand over to the community</b>	<b>208d</b>	<b>Tue 05 Sep 27</b>	<b>Tue 05 Oct 25</b>	<b>20d</b>	<b>No</b>		<b>0d</b>	<b>0d</b>	<b>0d</b>	
1.6.1	Develop activity programme for the employees	10d	Tue 05 Sep 27	Tue 05 Oct 25	0d	No	26	0d	0d	0d	
1.6.2	Market and promote the facility	10d	Tue 05 Oct 11	Tue 05 Nov 08	0d	No	28	0d	0d	0d	
1.6.3	Inspect and test the practicality of the destination two weeks before the official opening	10d	Tue 05 Oct 25	Tue 05 Nov 22	0d	No	29	0d	0d	0d	
1.6.4	Commission of project completed	0d	Mon 05 Nov 07	Mon 05 Dec 05	20d	No	30	0d	0d	0d	
<b>1.7</b>	<b>Payment of overheads</b>	<b>198d</b>	<b>Mon 05 Sep 05</b>	<b>Mon 05 Dec 05</b>	<b>0d</b>	<b>Yes</b>		<b>0d</b>	<b>0d</b>	<b>0d</b>	

## 2.4 Work Breakdown Structure

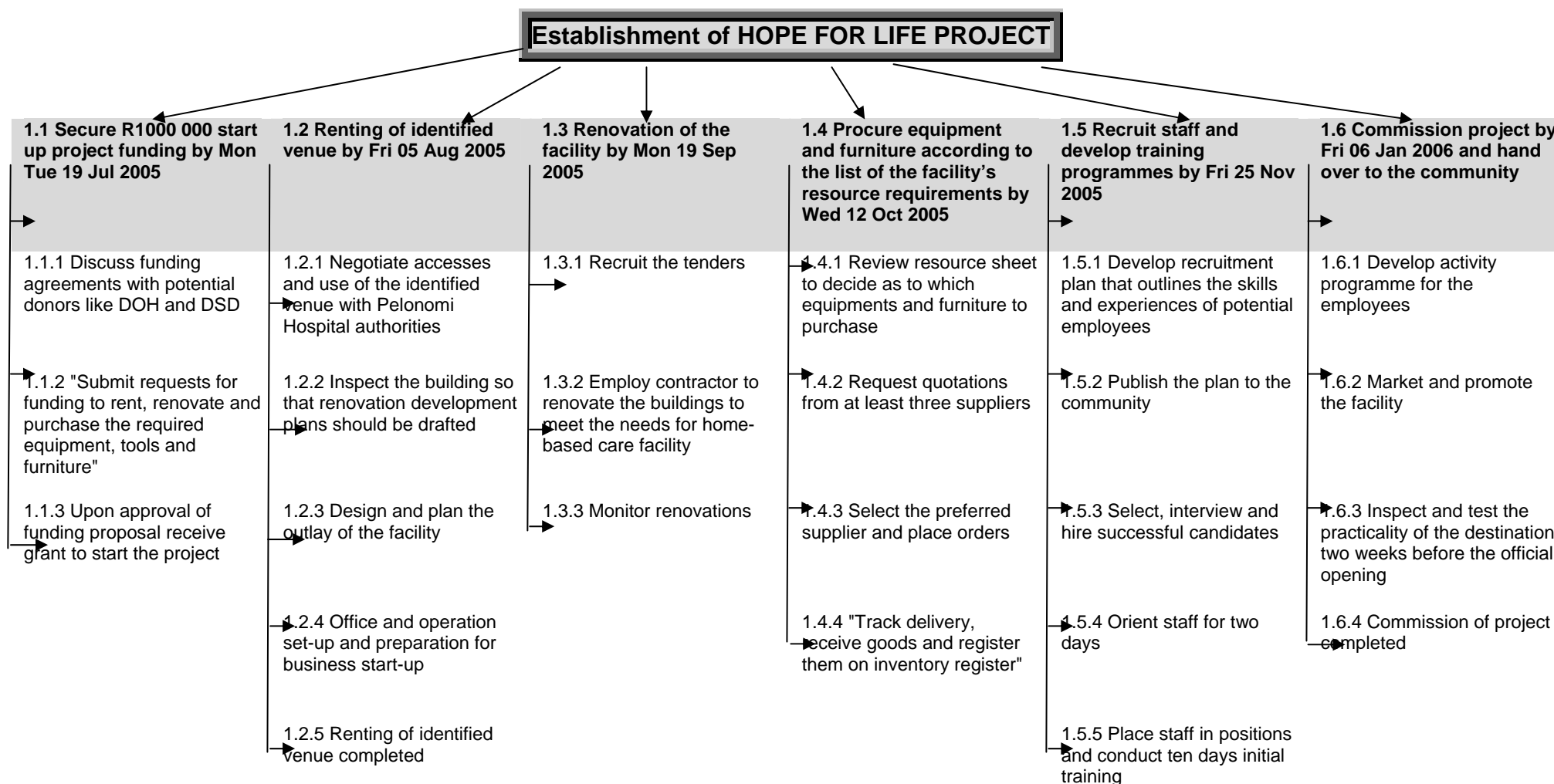


Figure 3: Work Breakdown Structure for HOPE FOR LIFE PROJECT

## **2.5 Network chart**

## **2.6 Gantt chart**

### **Table 8: Gantt Chart**

## 2.7 ABC Resource Plan

Table 9: Resource Requirements

WBS	ACTIVITY	PEOPLE		MATERIAL		CAPITAL		TRANSPORT		FINANCE
		TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	
	<b>Establishment of step down facility in Hope For Life by 2006, that create enabling environment for HIV/AIDS infected and affected individuals / families by providing home-based care</b>									R136, 695.00
1.1	<b>Secure R1000 000 start up project funding by Tue 19 Jul 2005</b>									R12, 245.00
1.1.1	Discuss funding agreements with potential donors like DOH and DSD	Mamojaki	1	Paper, pen, phone	2, 2, 1					R8, 480.00
1.1.2	Submit requests for funding to rent, renovate and purchase the required equipment, tools and furniture	K.Leduma	1	Paper, pen, phone, postage	2, 2, 1, 2			Phone, postage		R2, 052.50
1.1.3	Upon approval of funding proposal receive grant to start the project	Mamojaki	1	Pen, phone	1, 1			Phone		R1, 712.50
1.2	<b>Renting of identified venue by Fri 05 Aug 2005</b>									R16, 797.50
1.2.1	Negotiate accesses and use of the identified venue with Pelonomi Hospital authorities	M.Rasunye	1	Phone, paper, pen, travel	1, 1, 1, 1					R5, 027.50
1.2.2	Inspect the building so that renovation development plans should be drafted	M.Coetzer	1	Travel, pen, paper	1, 1, 1			Travel		R2, 527.50
1.2.3	Design and plan the outlay of the facility	S.de Wee	1	Paper, pen, drawing board, computer, travel	1, 1, 1, 1, 1			Travel		R5, 027.50
1.2.4	Office and operation set-up and preparation for business start-up	K.Leduma	1	Paper, pen, desks, chairs, computers	1, 1, 1, 1, 1	Office Furniture	As in resource sheet			R2, 187.50
1.3	<b>Renovation of the facility Mon 19 Sep 2005</b>									R30, 482.50
1.3.1	Recruit the tenders	K.Leduma	1	Pen, paper, computer	1, 1, 1					R9, 827.50
1.3.2	Employ contractor to renovate the buildings to meet the needs for home-based care facility	Mamojaki	1	Pen, paper, computer, telephone,	1, 1, 1, 1					R9, 227.50
1.3.3	Monitor renovations	M.Rasunye	1	Pen, paper, computer, telephone	1, 1, 1, 1			Telephone		R11, 427.50
1.4	<b>Procure equipment and furniture according to the list of the facility's resource requirements by Wed 12 Oct 2005</b>									R23, 810.00
1.4.1	Review resource sheet to decide as to which equipments and furniture to purchase	K.Leduma	1	Pen, paper, computer,	1, 1, 1					R9, 427.50

WBS	ACTIVITY	PEOPLE		MATERIAL		CAPITAL		TRANSPORT		FINANCE
		TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	TYPE	QUANTITY	
1.4.2	Request quotations from at least three suppliers	M.Coetzer	1	Pen, paper, computer, telephone	1, 1, 1, 1			Telephone	1	R9, 727.50
1.4.3	Select the preferred supplier and place orders	S.de Wee	1	Pen, paper, computer, telephone	1, 1, 1, 1			Telephone	1	R2, 227.50
1.4.4	Track delivery, receive goods and register them on inventory register	K.Leduma	1	Pen, paper, computer, telephone	1, 1, 1, 1	Equipment , furniture, bedding	As in resource sheet	Deliveries, postage, telephone, computer	1,1,1,1	R2, 427.50
<b>1.5</b>	<b>Recruit staff and develop training programmes by Fri 25 Nov 2005</b>									R28, 677.50
1.5.1	Develop recruitment plan that outlines the skills and experiences of potential employees	S.de Wee	1	Pen, paper, computer,	1, 1, 1					R9, 527.50
1.5.2	Publish the plan to the community	K.Leduma	1	Pen, paper,	1,1					R2, 427.50
1.5.3	Select, interview and hire successful candidates	Mamojaki	1	Pen, paper, Board room, chairs	1,1					R4, 027.50
1.5.4	Orient staff for two days	M.Rasunye	1	Pen, paper, Board room, chairs	30, 30					R2, 267.50
1.5.5	Place staff in positions and conduct ten days initial training	M.Coetzer	1	Pen, paper, computer, Board room, chairs	30, 30,1					R10, 427.50
<b>1.6</b>	<b>Commission project by Fri 06 Jan 2006 and hand over to the community</b>									R24, 682.50
1.6.1	Develop activity programme for the employees	M.Rasunye	1	Pen, paper, computer,	1, 1, 1					R10, 227.50
1.6.2	Market and promote the facility	M.Coetzer	1	Pen, paper, computer, telephone	1, 1, 1, 1			Telephone	1	R10, 427.50
1.6.3	Inspect and test the practicality of the destination two weeks before the official opening	Mamojaki	1	Pen, paper,	1, 1					R4, 027.50
<b>1.7</b>	<b>Payment of overheads by Mon 05 Jan 2006</b>									R0

## 2.8 Budget plan

**Table 10: Budget allocation**

<b>BUDGET FOR HOPE FOR LIFE PROJECT</b>	
<b>DESCRIPTION</b>	<b>Totals</b>
<b>Income</b>	
<b>Receipts</b>	
Donors	R 1,000,000
Other (Fund Raising Activities)	R 50,000
<b>Total Income</b>	<b>R 1,050,000</b>
<b>Payments</b>	
Remuneration (fees, salaries, wages)	R 150,000
Property costs	R 5,000
Equipment, furniture, and supplies	R 300,000
Capital costs (construction, renovations, fencing),	R 150,000
Overheads (rent, utilities, bank charges)	R 5,000
Stationery	R 5,000
Travel /transportation	R 10,000
Administration/Communication (tel, postage, faxes, internet)	R 3,000
Professional fees	R 15,000
Training Costs	R 35,000
Activity costs	R 136,695
Audit and evaluation	R 50,000
Other costs	R 10,000
<b>Total Expenditure</b>	<b>R 874,695</b>
<b>Contingencies (5% total expenditure)</b>	<b>R 43,735</b>
<b>Total Expenditure plus contingencies</b>	<b>R 918,430</b>
<b>VAT (14%)</b>	<b>R 128,580</b>
<b>Grand Total (total expenditure plus contingencies plus VAT)</b>	<b>R 1,047,010</b>
<b>Balance (surplus/deficit)</b>	<b>R 2,990</b>

## 2.9 Cash flow projections

**Table 11: Cash Flow Forecast**

Cash Flow for HOPE FOR LIFE Project							
Month:	Pre-Start	1	2	3	4	5	Totals
<b>Receipts</b>							
Donors	170000	150,000	100,000	200,000	200,000	180,000	1,000,000
Other (Fund Raising Activities)	10000	5000	5000	10000		20000	50,000
<b>Total Receipts</b>	<b>180,000</b>	<b>155,000</b>	<b>105,000</b>	<b>210,000</b>	<b>200,000</b>	<b>200,000</b>	<b>850,000</b>
	360,000						
<b>Payments</b>							
Remuneration (fees, salaries, wages)		30,000	30,000	30,000	30,000	30,000	150,000
Property costs	2,500			2,500			5,000
Equipment, furniture and supplies	50,000	50,000		100,000	50,000	50,000	300,000
Capital costs (construction, renovations, fencing),	50,000	20,000	30,000	20,000	20,000	10,000	150,000
Overheads (rent, utilities, bank charges)	1,000	1,000	500	500	1,000	1,000	5,000
Stationery	500	500	1,000	1,000	1,000	1,000	5,000
Travel /transportation	1,000	2,000	2,000	2,000	2,000	1,000	10,000
Communication (tel, postage, faxes, internet)	500	500	500	500	500	500	3,000
Professional Fees	5,000	2,000	2,000	2,000	2,000	2,000	15,000
Training Costs					35,000		35,000
Activity costs	36,695	20,000	20,000	20,000	20,000	20,000	136,695
Audit and evaluation						50,000	50,000
Other costs	2,000	2,000	1,000		4,000	1,000	10,000
<b>Total Payments</b>	<b>149,195</b>	<b>128,000</b>	<b>87,000</b>	<b>178,500</b>	<b>165,500</b>	<b>166,500</b>	<b>708,195</b>
<b>Contingencies (5% total expenditure)</b>	R 7,460	R 6,400	R 4,350	R 8,925	R 8,275	R 8,325	R 35,410
<b>Total Expenditure plus contingencies</b>	R 156,655	R 134,400	R 91,350	R 187,425	R 173,775	R 174,825	R 743,605
<b>VAT (14%)</b>	R 21,932	R 18,816	R 12,789	R 26,240	R 24,329	R 24,476	R 104,105
<b>Grand Total (total expenditure plus contingencies plus VAT)</b>	<b>178,586</b>	<b>153,216</b>	<b>104,139</b>	<b>213,665</b>	<b>198,104</b>	<b>199,301</b>	<b>847,709</b>
<b>Cash flow Surplus/Deficit (-)</b>	<b>1,414</b>	<b>1,784</b>	<b>861</b>	<b>(3,665)</b>	<b>1,897</b>	<b>700</b>	<b>2,291</b>
<b>Opening Cash Balance</b>	<b>0</b>	<b>1,414</b>	<b>3,198</b>	<b>4,059</b>	<b>394</b>	<b>2,291</b>	
<b>Closing Cash Balance</b>	<b>1,414</b>	<b>3,198</b>	<b>4,059</b>	<b>394</b>	<b>2,291</b>	<b>2,990</b>	

## 2.10 Procurement plan

All the required material is going to be purchased on time and stored at the construction site to wait for the job to begin. The procurement list is developed from the project's scope of work. On a construction project the drawing office will generate a bill of materials, which gives all the necessary details pertaining to the manufacturer, model number, specification and so on. Project manager and Project Team are going to get prices from different suppliers by using the bill of materials. Various quotations will be procured and scrutinized and negotiations made to get the best prices.

**Table 12a: Procurement Plan**

Output/activity	What/description	How much/quantity	Supplier	When required	When to procure	How to procure
<i>Ordering and purchasing renovation material</i>	Paint	5 x 25 litres of paint	DIY,	When right to use the building transferred to HOPE FOR LIFE project owners	When funds and building are secured	Get quotation, order and inspect
<i>Contract Construction Company for renovation</i>	Accredited builder for renovation	1 company	Kloppers	When right to use the building transferred to HOPE FOR LIFE project owners	After securing permits, before ordering building material	Tender and contract
<i>Order the equipment and furniture</i>	Equipment material and furniture	As stipulated in resource sheet	Cashbuild, DIY	When renovation of building is completed	During the renovation and decoration of the building	Get quotation, order and inspect
<i>Order care giving equipment and tools</i>	Variety of equipment	As stipulated in resource sheet	Supplier to be identified	When renovation of building is completed	During the renovation and decoration of the building	Get quotation, order and inspect
<i>Install furniture and decorations</i>	Equipment material and furniture	Beds, lockers, trolleys & so on	Supplier to be identified	When renovation of building is completed	During the renovation and decoration of the building	Get quotation, order and inspect

In order to minimise delays of orders that may affect the project activities follow-ups are going to be made to encourage supplies to meet their contractual requirements particularly quality and time. Transport options will also be checked to minimise delays in delivery. Upon receiving goods order note is going to be checked against the delivery note and quality of the products to ensure that received goods are what was ordered. Delivered items as indicated above will then be stored for safe keeping until they are needed for use. Before making payments a thorough check is made on the purchase order (Burke, 2001:158). The procurement control is going to be used. The following table is an example of procurement control tool to ensure that will be used to control procurement.

**Table 13b: Procurement Control**

Output/ activity	Purchase order number	Supplier	Budget	Invoice amount	Cost variance
Ordering and purchasing material					
Contract Construction Company/Renovator					
Order the equipment and furniture					
Order care giving resources and materials					
Renovate and install furniture					

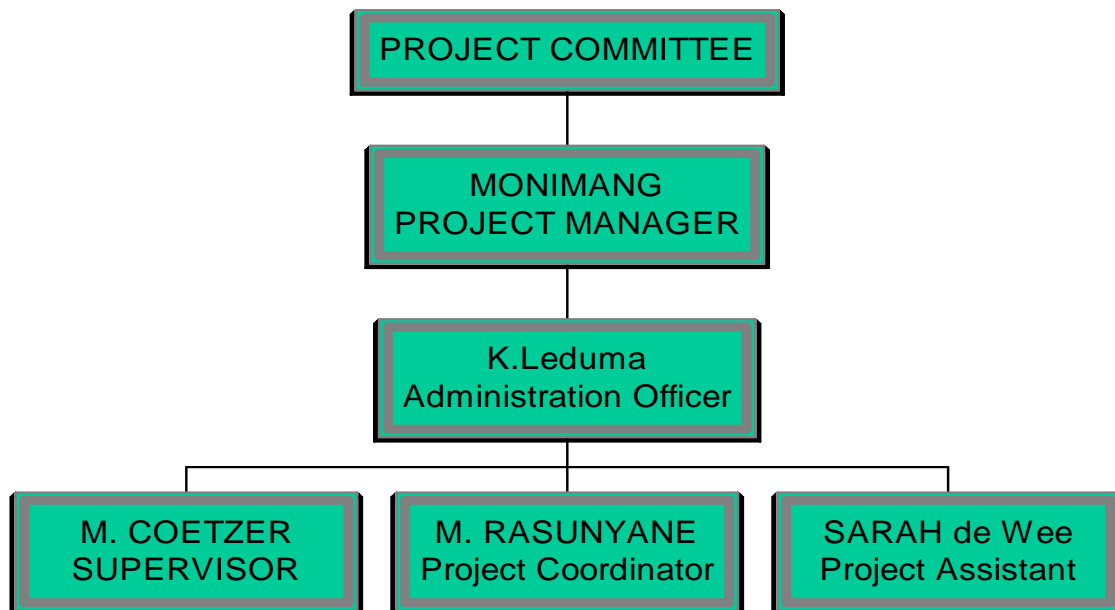
In order to ensure that procurement of goods/services is on time, **Expediting Technique** is going to be applied, to identify early problems such as delays and misunderstandings of orders by suppliers and to respond unto them in time whenever they arise. This is useful to ensure that procurement does not delay activities. This is done to avoid negative impact that delayed activities may have on the whole Project.

### 2.11 Human resources plan and OBS

This part describes human resource plan and outlines their respective portfolios in the project. The organisational chart sketches out their level of responsibilities.

It is imperative that special focus is placed on Organisation Breakdown Structure to determine the linkage amongst the role players and with the intention of establishing proper utilisation of human resources, with the aim of ensuring effective and efficient management. This clearly describes job description for each project team member. Organisational chart below illustrates the relationship amongst project team.

## HOPE FOR LIFE ORGANISATION CHART



**Figure 4: Relationships of Project Team**

In addition the following table describes educational, profiles and positions assigned to project teams. The aim is to exemplify their abilities to carry out various project activities successfully.

**Table 14: Profiles of Project Team**

Name	Portfolio	Qualification and Experience
MAMOJAKI	Project Manager	Nursing qualifications
K. LEDUMA	Administration Officer	Administration experience
M. RASUNYE	Project Coordinator	Specialist in HBC programmes
M. COETZER	Supervisor	Nursing qualifications
S. de WEE	Project Assistant	Involved in HIV/AIDS projects

In order to ensure activity efficiency the project team is encouraged to function as a team by means of forming 'rotating' teams of at least 2-3 members when implementing their assigned tasks. One member is responsible for specific task assigned to him/her, while others advise and contribute towards successful implementation of the activity. The following activity responsibility matrix illustrates the relationship between the team members and their mutual approach towards dealing with different tasks.

**Table 15: HOPE FOR LIFE Project Responsibility Matrix\***

Organisation Unit/Individual	Mamojaki	R	A			C
	K. Leduma	C			R	A
	M. Rasunye		C	C		R
	M. Coetzer	A		R	A	
	S. de Wee		R	A	C	
	Activities	Discussing funding with sponsors	Negotiate use of the site with Pelonomi Hospital authorities	Develop recruitment plan	Develop activity programme for the employees	Undertake situation analysis so as to define the problem

Legend

R = Responsibility  
 C = Contributes  
 A = Advises

Source: Iwirn/Graw-Hill Corporation 2000

In this way interdependence and integrity are promoted and instilled to enhance spirit of teamwork. This approach helps in ensuring that each team member is fully aware of the progress of the project. In this way adjustments and improvements can be easily done to catch up with delayed activities. It is also in this way that the monitoring process is enhanced against sloppy performance. On the other hand the approach ensures that the work is going to be done in time irrespective of other member’s absence because other members will be well informed and in a position to do the job.

The following section is going to discuss project communication network to ensure that activities are going to be implemented effectively, that is, office administration duties, to ensure that project team perform tasks as assigned and utilise resources as planned.

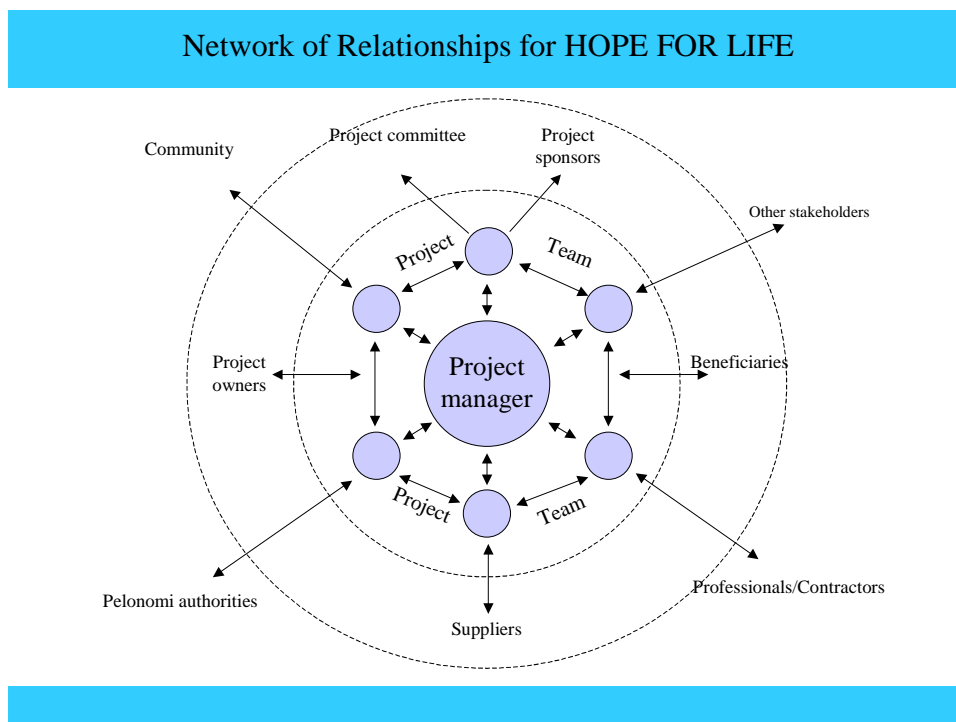
**2.12 Communication plan**

Implementation of the formulated strategic plan depends on proper communication channels that determine the ability of the project manager and project team to network amongst themselves and also with the external stakeholders, thus important for quality control. In order to transmit sufficient and relevant information the following communication media are going to be used:

- Formal written: letters, minutes, reports, etc (highly recommended for record keeping).
- Formal verbal: telephones, meetings
- Informal verbal: casual discussions

\* The illustration is made out of few selected tasks for explanation purposes only. The members against their timetables will develop detailed matrix regularly.

Consequently, it is essential to establish control system to process information flow so as to control unexpected influences. In accordance with the proposed project it was realised that it is significant to subdivide it into manageable mini projects so as to be able to execute appropriate communication process. The first phase was to raise awareness and to seek confirmation about the proposed, from the beneficiaries done during feasibility study. Thereafter data was processed and written in the form of report that was made available to the community for verification and confirmation. This was done through meetings, and workshops. Initially it was important to network with social networks such as churches, community organisations, and so on, with the aim of laying foundation and support for the proposed base line and to confirm the relevance of the project to the needs of the community, as a result communication is a continuous process that forms an integral part of the project. The communication relationship is complex in nature and project manager plays a central role in facilitating and coordinating the communication flow amongst all stakeholders starting with project team and the project owners through to external interested groups. The figure below illustrates the communication paths of the project.



Source: Irwin/McGraw-Hill 2000

**Figure 5: Network of Relationships – Communication**

### 2.13 Activity and resource management

This section describes daily duties of project team based on the scheduled tasks as outlined in the Gantt chart. Intention is to develop detailed action plans for specific tasks. According to Mlotchwa (2003:73) these are specific action steps that must be accomplished under each task. In other words these steps guide the team members about what it is expected from them to complete the task. These steps are also useful in monitoring the progress of the tasks. An example of a **step-by-step process of discussing funding agreements with potential donors involves:**

- ✎ Telephonic introductions of the HOPE FOR LIFE project and its owners to potential donors*
- ✎ Follow up letters requesting for meetings with programme/project officers of donor agencies and social responsibility officers of private companies*
- ✎ Producing brief profile/business proposal of HOPE FOR LIFE and sending it to all prospective donors*
- ✎ Confirming appointments for meetings*
- ✎ Communicating with team members and the board/owners to appoint a delegation to meet with donors*
- ✎ Arranging transport for the trips to the meetings with the donors*
- ✎ Taking minutes at the meetings and capturing them for record and presentation at board meetings*
- ✎ Inviting donors to visit the project site at the hospital*
- ✎ Sending letters of appreciation.*

The above example indicates the complicity of each task, thus the need for team members to work together according to their expertise and interest is crucial. In addition logistics and resource needs of the tasks are incorporated in the work plan. Requisitions for materials and finances or adjustments to the project scope are presented at team meetings for authorization before approval. Material resources such as equipment, stationery and furniture are going to be recorded in an inventory register to monitor their usage. Other measures used to control resource usage are to check records against sources such as invoices, receipts or other recorded documents (approved ones) to ensure that the figures are congruent to each other. This is done to detect variances (over-expenditure/under-expenditure) so that corrective actions should be taken. The project manager is responsible to ensure that all activities are according to plan. In other

words she is accountable for completion of the tasks. She is answerable to all stakeholders particularly the project owners and donors, thus regular reporting is essential to up date the stakeholders about the progress of the project.

#### **2.14 Marketing plan**

The marketing of HOPE FOR LIFE is going to be done through community organisations, clinics and Pelonomi Hospital. Furthermore, mass media both printed and electronic such as radio and newspapers are going to be used to inform the community about HOPE FOR LIFE. In addition involve community members activities such as fun run, open day activity, and supplying of free T-shirts with HOPE FOR LIFE logo to the community of Mangaung area.

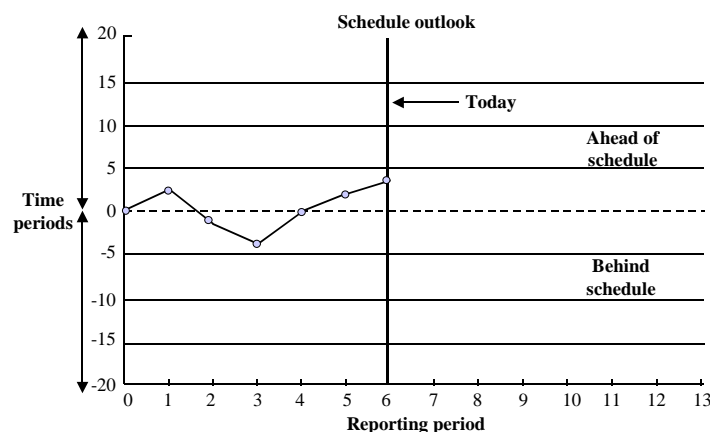
## CHAPTER 3: PROJECT MANAGEMENT

This section focuses on controlling the implementation of the project activities to ensure that objectives and quality of service are attained. Techniques to be applied include Monitoring and Control Strategies and Systems.

### 3.1 Management control systems

Varieties of management control systems are designed to assist project manager to control the project life cycle. It is the process of ensuring that the organization's resources are acquired and utilized effectively. In order to achieve efficient control on resources, project manager is going to use **Project Schedule Control Chart and Control Loop** to identify where corrective action is needed to minimize costs and risks. These methods are useful for the project manager to decide as to when it is proper to take corrective action with the aim of minimizing costs by dealing with problem at an early stage. Project Schedule Control Chart is useful tool that assists in tracking daily progress of the scheduled tasks. In this way corrective actions could be applied at an early stage to mitigate risks such as unnecessary delays that can be costly if not dealt with at an early stage.

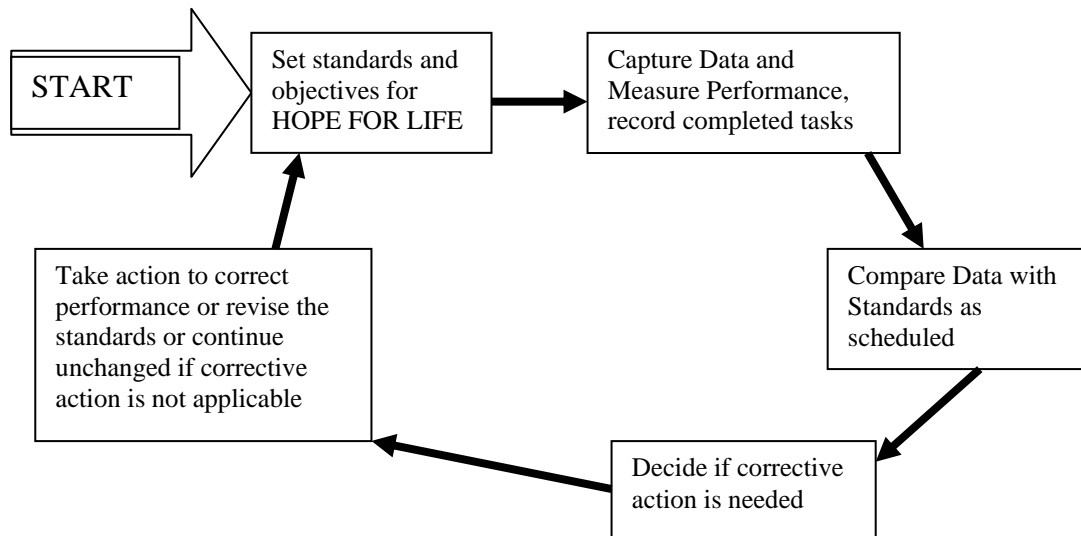
### Project Schedule Control Chart



Source: Irwin/McGraw-Hill, 2000

**Figure 5: Project Schedule Control Chart**

On the other hand Control Loop helps to assess progress by comparing set objectives with the current progress reports with the aim of redressing the deviances.



**Figure 6: Control Loop**

The above figure provides a step by step strategic plan of achieving the set objectives of the project by ensuring that all activities are undertaken as planned and if not it helps to identify the cause of the problem so as to decide and take appropriate corrective action.

### 3.2 Quality management

Attaining quality service is not easily achieved in spite of making use of variety of project tools. In order to ensure quality delivery the following quality management is proposed. This is to ensure that the project satisfies the objectives/needs for which it was undertaken. The following concepts are going to be applied:

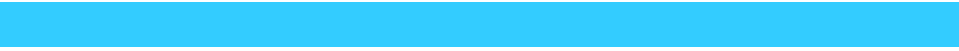
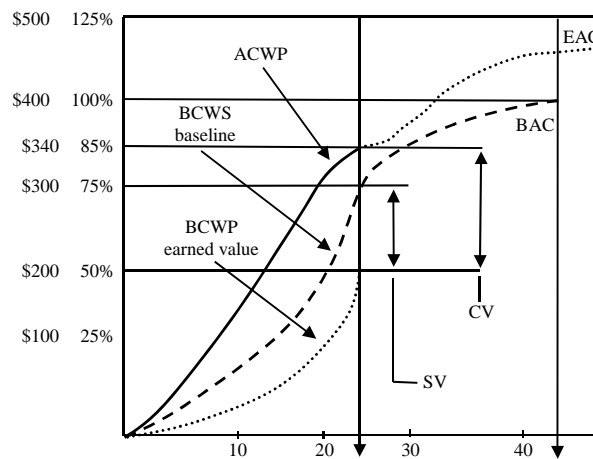
- **Quality assurance**, in which management processes are going to be defined and planned systematically for an example calculating Earned Value regularly
- **Quality control**, in which activities are going to be inspected regularly to make sure that they are according to plan for an instance weekly inspection to record activity progress against costs and time and to make decisions as to whether to adjust any constraints to ensure quality performance.
- **Total quality management**, in which customer satisfaction is achieved. This means that the performance is going to be optimised by increasing the probability of the project to be completed at an acceptable expected time, while resource usage and costs are minimised.

Furthermore, quality costs will be applied in order to ensure that costs are minimised. In addition quality planning, quality audit and quality control plan will be applied to ensure that motivation and confidence is instilled to improve the performance of the project team.

### 3.3 Earned Value

Earned Value approach is according to Burke (2001:203) “an integrated planning and control tool”. Earned Value approach is further described “as development of the **PERT/COST** and the **Cost Schedule Control System (CSCS)** criteria to fully integrate cost and time.” Earned Value is going to be calculated by MS Project software. The importance of this approach is to track the actual work performance and effort made by comparing and calculating **earned man-hours** as the **variance** between the **planned man-hours** and the **actual man-hours**. Earned Value is useful tool that ensures that quality performance is achieved within the project constraints namely time, resources/efforts and costs. The following two figures below illustrate an example of a graphical representation of Earned Value Plan.

## Cost/Schedule Graph



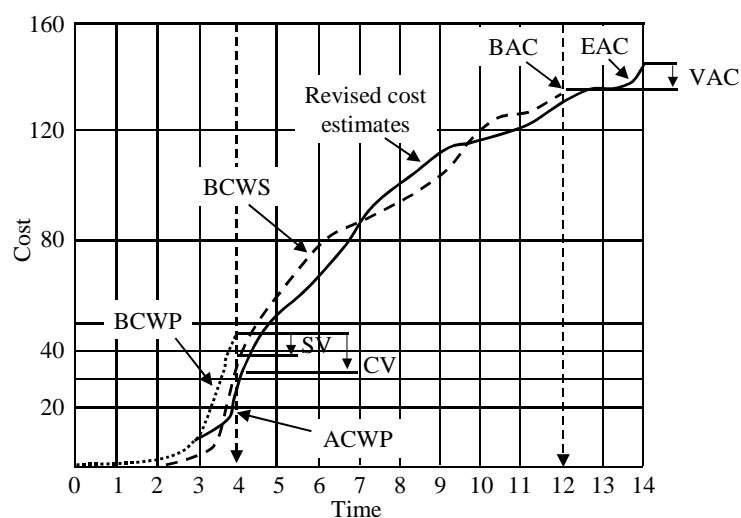
Source: Irwin/McGraw-Hill, 2000

**Figure 7a: Earned Value Plan – No integrated planning**

Looking at the above figure the Earned Value is low meaning that the actual work done by the team is lower than the planned work, while the costs are higher than was expected at a given time. However, looking at the revised Earned Value Plan there is constant overlap of the costs over time with slight variances. This is because the earned man-hours are tracked at an early stage thus allowing the project manager to make adjustments in time. In this way the project is according to plan because both costs were integrated.

## Cost/Schedule Graph

Figure 12-11



Source: Irwin/McGraw-Hill, 2000

### Figure 7b: Revised Earned Value Plan

The aforementioned trends of Earned Value are based on the statistics from the resource sheet. These consist of costs and time frame. Regular attendance to these matters may ensure results as outlined in figure 26b: Revised Earned Value Plan above. Earned Value depends on a variety of fields that are regularly calculated to inform the project manager about the progress of the project so as to ensure that he/she can track performance of each activity.

Key fields that assist to calculate the earned value are as follows:

Field	Description
BCWS	Budgeted cost of work scheduled, through the project status date
BCWP	Budgeted cost of work performed, through the project status date
ACWP	Actual cost of work performed, through the project status date
SV	Earned value schedule variance, through the project status date
CV	Earned value cost variance, through the project status date
BAC	Budgeted at completion, the baseline cost of a task
EAC	Estimate at completion, of the scheduled cost for a task
VAC	Variance at completion, between baseline cost and scheduled cost for a task

### 3.4 Monitoring

According to Bartle (2003:2) monitoring is an integral part of both project planning and implementation thereof thus is a continuous process. Furthermore he defined it as “the regular observation and recording of activities taking place in a project or programme. It is process of routinely gathering information on all aspects of the project. Monitoring involves making informed decisions. Monitoring is useful in giving feedback about the progress of the project to the donors, implementers, beneficiaries and other stakeholders of the project. Specifically monitoring provides information that will be useful in:

- ☛ Analyzing the situation in the community and its progress
- ☛ Determining whether the inputs in the project are well utilized
- ☛ Identifying problems facing the community or the project and finding solutions
- ☛ Ensuring that all activities are carried out properly by the right people and in time
- ☛ Using lessons from one project experience on to another and
- ☛ Determining whether the way the project was planned is the most appropriate way of solving the problem at hand.

In order to apply appropriate monitoring techniques such techniques were developed and adopted at the beginning of the project. The techniques that will be implemented in this project vary according to the type of information required by involved stakeholders. The adopted project monitoring method is participatory in nature. The advantages of participation in project include: common undertaking, enhancing accountability, better decisions, performance improvement, improved design and more information. The

aforementioned monitoring approach has advantages that can be achieved through involvement and participation of all stakeholders. Monitoring process does differ according to various stakeholders, thus different monitoring procedures are going to be followed.

### **Monitoring at community level involved:**

Monitoring at this level involved mobilizing the community to identify appropriate project to solve the problem of HIV/AIDS pandemic. Furthermore it involves community members to be responsible and accountable for strengthening intervention. The following table outlines clearly how monitoring will be pursued.

**Table 16: Monitoring Matrix**

Stakeholder	Issue	Monitoring Indicator	Means of Observing	Frequency	Monitoring Procedure
<b>Project Manager</b>	Follow-up on Implementation of activities	Number of project activities implemented in time	Data Capturing, routine visits	Weekly	Uses routine monitoring form
<b>Project Team</b>	Implementation of activities	Assigned tasks according to schedule	Timeframe according schedule	Depends on scheduled timeframes	Members use routine monitoring form
<b>DOH &amp; DSD</b>	Coordinate the project progress	Monthly reports	Routine visits, written and telephonic reports	Monthly	Programme report
<b>Donors</b>	Check financial management	Monthly reports	Written reports	Monthly	Programme Register forms
<b>Project owners</b>	Follow-up on project progress	Monthly visits	Actual inspection or briefing by the project manager	Monthly	Committee chairperson

Source: Bartle 2003:14

The above discussion on how the monitoring will be applied is expected to reduce risks and optimise performance within the financial, time and resources constraints. As result monitoring will involve backward forward process so as to ensure that the project is on the right track and make improvements where necessary.

The following chapter is going to discuss the closing out of the project. The chapter starts by discussing how the quality of the project is going to be evaluated with the aim of assessing the impact of the project onto the identified outcome objectives. This means that the project is going to be audited as to whether it will create jobs that may increase income level of the community of Mangaung area.

## **CHAPTER 4: PROJECT PHASE OUT**

This chapter is aimed to discussing the closeout of the project by evaluating its effective and efficiency in achieving its objectives according to set standards. Furthermore it describes the transition phase from project life cycle to product life cycle (institutionalization) by training and preparing the project owners to take over. Lastly it focuses on the official handing over of the project.

### **4.1 Project evaluation**

Project evaluation for HOPE FOR LIFE is planned to take place approximately eight weeks before project close out. The following elements are going to be scrutinized to assess the measurement of the success rate of HOPE FOR LIFE project. This chapter reviews the general auditing (wrapping-up) mechanisms to evaluate the overall success of the project.

#### **4.1.1 Assessing outputs**

General assessment for the project outputs is based on achievement of project objective, which is to establish HOPE FOR LIFE that is expected to provide home-based care to the community members of Mangaung. This broad goal is depended on completion of specific project outputs and/or milestones as outlined in the Gantt chart. Achievement of the aforementioned goal depends on successful attainment of the specific tasks that were developed to build up the outputs. This stage audits whether earned value has been achieved as planned. The purpose of auditing process is to compare the records against costs and time. These include signing of contracts, inventory registers and other valuable recorded documents.

#### **4.1.2 Assessing efficacy**

General effectiveness of the project comprise of various factors such as adherence to policy regulations and compliance with operational structure. These factors will determine whether the project procedures and processes used for the achievement of the outputs and milestones were effective. Example of the rating measure to be used include the development of orientation and training programme to assess the ability of project team members to perform their respective tasks according to set standards.

### **4.1.3 Assessing efficiency**

Assessment of efficiency of the project aims to determine the quality of the whole project. This means that the project may be regarded as efficient provided the inputs of the project were minimum and the procedures/processes cost-effective in order to yield high results/outputs. HOPE FOR LIFE project will be deemed effective if its impact to minimizing HIV/AIDS impact to infected individuals, afflicted and affected family members achieved the set standards as outlined in the project objectives.

### **4.2 Training for Project owners**

Before the handing over of the project the project manager in conjunction with other technical advisors aims to provide extensive training for the project owners to prepare them to operate on their own. Main focus will be on business management skills, project management and other relevant skills. The training is expected to take about eight weeks and will be in the form of workshops, practical informal and formal trainings in which the training sessions will be in the form of office set-up. Thereafter additional trainings will be organized regularly as required. Interested volunteers will also be empowered and their capacity to deal with the clients improved.

## CHAPTER 5: CONCLUSIONS, RECOMMENDATIONS AND REFLECTIONS

Finally it can be concluded that HOPE FOR LIFE project has the potential of achieving its goal of offering home-based care services for the community of Mangaung area through care giving, counseling and education about the HIV/AIDS scourge. The feasibility study of this document confirms the need for the project as a development intervention measure that could improve living standards of the community of the selected area. In addition formulation of the strategic plan and the implementation plan thereof confirms project viability and confirms that sound management processes and procedures are going to be applied. As a result the project has the potential of providing community-based care that is highly professional while being managed by ordinary community members. Furthermore its location offers better access to other health service such as emergency and technology equipment like X-rays as required.

Currently acquisition of funding and the ideal building is the main priority. The preparation of the document aims to serve as the business proposal that is going to be presented to potential donors for financial requests. The budget allocation assisted in outlining necessary costs to establish and run the proposed project with the aim of ensuring that the administration and operation is financially viable for this period of time. Furthermore Cash Flow Forecast signified the sustainability of HOPE FOR LIFE's project operation plan. As a result according the aforementioned conditions it is highly recommended that the project be funded so as to assist in improving health of community.

### 5.1 The future of HOPE FOR LIFE project beyond project management phase – Product Life Cycle

The aim of making use of project management techniques is to prepare establishment of HOPE FOR LIFE project into an organised non-profit making community based organisation (CBO) institution that is highly professional. Therefore the project proposal baseline intends to prepare sound foundation for the project so that when the project is commissioned, the owners should be prepared to take over and operate the project as an institution that is independent and sustainable. The process of training the HOPE FOR LIFE project owners intends to transfer power to the owners with the aim of reducing **dependency syndrome** in which the owners may depend on the project manager or any

external assistance for day to day running of the institution. In other words training aims to capacitate and empower the owners with the intention of instilling self-reliance, self-esteem and self-confidence to the project owners. In this way training improves market success in that it will improve trust and relationship with the community, health and government sectors. In order to ensure a balanced decision making process in which all stakeholders are involved the following table is going to be applied for guidance. This will be done with aim of reducing potential conflicts about possible solutions.

**Table 17: Decision Process Flow Chart<sup>\*</sup>**

Problem Attributes		Key Questions
<b>QR</b>	Quality requirement	How important is the technical quality of this decision?
<b>CR</b>	Commitment requirement	How important is project team commitment to the decision?
<b>II</b>	Individual's information	Do you have sufficient information to make a high-quality decision?
<b>ST</b>	Problem structure	Is the problem well structured?
<b>CP</b>	Commitment probability	If you were to make the decision by yourself, is it reasonably certain that others would be committed to the decision?
<b>GC</b>	Goal congruence	Do members share the project goals to be attained in solving this problem?
<b>CO</b>	Team conflict	Is conflict among project team members over preferred solutions likely?
<b>TI</b>	Team information	Do project team members have sufficient information to make a high-quality decision?

The role of the Decision Process Flow Chart plays significant role in assisting the project manager, project team and project owners to focus on the quality of their performance throughout the project formulation, implementation, and control as well as the continuous planning for the institution.

<sup>\*</sup> The above Decision Process Flow Chart is used throughout the planning of the project and beyond

## **LIST OF SOURCES**

Bartle P. 2003. **Three Community Worker Handbooks**. Community Self-Management, Empowerment and Development. [www.scn.org/ip/cds/cmp/hand.htm](http://www.scn.org/ip/cds/cmp/hand.htm)

Burke R, 2001. (3<sup>rd</sup> Ed). **Project Management: Planning and Control Techniques**. PROMATEC International. [www.project-management-books.com](http://www.project-management-books.com)

De Guzman A 2001. **Reducing social vulnerability to HIV/AIDS: models of care and their impact in resource-poor settings**. *Aids Care* 13(5): 663-675.

Department of Health, 2000. **HIV/AIDS & STD Strategic Plan for South Africa 2000-2005**. Pretoria: Department of Health.

Iwirn/Graw-Hill Corporation. 2000. Student Resource CD-Rom. **Project Management: The Managerial Process**. Graw-Hill Corporation

Mlotchwa, M . 2003. **Establishment of the Tembisa and Community Care Centre for HIV/AIDS Infected and Affected Persons**. Dissertation. Centre for Development Support, University of Free State.