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**POST GRADUATE DIPLOMA IN PUBLIC HEALTH**

**MODULE 9 ASSIGNMENT**

**PROJECT PLANNING AND DEVELOPMENT IN PUBLIC HEALTH**

**SUBMITTED TO: AFRICA CENTRE FOR PROJECT MANAGEMENT**

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**Introduction**

It can be said that participation is the only way in which community development can be facilitated. Sustainable development requires the active involvement of different community groups, together with the other stakeholders involved. In this assignment, importance of human contribution will be highlighted from their participation as community, individuals in a team and leaders in public health projects. The role of governments and international partners in improving health infrastructure in developing world will also be discussed not leaving behind the essentials of project planning and budgeting.

**Question 1: Importance of community involvement in making decisions on public health projects**

The first step in public health intervention is the community diagnosis, which is an assessment of the health status of a community with regard to its biological, social and physical environment. Depending on the community diagnosis, an intervention or series of interventions are then planned. Tomaselli and Chasi (2011:101) contend that the term community is so widely applied that it is in danger of losing any meaning. Communication for participatory development model (CFPD) uses the word stakeholder along with community. The model consists of two complementary stages namely, community dialogue and collective action. The term stakeholder is used to refer to direct beneficiaries, their family or friends; potential future beneficiaries; or other people with interest in the issue, but with no expectations of benefit. On the hand, Wilcox substitutes community with stakeholder. He defines stakeholders as those who have an interest in what you are or maybe doing, because they will be affected or may have influence. This paper adopts the definition of stakeholders as community members, local and regional authorities, NGO’s, government technical services or other institutions and policy makers who are or should be involved with a given development initiative.

Van de Waldt and Knipe (2006:142) define community participation as an active process in which the clients or those who will benefit, influence the direction and implementation of a development project aimed at the welfare of people in terms of income, personal growth, independence and other values regarded as valuable. This means that the community should become actively involved by using its own initiative in implementing development activities. Community involvement is therefore much more comprehensive than simply actively helping in a project, for example through labour. It also involves the empowerment of the community. Empowerment means that people’s skills are improved so that they can become more effectively involved in the development process. It also means that the community can make its own decisions and take action as regards its own needs and actual conditions. The community itself knows best what the prevailing conditions are and what problems are being experienced, and it therefore knows best how to address these circumstances and or problems.

Participation in the development process must allow the members of the community to use their own views and convictions to address the specific conditions and problems prevailing in the community. In addition, participation must be acknowledged as a voluntary process that can make a definite contribution to converting or developing the community. The complicated nature of community participation arises from the fact that it is part of the process of individual development. This individual development means the development of independence, self-confidence, pride, initiative, creativity, responsibility and cooperation. For the above reasons, community involvement can be regarded as one of the basic human needs. However, the environment, or the various environmental variables such as the economy, politics, and socio-cultural factors, plays a further important role in the implementation of development projects and programmes. The community must therefore be aware of the impact of various environmental variables on their circumstances. Only then can they participate effectively in the development process. This will also lead to a useful contribution to a strategic change and the upliftment of the relevant development agents or institutions, such as the local authority in question.

Community participation is also a continuous process of education and learning. This means that every individual in the community should acquire and absorb knowledge. Only can they contribute meaningfully to the development process in the community. The types of knowledge that apply here are as follows:

* Social knowledge: This is the knowledge acquired and processed by individuals as a result of their daily association with other people and institutions.
* Scientific knowledge: This is the knowledge acquired when a problem is experienced and solutions are proposed on the basis of facts
* Transformational knowledge: This is the knowledge acquired gained as a result of the interaction between social and scientific knowledge when people try to extend their knowledge in an effort to improve their situation and to raise the level of the community or institution.

The advantages of community participation are that accurate facts are obtained about local conditions, which facilitates solving problems, identifying needs and resources and determining the capacity of community members. This means that development projects can be implemented and managed effectively and efficiently. In addition, this promotes the independence of community and the sustainability of the relevant development activity/activities. Nevertheless, despite these advantages, there are a number of disadvantages connected to community involvement. They include the following:

* Projects may be slowed by a lengthy negotiation process with the community or certain groups in the community
* More personnel members are required to deal with the increase in participation
* Community members may oppose projects when they are consulted on them
* The community can participate in the development process in unpredictable ways
* Excess input can be received from people with little or no experience and knowledge of a certain problem or situation.

**Question 2: Project planning process in perspective of a public health objective**

Project management entails planning, organizing, coordinating, controlling and directing the activities of a project. It is characterized by the application or implementation of actions and implies that management techniques are adapted to exercise more effective control over existing resources. Project management can also be regarded as a planning and control mechanism for using resources to achieve specific objectives. As such, plans are usually prepared to give guidelines to managers for what they are going to do in their institution. It is thus a process of determining in advance what should be accomplished and how it should be realized. The process applies to planning done by managers at all levels in the institution. The following passage will indicate the process involved in planning a public health project.

The process followed may differ considerably from one individual to the next and from one project to the next. Nevertheless, project must be familiar with the basic steps in the planning process, since this enables them to create order systematically and logically in achieving project objectives.

* **Be aware of opportunities and the need for the project:** This is a preparatory step in planning, in which possible future opportunities and the need for a project are considered. The project team should now its strengths, weaknesses, opportunities and threats before the actual planning process begins. This is necessary, because the need out there may be too big to address by one small project.
* **Formulate an objective or a number of objectives:** The project objectives should clearly describe what is to be achieved and how and when it is to be achieved. It is essential that the objectives be challenging, but also quantifiable and achievable. Public health personnel must not paint themselves into corner by setting objectives that are unattainable.
* **Define the current situation:** Important aspects in this step include the following:

What is the community and therefore the project’s team external and internal environment like?

To what circumstances must the institution adapt?

Where is the project at present?

Where should it go?

What sources of information are available?

* **Identify resources for and obstacles to planning: Some of the important issues here are the following:**

What factors can help the project team to achieve objectives?

What factors could create obstacles?

The more potential obstacles and resources identified, the greater the possibility that the plans will ultimately succeed

* **Make alternative plans of action:** The most effective solution is not always immediately evident. No alternative should be rejected too quickly. One idea usually leads to another alternative. Planning is an ongoing process. Public Health project manager should refer to plan frequently to ensure that he/she are going in the right direction.
* **Evaluate alternative plans of actions:** All the alternatives should be analyzed and tested carefully. Weaknesses and strengths should be identified for selection. Project manager should also be innovative. He/she should not assume that the way it has always been done is necessarily the best way. The opposite is just as likely to be true.
* **Choose the best plan of action:** The best alternative depends in whether the previous two steps were carried out properly. All variables identified must be considered so that the best available plan is selected
* **Formulate derivative plans:** The main plan adopted by management may necessitate a number of smaller plans. For example, the purchase and development of a recreation facilities
* **Prepare budgets for the plans:** A project’s team survival depends on, among other things, its legitimacy and sufficient funds. Plans should always be supported by resources. Project managers should plan with numbers and attempts must be made to quantify everything in the plan. Cost-benefit analysis should frequently be done (van de Waldt & Knipe: 2006:182).

As with most functions, planning process is characterized by certain obstacles and the typical obstacles include the following:

* Internal and external circumstances influencing the initial development and implementation of the project
* Resistance to change, which may lead to the failure of plans
* Ineffective support, e.g. top management and community forums
* Attitude of project managers and team members to planning

The following are requirements for overcoming these obstacles to effecting planning:

* Information must be sufficient, correct, reliable and relevant
* Planning should start long before the project is implemented
* Planning should always be done by the whole project team
* Planning should take place within the framework of the development policy and regulations of the local authority
* Planning procedures should be systematic.

**Question 3: Challenges in implementing public health projects**

There are a range of different issues and challenges that need to be addressed for successful program implantation. Some of these challenges are particularly unique to rural communities. Common challenges are described below, along with suggestion on how to address these challenges.

**Resources and sustainability:** Funding, technological, and human resources are typically limited in rural communities. It can be particularly difficult to generate start-up funds to sustain the program as it begins. Having a network of stakeholders and partners in the community may be beneficial for providing resources and support for a program.

**Geographical limitations:** Geography influences number of factors that can challenge program implementation and operations. Depending on the type of program, setting frequency of participation, and type of activities involved, these challenges can become significant. This becomes a particularly important issue when there is limited transportation access for the target group or population. This requires changes in approaches and program design that take into account lengthy travel times, availability of transportation, and opportunity to offer the program remotely or through other technologies.

**Recruiting staff:** Rural communities that are implementing rural health programs that require physicians, dieticians, or physical therapists for example have faced barriers to recruiting appropriately trained staff. Some program work with volunteer or retired practitioners or students or students.

**Hard-to-reach populations:** The priority population may be highly mobile. For example, one rural health program was striving to provide care to hard-to-reach populations: Hispanic poultry workers and migrant farm workers. These populations travel from camp to camp during different times each year, making it challenging to reach them. Several rural health programs use mobile vans to provide travelling health services.

**Cultural and social issues:** A number of challenges to program success arise out of unique cultural and social norms to influence expectations about program and likelihood of success. Examples of these types of issues include:

* Deeply rooted traditions and cultures around food
* Lack of trust for medical professionals and outsiders
* Social beliefs around certain behaviours

It is critical for program implementers to make a conscious effort to recognize and understand the population for their program will serve, so they can develop appropriate strategies. Involving members from the target population throughout the whole process can help achieve cultural competency, encourage participation, and reduce social stigmas. Implementers also may need to adapt materials, such as information packets, to ensure all program materials are culturally appropriate.

**Language:** Language differences are probably obvious when an employee speaks in broken English. What may not be obvious, however is the depth of misunderstanding that can take place when neither the community or project manager knows the other’s language intimately. For example, American English is full of idioms and expressions which if taken literally, make little sense and can therefore be confusing to those not completely fluent in English. Ghattas and McKee (2001:114) maintain that communication goes far beyond merely deciphering words in a sequence. Although a Chinese employee or co-worker may learn the words of English, the indirect nature of Chinese discourse does not translate into English on a word-for word basis. Thus, pauses will occur while employee is trying to translate before speaking. If language spoken in a specific community is foreign to people implementing the project, misunderstanding may occur, no matter how good the person’s command of the language used in the community seems to be.

**Keeping the community motivated:** Regardless of the community and populations targeted in the program efforts, an awareness of health concerns needs to exist and individual and organizational commitments are necessary toward making the changes needed to address those concerns. It is important for program planners to understand that success will depend on conducting education and outreach efforts to determine community’s members’ expectations about program impact and to motivate them to achieve better health outcomes.

**Question 4: Challenges faced by third world countries in regard to health infrastructures**

Lesotho, an extremely poor, landlocked country is surrounded by mountains and the country of South Africa, one the largest economies in Sub-Saharan Africa. Despite being part of the rapidly growing Southern African Development Community (SADC), the country historically has been unable to unlock the potential of its two greatest resources; its water and people. Economic growth has remained sluggish for more than 20 years. While the government of Lesotho continues to invest heavily in healthcare infrastructure, the sector experiences a variety of challenges, which are exacerbated by country’s topography and the isolation of many rural areas where the majority of population resides. This represents a significant access barrier to both healthcare personnel and patients. the lack of adequately qualified healthcare professionals is another problem, as is the sector’s ability to retain health workers in the remote parts of the country where there are chronic shortages of primary healthcare services as well as medical and allied health professionals. The Ministry of Health adopted the Primary Health Care (PHC) in 1978. However, health outcomes remain below expectations. High rates of communicable diseases and HIV/AIDS exert great deal of pressure on health infrastructure, personnel and resources.

The health infrastructure in many developing countries including Lesotho, is inadequate to distribute and deliver ARVs safely and effectively to significant portion of the infected population. In many poor countries, essential medicines do not reach people who need them, due to problems in financing, procurement, management and delivery. Health centers and hospitals often lack adequate supplies of basic medicines, including antibiotics, antimalarials and aspirin. Appropriate protocols for delivering ARVs will need to be designed and implemented in order to prevent the development of resistance. On the other hand, the business sector in developing countries often has private health facilities for employees and families and could play an important role in expanding access to treatment. To deliver ARVs in an effective and sustained way will require countries to improve the performance and equity of their health systems

For the Mountain Kingdom of Lesotho to join other countries, it should take a leaf out of what other countries have done as lessons from Reforms in a country in transition. For example, people’s living conditions and general well-being have been continuously improving in Tunisia. Gottret et al (2008:385) maintain that gross domestic product (GDP) per capita has increased steadily, and poverty rates have fallen. In 2004, after an average GDP growth rate of 5.5% for 30 years, Tunisia had the most dynamic economy south of the Mediterranean, despite a slow down due to structural adjustments in the early 1980s. besides its Mediterranean climate, proximity to Europe, sociopolitical stability and well qualified population, Tunisia own significant economic assets in spite of its modest natural resources (oil and phosphates), which will translate into water and diamonds in Lesotho. These assets, together with a stable macroeconomic environment and a sound administration, have allowed Tunisia to continuously increase its GDP per capita. Due to sound macroeconomic management, GDP annual growth rate in Tunisia averaged 3.18% from 2001 until 2019, reaching an all-time high of 7.40% in the first quarter of 2004 and a record low of -2.20% in the third quarter of 2011.

According to Jamison (2006:251), developing countries and their international partners are increasingly adopting methods for financing health care activities that link the availability of funding to concrete, measurable results on the ground. Such performance-based financing (PBF) was advocated a decade ago in the 1993 World Development report and in other policy documents in the early 1990s, although relatively little practical knowledge of this type of financing was available at the time. Since then, much more experimentation has taken place, and the important potential, as well as the challenges of performance-based financing for achieving national and global health goals is becoming apparent. Performance -based financing in now being implemented in Lesotho and actively tested at several levels of health care system. These tests include situations in which the following occurs:

* Government of Lesotho pays health care providers in NGOs and private sector to deliver essential services to poor households
* The government determine the transfer of funds to local governments on the basis of their performance in strengthening health services
* Donors release funding to recipients as and when they achieve certain key health targets

The government of Lesotho’ Ministry of Health took a conscious decision to adopt performance-based financing as an approach to finance and bolster is efforts to meet the three main health Millennium Development Goals; reduce child mortality, improve maternal health and combat HIV/AIDS, malaria and other communicable diseases. PBF approaches have been especially successful in improving access to curative services, and increasing the uptake of preventive services such as vaccination of children and pregnant mothers, voluntary counselling and testing for HIV, institutional deliveries and the use of modern family planning methods. Whilst increasing the volume of services, PBF also increased the quality of these services considerably.

The National Health Strategic Plan (NHSP 2017-2022) explains in more detail its priorities, how its objectives are to implemented, expected results and how these results will be measured. The NHSP provides basis for stakeholder discussion and dialogue on the priorities of the health sector and the basis for partners to arrange their programmes and funding plans. Its goal is to achieve Universal Health Coverage, including financial risk protection, access to quality essential healthcare services, safe effective, quality and affordable essential medicines and vaccines for all people living in Lesotho by 2030. The NHSP has 6 objectives based on an integration of 9 priority areas contained in the Ouagadougou framework for primary health care and the 6 World Health Organization (WHO) health system blocks. The NHSP objectives aim to:

* Ensure equity in access to health services, infrastructure and technologies for quality primary and secondary health services for all Basotho
* Ensure a well-trained and motivated health workforce to deliver effective health services
* Improve ICT and e-Governance systems and infrastructure for timely, relevant, accurate and complete health information and health research development
* Ensure an equitable, efficient and sustainable health financing system that protects people from financial catastrophe and impoverishment as a result of using health services
* Strengthen the national health systems’ leadership and governance, improving harmonization and alignment towards government-led policy.

**Question 5: Project cost estimate of health project**

One of the earliest definitions of management was that, to manage is to forecast and plan, to organize, to command, to coordinate and to control. Put simply, managing is about assessing probable future scenarios, deciding how best to respond to them, bringing together the resources needed for that response, and deploying them as effectively as possible (Jamison:2006:1340). ‘if you start out on the wrong foot with the project, it is likely to get worse,’ cautions Chuck Allen of integrated defense systems at Boeing. The following passage will strive to highlight the key factors in project cost estimates of health project.

**Available Resources:** The analysis of available resources involves an identification of what is available in terms of money and people. This includes an assessment of human resources, capital resources and financial resources. McKenzie and Smeltzer (2001:219) add that the key resource of any program is the individuals needed to carry out the program. Instead of trying to identify all the individuals necessary to ensure the project’s success, planners should focus on the tasks that need to be completed by the project personnel. Some programs may require a great deal of equipment and supplies. Whatever the kinds and amounts of equipment and supplies required, planners must give advance thought to their needs so as to:

* Determine the necessary equipment and supplies to facilitate the project
* Identify sources where the equipment and supplies can be obtained
* Find a way to pay for the needed equipment

To hire the individuals needed to plan, implement and evaluate a health project, and to pay for other resources required, planners must obtain appropriate financial support. Some typical financial questions that health planners generally must address are the following:

* Is it better to run an adequately financed project for a few people or to run a poorly financed project for more?
* If funds are limited, where is the first place we should cut?
* Should we start a project knowing that we will be short of funds or should we wait until we have appropriate funding before we begin?
* Is it better to have fewer instructors or to make do with fewer supplies?

**Regulations:** The regulations that govern projects. The budgeting process muss assess the impact that these regulations will have on the allocation of resources to the various line items. If this is not done the tribe or organization will spend excessive time forcing expenditures into inappropriate cost categories.

**Scope, Quality and Method of service:** The project scope defines what needs to be done. It is all the work that must be done to produce all the project deliverables, satisfy the sponsor or customer that all the work and the deliverables meet the requirements or acceptance criteria and accomplish the project objective. The project team prepares a project scope document that includes many of the items contained in project charter or contractor’s proposal, but in much greater detail. The document is valuable for establishing a common understanding among project stakeholders regarding the scope of the project. The project scope document usually contains the following sections:

* Customer requirements define the functional or performance specifications for the project’s end product and other project deliverables. The requirements can include specifications regarding size, colour, weight or performance parameters such as speed, uptime, throughput, processing time or operating temperature range, that the project result must satisfy. Some of a customer’s requirements for a clinic might include 3 consultation rooms, waiting area, a recovery room and an administration office. One of the requirements for a commercia security system might be eight hours of battery backup power in case of an outage of the primary source. In many cases, the customer states high-level requirements in the project charter, but the project team may need to collect more information from the customer. This information can be obtained or collected using interviews, surveys, or focus groups.
* Statement of work (SOW): defines the major tasks or work elements that will need to be performed to accomplish the work that needs to be done and produce all the project deliverables. The SOW defines what the project team will do. If something is not included in the in the statement of work, then it should be assumed that it will not be done or provided. Having the contractor review the statement of work with the sponsor or customer provides an opportunity to make sure that the customer expects is included.
* Deliverables are the products or outputs that the project team will produce and provide to the customer during the and at the completion of the performance of the project. Although major deliverables may be stated in the project charter or request for proposal, they need to be expanded on in greater detail in the project scope document. A detailed description of each deliverable should be stated to provide a basis for agreement between the project team and the customer of exactly what will be provided.
* Acceptance criteria for all project deliverables must be described in greater detail than what is stated in the project charter or request for proposal. For each deliverable, the qualitative measures or references to specifications, standards, or codes that will be used should be stated, as the criteria will be the basis for the customer agreeing that a deliverable is acceptable. The inclusion of specifications or standards will help assure quality of the deliverable. Clear unambiguous acceptance criteria for all deliverables are important because they are the basis for verifying that the project scope has been completed in accordance with the customer’s requirements and expectations.
* Work breakdown structure (WBS). The major work elements defined in the statement section along with the detailed list of deliverables provide the basis for creating a work breakdown structure, which is a hierarchical decomposition of the project work scope into packages that produce the project deliverables. It is a technique for organizing and subdividing all the project work and deliverables into more manageable components. The WBS establishes the framework for further planning to create a baseline plan for performing the project work. The project scope document may include a high-level WBS in graphic chart format or as an indentured list of work elements and associated deliverables. This WBS will be used as the basis for creating a more detailed WBS in the next step of planning process.

It is further important to plan for quality in performing the project to ensure that the work is done according to specifications and applicable standards and that deliverables meet acceptance criteria. Planning for quality is necessary, yet often forgotten or dismissed, function on a project. It is essential to have a plan for assuring the quality of project deliverables and results rather than waiting until the end of the project to check if customer requirements and expectations have been met regarding the quality of the project deliverables. In order to prevent poor quality and avoid quality problems, there needs to a project quality plan. The quality plan must include reference to specifications, industry or government standards and codes that must be used and met during the performance of the project work. To help assure quality, the project quality plan should contain written procedures for using various quality tools and techniques such as audits, inspections, testing and checklists. The plans should also state which tools and techniques to use and when. With the quality plan in place including procedures for the application of appropriate quality tools and techniques, quality can then be controlled. The key to quality control is to monitor the quality of the work early and regularly throughout the performance of the project, compare results with quality standards and make necessary corrective actions immediately, rather than waiting until all the work is completed before checking or inspecting for quality. Clements and Gido conclude that having a written quality plan at the outset of a project is extremely beneficial because it helps prevent incurring additional costs and schedule extensions due to rework caused by work and deliverables that fail to meet quality requirements and customer expectations. The focus must be on doing it right the first time by doing the work in accordance with quality standards, and therefore preventing quality problems, rather than relying on after-the fact inspections or testing and having to do additional work to correct quality problems.

**Volume of activity:** Using the work breakdown structure, the individual or team responsible for each work package must next define all the specific activities that need to be performed to produce the end item or deliverable for the work package. Activities define more specifically how the work will get done. An activity, also a task is a defined piece of work that consumes time. It does not necessarily require expenditure of effort by people. For example, waiting for concrete to harden can take several days but does not require any human effort. When all the specific activities have been defined for all of the work packages, they should be consolidated into a comprehensive activity list. The next step, according to Clements and Gido (2012:104), is to create a network diagram that shows their appropriate sequence and defines the dependent relationships indicating how the activities need to be performed to accomplish the overall project work scope and produce the deliverables. It should be noted that at the beginning of the project it might not be possible to define all of the specific activities. This is especially the case for a project with a long duration. It is easier to define the specific activities for near-term work; but as more information is known, it becomes clear, the project team can progressively elaborate the specific activities.

In addition, a network diagram defines the sequence of how the activities will get done. It is a tool for arranging the specific activities in the appropriate sequence and defining their dependent relationships. Two networking planning techniques, program evaluation and review technique (PERT) and the critical path method (CPM), were developed in the 1950s. since, that time, other forms of network planning such as the precedence diagramming method (PDM) have been developed. All of these falls under the general category of network planning techniques, because they all make use of a network diagram to show the sequential flow and interrelationship of activities. Activities have a dependent relationship, that is they are linked in a logical sequence to show which activities must be finished before others can start. Certain activities have to be done in serial sequence. Some projects have set of activities that are repeated several times.

**Cost elements:** The total project cost is often estimated during the initiating phase of the project or when the project charter or a proposal is prepared, but detailed plans are not usually prepared at that time. However, during the planning phase of the project specific activities are defined and a network plan is created. Once specific activities are defined, then estimates can made of resources, durations and costs for each specific activity. The estimated cost for each activity can include the following elements:

* Labour costs: These are the estimated costs for the various types of or classifications of people who are expected to work on the project. The labour costs are based on the estimated work time and dollar labour rate for each person.
* Material costs: These are estimated costs of materials that the project team need to purchase for the project such as paint, lumber, piping etc.
* Equipment costs: Some projects require equipment that must be purchased as part of the project. Equipment can include items such as computers and machinery. For example, a project to construct a clinic would include the purchase of various types of medical equipment.
* Facilities costs: Some projects may require special facilities or additional space for the project team for security reasons, to store materials or to build, assemble and test the project end item. If such facilities are required, the estimated costs for renting the space need to be included.
* Subcontractors and consultants’ costs: When the project teams do not have expertise or resources to do certain project tasks, they may outsource some of the work to subcontractors or consultants to perform those activities.
* Travel costs: If travel is required during the project, the costs for travel, such as airfare, lodging and meals, need to be included.
* Contingency costs: In addition to the above items, the project team may include an estimated cost for contingencies, to cover unexpected situations that may come up during the project, such as items that may have been overlooked when the initial project scope was defined, activities that may have to be redone because they may not work the first time or a high probability or high impact risk that may occur.

**Conclusion:**

Community involvement should be encouraged, in the first place to empower members of the community, but also to benefit more people through the relevant development activity. The involvement can greatly increase the effectiveness and efficiency of development projects. However, it is important that the disadvantages of community involvement are kept in mind during the implementation of any development project. Among other significant issues observed is that financial resources alone are insufficient for individuals to benefit from the opportunities presented by modern health care systems. Some countries have achieved much better levels of health than would be expected given their financial resources; many examples of poor-quality care in countries at all levels of development reflect not only scarce resources but also inadequate management of what resources are available. Once a total budgeted cost (TBC) has been established for each work package, the second step in the project budgeting process is to distribute TBC over the expected time span of its work package. A cost is determined for each period, based on when the specific activities that make up the work package are scheduled to be performed.

Some of the key messages derived from this assignment is that a project manager is responsible for and dependent on people over whom they have no control over. Project manager has to influence, enforce respect, motivate and spur his people to action.

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