**African Centre for Project Management,**

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**Course: Post Graduate Diploma in Public Health**

***Course Unit: Module Seven Assignment***

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1. *Why is it important to involve the community when making decisions on public health projects?*

The idea of community involvement in health programs and attention to health became more popular and spread throughout the world after World Health Organization (WHO) considered it at the Alma Ata conference in 1978 as one of the principles of Primary Health Care (PHC) (Rifkin, 1996). In the conference report, it states that “Primary Health care requires and promotes maximum community and individual self- reliance and local participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources” (WHO& UNICEF, 1978).

Community involvement is a continuum of organization, mobilization and involvement of the community in determining the extent to which the health services are in harmony with overall development and is one of the most important principles of ‘Health for All’ based on Primary Healthcare. It includes the identification of health needs and designing the appropriate acceptable interventions.

Community involvement or participation in a Public health project is a process that starts from the identification of public health needs, prioritizing the needs, identifying concrete interventions that are acceptable by the beneficiary community through the production of desired health outcomes. This process of community involvement or participation will lead to community uptake, ownership and sustainability of the health project for health improvements for the beneficiary community.

Community involvement or participation is an efficient way of obtaining indispensable information and data about the real needs and habits of the target population (Conyers, 1982). This is because a health need in Juba is not a Health need in Kampala. Juba needs piped water since there is none in existence, but Kampala might need professionals to treat the piped water. To identify this need, it is necessary to involve the local community in identifying the need that is appropriate to them and that they treat as a priority.

Rifkin et al, (1988) regarded community participation as a social process where by specific groups with shared needs living in a defined geographical area actively pursue identification of their needs, take decisions and establish mechanisms to meet those needs. By the community taking decision, it means it has accepted that there is need to act and therefore acceptance of the intervention.

The uptake of an intervention as a result of the community involvement in decision making is that, the decided intervention is acceptable by the community as it was decided with their consent or they themselves decided on that.

Involvement of the community in decision making means the community will be supportive of the services delivered thus conforms to sustainability of the projects. The sense of ownership is crucial in building sustainability and community involvement enhances this. When decisions for health projects are decided such as interventions that are not in consultation of the beneficiary community it means the community will not be able to take up the interventions leading to failure of the project due to the lack of sustainability.

Community involvement also results in the empowerment of the community in terms of knowledge gaining. As the community gets involved in decision making, they too become part of the implementation of the project and thus they get to learn more about the subject, and they gain more knowledge empowering them to ably handle the project.

According to Morley et all, (1983), direct participation of the community is as a mobilization of resources such as manpower, money, available materials, ideas etc., which are spontaneously provided by the community in order to carry on health programs. This is because a community has certain capabilities hidden in them may be due to resistance to change. For example, we may have people in a community who are able to do something say vaccination, but because of the remote location the vaccination program in such a village may take long to be done due to access and the lack of desire of other professionals to go to such remote places to perform the vaccination. But when the community is involved individuals who may have done it once will be able to be identified and they are empowered to conduct the vaccination in that village same days as designed by the policy. Some individuals may have finances to fund projects but because the need for financing the projects has not been brought forward to their attention they will not know, and they won’t pull out the resources to run the desired project.

Since the determinants of health are vast and include social, economic and political as well as psychological, the involvement of community in the implementation of health projects will lead to better health outcomes as individuals in the community get involved and empowered socially, economically and psychologically leading to better health outcomes.

Community involvement means the acceptance and uptake of an intervention. It leads to better health outcomes in disease control and prevention. Acceptance and uptake of intervention will lead to herd immunity if the whole community take up an intervention such as immunization leading to elimination of vaccine controllable diseases.

Formation of community health committee teams is also another way of community involvement in improving health systems. The committee act as voices for the community and this has improved accountability by the health service providers. According to Molyneux et al (2012) review of literatures, the most popular mechanism for community accountability was committees (Health center and clinic, village health committees and ward committees) followed by groups committees such as the women groups. The formation of these committees is another way of community involvement to foster accountability for better decision making and management of the projects. This is being practiced in Uganda following decentralization of health service delivery.

1. *Explain the project planning process putting in perspective a public Health objective*

Project management is defined as a collection of proven techniques for proposing, planning, implementing, managing, and evaluating projects, combined with the art of managing people. It applies knowledge, skills, tools, and techniques to a broad range of activities to meet the specified requirements (Goals) of a project. It can involve a one-time (short term) project or an ongoing activity (long term), and resources managed include personnel, finances, technology, and intellectual property.

Project planning is a series of steps that determine how well an achievable goal of an organization or community can be achieved such as availability of safe drinking water to a community.

**Setting the project goals**

This is where the stakeholders are identified which include the beneficiary community, the sponsors and the implementing stakeholder.

It is then followed by identifying the problem in a community such as lack of safe drinking water being a cause of diarrheal diseases. This is done in consultation with the community who are the beneficiaries of the project.

All the problems are listed and prioritized according to the magnitude of need while leaving out other need that are not a priority such as need for supply of school uniforms which is not as important as supply of safe drinking water because children can still go to school even without uniforms.

With the prioritized problem already identified, it is necessary to now set goals that need to be achieved by the project such as supply of safe drinking water to at least 80% of the population living in an area say Munuki Payam of Juba County. This means that the project aims at delivering safe drinking to 80% of the total population within a specified time.

**Setting or determining the project deliverables**

After the problem is identified and the goal or goals is/are set, the next step will be to determine the project needs to deliver the stated goals. At this point we look at what we need to achieve out goals. For example, to have safe drinking water to 80% of the residents of Munuki Payam, we need to drill boreholes that will supply water to the population and to reach the target of 80%, we need to have safe water points accessible to many (80%). This means that we will have to determine the shortest distance necessary to have a safe water plant.

At this point we will also determine the necessary resources to be able to achieve the goal of water supply of safe water to the 80% population. Here we will look at human resources, available materials and finances. These steps also specify the way the performance of these tasks will be done and the time frame it will be done.

**To schedule the project**

Planning also looks at scheduling the deliverables so as to be able to achieve a specified activity within the specified time. Projects are scheduled to last for specific time and so must the project activities.

Scheduling the project is the planning step where resources are assigned to specific tasks against time frames. It looks at what needs to be done by who and when. Specific individuals and groups are assigned responsibilities to perform at a specified time as well as assigning resources including finances to specific tasks. For example, the community may be asked to provide the land for the construction of the water plant say by January 2020. This means that it is the responsibility of the beneficiary community to provide the land resources for the construction of the water plant scheduled for them to make available not later than January 2020 as a deadline so that the next step of construction begins.

In this step also determining the duties of implementers assigned against the time as well as the hours of work expected to achieve a day’s planned work. This is also called the workplan to address the problem of failure to achieve a project target.

This is the step where all deliverables, tasks, duration and resources for the completion of each tasks are input in a proper template for easy follow up.

**Identifying the supporting plans**

At this step of the planning process, the organogram of the organization is developed, and each mentioned member is aligned with the leading role he/she is going to undertake. For the case of safe drinking water supply, partners such as implementing partners can be identified and provided the role/s they are expected to do such as identifying of a drilling company to drill all the boreholes needed. This is a human resource planning and it includes the number of people and their specifications to perform specified tasks.

For every successful project there is usually a coordination which is either intra or inter and such coordination requires a proper communication to achieve the intra-communication or intercommunication for the success of the project. This means that there is the need to have a communication plan. This stage determines the flow of communication among the stakeholders.

In the communication planning, the need for someone to keep records or information and share this information is necessary in tracking the project activities allowing easy monitoring and evaluation of the projects.

Documentation of documentations such as memorandum of understandings and other relevant documents also need to be obtained and kept well. Here the individual necessary documents are identified and noted where they can be got and by who.

Risk management plan such as unexpected budgets that may come up unplanned such as sickness of one or more of the staffs might need to be planned. For example, what can be done in case of a stall who falls sick? Putting in place things like staff health/medical insurance plans and identification of nearby health facility that will offer health care services to the staff involved in the running of the project. This stage of the planning process looks at anticipated risks and planning accordingly how the risk/s can be handles and what needs to be done to prevent it from happening. Putting in place things that prevent a risk from happening is vital in project planning such as estimates of miscellaneous budgets to cater for unexpected budget cuts and putting in place fire extinguishers and having fire exit door as ways of preventing a risk to be caused when a fire breaks out in the office facility of the project.

1. *What are some of the challenges that you face as an individual in implementation of public health projects?*

According to Cambridge dictionary, challenge is the [situation](https://dictionary.cambridge.org/dictionary/english/situation) of being [faced](https://dictionary.cambridge.org/dictionary/english/face) with something that [needs](https://dictionary.cambridge.org/dictionary/english/needs) [great](https://dictionary.cambridge.org/dictionary/english/great) [mental](https://dictionary.cambridge.org/dictionary/english/mental) or [physical](https://dictionary.cambridge.org/dictionary/english/physical) [effort](https://dictionary.cambridge.org/dictionary/english/effort) in [order](https://dictionary.cambridge.org/dictionary/english/order) to be done [successfully](https://dictionary.cambridge.org/dictionary/english/successfully) and [therefore](https://dictionary.cambridge.org/dictionary/english/therefore) [tests](https://dictionary.cambridge.org/dictionary/english/test) a person's [ability](https://dictionary.cambridge.org/dictionary/english/ability)to do something.

A challenge is an objection or query as to the truth of something, often with an implicit demand for proof. This objection usually derails the moving on of an activity or project.

When implementing public health projects, there are challenges that one faces, and these include the following;

**Lack of Resources and sustainability**

Funding, technological, and human resources are typically limited in rural communities. It can be particularly difficult to generate enough start-up funds to sustain the program as it begins. For example, to set up a community safe water project, the community must be able to mobilize and collect resources including financial resources to facilitate the drilling of boreholes which are expensive to acquire with one going for about 17,000 USD. This can be difficult to collect from the community.

For a community public health project to be funded by donor organizations, there must be a relation between the project and the goal of the donor organization. This makes other organizations unable to fund some public health projects. A donor organization with its goal of alleviating poverty will not be interested in donating funds for a community safe water project. This is because they don’t see it related to their goal forgetting unsafe water leads to sickness that can leave the affected person and the community remain poor and their goal of poverty alleviation will not be met.

Sustainability of a project is dependent on funding and acceptance of the project by the community. When the project is demanding servicing such as the safe water project where the parts are to be replaced and a technology to do that. In a community there may be no one to service these boreholes and this will mean failure if not done to keep it running.

**Weather and Geographic limitations**

Geography influences a number of factors that can challenge community project implementation and operations.

While water levels are continuing to rise, UNICEF in South Sudan launched a flash appeal asking for US$10 million to respond to the most immediate needs of children affected by the floods. Over 900,000 people in South Sudan, including 490,000 children, are in need of urgent assistance (UNICEF, 2019).

Almost one-fifth of the country, which is the size of France, is battling the extreme deluge of water. Entire communities, including health centers, nutrition centers and schools are submerged in water and up to 90 per cent of the basic services have been suspended in some areas. Most water sources in the affected areas are contaminated by the floodwater, posing a huge health risk for children (UNICEF, 2019).

For example, someone who is implementing a community project such as safe water project in Boma which is already flooded will be impaired and the project will be affected as the area is all over flooded not only reducing access to the safe waterpoints but contaminating the safe water plants. Other geographical limitations such as rocky areas will also prove challenging to implement water projects where the water table is low and getting to access through drilling may prove expensive if not impossible.

**Recruiting unprofessional or untrained staff**

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

According to Ana and Charles (2018) in their study of the challenges in implementation of primary health care reforms in Turkey notes that lack of specialized health workers, diagnosis and treatment resources caused the populations to bypass PHC and attend directly secondary and tertiary services. This means that much as we need to involve and recruit the community members to implement a project, there is a big challenge that the community may not have the potential human resource to manage the project leading to failure. Much as we bring experts from out to keep the project running well, the community will then dis own the project yet they do not have the expertise needed to run the project such as water pump mechanics to be able to maintain and service the boreholes.

**Hard-to-reach populations**

Provision of services to hard-to-reach areas has impacted so many projects negatively. For example, in South Sudan, there are populations residing in the hard to reach areas such as the currently flood affected areas including Jongle and Boma states where access has been hindered. This has affected so many people according to the UNICEF report of November 2019. Almost one-fifth of the country, which is the size of France, is battling the extreme deluge of water. Entire communities, including health centers, nutrition centers and schools are submerged in water and up to 90 per cent of the basic services have been suspended in some areas (UNICEF, 2019). This suspension of basic services means that the projects intended to help those people in the affected areas have been ruined by the floods making it hard to reach a major challenge in project implementation.

**Cultural and social issues challenges**

Culture has a lot to do with people adapting a new idea or intervention. It will always be better to understand the culture of a particular community before deciding on how to set an intervention. A number of challenges to project success arise out of unique cultural and social norms that influence expectations about the program and its likelihood of success. Examples of these types of issues include;

* Deeply rooted traditions and cultures around food such as the believe where women are not supposed to eat chicken by some communities in South Sudan will lead to women being malnourished hampering the implementation of nutrition interventions.
* Lack of trust for medical professionals and outsiders as was the case with the in Turkey.
* Social beliefs around certain behaviors including the believe with most residents in Juba that the water from the river is tasty and good for drinking compared to underground borehole water which they claim is salty and not good for drinking. When people think this way, it will mean the community will continue to drink the unsafe water they have been drinking leaving the safe drinking water to be used for other purposes such as washing other than drinking and cooking.

Involvement of the community in designing appropriate interventions is key because it will look into the cultural norms that allows for the adoption of the intervention. Interventions that are culturally unacceptable will hinder implementation of a project.

**Language barrier**

Communication in health promotion, protection and disease control is key. Language is a major barrier to communication. For every project to be successful, the community must be educated about the intended intervention and the advantages of the intervention compared to the other. Where there is a language barrier means failure to communicate and thus failure of the project. Usually multicultural communities such as those living in towns and cities contain several languages and to be able to implement a project the education or sensitization of the community has to be done in a language that is well understood by the community. This means the need to educate the community using all the available languages which can prove to be expensive.

In a study to study of the impact of language barrier to effective health care in an underserved urban Hispanic community, it notes that, the foundation of primary care is the physician-patient relationship. A great obstacle to the therapeutic bond occurs when a language barrier exists between the doctor and patient. More attention needs to be given to the process of language translation during this interaction (Rand & Michelle, 1998). This too applies to the implementation of a community project.

**Lack of political will to keep 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. Policy makers need to get involved in supporting community projects so as to keep the community on track. In a report establishing and maintaining public health infrastructure in rural communities, it found out that state driven approaches had an advantage of presenting fewer implementation challenges (Michael & Naomi, 2012). This means projects supported with a political will as well as a national or state willingness are successful than when there is no will.

1. *One of the challenges faced by many third world countries is underdeveloped Health infrastructures. Do you agree with the statement? Support your answer with scholarly evidence and practical examples.*

According to Uganda Ministry of Health, Health Infrastructure comprises buildings; - both medical & non-medical, Equipment; - medical equipment including diagnostic and treatment, furniture and hospital plant; Communications (ICT equipment) including data storage and telecommunication; and Ambulatory systems (ambulances, cars, pickups, vans, trucks, etc. as required for healthcare delivery at different levels)

Public health infrastructure can best be described by what it is and what it does according to Turnock, (2001). It includes three key components:

* A capable and qualified workforce
* Up-to-date data and information systems
* Agencies capable of assessing and responding to public health needs

Public health infrastructure provides the necessary foundation for undertaking the basic responsibilities of public health, which have been defined as the 10 Essential Public Health Services (CDC, 1995) which include;

* Monitor health status to identify and solve community health problems.
* Diagnose and investigate health problems and health hazards in the community.
* Inform, educate,andempower people about health issues.
* Mobilize community partnerships and action to identify and solve health problems.
* Develop policies and plans that support individual and community health efforts.
* Enforce laws and regulations that protect health and ensure safety.
* Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
* Ensure competent public and personal health care workforces.
* Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
* Research for new insights and innovative solutions to health problems.

Underdeveloped health infrastructure is when one of the components of health infrastructure is affected such that health service delivery is tremendously affected.

Yes, I agree. Underdeveloped health infrastructure is indeed a problem faced by many developing countries as below;

Low- and middle-income countries bear 90% of the world’s disease but compose only 12% of the world’s health expenditures (David et al, 2008). This means that the health infrastructure of such developing countries can never be developed. This leads to lack of accessible health service crumbling the health infrastructure in the developing countries.

According to Martinez et all, (2004), telemedicine can be used to deliver health care to poor areas in countries with scarce infrastructure and to developing countries. But while information and communication technologies have tremendous potential for improving healthcare, telephone network and computers are scarce as is the case with South Sudan.

In many developing nations, a lack of knowledge contributes to the healthcare shortage. In such cases, members of the community do not have the education to stop preventable diseases, and medical practitioners do not have the knowledge to treat diseases after people become ill. Studies have shown that in Papa New Guinea and Pakistan, less than half of health workers were able to correctly diagnose and treat malaria and viral diarrhea, respectively (John W et al, 2006).

Health systems provide health actions activities to improve or maintain health. These actions take place in the context of and are influenced by political, cultural, social, and institutional factors (shown along the edges of Demographic and socioeconomic makeup, including genetics and personal resources, affect the health status of individuals seeking care. Access to the health care system is required to obtain the care that maintains or improves health, but simple access is not enough; the system's capacities must be applied skillfully.

When medical practitioners in developing nations are well educated and effective in their field, they often migrate to wealthier countries where the wages and working environment are better. This phenomenon is sometimes called “brain drain.” According to Stilwell et al, (2004), nursing vacancies in Canada, the United States and the United Kingdom led to a considerable increase in the number of nurses leaving the Philippines and some African countries. This left countries such as Uganda and South Sudan with underdeveloped health infrastructure in terms of lack of professionals in the medical field which lack qualified professional specialists who have gone to look for greener pastures in the developed countries. Currently the government pay for a medical doctor in South Sudan is below 26 dollars per month. This has let most of them to abandon their jobs with the government to go look for better paid jobs.

Asangansi and colleagues (2008) found that despite the quick and fast access to the medical data due to the development of ICT, there is a huge financial constrain to it that developing countries are not willing to spend on healthcare projects.

Developing countries such as South Sudan, have a huge challenge because they have not invested in the health infrastructure with the modern technological development such as computerization because they have the human resource that is not well verse or lack training to the use of the computer. Most of the human resources in the health sector in South Sudan currently have a limited knowledge in computer technology leaving the little available modern technological machines such as diagnostics and imaging machines remained uninstalled after donations because of the lack of people to operate. This crumbled the health infrastructure in South Sudan.

Also, another barrier to implementation of telemedicine in rural areas of developing countries is limited access to electricity (Rigby M., 2002). For a country such as South Sudan, there is no electricity plant to date. The country’s power is generated by individually owned generators. This means that other rural communities can not afford a generator and private health facilities could not manage storage of drugs and vaccines that are supposed to be stored at a specified temperature range hindering the health infrastructure as it involves both public and private sector.

Deficient transport infrastructure is also another factor that affects appropriate maintenance and control systems of the health infrastructure. For example, where the floods occurred in South Sudan in the Boma state, access to the area was halted and no flight could land. This affects service delivery such as maintenance of equipment such as generators and cold chain.

Disaster preparedness is one way to manage disasters, but most natural disasters could not be predicted including demand for goods to disaster victims are also unpredictable (Irwan S. & Iwan V., 2015). Usually demand of the material needs such as foods and drinks, clothing, medicines and medical equipment etc. for disaster victims will increase sharply during disaster. According to Wassenhove, (2006), in humanitarian operations for disaster relief, 60-80 percent of the costs associated with supply chain activities in the operational logistics of humanitarian aid. This affects the health infrastructure of developing countries through the lack of coordination.

Also, man-made disasters such the civil war in South Sudan has caused underdevelopment in the health infrastructure. During the outbreak of the war in South Sudan in 2013, most NGOs providing health services to the country withdrew their staff in the worst affected parts of the country such as Upper Nile halting the health infrastructure.

The Government despite having enough natural resources has been assigning only a little budget to cater for the health of the country while huge amounts are put into the defense or the army. More and more money is being spent on the war leaving its citizens in critical health infrastructure.

The greed of the leaders in the developing countries has left the developing countries with under developed health infrastructure while they wrongly reap what they never sowed and depriving the citizens of their right to health.

Generally, developing nations have underdeveloped health infrastructure due to but not limited to; political unwillingness to invest in health infrastructure, personal greed of the political leaders, corruption of government officials, poor road infrastructures, civil wars, donor directives according to aim of the donor, competition from partners such as NGOs, low levels of education of the citizens, traditional customs and beliefs of different citizens of these nations, financial constraints and poor planning.

1. *What is entailed in the project cost estimate of any health project*

Project cost estimation is the process of predicting the quantity, cost, and price of the resources required by the scope of a project.

Cost estimation in project management is the process of forecasting the financial and other resources needed to complete a project within a defined scope for reasons that include investment decisions, comparing alternative plans, budgeting, cost control, and validation. Cost estimation accounts for each element required for the project to run ranging from materials to labor and it calculates a total amount that determines a total project’s budget.

According to Jason, (2019), the United States Government Accountability Office defines cost estimation as “the summation of individual cost elements, using established methods and valid data, to estimate the future costs of a program, based on what is known today.”

Since cost estimation is about the prediction of costs rather than counting the actual cost, a certain degree of uncertainty is involved. This uncertainty arises from the fact that the project scope definition is never entirely complete until the project has been finished, at which point all expenses have been made and an accountant can determine the exact amount of money spent on resources. Therefore, it is called estimate and it is from here that during the cost estimation, exigency is outfitted for.

The typical elements that are entailed in a cost estimate fall into two key types of costs addressed by the cost estimation process as;

**Direct costs**

Direct costs are the costs associated with a single area, such as a department or a particular project itself which include fixed labor, materials and equipment. Direct costs are expenses billed exclusively to a specific project. They can include project team wages, the costs of resources to produce physical products, fuel for equipment, and money spent to address any project-specific risks.

**Indirect costs**

Indirect costs are costs incurred by the organization at large, such as utilities including cars, electricity and water and quality control including audits and evaluations. Costs such as quality control, security costs, and utilities are usually classified as indirect costs since they are shared across a number of projects and are not directly billable to any one project.

However, the typical elements that are entailed in the cost estimation that fall in the above mentioned two categories are as follow;

***Labor***

The labor cost is the cost of human effort expended towards project objectives. This includes the salaries for all the staff that are going to be employed to work in the project ranging from non-technical to technical staff as well as support staff. It costs all that is needed for the human resources including consultants’ pay if necessary.

***Materials***

This is the cost of resources needed to create products. Materials including available materials that can be provided for by the community or purchased that are needed to create a product are costed. Or if is a production company such as a company laying building blocks, it is the cost of all the materials necessary to make the building blocks such as sand, cement, gravels and water. These materials are estimated in form of money to be able to perform the objectives of the project.

***Materials &Equipment***

The cost of buying and maintaining equipment used in project work including physical computers and the software. For example, when planning for a project to drill boreholes to supply communities with safe drinking water, materials and equipment such as computers and the software, drilling machines or equipment, cars used in the project and their services.

***Services***

This is the cost of external work that a company seeks for any given project (vendors, contractors, etc.). Services that are provided by outsiders including internet provision, telecommunication services, electricity, water etc. In the cost estimates, all the services that are anticipated to be provided by other companies or individual outside the organization or project itself will be costed as services.

***Facilities***

In the facilities section, it includes the cost of renting an office space or building an office block or using specialized equipment, services, or locations. Facilities include not only the office space but may as well include the cost of residential houses, recreational facilities and many more.

***Contingency costs***

Contingency is costs added to the project budget to address specific risks that are anticipated may arise. It also caters for extra services and fluctuations such as marked price changes for the specified activities. In most cases it is ten percent of the total cost of the items in the cost estimates mentioned above.

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