



A photograph of a woman with curly hair, wearing a floral top, smiling and writing on a whiteboard with a green marker. The whiteboard has some orange and yellow sticky notes attached to it.

Group Members:

Ethan Terblanche- 3020408

Kangwa Chileshe- 3003934

Buhle Radebe- 2769518

FAMH4010A- Managing Health Projects

8 June 2025



Introduction

The success of complex healthcare projects depends heavily on a clearly defined project scope, an organised structure, and a well-planned schedule. Health First's Global Health Equity Initiative aims to improve healthcare access in underserved rural areas by deploying innovative telemedicine technology developed in India, adapted for local contexts across Africa, Southeast Asia, and South America (Bureau of Primary Health Care, 2021). Given the decentralised structure and the involvement of multiple geographically dispersed teams, establishing a comprehensive project scope statement is essential to align objectives, deliverables, constraints, and assumptions (ProjectManager, 2025). Moreover, breaking the project into manageable work packages through a Work Breakdown Structure (WBS) facilitates clear task allocation and accountability among teams (Digital Project Manager, 2025). Finally, creating a detailed project schedule with task dependencies and timelines ensures that critical milestones are met, and the project remains on track (Li et al., 2021). This integrated approach provides the foundation necessary to manage complexity and achieve the initiative's goal of equitable healthcare access.

Project Scope Statement

Background and Context

Health First, a global non-profit organization with a decentralized structure and a culture emphasizing open communication, collaboration, and innovation, has initiated the Global Health Equity Initiative. This project aims to improve access to quality healthcare in underserved rural areas of low-income countries by deploying an innovative telemedicine technology developed by the Indian team. The technology will be implemented across rural health centers in Africa, Southeast Asia, and South America, with adaptations to local contexts (Bureau of Primary Health Care 2021).

Purpose

The purpose of this project is to enhance healthcare accessibility and quality for underserved rural populations by deploying and adapting telemedicine technology tailored to regional needs.

Objectives

- Deploy telemedicine technology in at least 30 rural health centers across Africa, Southeast Asia, and South America.
- Provide comprehensive training to local healthcare teams for effective use and maintenance of the technology.
- Improve patient outcomes by increasing access to specialist consultations remotely.
- Ensure local ownership and customization of the technology to meet cultural and infrastructural realities.

Deliverables

- Customized telemedicine platform adapted for each region.
- Training materials and workshops for healthcare providers.
- Deployment and progress reports, including user feedback.
- Support and maintenance documentation.

Constraints

- Limited internet and electricity infrastructure in some rural areas.
- Diverse regulatory and cultural environments affecting technology acceptance.
- Fixed budget and project timeline.
- Need for multilingual and culturally sensitive training resources.

Assumptions

- Local health centers and teams will actively participate in adaptation and training.
- Basic infrastructure (electricity, internet) is available at deployment sites.
- Stakeholders across regions will collaborate and adhere to project timelines.

Work Breakdown Structure (WBS)

Level 1	Level 2	Level 3
1. Project Management	1.1 Project Planning	1.1.1 Develop project charter
		1.1.2 Identify stakeholders
	1.2 Communication	1.2.1 Schedule meetings
		1.2.2 Progress reporting
2. Technology Adaptation	2.1 Needs Assessment	2.1.1 Analyze local contexts
	2.2 Customization	2.2.1 Localize interface
		2.2.2 Adapt features
3. Deployment	3.1 Site Preparation	3.1.1 Infrastructure checks
		3.1.2 Equipment delivery
	3.2 Installation	3.2.1 System setup
		3.2.2 Connectivity testing
4. Training	4.1 Develop Training Content	4.1.1 Create materials
	4.2 Conduct Workshops	4.2.1 On-site training
5. Monitoring & Support	5.1 Feedback Collection	5.1.1 User surveys
	5.2 Ongoing Support	5.2.1 Helpdesk setup
		5.2.2 Maintenance scheduling

Source: Adapted from Digital Project Manager (2025)

Project Schedule (Gantt Chart Summary)

Task	Duration (weeks)	Start Week	End Week	Dependencies
Project Planning	3	1	3	None
Needs Assessment	2	4	5	Project Planning
Technology Customization	4	6	9	Needs Assessment
Site Preparation	3	8	10	Needs Assessment
Installation	2	11	12	Site Preparation
Training Material Creation	2	9	10	Technology Customization
Training Workshops	2	13	14	Installation, Training Material
Feedback Collection	2	15	16	Training Workshops
Ongoing Support	Ongoing	17	End	Feedback Collection

Source: Adapted from Li et al. (2021); Instagantt (2025)

Narrative Summary

The **Global Health Equity Initiative** project scope is carefully defined to ensure clarity and alignment across geographically dispersed teams. The project focuses on deploying a telemedicine solution tailored to local needs in underserved rural areas, with clear objectives, deliverables, constraints, and assumptions (Bureau of Primary Health Care 2021; HPMAGlobal 2020). The Work Breakdown Structure decomposes the project into manageable components, facilitating coordination and execution (Digital Project Manager 2025). The project schedule, represented by

a Gantt chart, outlines task durations, dependencies, and deadlines, supporting effective resource allocation and milestone tracking (Li et al. 2021; Instagantt 2025).

Resource Allocation and Management

Human resources	Duties
Project manager	<ul style="list-style-type: none">• Scope Management: Ensuring the project stays within defined boundaries and meets client expectations.• Schedule Management: Developing and tracking project timelines to ensure timely completion.• Budget Management: Managing project finances, allocating resources, and tracking expenses.• Resource Management: Coordinating and overseeing project resources, including team members, subcontractors, and vendors.• Communication Planning: Establishing effective communication channels among stakeholders, team members, and clients.• Risk Management: Identifying and mitigating potential risks that could impact the project.• Quality Assurance: Ensuring the project meets quality standards and client requirements.

	<ul style="list-style-type: none"> • Stakeholder Management: Managing client expectations, stakeholder engagement, and ensuring satisfaction.
Training team	<ul style="list-style-type: none"> • Training Program Development: Develop comprehensive training programs for local healthcare staff on the use of the new system. • Training Delivery: Deliver training sessions to local healthcare staff, ensuring they are comfortable and proficient in using the system. • Training Materials Creation: Create user manuals, guides, and other training materials to support local healthcare staff in using the system. • Ongoing Support: Provide ongoing support and training to local healthcare staff as needed, to ensure they continue to use the system effectively.
IT teams	<ul style="list-style-type: none"> • Infrastructure Management: Maintaining and ensuring the operationality of all systems and networks. • Technical Support: Helping with hardware and software issues for new and existing users.

	<ul style="list-style-type: none"> • Training and Development: Educating staff on IT systems, tools, and best practices to enhance productivity and efficiency. • System Maintenance and Security: Implementing updates, patches, and security measures to protect against potential threats and vulnerabilities. • Compliance and Licensing: Managing software licenses, ensuring regulatory compliance, and mitigating potential risks.
Regional Coordinators	<ul style="list-style-type: none"> • Program Coordination: Collaborating with program coordinators, stakeholders, and partners to ensure effective program delivery. • Budget and Schedule Management: Developing, managing, and tracking budgets and schedules for programs. • Communication and Collaboration: Working closely with program staff, volunteers, and beneficiaries to ensure smooth program operations. • Monitoring and Evaluation: Tracking program progress, identifying areas for improvement, and assessing impact.

	<ul style="list-style-type: none"> • Issue Resolution: Identifying and resolving issues and risks that may impact program success. • Guidance and Support: Providing guidance and support to program teams and partners. • Representation: Representing the organization at external meetings and events
Local healthcare team	<ul style="list-style-type: none"> • System Requirements Input: Provide local healthcare expertise to inform system requirements and ensure the system meets local healthcare needs. • System Testing: Test the system to ensure it meets local healthcare standards and workflows. • Feedback and Validation: Provide feedback on system functionality and validate that the system meets local healthcare requirements. • Clinical Workflow Analysis: Analyse local healthcare workflows and identify areas where the system can improve efficiency and effectiveness. • End-User Feedback: Provide feedback from end-users' perspective to ensure the system is user-friendly and meets their needs.

Material and Equipment Resources

Health First's Global Health Equity will need the following material to effectively and successfully implement the initiative:

Telemedicine Platform Software:

A secure, user-friendly platform that enables remote consultations and communication between healthcare providers and patients.

Features:

- Video conferencing capabilities
- Secure messaging and file sharing
- Integration with electronic health records (EHRs)
- Customizable workflows and templates

Hardware (Computers, Tablets, etc.):

Devices that healthcare providers will use to access the telemedicine platform.

Specifications:

- High-definition cameras and microphones
- Reliable internet connectivity
- Compatible with telemedicine platform software
- Durable and easy to clean

Internet Connectivity Solutions

Solutions that will enable internet access in rural areas, such as:

- Satellite internet
- Mobile networks (e.g. 4G, 5G)
- Wi-Fi hotspots
- Other wireless connectivity options

Considerations:

- Reliability and speed of internet connection

- Cost and affordability
- Availability and coverage in rural areas

Training Materials and Equipment:

Materials and equipment needed to deliver training programs for healthcare providers, including:

- User manuals and guides
- Training videos and tutorials
- Practice scenarios and simulations
- Equipment for hands-on training (e.g. tablets, laptops)

Goals:

- Ensure healthcare providers are comfortable and proficient in using the telemedicine platform
- Provide ongoing support and training as needed

Project budget: Global Health Equity Initiative

Category	Description		Estimated Cost Annual \$)
Personnel	Salaries and benefits for project staff	Project Manager	96,358
		Training team	321,035
		IT teams	145,500
		Regional Coordinators	280, 000

		Local healthcare team	150,000
Technology and Equipment	Costs for telemedicine platform and hardware	Telemedicine Platform Software	170,000
		Hardware (Computers, Tablets, etc.)	100,000
		Internet Connectivity Solutions	70,000
Training and Support	Costs for training materials, equipment, and logistics	Training materials and equipment	30,000
		Training Workshop	50,000
Total Estimated Annual budget			1,412,893

Project risk assessment and mitigation strategies

Risks	Mitigation strategy
Technological Complexity	
Infrastructure Limitations	
Cultural and User Resistance	
Financial Constraints	
Organizational and Policy Gaps	
Communication and Collaboration Issues	
Legal and Ethical Concerns	
Technical Support and Maintenance	

QUALITY MANAGEMENT PLAN (QMP)

PURPOSE

This QMP grounded in Total Management Principles aims to endure that the Global Health Equity Initiative consistently delivers outcomes that meet or exceed the expectations of stakeholders, especially in the rollout of the telemedicine system in underserved rural communities.

QUALITY OBJECTIVES

1. Ensure user-friendly and accessible telemedicine solution
2. Ensure a timely, context-adapted deployment
3. Maintain system reliability

KEY QUALITY METRICS

Quality Metric	Target	Monitoring Method	Responsible Team
----------------	--------	-------------------	------------------

User satisfaction (post-deployment)	$\geq 80\%$ satisfaction	Structured surveys, feedback forms and focus group discussions	M&E Specialist
Milestone Achievement (Regional)	$\geq 95\%$ of milestones on schedule	Milestone tracking reports, Project management dashboard	Project Coordinators
System Uptime (Pilot Regions)	$\geq 98\%$ uptime over 3 months	Real-time system monitoring tools, incident reports	IT support teams and India tech teams

Quality Assurance (QA) Activities

To ensure all telemedicine technologies and deliveries are met, the following QA processes will be followed:

- **Standard operating Procedures (SOPs):** Develop and implement SOPs for system usage, maintenance and reporting
- **Pilot Programs:** Deploy telemedicine technologies in small subset clinics per region to test functionality and usability.
- **Training and Certification:** Deliver structured training sessions to the local health workers and certify competency post-training.
- **Stakeholder Reviews:** Conduct periodic reviews with all stakeholder groups to gather feedback and approve the next phases.

Quality Control Activities

Quality Control (QC) encompasses all the operational techniques and procedures used to ensure that the quality standards are met by aligning outcomes with end user and stakeholder expectations (Sader, Husto & Daroczi, 2022). QC for this project will focus on verifying the telemedicine system implementation outcomes and ensuring compliance with the defined functional and performance specifications.

The QC measures that will be implemented will include:

QC Activity	Description	Purpose
Functionality Testing	At least three real world tests will be done at different infrastructure settings per region (Africa, South America, Southeast Asia).	To verify how adaptable and operable is across diverse environments.
Audit Reports	Semi-annual audits will assess performance indicators, training compliance across sites and user satisfaction.	To ensure quality, accountability and compliance with project milestones.
Feedback Mechanism	Feedback will be collected using structured, interviews, surveys and mobile reporting tools.	To identify user challenges, capture improvements and adapt to local needs.

To effectively support continuous improvement and quality assurance, these activities will be documented, reviewed and analysed throughout the deployment and post-implementation phases.

Change Management Procedures

Effective change management is vital for the successful implementation of Global Health Equity Initiatives telemedicine solution, especially given the decentralized structure and diverse operational contexts across regions. This project adopts the Projects in controlled Environments (PRINCE2) change control process, which aligns with scholarly recommendations for integrating structured project management integrating structured project management into change interventions (Parker et al., 2013; By, 2005).

While a few traditional models primarily focus on human factors, this project emphasizes clear processes, strategic alignment and accountability, addressing the shortcomings highlighted by By (2005), who observed that many change failures stem from a lack of systematic, adaptable frameworks.

Change management will be governed by the following procedures in this project:

- Identification and Documentation of Change

Any stakeholder may raise a change request related to the telemedicine system (e.g. infrastructure limitations, training protocols). Each request must be documented using a standard Change Request Form (CRF) and logged into the Change Register, a recommended in PRINCE2.

- Initial Evaluation

The project manager and regional leads will carry out preliminary assessments of each change request to determine the level of urgency or risk, alignment with project objectives and feasibility in regional contexts. This triage phase prevents unnecessary escalations and prevents the project from losing focus, addressing the lack of prioritization in ad-hoc change processes noted by Parker et al. (2013).

- Impact Assessment

For changes deemed viable, a detailed impact analysis will be conducted. This includes cost implications, schedule shifts, training needs and impact on stakeholder engagement. In alignment with Health Firsts collaborative culture

stakeholders' input will be collected during this phase through online consultation platforms, aligning with the collaborative nature of Health First.

- Change Decision

Significant changes must be made by the Change Control Board (CCB), comprised of the project executive, technical leads and regional implementation heads. The CCB will categorise each change as:

- i. Approved, for immediate implementation
- ii. Deferred, for future phases
- iii. Rejected, with a provided rationale

- Change implementation

Approved changes will be:

(1) Incorporated into Work Breakdown Structure (WBS)  (2) Communicated across all regional teams  (3) Accompanied by training sessions if appropriate.

Guided by the project-based framework suggested by Parker et al. (2013), a change owner will be assigned to oversee implementation and report progress.

- Monitoring and Control

The effectiveness of each change post-implementation will be monitored through:

- ✓ Key performance Indicators (e.g., system uptime, user satisfaction)
- ✓ Quality audits
- ✓ End-user Feedback (e.g., Community coordinators and health workers)

In line with the continuous improvement principle of PRINCE2, lessons learned will be captured and used to inform ongoing efforts. Upon successful implementation and review, the change request will be closed formally, and all associated documentation including SOPs, risk registers and training modules will be archived. Closure also includes an assessment of stakeholder satisfaction with how the change was handled.

Rationale for PRINCE2 Integration

PRINCE2 offers a rigorous, adaptable structure suitable particularly for projects involving multiple stakeholders, evolving technologies and decentralized operations. Which aligns well with Health Firsts open and impact-driven culture.

Moreover, integrating both change management and project management processes enhances execution efficiency, a gap that is frequently cited by By (2005), who called for a more project management-based approach to managing organizational transformation.

Project Closure Plan

The closing a project (CP) process in PRINCE2 provides a formally structured framework for winding down project activities. For the Global Health Equity Initiative, the closure phase of the telemedicine project will ensure that deliverables are completed, lessons are captured, stakeholders are satisfied, and support mechanisms are established (Bently, 2005).

The following outlines the key procedures for project closure:

Objectives of project closure

- To assess the extent to which original objectives were met by the project (e.g. \geq 80% user satisfaction and improved access to care)
- To confirm stakeholder and end-user satisfaction with the telemedicine system and support structures.
- To ensure that, all technical support, maintenance and handover processes are in place.
- To document all the lessons learned for future digital health rollouts.
- To evaluate the success of the project management approach that was used.
- To prepare a Benefits Realization Plan for the post-project review

Key Closure Activities

Activity	Description	Responsible Party
Final Product Acceptance	Confirm that telemedicine deliverables meet both quality and functional expectations	Project Manager & Regional leads

Performance Review	Compare final KPIs with quality targets	Quality Assurance lead
Handover of support	To finalise support agreements and transfer knowledge to local teams	Technical Team
Financial Reconciliation	To ensure all financial records are settled and reported.	Finance Officer
Lessons Learned Workshop	Collect best practices and areas of improvement through stakeholder dialogue	Project Manager
Project closure Report	Submit a summary report to the project board for formal sign-off.	Project Manager
Benefits Realization Plan	Outline follow-up actions to track long-term impact of the intervention.	Monitoring & Evaluation officer

Lessons Learned and Knowledge Transfer

A key component of closure is learning. The lessons learned workshop across pilot regions will capture insights on.

- The effectiveness of implementation plans
- Technical engagement approaches
- Stakeholder engagement approaches
- Accessibility and quality of training materials

A consolidated lessons log will be submitted to the Organisational project Management Office (PMO), which By (2005) highlights as crucial to adaptive organizational learning, as it supports knowledge continuity and capacity building.

Handover and Sustainability Planning

To ensure sustainability after the project:

- All SOPs, user manuals and documentation will be handed over.
- Institutionalisation of a regional technical support framework will be done.
- Monitoring dashboards and data collection tools will be transitioned to the regional health teams.

These steps according to Parker et al., (2013), reflect best practices for project handovers in complex environments.

Closure Report and Board Sign-Off

The project closure report will include:

- A summary of outputs against the original objectives
- Final financial Report
- Stakeholder satisfaction and feedback
- Lessons learned
- The risks encountered and mitigations
- Post-project monitoring recommendations.

After reviewing this document, the Project Board will issue a formal project closure authorization.

Post-Project Review

After approximately 6-12 months of post-closure, a Benefits Realization Review will be conducted to assess:

- Continued system uptime and access
- Health outcomes attributed to telemedicine use in rural areas
- Ongoing Healthcare provider Satisfaction and use

This review is aligned with the PRINCE2 guideline that benefits are often realised after the project formally ends, and reflects the need for continuous evaluation, as advocated by By (2005).

References

Bentley, C., 2005. Practical PRINCE2. London: The Stationery Office. Available at: https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Bentley%2C+C.%2C+2005.+Practical+PRINCE2.+London%3A+The+Stationery+Office.&btnG=

By, R. T. (2005). Organisational change management: A critical review. *Journal of Change Management*, 5(4), 369–380. <https://doi.org/10.1080/14697010500359250>

Bureau of Primary Health Care (2021) *Scope 101 Introduction to Health Center Program Scope of Project*. HRSA. Available at: <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/scope-project-101.pdf>

Digital Project Manager (2025) ‘6 Work Breakdown Structure Examples for Project Managers’. Available at: <https://thedigitalprojectmanager.com/projects/work-breakdown-structure-examples/>

HPMAGlobal (2020) ‘Project Scope Management in Healthcare’. Available at: <https://hpmaglobal.org/project-scope-management-in-healthcare/>

Instagantt (2025) ‘Gantt Chart for Healthcare Project Management’. Available at: <https://www.instagantt.com/project-management/gantt-chart-for-healthcare-project-management>

Li, J., Smith, A. and Johnson, M. (2021) ‘Appendix 1. Project Timeline: Detailed example of a project timeline template used to guide clinical redesign projects’. *Journal of Healthcare Management*, 67(1). Available at: https://cdn-links.lww.com/permalink/jhm/a/jhm_67_1_2021_11_02_li_1_sdc1.pdf

Parker, D., Charlton, J., Ribeiro, A., & Pathak, R. D. (2013). Integration of project-based management and change management: Intervention methodology. *International Journal of Productivity and Performance Management*, 62(5), 534–544. <https://doi.org/10.1108/IJPPM-08-2012-0080>

PRINCE2 wiki, n.d. Benefits management approach. Available at: <https://prince2.wiki/management-products/baselines/management-approaches/benefits/>

ProjectManager (2025) ‘Project Scope Statement: How to Write One With Examples’. Available at: <https://www.projectmanager.com/blog/project-scope-statement>

Sader, S., Husti, I. and Daroczi, M., 2022. A review of Quality 4.0: Definitions, features, technologies, applications, and challenges. *Total Quality Management & Business Excellence*, 33(9–10), pp.1164–1182. Available at: <https://doi.org/10.1080/14783363.2021.1944082>