



OASIS
FOUNDATION
ETHIOPIA
ANNUAL REPORT
2007 - 2008

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Reporting Period
July 2007 – June 2008

1. General Information

1.1 **Project Title, Location and**
Timing

Name of Registered Organization	The Oasis Foundation
Country/Region/Province/Specific Location	Ethiopia, Tigray, North-Western Zone, Tahtay Koraro
Project(s)	Childcare, Development , Health

1.2 **Agency Details**

Name	The Oasis Foundation
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1.3. Description of the Oasis Foundation

The Oasis Foundation is a registered non-governmental organization (NGO) (Registration No. 3137) at the Ministry of Justice of the Federal Democratic Republic of Ethiopia, it is the Ethiopia Branch of the Netherlands based NGO, (Registration No. 30219021), both of these agencies provide monitoring of the said NGO, through receipt of reports and accounts at designated times.

1.4. Problem Statement

The Oasis Foundation has identified various vulnerable and marginalized people groups in Tahtay Koraro Woreda. The initial plan was to concentrate on one specific vulnerable group, that of abandoned and orphaned children, however it became increasing apparent that though this was a very valuable work there were still many other groups needing attention. It was with this in view that the vision was widened to include other vulnerable and marginalized people groups.

1.5. Target Groups

- Abandoned and orphaned children
- Handicapped and chronic sick, including People Living With AIDS (PLWA)
- Females
- Other groups or communities identified by the local authorities

2. Vision, Mission and General Objective

2.1. Vision - *“Equal opportunities for the marginalized and vulnerable”*

2.2. Mission

Creating an enabling environment whereby social and cultural integration of the said marginalized and vulnerable will occur, empowering them through financial and food aid, safe water / agricultural development, childcare, skills training, basic health and school education and capacity building resulting in dignity and independence of the individual and the community.

2.3. General Objective

To reach and assist as many marginalized and vulnerable people groups in Tahtay Koraro in North-Western Zone, Tigray to bring about dignity and independence.

3. Over view of Activities and Geographical Location

3.1. General Overview of Activities

As is often the case children present as the most vulnerable group so the project started with childcare, but as children started coming and being cared for, the need for learning in all its guises became apparent, for both improved health and basic primary education not only at Grace Village but also in the surrounding communities.

The next step was to prepare the student and the parent, the male and female farmer in being productive with whatever the tools they have in hand; when those are not adequate to supply them and provide required skills directly applicable to their rural settings. Teaching them about safe water and best practices in agricultural becomes then the bye product of this initiative.

Sadly there are occasions when despite our efforts the victim is simply so ill or so poor due to circumstances beyond his / her control that s/he will require a helping hand with funds or food. So we have made these available until the victim is able to stand on his/her own two feet and once again be productive, self-sustaining and once again support his / her own family in a dignified fashion.

3.2. Geographical Location

The Oasis Foundation branch office is eight kilometres from Shire town, in North-Western Tigray Zone, Tigray Region, Ethiopia. The current plan is to continue the work being done in Woreda Tahtay Koraro, which measures 777.27 square kilometres, containing a population of 83,019 of which 40,853 are female and 4,921 being female-headed households.

4. Introduction to the Annual Report

This first year of the Stichting Oasis Foundation (known locally as Oasis Foundation Ethiopia) has been of new beginnings for us, which included developing a five year strategic plan and financial estimated budget for our projects. This helped give direction to our team enabling us to work towards well defined targets and with a common purpose. We have drafted Childcare and Health Policies providing clear guidelines for staff employed in these disciplines.

4.1. Personnel Adjustments

The transition from a local service working under the umbrella of Woreda line departments to an international non-governmental-organization has led to changes of structure and personnel. These are in compliance with government recommendations.

Administrative staff employed after finalizing the Strategic Plan included an accountant, a cashier, a purchaser and a storekeeper. We have also employed a compound a service supervisor to provide supervision of the Grave Village site and to assist with driving the children to and from school and an agricultural agent. These new staff members have greatly enriched our overall service to the community.

Two previous staff members left to be married, so a childcare worker has been added to our number as well as through internal rotation a pre-school carer has been appointed.

We have increased our housemothers by two new former obstetric fistula patients who have come from Addis Ababa Fistula Hospital and a third former fistula patient is now working as a nurse-aide in the Fistula Waiting Area.

4.2. New Projects

The year 2008 saw the Oasis Foundation Ethiopia developing into many areas that were spawned from the vision *"Equal opportunities for the vulnerable and marginalized"*, the local line departments sent proposals to the Oasis Foundation asking for assistance in areas of child sponsorship, the abandoned and / or orphaned child, school buildings, assistance with women headed householders in farming cooperatives, food security and more recently food safety.

5. Activity Reports Based on Action Plans (See annex 1)

5.1. Childcare

Childcare at The Oasis Foundation is delivered in two parts, one where the child has no direct caregiver, neither older sibling or parent or relative either able or living. Often one or both parents have died from something, or one parent has abandoned the other leaving the single parent to raise the children as best that parent can, s/he may become desperate and chose to abandon or actually hand over his/ her child (ren) for safe keeping rather than to see then suffer and / or die as other siblings may already have done so. The sorrow of these parents is evident when they ask the Social Services to care for their child (ren). Amongst these are the fathers and mothers who are dying from HIV/AIDS; those who have severe mental illness and are simply no longer able to safely care for their off-spring. Then there are the children surviving on the streets that have either been 'left' by older siblings or parents, or have run away from abusive circumstances. These too find their way through the Social Service to Grace Village.

5.1.1. Grace Village

Activity	No. Beneficiary			No. of target reached		
	F	M	All	F	M	All
Education at Grace Village						
• Pre-school	6	6	12	6	5	11
• Primary	13	20	33	14	19	32
• Secondary	0	0	0	0	0	0
Nurturing the children						
• Food	19	26	45	19	26	45
• Clothing	19	26	45	19	26	45
• Discipline	-	-	-	-	-	-
• Counselling	-	-	-	-	-	-
• Developmental activities	11	18	29	10	17	27
• Recreational activities	11	28	29	10	16	26

5.1.1.1. Successes

Forty three children are learning to read and write; seven of the children ranked in the first three of their class and many received top grades. The children remain healthy and have been supplied with clothes on two occasions, four of the children were advised to study harder; for developmental activities the children are given job assignments and of course there are always sports activities that they love and this helps towards health and strength. Three children learned first aid skills; others are learning English during the rainy season.

5.1.1.2. Constraints

We have had some illness amongst the children this year but are carefully monitored by the Grace Village nurse who takes them to hospital if further treatment is judged expedient. Some children started the year being late to school but this has improved after firm counseling for this behavior to

find out the reason for tardiness. A couple of the children performed poorly at school, increased tutoring is being implemented over the rainy season. Three children have been returned to their extended families per the request of the said families and agreement of the Social Affairs Office, we understand that these children are safe.

Unfortunately we have had water and electrical constraints whereby the mothers have had an extra load to provide for the children. This has now been resolved and water and electricity is functional and the load is easier. The lack of fuel means the use of wood and charcoal which we are loathed to do because of the environmental implications, therefore electric hotplates have been bought with careful safety instructions being given to each mother.

5.1.1.3. Remarks

Plans are in place to improve pre-school and provide a good building and location for this; the food provided at Grace Village is well balanced and the favourite food is Pizza!

The housemothers have been advised about housecleaning and this is improving nicely, it is not easy when there is water shortage, hopefully once this water shortage is resolved it will make it easier for keeping the toilets cleaner.

5.1.1.4. Human Interest Stories

Kashay Yohannes Haileselassie was born in 1992 in a place called Beles, which is near Shire. At birth he was a healthy child and strong; but sadly at the age of ten years he does not know what happened but he became handicapped, with paralysis in his right leg and arm and also his left leg, only his left arm works. He came from his village to Shire because both his mother and father died. He was sleeping on the street and living by begging. A kind lady from Addis Ababa brought him to Grace Village where he now lives and is slowly getting to know everyone here. Some form of individual tutoring is needed for him as he has never been to school. He was taken to Mekelle for possible treatment but the specialist said there was little that could be done for him.

One week we received two babies, one a three month old whose mother had died the previous Sunday possibly from AIDS complications, the father a soldier brought her, she was febrile and found to be also HIV positive. Sadly she died after forty eight hours. The next day the third triplet of one mother who had died with the first triplet, was brought to us, the second triplet had died the day before coming. This little baby is progressing very well and bringing joy to his home and family here at Grace Village.

Zayed who went to Holland for open heart surgery is doing very well, weekly monitoring of her prothrombin time is being done and so far all is well. She will be checked in Addis Ababa in July.

All the HIV positive children and mothers are managing very well, the quality of life is good, two walk each day to school two kilometers there and back; they eat well and interact well with their peers. The older ten-year old who is very bright struggles more than the others and need a firmer hand and more encouragement than the younger ones. He has lost his siblings and parents to AIDS so has psychological issues to deal with too. We are working with him to help him in this matter and his peers are very supportive too.

5.1.2. Community Child Care

This year started with a review of staff requirements and evaluation of current staff. One social worker was found to be running her own programme independently from the Oasis Foundation. Building up her own personal 'business' and outside the organization. It was felt wise to release this person and we have since employed another childcare worker and may add another should this be deemed necessary. The process we use for helping community children is always in collaboration with the Woreda line departments for Social Affairs and Education. The children are thus identified and interviewed and sponsorship starts. We help with funding and / or food depending on the status of the children. Clothes may be needed, which when available are shared out amongst all the vulnerable children.

Activity (average)	No. Beneficiary			No. of target reached		
	F	M	All	F	M	All
Community Child Care						
• Total Number of children	111	67	178	111	67	178
• Growth monitoring if applicable	142	170	312	110	113	223
• Provision of food if required	142	170	312	110	113	223
• Sponsored children	111	77	178	11	67	178
✓ Initial contact for new child	56	27	83	56	26	82*
✓ Supervision ongoing for all children	111	67	178	111	67	178
✓ Provision of funding	111	67	178	108	67	175

5.1.2.1. Successes

During this year we were able to visit thirteen houses of sponsored children, to check their living conditions and see firsthand their plight. We have noted through our growth monitoring programme good weight gain amongst the underweight children. The feeding programme at one school where children are affected by Gua Kua included daily porridge with enriched cereals such as soya. The children without home support due to demise of parents are able through the sponsorship programme to complete their schooling, to eat reasonably well and to develop towards reliable citizens and able members of the community. Emphasis is placed on girls when possible as they appear to be the ones who manage the homes after the loss of parents. WE are in the process of opening saving accounts for each community sponsored child.

5.1.2.2. Constraints

One sponsored child became ill and despite help for medical care died. Another child from the Kelakil site died from the unknown disease currently troubling the Tseada Amba Population. We have had some absenteeism from school and have questioned the community who has told us that these children have 'gone back to Tseada Amba to prepare the family fields'. The children from Kelakil have their contribution taken to them on site even then we often find that children are away from school because of being 'too sick to walk to school'.

The other sponsored children have been either late coming to collect their money stipend or just not able to come at all, so we decided to make another office in Shire-town where it will be easier for them to collect their money each month, thus facilitating the distance required for these children to come. This has worked out well because the children can now come and chat with the childcare worker on the days when they are present there, usually Tuesdays and Thursdays.

At one school the teachers were part of the funding contribution when the programme was handled by another source, the Oasis Foundation now handles each individual child fund separately and only the child or chosen representative may take the money. Teachers are no longer involved in this. This

caused some stress, which has now been resolved amicably.

5.1.2.3. Remarks

It is fair to say that older boys are obliged to help their farmer fathers when ploughing and land preparation is required, so this leads to absenteeism. So the weather change can lead to a migration to farming sites and lower school attendance.

During the next year we would like to be more available to the children in the community, be there for them when they have problems, arrange for them to have recreational activities with the children from Grace Village.

5.1.2.4. Human Interest Story

One young adolescent of fourteen was not in school and when she was found she was brought to us, very dirty and dishevelled. Upon investigation we found that she was alone, her mother had gone to 'holy water' because she found she was sero-positive to HIV. The daughter had no funding for rent and so resorted to living on the street. While we were considering whether to admit her to Grace Village her mother returned. So we have helped with house rent, bought simple furnishings and kitchen requirements to help this mother daughter team survive. The girl will continue to receive funding every month from the sponsorship plan.

5.2. Health

The Oasis Foundation has selected four areas of health to concentrate on.

- Health Education concentrates on obstetric fistula awareness and clean deliveries for the population at large; we also provide simple health education for the housemothers and children at Grace Village. We gave health communication classes to our staff and one staff member is currently in training at Axum as a Health Extension Worker.
- Fistula Waiting Area – for women with childbirth injuries or related trauma where women can come for pre-operative care and building up before we send them on to the Mekelle Fistula Centre where they will receive surgery and medical care.
- Health Care of Grace Village Residents – Our small residents are not often ill but when they are it is the task of our health Team to care for them and ensure they receive any medical attention they may require.

This is of special value for the children and housemothers who are HIV/AIDS positive. They need regular check-ups and follow-up at the hospital for CD4 counts and Anti-Retroviral Therapy (ART).

- People Living with AIDS (PLWA) – this is the fourth group we have selected to help in line with our vision of providing 'equal opportunity to the vulnerable and marginalized'. For these we provide high protein food for the initial start up period of ART, when complementary food is required. This is provided for a period of three months. Each client is reviewed and if this should be continued the health team will decide and continue for another three months. We are trying to avoid dependency and if possible to find work options for them.

5.2.1. Health Education

Activity	No. Beneficiary			No. of target reached			Location
	F	M	All	F	M	All	
Health Education							
• Personal Hygiene	233	186	419	153	151	304	Kelakil
• Environmental Health	172	148	320	169	142	311	Kelakil
• Infectious Diseases	-	-	-	-	-	-	-
• Maternal Health, FP & Pregnancy etc	10	-	10				3 villages

5.2.1.1. Successes

It was good to have such a large turnout for our health education sessions, many questions were asked and the families were happy to listen to help them understand what they could do to make water safe before drinking it. We taught about personal hygiene to encourage improved personal habits and much work was done with the mothers in how to care for their children and babies.

5.2.1.2. Constraints

Since beginning the health education we have found out that the health bureau also sends out teams for health education so we are fact duplicating the service, so we have decided to concentrate on areas specifically related to our service provision which is maternal health and prevention of obstructed labour, clean and safe deliveries and nefarious practices.

5.2.2. Fistula Waiting Area (FWA)

Activity	No. Beneficiary	No. of target reached
Fistula Waiting Area (FWA)	Females	females
• Patient Care	2	2
• Patient Health Education	2	2
• Contact with Mekelle Fistula Centre	7 times	-
• Referrals	2	2
• Training of HEW	1	1

5.2.2.1. Successes

We are delighted to have had the FWA refurbished, the room has been made larger, and the Mekelle Fistula Centre has given us six beds for women with childbirth injuries. The two health professionals went to Mekelle Fistula Centre in January for training and found this to be useful. The one health professional has gone to Axum for the one year training as a Health Extension Worker to help her develop into an excellent health education animator for the Oasis Foundation. We have added to our staff a former fistula patient who is now working as a helper to the nurse. The two patients who have come have come with relatives who were pleased to be able to 'leave their fistula patient' and go home to their fields. A third one was in hospital and needed financial assistance to go onwards to Mekelle for surgery so we were able to help her with this.

5.2.2.2. Constraints

We asked the Zonal Health Office to inform the health centres and posts around north western zone of Tigray about the centre, this has not been very successful so we plan to have our won nurse do this work, and she has already started and this has led to the two patients who have already come. We have talked to the Women's Association to inform them of our new FWA. They are very dynamic and will contact their women's groups throughout the Woreda and our nurse will go to these

meetings and speak directly with the women.

5.2.2.3. Remarks

We are working closely with the Fistula Centre in Mekelle and the Medical Director of the centre is pleased at this initiative from our remote part of Tigray. Recently our nurse went with the Mekelle Fistula Team to Tselemti where she was able to tell the people about our Fistula Waiting Area. Though we have not had many women coming most who hear are pleased as they state that this will help the women to go and receive treatment, the far distance has been until now their deterrent for going to care. Together with a more intensive format of awareness raising from the Oasis Foundation we hope to see an increase in numbers coming through our Fistula Waiting Area this coming year.

One of our staff is finalizing his thesis on early marriage and has indentified an area where early marriage is still prevalent (one little girl of seven was married recently!), so we hope to reach out into that area and other which have the same problem for this specific cultural practices that should be addressed as well as the ongoing identification of childbirth and related injuries.

5.2.2.4. Human Interest Story

Belaynesh Negus came to our Fistula Waiting Area; she told her story of what had happened ten years before! She had gone into labour and had prolonged obstructed labour resulting in a stillborn baby, which stayed in her womb for three days. All those years ago she developed an obstetric fistula. She thought there was no help for her complaint until she heard about our centre. We sent her accompanied with our nurse-aid to Mekelle where she has been repaired and is very happy.

5.2.3. People living with Aids (PLWA)

Activity	No. Beneficiary			No. of target reached			Location
	F	M	All	F	M	All	
People Living With Aids							
• Feeding assistance	11	1	12	11	1	12	Shire town
• Other	-	-	-			-	

5.2.3.1. Successes

We give the people who come 3 kilogrammes of prepared soya flour and 1 kilogramme sugar for making a protein rich porridge. Our nurse advises them of proportions and how much is required daily as a complementary diet. We make sure they understand that this does not replace their usual diet but simple re-enforces it.

5.2.3.2. Constraints

With the current famine situation here some are eating only what we are providing so this makes a problem both for us and the patients.

5.2.3.3. Remarks

This is very important because the government is giving the medication but no one is providing the extra food required for the start-up time of ART.

5.2.4. Grace Village residential health care

Activity	No. Beneficiary			No. of target reached		
	F	M	All	F	M	All
Grace Village						
• Growth monitoring	19	26	45	19	26	45
• Health supervision	20	27	47	20	27	47
• Care of HIV residents / children	6	2	8	6	2	8

• Health Education of mothers / children	32	24	56	32	24	56
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5.2.4.1. Successes

One child who was sick improved and was well enough to return to school. Five of the seven HIV+ residents are on ART due to elevated CD4 counts. They are handling their treatment well and complementary feeding is carried out.

5.2.4.2. Constraints

It is a challenge to care for such a large group of children, but the housemothers are quick to respond and to inform the staff nurse who is ill and she follows them carefully taking them to hospital if required. One baby died after a 48 hour stay in our village, her mother had died of AIDS the previous week and the three month old baby was tested positive to HIV.

5.2.4.3. Human Interest Story

A brother and sister who both have HIV/AIDS came several months ago, brought in by their father. Sadly during this quarter their father died, their housemother was away at the time and waited until her return to tell the children. They were sad, and throughout that day the other children who like them are orphans came and sat and mourned with them. Later on the grandfather and the children’s step-mother came to visit them and encourage them. The children appear to be settled now and quite happy with their playmates. The older goes to school and the younger one attends our own kindergarten.

5.3. Development

Development is one of the focus areas of the Oasis Foundation. It includes agricultural and educational development, such as helping women with agriculture and building school as well as furnishing them; these are some of the activities that we are carrying out.

5.3.1. Women Headed Households

Activity	No. Beneficiary	Indirect Beneficiaries		
		F	M	All
Women Headed Households	F	F	M	All
• Agriculture	30	150	90	240
• Wells /Irrigation	30	150	90	240

The women headed households are one of our target groups that we work with due to their vulnerability. These women have grouped themselves and been given the name “Kisanet Mahber”. They make their own rules and regulations on the working mechanism which include rules of how to work and if one of the members is not working steps for dismissal.

5.3.1.1. Success / Implementation

We start with the site selection which is carried out by the Women’s Affairs Office in close collaboration with the local land administration. The land provided measures two (2) hectares with water holding potential, which is used for water irrigation year round providing produce such a fruit and vegetables.

This project started because of the large number of women headed households on Tahtay Koraro; they themselves approached the Women’s Affair Office asking for help, who in turn asked the Oasis Foundation for assistance. It was started with fencing of the assigned land using iron poles 1.5 metres high and barbed wire to protect from wild / domestic animals and the shed on site. Three hand dug wells are now complete (100%). The beneficiaries have already ploughed the land ready for production. It is of value to await them in order that they feel a real sense of ownership of all the steps in the technical work.

The following activities are done: Rice is sown; trees have been planted; elephant grass has been sown; conservation structures have been built; the land is fenced with wire. Ten percent of the land is reserved for growing teff.

5.3.1.2. Constraints

Generally the project does not have any constraints, we thought we might have problems from land administration but as it turned out the land administration has been very cooperative and easy to work with as the land ownership goes to the women headed householders. We are currently revamping the budget which did not take the extra items requested into account, such as drips irrigation, a good variety of seeds, pulley and jerry cans after the rainy season.

5.3.1.3. Remarks

In order to make ends meet and make good use of the funding we plan to do two projects simultaneously, therefore, Guale and Myliham will be done next and at the same time after the rainy season.

5.3.2. Educational Development

5.3.2.1. School Building

The school construction the Oasis Foundation assists with is built and then given to the local government and community; this was completed and handed over in January 2008. The school is built according to the specifications of the governmental plan for schools; it is composed of four classes, one office and one store. In addition to this is a four stalled toilet facility.

Furniture provided included the following:

Type of material given	Quantity	Remark
Chairs for students and teachers	84	Simple wooden /metal
Blackboards	4	One for each class
Tables	4	For each teacher
Typewriter	1	For certificates etc
Flag	1	For ceremonies
Shelves	2	To store books etc

The direct beneficiaries are the local 250 school children, and indirectly the whole 2,000 population of My Demu benefit from the school. Our own Grace Village 1st and 2nd Grade children attend this school; they number eight children two of whom are HIV positive.

5.3.2.2. Tseada Amba Children

These children attended school under canvas this past year. It was proposed to DPPA that we would build a school for them in 2008. In meeting with the line department and the local people of Tseada Amba they have asked that this be built near to their original dwelling area rather than Kelakil. The local school has offered one block for the Tseada Amba children as these are vulnerable and sickly. After the rainy season we will plan on building a single block school of four classes for the Tseada Amba children.

6. Projects Outside the Action Plans

6.1. Tseada Amba

The population of Tseada Amba originally number one thousand six hundred people have been reduced by large numbers where whole families have died or been reduced dramatically due to an illness that starts with epigastric pain, followed by generalized abdominal tenderness, vomiting, ascites and eventual death. The following diagnoses have been ruled out:

- Schistosomiasis
- Venous-occlusive disease of the liver

OFE started by helping the community to erect tents for the school, helped the orphans with a monthly stipend and started a feeding programme of soya porridge five days a week for all the school children. OFE once involved began to check what had been done and was there anything else that could be done. The CDC reports indicated the possibility of Schistosomiasis Mansoni, OFE decided to follow up on this.

OFE was led to contact Prof. Alan Fenwick of the Schistosomiasis Control Initiative of Imperial College, London, who sent a team to investigate the Schistosomiasis both through snail collection and stool and urine sampling. The conclusion was that Schistosomiasis was not the cause of morbidity. Fortunately Imperial College has taken the plight of the people of Tseada Amba to heart.

Activity	No. Beneficiary			No. of target reached		
	F	M	All	F	M	All
Complementary Feeding for 6 weeks	800	800	1600	100%	100%	100%
Under 15 years medication therapy	9	8	30	30%	26%	56%
Check up by specialist	0	9	100	-	9%	9%

After the last visit from Imperial College an action plan is being drafted and will start in July 2008.

7. Conclusion

This first year has been a learning curve for the Oasis Foundation and we are grateful to our donors for their support and to the government agencies at local, regional federal level for their support of all our activities. We are excited about the future and what we can do as a Foundation for the vulnerable and marginalized of Tahtay Koraro.

Catharina van den Bosch
Director

Action Plan Health Unit

N	Activity	Jan	Feb	Mr	Apr	My	Jun	July	Aug	Sep	Oct	Nov	Dec
1	Health Education	x	x	x	x	x	x	x	x	x	x	x	x
	Personal Hygiene	x	x	x	x								
	Environmental Health					x	x	x					
	Infectious Diseases								x	x	x		
	MCH, FP & Birth kits											x	x
*	Report		x	x	x	x	x	x	x	x	x	x	x
2	Fistula Waiting Area												
	Patient Care	x	x	x	x	x	x	x	x	x	x	x	x
	Patient Health Education	x	x	x	x	x	x	x	x	x	x	x	x
	Contact with Mekelle Fistula Centre		x	x	x	x	x	x	x	x	x	x	x
	Referrals		x	x	x	x	x	x	x	x	x	x	x
	Training of HEW					x						x	
*	Reports		x	x	x	x	x	x	x	x	x	x	x
4	Grace Village												
	Growth monitoring			x						x			x
	Health supervision	x	x	x	x	x	x	x	x	x	x	x	x
	Care of HIV residents / children	x	x	x	x	x	x	x	x	x	x	x	x
	Health Education of mothers / children	x		x	x	x	x	x	x	x	x	x	x
*	Report		x	x	x	x	x	x	x	x	x	x	x
5	Annual leave												
6	Annual report to donors											x	x

Action Plan Development I

N	Activity	Jan	Feb	Mar	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Dec	
1	Preparation of proposals	x	x										x	x
	Present to donors		x	x										x
	Organise donations			x										
*	Report	x	x	x	x	x	x	x	x	x	x	x	x	x
2	Buildings													
2a	Schools			x						X				
	Select site(s)				x						x			
	Place bids for architecture, contractor					x						X		
	Review bids, proformas, select					x							x	
	Ensure planning permission				x						x			
	Build						x	x	x	x	x	x	x	x
	Supervise						x	x	x	x	x	x	x	x
	Hand over to authorities									x				
*	Report		x	x	x	x	x	x	x	x	x	x	x	x
2b	Toilets for schools													
	Select site(s)			x						x				
	Place bids for architecture, contractor			x							x			
	Review bids, proformas, select				x							x		
	Ensure planning permission			x						x				
	Build					x	x	x				x	x	x
	Supervise					x	x	x				x	x	x
	Hand over to auth.							x						x

Action Plan Development II

N	Activity	Jan	Feb	Mr	Apr	May	Jun	July	Au	Sep	Oct	No	De
2.c	Libraries												
	Select site(s)						x						
	Place bids for arch. Cont.							x					
	Review bids, select							X					
	Planning permission						X						
	Build								x	x	x	x	x
	Supervise								x	x	x	x	x
	Hand over												x
*	Report						x	x	x	x	x	x	
3	Rural Development												
	Review proposals from com.	X											
	Prepare proposal		X										
	Meet with community					x	X						
	Planning permission					x							
	Proforma invoices					x	X						
	Train team						X						
	Purchase							x	x				
	Start work								x	X	x	x	x
	Supervision								x	x	x	x	x
	Completion												X
*	Report	x	x			x	x	x	x	x	x	x	x
4	Annual leave												
5	Annual narrative and financial report for donors												x