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The Beit Trustee's Representative
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PROJECT REPORT

CONSTRUCTION OF TWO TWIN STAFF HOUSES AT ST. ANNE'S COMMUNITY HOSPITAL

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1. EXECUTIVE SUMMARY

St. Anne's Community Hospital is a Catholic health facility owned by the Catholic Diocese of Karonga and managed by the Sisters of the Holy Rosary. The hospital initiated the construction of two additional twin staff houses in response to a significant shortage of staff accommodation. At the time of project identification, the hospital had only six staff houses against 76 filled positions and an approved establishment of 129 positions. This shortage constrained the hospital's ability to recruit, accommodate and retain essential health personnel and affected the availability of staff, particularly during emergencies and night duties.

The Beit Trust generously provided £41,250 towards the construction of the two twin staff houses. The project was designed not merely as an infrastructure intervention but as an investment in the hospital's human-resource capacity and continuity of health service delivery. The construction works have now been substantially completed and the two twin houses are ready for occupation, subject to the outstanding connection of electricity by ESCOM. The hospital continues to follow up with ESCOM to facilitate the connection and enable full utilisation of the houses.

Financially, the project received total resources amounting to **MK93,792,087.55**, comprising **MK82,567,267.59** from the Beit Trust and **MK11,224,819.96** in local contribution. Total expenditure amounted to MK93,776,557.57, leaving a recorded balance of MK15,529.98.

Despite challenges involving rising construction costs, a change in hospital administration and the extension of the project beyond the original implementation period, the hospital remained committed to completing the project and safeguarding the Beit Trust investment. The project has resulted in two additional staff accommodation units and is expected to contribute to improved staff availability, recruitment and retention, responsiveness to emergencies and continuity of health services once the houses are occupied. St. Anne's Community Hospital sincerely appreciates the Beit Trust for its generous support and partnership in strengthening health infrastructure and service delivery in rural Malawi.

2. BACKGROUND

St. Anne's Community Hospital is owned by the Catholic Diocese of Karonga and managed by the Sisters of the Holy Rosary. The hospital is located approximately 72 kilometres south of Karonga District town and serves a predominantly rural population.

The facility was established as a maternity facility in 1964, became a health centre in 2004 and was elevated to the status of a community hospital in 2018. The hospital has a catchment population of approximately 29,686 people and a 54-bed capacity.

The hospital provides a range of essential health services, including outpatient and inpatient services, maternity and antenatal care, laboratory services, radiology, dental services, palliative care and mobile outreach services.

At the time the project was identified, the hospital had 76 positions filled against an approved establishment of 129 positions, representing approximately 56% of the approved establishment. However, it had only six staff houses available for its workforce. This significant shortage of accommodation limited the hospital's ability to attract and retain additional professional health workers.

The accommodation shortage also affected staff availability. Many employees were residing outside the hospital premises, making it difficult for some staff to respond promptly to emergencies and night-time duties. This was particularly important for maternity, neonatal, emergency and other essential services where timely intervention can be critical.

In response to this challenge, St. Anne's Community Hospital approached the Beit Trust for assistance towards the construction of two additional twin staff houses. The Beit Trust approved a grant of £41,250 for implementation of the project.

3. PROJECT JUSTIFICATION

The shortage of staff accommodation was identified as one of the infrastructure constraints affecting the hospital's ability to recruit and retain essential health personnel. The hospital had only six houses for 76 filled positions. Consequently, only a limited proportion of staff could be accommodated within the hospital premises.

The original project motivation further indicated that the hospital was expected to have approximately 16 trained medical personnel but that the shortage of accommodation restricted its capacity to recruit approximately five additional medical personnel. The lack of accommodation also had implications for service delivery because staff living outside the hospital could experience difficulties reporting promptly during emergencies, especially at night.

The construction of two additional twin staff houses was therefore considered a practical investment to increase accommodation capacity, strengthen staff availability and ultimately contribute to improved access to timely and quality health services.

4. PROJECT GOAL

The overall goal of the project was: To improve the availability, accessibility and quality of health services at St. Anne's Community Hospital by addressing the shortage of staff accommodation and enabling the hospital to attract, accommodate and retain essential medical personnel.

The project was therefore designed as more than a construction activity. The investment in staff accommodation was intended to strengthen the hospital's human-resource capacity and contribute to improved and timely health service delivery to the surrounding rural population.

5. PROJECT OBJECTIVES

5.1 General Objective

To ease the shortage of staff accommodation and enable St. Anne's Community Hospital to recruit and accommodate professional medical staff in accordance with the Malawi Government-approved staffing establishment.

5.2 Specific Objectives

The project sought to:

1. Construct two twin staff houses at St. Anne's Community Hospital.
2. Increase the availability of accommodation for essential medical personnel.
3. Improve staff availability and response time, particularly during emergencies and night duties.
4. Contribute to improved and timely provision of maternal, neonatal, primary health care and other essential health services.
5. Improve staff morale and contribute to staff retention.
6. Contribute to reducing unnecessary referrals to Karonga District Hospital.
7. Improve access to health services for the rural population served by St. Anne's Community Hospital.

6. PROJECT IMPLEMENTATION AND ACHIEVEMENTS

The principal intervention under the project was the construction of two twin staff houses. The project has achieved its primary infrastructure objective, with the two houses constructed and substantially completed. The houses are ready for occupation once the outstanding electricity connection by ESCOM is completed.

The construction process involved a number of activities and expenditure components, including: Preliminary and general works; Substructure and foundation works; Foundation walls; Concrete slab; Superstructure; Ring beam; Windows and doors; Glazing; Roofing; Iron sheets; Fascia boards; Floor finishing; Painting; Drainage system; Transportation of construction materials; Electrical system; Plumbing system; Contractor costs; and Landscaping. The completion of these components has resulted in two additional staff accommodation units for St. Anne's Community Hospital.

The project has therefore addressed a significant infrastructure constraint that previously limited the hospital's capacity to accommodate additional professional health personnel.

8. MONITORING, EVALUATION AND LEARNING

Monitoring, Evaluation and Learning formed (MEAL) is an important part of project implementation. Project progress was monitored through management follow-ups, construction progress reviews, procurement and financial records, physical inspections and photographic documentation.

The hospital intends to monitor the following results after occupation of the houses: Completion and utilisation of the two houses; Number of staff accommodated; Staff availability within the hospital premises; Staff responsiveness to emergencies; Recruitment and retention of essential health personnel; Staff satisfaction and morale; Patient attendance and utilisation of services; Referral trends to Karonga District Hospital; Maintenance and condition of the houses; and Sustainability of the investment.

The MEAL Plan will be maintained separately as a project management and accountability document and will support future reporting to the Beit Trust.

9. PROJECT OUTCOMES

The immediate outcome of the project is the successful construction of two additional twin staff houses, thereby increasing staff accommodation capacity at St. Anne's Community Hospital. The project has addressed an important infrastructure constraint that previously affected the hospital's ability to accommodate additional professional health workers.

The completed houses are expected to contribute to: Increased accommodation capacity for essential health personnel; Improved staff availability within the hospital premises; Improved response to emergencies and night duties; Increased capacity to recruit and retain essential staff; Improved staff morale; Improved continuity of health services; and Improved access to health services for the surrounding rural population.

Some of these outcomes will only be measurable after the houses have been occupied and utilised for a reasonable period. The hospital will therefore monitor these results through the MEAL framework.

10. PROJECT IMPACT

The intended long-term impact of the project is to contribute to improved access to timely, quality and reliable health services for the rural population served by St. Anne's Community Hospital. The additional accommodation is expected to strengthen the hospital's ability to attract, accommodate and retain essential medical personnel.

Staff residing within the hospital premises will also be better positioned to respond to emergencies and provide services when required. In the longer term, improved staff accommodation is expected to contribute to: Improved staff availability; Improved staff retention; Improved staff morale; Improved patient attendance; Better continuity of essential health services; Potential reduction in

unnecessary referrals to Karonga District Hospital; and Improved access to health services for the surrounding rural population.

These longer-term results will require continued monitoring after the houses are occupied. The project therefore represents more than the construction of physical infrastructure. It is an investment in the hospital's human-resource capacity and its ability to provide continuous and responsive health services.

11. CHALLENGES ENCOUNTERED

Although the two twin houses have been substantially completed, project implementation encountered some challenges that contributed to the project exceeding its original six-month implementation period.

11.1. Project Delays Due to Macroeconomic Factors

The project was affected by frequent fluctuations in the prices of construction materials and other inputs. Changes in prices made procurement planning difficult and, in some instances, resulted in delays as management had to identify additional resources or revise procurement arrangements to meet the prevailing market prices.

Currency devaluation also contributed to an increase in the cost of imported and locally traded construction materials and services. The reduction in the purchasing power of available funds meant that materials and services initially budgeted for could, in some cases, no longer be obtained at the original estimated costs.

Finally, increases in diesel and fuel prices affected transportation and logistics costs associated with the project. The increased cost of transporting construction materials and facilitating project-related activities placed additional pressure on the available project resources and contributed to implementation delays.

These factors affected procurement, transportation, availability of materials and the overall pace of implementation. Consequently, the project exceeded its original implementation period.

11.2 Change in hospital administration

The project also experienced an administrative transition during implementation. The former Hospital Administrator, who had been overseeing the project, was transferred and a new Administrator assumed responsibility for the project.

The transition created some continuity gaps, particularly in relation to project records, procurement processes, contractor follow-up and the actual status of some outstanding works. There were also differences between the progress information contained in the predecessor's handover/reporting records and the situation found when the new administration assumed responsibility.

The new administration therefore had to undertake additional verification of the project status, review available documentation, identify outstanding works and re-establish follow-up arrangements before the project could be brought to completion.

11.3 Electricity connection

At the time of submission of this final report, the construction works have been completed. However, connection of electricity to the houses by ESCOM remains outstanding. The hospital is following up with ESCOM to facilitate connection so that the houses can be fully occupied and utilised.

Despite these challenges, the hospital management remained committed to completing the project and ensuring that the Beit Trust's investment resulted in the intended infrastructure.

12. RECOMMENDATIONS

Based on the challenges identified by Management during implementation, the following recommendations are proposed to improve the planning and implementation of future infrastructure projects:

12.1 *Develop Realistic Project Implementation Timelines*

Firstly, future project timelines should take into account prevailing economic conditions, procurement lead times, possible price changes and other external factors that may affect implementation. Where significant macroeconomic changes occur, Management should review the implementation schedule and develop appropriate corrective measures.

Secondly, future project budgets should take into consideration possible fluctuations in the prices of construction materials and other inputs. Where appropriate, realistic contingencies should be included in project budgets to accommodate reasonable price increases without significantly affecting implementation timelines.

Thirdly, given the impact of increases in diesel and fuel prices on transportation and logistics, future project budgets should adequately consider transportation costs and possible fuel price adjustments. Procurement planning should also minimise unnecessary transportation costs through coordinated purchasing and delivery arrangements.

Finally, future projects should incorporate economic risks such as currency devaluation and inflation during budgeting and implementation planning. Project cost estimates should be reviewed periodically, particularly for projects implemented over longer periods, to determine whether significant economic changes may affect the original budget.

12.2 *Strengthen Procurement Planning*

Procurement of critical construction materials should be planned and undertaken as early as practicable. Management should regularly review market prices and availability of materials so that potential price increases or shortages can be identified early and appropriate action taken.

12.3 *Strengthen project documentation and handover*

The hospital will ensure that project records are systematically maintained and that formal handover arrangements are conducted whenever there is a change in the staff member responsible for project oversight.

Project files will include contracts, bills of quantities, quotations, invoices, payment records, progress reports, inspection reports, photographs, correspondence and outstanding-works registers.

12.4 *Strengthen Continuous Management Monitoring*

Management should regularly review project progress against the approved budget, implementation schedule and physical progress. Early identification of price increases, fuel cost pressures, procurement delays and other economic challenges will allow corrective action to be taken before they significantly affect the project. This will ensure that project progress and results are systematically monitored rather than relying primarily on periodic narrative updates.

12.5 *Complete ESCOM connection*

The hospital will continue engaging and following up with ESCOM to ensure that electricity is connected to the completed houses. This will allow the houses to be occupied and enable the hospital to realise the full intended benefits of the investment.

12.6 *Establish a maintenance mechanism*

The hospital will continue strengthening its maintenance savings mechanism to ensure that adequate resources are available for routine maintenance and repairs of the houses.

13. KEY LEARNING POINTS

The implementation of the project provided several important lessons for St. Anne's Community Hospital.

13.1 *Construction Projects are Vulnerable to Price Fluctuations*

The project demonstrated that fluctuations in the prices of construction materials can significantly affect procurement and project implementation. Future projects should therefore recognise price volatility as an important project risk.

13.2 *Effective Handover is Essential for Project Continuity*

The transition in administration demonstrated that changes in responsible personnel can affect project continuity when information and documentation are not adequately handed over. Proper documentation and structured handover are therefore essential throughout the project cycle.

13.3 *Macroeconomic Factors Can Affect Project Timelines*

The project demonstrated that factors outside the direct control of Management, including inflation, currency devaluation, fuel price increases and rising material costs, can contribute to project delays. Project planning should therefore include adequate risk assessment and contingency measures.

13.4 *Monitoring should be continuous*

Project monitoring should not only take place when preparing donor reports. Regular monitoring allows management to identify delays, procurement problems, financial issues and construction gaps early enough for corrective action.

13.5 *Project Plans Need to be Flexible*

The experience showed that project implementation plans should allow reasonable flexibility to respond to significant changes in the economic environment. Regular management review of project budgets, procurement plans and timelines is important to ensure that projects remain achievable despite changing circumstances.

13.6 *Early Identification of Risks Improves Project Management*

A major lesson from the project is that economic and administrative risks should be identified at the beginning of the project and monitored throughout implementation. Early identification allows Management to take corrective measures before challenges become major causes of delays.

13.7 *Strong Management Oversight Supports Project Completion*

Despite the challenges encountered, continued Management oversight and follow-up contributed to the completion of the construction works. This demonstrates the importance of active Management involvement in addressing emerging challenges and keeping projects on course.

14. SUSTAINABILITY

St. Anne's Community Hospital recognizes that the long-term value of the project depends on proper utilisation, maintenance and management of the houses. The hospital will ensure that the houses are allocated to appropriate essential health personnel in accordance with institutional policies and operational needs.

Management will also strengthen maintenance planning and resource allocation to ensure that the houses remain in good condition. The MEAL framework will allow the hospital to monitor

utilisation, staff accommodation, staff availability, maintenance and contribution to health service delivery over time.

The hospital will also continue working with relevant stakeholders to complete the outstanding electricity connection so that the houses can be fully occupied and operational.

15. CONCLUSION

The construction of the two twin staff houses represents an important investment in the human resource capacity and service delivery infrastructure of St. Anne's Community Hospital.

The project responded to a significant shortage of staff accommodation that had constrained the hospital's ability to accommodate and recruit essential health personnel. At the time of project identification, the hospital had only six staff houses against 76 filled positions and an approved establishment of 129 positions. With the generous support of the Beit Trust amounting to £41,250, the hospital has successfully brought the construction works to substantial completion.

Financial records show total project resources of MK93,792,087.55, comprising MK82,567,267.59 from the Beit Trust and MK11,224,819.96 in local contribution. Total expenditure amounted to MK93,776,557.57, leaving a recorded balance of MK15,529.98.

Despite challenges relating to rising construction costs, the change in hospital administration and the extension of the implementation period beyond the original implementation months, the hospital has successfully brought the construction works to completion.

The two completed houses have increased the hospital's accommodation capacity and are expected to contribute to improved staff availability, recruitment and retention, emergency responsiveness and continuity of health services. The remaining electricity connection by ESCOM will be pursued as a priority so that the houses can be fully occupied and utilised.

The project has also strengthened the hospital's understanding of the importance of robust contractor selection, strong contractual arrangements, proper project documentation and handover, continuous monitoring, clear accountability and post-completion management.

St. Anne's Community Hospital sincerely appreciates the Beit Trust for its generous financial support and partnership. The hospital remains committed to protecting, maintaining and utilising the completed infrastructure for its intended purpose and ensuring that the investment contributes to improved health service delivery for the rural communities served by the hospital. The hospital once again expresses its sincere appreciation to the Beit Trust for its partnership and generous investment in strengthening health service delivery in rural Malawi.

ANNEXES

Annex 1: *Detailed Project Financial Statement*

Annex 2: *Photographic Documentation of Project Implementation and Completed Houses*