BUSINESS PLAN FOR KJI MEDICAL CENTRE

I. EXECUTIVE SUMMARY

The proposed project is focused at improving health and health care of Mwanza household and communities through curative, preventive, promotive services including training, consultancy and research services. This part gives brief information that is clearly explained at different parts of the business plan. We begin at this summary with background information, where the major part will be introduced by the mission and vision statements. The objectives are clearly demonstrated in the same manner at the summary and the major part of the plan. Either the logical framework analysis is applied only at this part of the summary for summarised information of the general project and the envisaged performances and products.

Background information

Together with the efforts of the government of Tanzania to alleviate poverty; food availability is not sustainable and precarious. Infant and maternal mortality rates are high; aggravated by high unemployment, the effect of which is mass rural-urban migration of youths including Mwanza city and Ilemela municipality. HIV and AIDS, Malaria, child and maternal complications; with the environmental destruction effects have a great negative impact increasing the number of orphans, with high effect to the entire economic active population. The adverse health effects are closely attributable with health risks in the city of Mwanza, neighboring regions of Simiyu, Mara, Geita, Kagera, Shinyanga and Tabora who have easy access to Mwanza city by the improved tarmac roads and railways. The international flight, as to the fact, Mwanza will be an international Airport in a near future, with its expansion being at about 50%; seen as cornerstone and an opportunity for international airport to access the Hospital. To this end, Kamani Hospital will serve as part of the solution to reduce the number of people seeking specialized care at Bugando Zonal Hospital, Muhimbili National Hospital and other referral hospitals in the country who carry a heavy burden of clients from Mwanza.

Regional Population Distribution

We are very informed that the population of Dar es salaam is higher than that of Mwanza as clarified below; but still Mwanza remain to be the only current and future opportunity due to its location, economic activities which are agriculture related, fishing and mining; and the fast-growing population and the expanding city. It is the best hub attracting local and international customers as it is clarified at different parts of the concept note. Kamani JI have learnt on the opportunities and therefore is happy to work to leverage the benefits. We are also convinced that the government of Tanzania recognizes the capacity of different organizations delivering health and health care services, thus our engagement will support Tanzanians people meet their dreams.

In 2022, Dar es Salaam region recorded the highest population of 5,383,728, equivalent to 8.7 percent of Tanzania Mainland population, followed by Mwanza region with a population of 3,699,872 (6.0 percent). 1,802,183 male population, and 1,897,689 female population in Mwanza living in 751,631 households with 4.9 number of people per household. This is our target and primary stakeholders.

The proposed infirmary under construction will serve about 3,699,872 people, increasing at the rate of 2.6 percent as per 2022 National Population Census. The opening of the new Nyamhongolo coach station in 2022, where Kamani JI Hospital is placed adjacently; connects the conurbation towns of Magu and Misungwi and the populations from Kwimba and Sengerema districts. With the benefits of the new developed communication systems and road networks ending and crossing at Nyamhongolo station, clients for health and health care will increase significantly and dramatically. It is also an opportunity for clients from the neighboring regions of Simiyu, Mara, Shinyanga, Geita, Tabora, Kagera and Singida who have easy access due to the improved road network. The expansion of Mwanza airport to serve international customers, which is at about 50% will easy access to the facility for international clients.

According to Ilemela Council Director (2016), the following diseases causing morbidities and mortalities for all ages have been reported. The top 5 are Malaria, Urinary Tract Infections, Intestinal Worms, Skin Diseases and Upper Respiratory Infections. These are followed by Pneumonia, Ear Infections, STI, Eye Infections and Malnutrition. Currently, infant mortality rate is 43 deaths per 1000 live births and under-fives mortality rate is 67 deaths per 1000 live births. Likewise maternal mortality ratio is 556 deaths per 100,000 live births. The women have been reported to have breast cancer for all age groups at a higher rate as reported by MEWATA, (2009). The findings were reported as follows: cervix uteri (40.9%), breast (12.5%), Kaposi sarcoma (6.7%), and others. Prostate problems for men and non-communicable diseases such as diabetes and hypertension are highly increasing.It is through our contribution and participation that the target clients will be relieved from the mentioned burden of diseases and related health challenges.

Services currently provided in Mwanza City (Health facilities services)

Ilemela Municipality and the City management, in responding to the mentioned health and health care demands is currently offering the following services which are mostly located at the center of the city. These services include among others general medical consultation and services, medical specialists' consultation, laboratory and radiography services, surgeries and emergency services offered to inpatient and outpatient departments. General laboratory services including hematology and parasitology services whereas radiology services include x-ray, ultra sound, ECG and ECHO tests. Other services include CT-scan, dialysis, physiotherapy, orthopedic, optical, and dental and mortuary services. In Mwanza, these are offered through the operating 376 dispensaries, 103 health centers and 41 hospitals making a total of 520 health care facilities. Kamani JI will add to offering specialized and quality care to the Mwanza population. The 2022 PHC results revealed that Tanzania has a total of 10,107 health care facilities including 676 hospitals, 1,466 health centres and 7,965 dispensaries. Out of those, 662 hospitals, 1,430 health centers and 7,680 dispensaries are in Tanzania Mainland. The efforts are meant to contribute in achieving sustainable development goals, the global and Tanzania government priority stated at goal 3 (***ensure healthy lives and promote well-being for all at all ages***).Kamani JI hospital is focused to contributing achievement of this goal through the Public Private Policy (PPP) and the devolved power to the council Management, Private sector, Non-Governmental organizations (NGOs) and Faith based organizations (FBOs) through the District Authorities Act of 2002.To this

end, Kamani JI will work with and as delegate of the government and the health demands of the Tanzanian population.

Services to be offered at Kamani JI Hospital

Kamani JI hospital located at about 12 kilometers from where most of the services are operated in the city; will offer services similar as hospital level 2 catering for all services mentioned above. At the first phase, OPD and IPD services will be operated at the mid of 2025. It is at this stage where reproductive and child health, diagnostic, research and consultancy services will also commence. In the next two to three years, it is expected that expansion of the hospital will consider coverage of other diseases to be addressed which include neurology, cancer, and diabetes, orthopedic and mental health. It is also projected that, a teaching school for medical, environmental and specialties such as physician, Nurses, lab and others will be there.

Why to invest in Mwanza

Mwanza City is a leading business hub on the side of Tanzania, competing with Kisumu, Entebbe and Jinja on the Kenyan and Ugandan side, respectively. The city hosts annual East African business fora which brings exhibitors from within and outside East Africa. The region has some geographic advantages; with positive historical business and socio-cultural links with other towns within the great lake's region. Traders from Kenya, Uganda, Rwanda, and Burundi and from as far as Democratic Republic of Congo and Malawi frequently visit Mwanza region. Mwanza hosts the secretariat for the Lake Victoria Association of Local Authorities, which brings together mayors and town clerks from cities, municipalities and towns from Tanzania, Kenya and Uganda. The lake offers a potential attraction for water sports although yet to be fully developed. Its people are naturally polite, hospitable, faithful and hard working. This is a special combination which not many regions have, and so any newcomer to Mwanza will certainly feel most welcome.

The region can easily be accessed by different modes; roads, train, water and air from all the major cities of the East African Community. The fastest mode of transport is by flying using scheduled flights such as the National Carrier, Air Tanzania, whose flight time is about one hour from Dar es Salaam, and about 40 minutes from Arusha, Nairobi, and Kigali. It takes about half an hour from Entebbe. The airport is also under expansion, the construction of which is at about 50%. This is an opportunity for international customers.

According to 2015 GDP estimates, Mwanza region was among the top five regions with the highest contribution to national gross domestic product (GDP) (9.3 percent), overtaken only by Dar es Salaam region (17.2 percent). Estimates of GDP per capita also show the region ranked second after Dar es salaam (URT, 2016). The region draws its strength from its agricultural sector, currently dominated by subsistence type of farming, which provides an opportunity for modernization and commercialization of the sector.This is among others people will be able to afford the cost sharing against their health and health care demands.

Mwanza as a region has an increasing population that requires medical care; the pace of public investments in expanding health facilities is slower compared to the increasing human population; and huge demand for health services especially in the newly created districts. Policy and political support at national, regional and local government level are a great opportunity for smooth

operations. It is also a strategy to support government efforts to reduce the economic barrier for money spent for distant referral services to Dar es Salaam, since many health care referrals to Muhimbili National hospital are from Mwanza, Simiyu, Shinyanga and other regions surrounding the Lake Victoria. Either, this is an opportunity for Kamani JI and we rush for the opportunity.

Project Objectives

Aim: *The aim of Kamani JI hospital is to reduce morbidities and mortalities against the top ten diseases such as malaria, diarrhea, reproductive complications, HIV and others reported by the Ministry of Health to Nyamhongolo ward, Mwanza region and neighboring communities.*

Purpose: *The purpose is to increase access and utilization of the general health and health care in line with the Ministry of Health essential health packages and the community demands.*

Outputs

Outpatient services operated at the hospital at Nyamhongolo ward by June 2025

Inpatient services to cater for 120 beds, for men and women operated by June 2025

Reproductive and Child Health Services operated by June 2025

Pediatric services operated for OPD and IPD with 20 beds by January 2026

Maternity services operated at the hospital by June 2025

Ambulance available at the hospital for referral and linkage by May 2025

System for waste disposal and environmental cleanliness operated by May, 2025

Consultancy, research and training services operated by October 2025

Diagnostic services operated by June 2025

Volunteer program for health programs operated by October, 2025

Project requirements and costs

Before sharing the types of buildings and equipment required, we would like to put forward that, Kamani JI team is in position to do all the construction; that is ongoing and projected to be done on phases. Currently the Maternity building is under construction where all services will be introduced as explained at the outputs of this concept note. Kamani JI is also in position to recruit a team of medical doctors and related medical personnel in accordance to the staffing levels guidelines for hospital level II. Either, the door is open to the government and the donor community to supplement efforts on volunteer basis to support a team of specialized doctors and related medical staff of distinctive performances to offer high quality care, attract and retain customers.

The hospital rough Cost is Tanzanian Shillings 37,911,827,384.03 for Construction.

Basically, we will run a hospital for a total of about 400 beds. Different equipment will be purchased to cater for various services. Among others; Hematology Analyzer; Hormonal Assay

Analyzer, and Biochemistry Analyzer will be procured. Other equipment will include Microbiology Automated Machine and Parasitological Analyzer. Radiology services will require, among others, X-Ray Machine, Ultra sound, ECG and ECHO Cardiograph machines; and CT-Scan. Other equipment includes essential packages for dialysis, ENT, Optical services and dental chair. They will also include orthopedic equipment and package for minor and major theater. At the opening stage on 2025, 140 beds are needed, whereas 120 are for different wards; and 20 beds for pediatrics wards. Either 20 examination beds will also be needed.

Kamani JI will join hands with partner organizations to buy CT scan, Modern X ray Machine, ECG and ECHO Cardiograph machines, and Dialysis equipment. However, the support depends on the donor priority and capacity.

Staff requirements

The hospital management will recruit a total of 99 staff to include specialized doctors and general practitioners, nurses, pharmacists, diagnostic team and relevant support staff as per Ministry of Health Staffing levels guidelines in accordance to Hospital level II. It will establish relationship with local and international donor community to operate a volunteer program to cater for specialized services such as pediatrics, obstetrics and gynecology, internal medicine, surgical services, Neurology, and Cardiology; including general care that will include nurses and staff for diagnostic services. This initiative will contribute to bridging the gap of skilled personnel reported at 56% in the country.

Principal project partners and recipient institutions

Kamani JI Medical Centre Company Limited is the principal funding agency to this project. Main shareholders include Kamani Damas Dismas, Isack Jonathan Marumbo and Joyce Kwandu Kichiba. The government will support special health care demands to disease of national and international priorities with special exemption to the needy such as TB patients, HIV and AIDS, and selected Reproductive health services. Entities offering health insurance such as the National Health Insurance (NHIF) will collaborate.

The business proprietor is ready to join hands with the donor community and partners through service agreement to increase community access priority and essential health care packages.

Statement of who were consulted during design and appraisal

Staffs on environmental impact assessment were consulted initially for environmental impact assessment and general advice. The Regional and Council Health Management Teams, were consulted for technical advice and approval to commence the project design. The department for land and urban planning of Ilemela district was also consulted. Dialogue was held with physicians, Health secretaries, pharmaceutical specialists, Laboratory specialists, Nutritionists and many others. Atomic specialists were also consulted.

Meetings, physical visit, interview, observation to the existing services and reading documents such as guidelines, Standard operating procedures, Buildings and estate manuals; altogether have been applied to develop the business plan.

The project proposed commenced with Environmental Impact Assessment in October, 2018.This activity opened door for other activities to take place from the design, appraisal and construction commencing December 2022, and stage one for commencing operations to be completed in April 2025.

Logical Framework Analysis

S/N	**Narrative summary**	**Objectively verifiable indicators**	**Means of verification**	**Key Assumptions**
1	**Impact**: Morbidities and mortalities from HIV, Malaria and other diseases at Nyamhongolo and neighbors reduced	Morbidity rate Mortality rate	Tanzania Demographic and Health Survey and Malaria Indicator Survey - TDHS-MIS	National Bureau of Statistics and Ministry of Health will conduct the survey and report findings
2	**Outcome:** Access to essential and specialized health care to Nyamhongolo and neighbors; and visitors increased	# of patients attended at the OPD by skilled staff per month (M/F) # of patients attended at IPD by skilled staff per month (M/F)	Outpatient Register Inpatient register Health Management Information system (HMIS)	The Hospital Management will recruit qualified staff as per MoH guidelines The donor community will support the volunteer team
3	**Output 1**: Outpatient services operated at the hospital at Nyamhongolo ward by June 2025	OPD services operated	Outpatient Register District Health Management Information system (HMIS)	Kamani JI Co. LTD and Contractor will complete construction as scheduled Essential equipment will be available timely
4	**Output 2:** Inpatient services to cater for 120 beds, for men and women operated by June 2025	IPD services operated	Inpatient register Health Management Information system (HMIS)	Kamani JI Co. LTD and Contractor will complete construction as scheduled Essential equipment will be available timely
5	**Output 3:** Reproductive and Child Health Services operated by June 2025	RCH services operated	RCHS registers HMIS	As at output 1&2 above
6	**Output 4:** Pediatric services operated for OPD and IPD with 20 beds by June 2025	Pediatric services operated	Children registers HMIS	As at output 1&2 above
7	**Output 5:** Maternity services operated at the hospital by June 2025	Maternity services operated	Maternity services register and HMIS	As at output 1&2 above
8	**Output 6:** Ambulance available for referral and linkage by May 2025	Ambulance with essential package	Ambulance with essential package	Kamani JI Co. and partners will procure the vehicle
9	**Output 7:** System for waste disposal and cleanliness operated by May, 2025	Waste Disposal system in line with IPC protocol	Disposal system as per IPC protocol	Kamani JI Co. will construct the system timely

10	**Output 8:** Consultancy, research and training services operated by October2025	Consultancy and research services unit established	Consultancy and research services unit	Kamani JI HMT will make Consultancy and research services a priority
11	**Output 9:** Diagnostic services operated by June 2025	Diagnostic services operated	Diagnostic services	Kamani JI Co. and Partners will procure essential diagnostic services
12	**Output 10:** Volunteer program for health programs operated by October, 2025	At least 10 Volunteer staff will be available and working	Volunteer staff	Kamani JI HMT and partners will make volunteer team available
13	Important and preliminary activities	Construction of buildings and installations, staffing, equipment and supplies		
		Liaising with the MoH, Health Management Team and the donor community		

A. PROJECT CONCEPT, VISION, MISSION AND OBJECTIVES

Our Vision

To be the lead health institution in Mwanza region on provision of reproductive and child health, diagnostic, research, consultancy, general health and healthcare for out and in patient services.

Our Mission

To inspire hope and contribute to health and well-being of Mwanza and neighbouring communities at local and international levels by offering compassionate quality healthcare, safe environment, with cost effective outcomes through integrated clinical practices, education; research and consultancy services.

Our Motto

Leading with innovation serving with love and compassion

Core Values

Integrity, transparency, accountability, team work, respect to social and physical environment

B. PROJECT SUMMARY

1.0 Background information

The aim of developing this business plan is to share an idea of constructing a hospital to cater for specialized services on Reproductive Health to the mother and child; Gynecology, Pediatrics, advanced diagnostic services, education, research and consultancy services. Long term healthcare challenges to be addressed include: neurology, cancer, orthopedic and mental health. It is also projected that diabetes services, other emerging non communicable diseases, specialized clinics, emergency care and training services will be offered. For summarized arrangement of the team of directors and managers. See part IV on the project markets, operations and management clarified at section D on operations plan subsection 4 on organizational arrangements and management for information to incorporate on the drawings,

At the first phase of the program, health and healthcare for outpatient and inpatient services will be covered. It is at this stage where reproductive and child health, diagnostic, research and consultancy services will also commence.

The proposed infirmary is located between Igoma and Kisesa centre (Nyamhongolo ward), of Ilemela Municipality in Mwanza city. The city being located on the southern shores of Lake Victoria in Northwest Tanzania, it covers an area of 256.45 Kilometer square of which 184.90 (72 percentages) is dry land and 71.55 Kilometer square (28 percentages) is covered by water. Of the 184.90-kilometer dry land area, approximately 173 kilometer is urbanized while the remaining areas consist of forested land, valleys, and cultivated plains, grassy and undulating rocky hill areas, as reported by the Ministry of Finance (2016) through the National Bureau of Statistics and Mwanza City Council.

Regional Population Distribution

We are very informed that the population of Dar es salaam is higher than that of Mwanza as clarified below; but still Mwanza remain to be the only current and future opportunity due to its location, economic activities which are agriculture related, fishing and mining; and the fast-growing population and the expanding city. It is the best hub attracting local and international customers as it is clarified at different parts of the business plan. Kamani JI have learnt on the opportunities and therefore is happy to work with the government and partners of health to leverage the benefits The data below are shared for your convenience.

In 2022, Dar es Salaam region recorded the highest population of 5,383,728, equivalent to 8.7 percent of Tanzania Mainland population, followed by Mwanza region with a population of 3,699,872 (6.0 percent). 1,802,183 male population, and 1,897,689 female population in Mwanza living in 751,631 households with 4.9 number of people per household. Higher population in Dar es Salaam region was attributed to availability of basic social services and economic opportunities which attracted migration from other regions***. (Ministry of Finance, 2023), Economic survey 2022.***Similar attributes are recorded at Mwanza.

In 2022, population density of Tanzania averaged 70 people per square kilometer compared to 67 people per square kilometer in 2021. In addition, Tanzania Mainland population density averaged 68 people per square kilometer compared to 65 people per square kilometer in 2021. Dar es

Salaam region registered the highest population density averaging 3,865 people per square kilometer, followed by Mwanza region 391 people per square kilometer.

In 2022, the average annual intercensal population growth rate in Tanzania and Tanzania Mainland increased to 3.2 percent from 2.7 percent in 2012. On the other hand, the average annual intercensal population growth rate for Tanzania Zanzibar increased to 3.7 percent in 2022 from 2.8 percent in 2012. This was attributed to increased fertility relative to mortality as well as improved access to social services (health and clean and safe water) and nutritional food.

According to the 2022 PHC, population pyramid is characterized by a large number of people aged between 15 and 64 (53.4 percent), followed by children under 15 years of age (42.8 percent) and the elderly aged 65 and above (3.8 percent). Furthermore, the pyramid indicates that Tanzania has a large number of children under 15 years of age (42.8 percent), which is above the African continent average of 41 percent. Likewise, the pyramid indicates that Tanzania population is characterized by a large number of females in all age groups except for the age group of 10 to 14 years.

The proposed infirmary under construction will serve about 3,699,872 people, increasing at the rate of 2.6 percent as per 2022 National Population Census. The opening of the new Nyamhongolo coach station in 2022, where Kamani JI Hospital is placed adjacently; connects the conurbation towns of Magu and Misungwi and the populations from Kwimba and Sengerema districts. With the benefits of the new developed communication systems and road networks ending and crossing at Nyamhongolo station, clients for health and health care will increase significantly and dramatically. It is also an opportunity for clients from the neighboring regions of Simiyu, Mara, Shinyanga, Geita, Tabora, Kagera and Singida who have easy access due to the improved road network. The expansion of Mwanza airport to serve international customers, which is at about 50% will easy access to the facility for international clients.

Together with the Dar es Salaam population to be higher than that of Mwanza, Dar es Salaam is highly congested with a lot of health facilities that is projected to affect the demand side against the supply of the health services institutions. This is forecasting. Mwanza and neighbor regions remain the city of opportunities to the surrounding populations due to availability of clients who are normally referred to Dar es Salaam for specialized care. Kamani JI will be part of the solution. It is also an opportunity for Kamani JI to enjoy the spacious land which to date is in abundant.

According to Ilemela Council Director (2016), the following diseases causing morbidities and mortalities for all ages have been reported. The top 5 are Malaria, Urinary Tract Infections, Intestinal Worms, Skin Diseases and Upper Respiratory Infections. These are followed by Pneumonia, Ear Infections, STI, Eye Infections and Malnutrition. Currently, infant mortality rate is 43 deaths per 1000 live births and under-fives mortality rate is 67 deaths per 1000 live births. Likewise maternal mortality ratio is 556 deaths per 100,000 live births. The women have been reported to have breast cancer for all age groups at a higher rate as reported by MEWATA, (2009). The findings were reported as follows: cervix uteri (40.9%), breast (12.5%), Kaposi sarcoma (6.7%), and others. Prostate problems for men and non-communicable diseases such as diabetes and hypertension are highly increasing.

The proposed infirmary is located between Igoma and Kisesa centre (Nyamhongolo ward), of Ilemela Municipality in Mwanza city. The city being located on the southern shores of Lake Victoria in Northwest Tanzania, covering an area of 256.45 Kilometers square of which 184.90 (72 percentages) is dry land and 71.55 Kilometer square (28 percentages) covered by water.

As per 2002 and 2012 Population Censuses, the population of Mwanza City increased from 241,923 (119,617 male and 122, 305 female) in 2002 and reached 363,452 (177,812 male and 185,578 female) in 2012 with annual growth rate of 3.0 percent. As for now about 3,699,872 People (2022 Census report) These are the target of this facility; with direct benefits to Nyamhongolo and surrounding wards at the areas of Igoma, Kisesa and neighboring communities. Mwanza and surrounding regions especially people from Simiyu, Mara, Shinyanga, Geita, Kagera and other regions will be served. It will serve mobile populations from Kenya, Uganda, Rwanda, Congo and Burundi among others supplementing efforts of the regional hospital and others. All these have an advantage of the improved road network and the international airport under expansion.

The City profile shows that Mwanza city has the biggest shortages of both public health centers and dispensaries. Currently one health centre is offering services to almost 10 wards where each dispensary supports 14 mitaa. Only two wards, namely Mirongo and Igoma had public health centre each and 14 out of 175 mitaa had at least a public dispensary. One general observation in this sector is that, the observed shortages have been reduced by the participation of private sector and reached to less than a ward and 4 mitaa per health centre and dispensary respectively. The city profile demonstrates further that the first illness of out-patients in 2011was malaria as a cause of morbidity in Mwanza city council. Acute respiratory infections (ARI) and other diagnosis were ranked second and the third with 18.4 percent each of occurrences. The fourth and fifth diseases were diarrhea and intestine worms.

The proposed hospital will be part of the solution to the target communities as per reported cases and the general demands of the population.

2.0 PROJECT OBJECTIVES

2.1 Aim

The aim of the proposed hospital is to reduce morbidities and mortalities against the top ten diseases such as malaria, diarrhea, reproductive complications and others reported by the Ministry of Health Community (MOH) to Nyamhongolo ward, Mwanza region and neighboring communities.

2.2 Purpose

The purpose is to increase access and utilization of the general health and health care in line with the MOH essential health packages and the community demands.

2.3 Outputs

Outpatient services operated at the hospital at Nyamhongolo ward by June 2025

Inpatient services to cater for 120 beds, for men and women operated by June 2025

Reproductive and Child Health Services operated by June 2025

Pediatric services operated for OPD and IPD with 20 beds by june 2025

Maternity services operated at the hospital by June 2025

Ambulance services readily available at the hospital to support referral and linkage services to recommended patients by June 2025

A system for waste disposal and environmental cleanliness operated by April, 2025

Consultancy and research services operated by March 2026

Diagnostic services operated by June 2025

Volunteer program for health programs operated by October, 2025

3. POLICY ISSUES AND THE FUNDING AGENCY PRIORITIES

The Primary Health Care strategy in Tanzania focuses to create a favorable environment for the community and individuals to access the health and health care at their doorsteps. This strategy is performed by different initiatives and integrated in the Strategy for Growth and Poverty Reduction (MKUKUTA); and implemented through the Comprehensive Council Health Plans (CCHP) with public private partnership.

All these are responding to the global strategy demonstrated through the Millennium Development Goals (MDGs) and currently the Sustainable Development Goals (SDGs). The proposed Health Care facility to be owned privately and funded as investment by the owner company is envisaged to contributing to the national and the global strategy stated above.

4.0 PROJECT REQUIREMENTS AND COSTS

Before sharing the types of buildings and equipment required, we would like to put forward that, Kamani JI team is in position to do all the construction; that is ongoing and projected to be done on phases. Currently the 4 floors Maternity building is under construction where all services will be introduced as explained at the outputs of this concept note. Kamani JI is also in position to recruit a team of medical doctors and related medical personnel in accordance to the staffing levels guidelines for hospital level II. Either, Kamani JI Hospital Management have an open door for partnership on volunteer or business basis to support a team of specialized doctors and related medical staff of distinctive performances to offer high quality care, attract and retain customers.

4.1 Rough Cost (Tanzanian Shillings 37,911,827,384.03) - Construction

BLOCK NO. 1 - OPD BUILDING -	21,727,152,226.73
BLOCK NO. 2 - ICU AND WARD BUILDING –	7,048,376,908.45
BLOCK NO.3 - MATERNITY BUILDING -	6,981,583,214.07 –under construction
BLOCK NO.4 - MORTUARY BUILDING -	321,716,651.38
BLOCK NO.5 - INCINERATOR BUILDING -	104,223,497.44
EXTERNAL WORKS -	1,728,774,885.96
TOTAL COST	**37,911,827,384.03**

4.2 Equipment required

Basically, we will run a hospital for a total of about 400 beds. Different equipment will be purchased to cater for various services. Among others; Hematology Analyzer; Hormonal Assay Analyzer, and Biochemistry Analyzer will be procured. Other equipment will include Microbiology Automated Machine and Parasitological Analyzer. Radiology services will require, among others, X-Ray Machine, Ultra sound, ECG and ECHO Cardiograph machines; and CT-Scan. Other equipment includes essential packages for dialysis, ENT, Optical services and dental chair. They will also include orthopedic equipment and package for minor and major theater the opening stage on 2025, 140 beds are needed, whereas 120 are for different wards; and 20 beds for pediatrics wards. Either 20 examination beds will also be needed.

Kamani JI will also implement the plan immediately at commencing stage to procure CT scan, Modern X ray Machine, ECG and ECHO Cardiograph machines, and Dialysis equipment. However, support from delighted partners to facilitate the process is quite open. We will also be grateful if partners support will be available to purchase and install the modern equipment for Laboratory and the Radiology as clarified at this part of the business plan. Yet Kamani has a program specifically identified from own sources and business transactions to meet the costs in phases.

5.0 PRINCIPAL PROJECT PARTNERS AND RECIPIENT INSTITUTIONS

Kamani J I Medical Centre Company Limited is the principal funding agency to this project. Main shareholders include Kamani Damas Dismas, Isack Jonathan Malumbo and Joyce Kwandu Kichiba. The government is looked upon to collaborate and support special health care demands to disease of national and international priorities with special exemption to the needy such as TB patients, HIV and AIDS, and selected Reproductive health services. Entities offering health insurance such as the National Health Insurance (NHIF) and distinctive related institutions are passengers of this caravan.

It is quite evident that the donor community and implementing partners working in close collaboration with the government are integrated team to Kamani JI Hospital. Various institutions to include colleges from within the country and from abroad will be involved in selected activities such as training and research services.

6.0 OTHER DONOR IF ANY

The business proprietor is ready to receive and join hands with the donor community and partners in the form of service agreement or any mechanisms that favors the community to access the priority and essential health care packages.

7.0 SIGNIFICANT POLICY/DESIGN/IMPLEMENTATION ISSUES

To date, since 2004 when the Quality Improvement Framework was designed, the government has put various strategies to address the quality of services and life at the service delivery points. The focus of the team managing the proposed facility, will introduce the strategies for Total Quality Management (TQM); a function of the 5S (Sort, Set, Shine, Standardize and Sustain) plus the Continuous Quality Improvement (CQI). To this end, the Environmental Impact Assessment was proposed prior to commencing the project design and implementation the task which has already been fulfilled.

Kamani JI Hospital will have a unity manned by the Quality Assurance manager to oversee and advice the system and the Hospital Management Team on quality assurance/improvement issues allocated an office for this purpose.

8.0 STATEMENT OF WHO WERE CONSULTED DURING DESIGN

The specialized staffs on environmental impact assessment were consulted at the initial stage of the project for environmental impact assessment and general advice on environmental management and administration. The Regional and Council Health Management Teams, and officials responsible for the private health care facilities were consulted for technical advice and approval to commence the project design and operations. The department responsible for land and urban planning of Ilemela district was also consulted.

All the stages above were observed and dialogue held with multidisciplinary teams for the negotiated agreements with doctors or physicians, Health secretaries, pharmaceutical specialists, Laboratory specialists, environmental personnel, Nutrition specialists and many others as per the MoH guidelines. Atomic specialists were also consulted.

Meetings, physical visit, interview, observation to the existing services and reading documents such as guidelines, Standard operating procedures, Buildings and estate manuals; altogether have been used as cornerstones in achieving the pre-determined end.

9.0 PROJECTED TIME TABLE OF STEPS TO PROJECT APPROVAL

The project proposed commenced with Environmental Impact Assessment in October, 2018.This activity opened door for other activities to take place from the design, appraisal

and Construction to commence June 2020, and stage one for commencing operations to be completed in May 2025.

C. PROJECT OWNERS AND PROJECT MANAGEMENT TEAM

This program is owned and sponsored by Kamani JI Medical Centre Co LTD. The proprietors and shareholders include Kamani Damas Dismas, Isack Jonathan Malumbo and Joyce Kwandu Kichiba; whose shares and management structure are defined through the articles of association and memorandum of understanding. All the three proprietors mentioned above are businessmen and farmers in Mwanza region.

The board of directors of Kamani JI Medical Center Co LD have identified and assigned Kuyi Dismas Kamani to coordinate management and administration of the program from designing, towards planning and construction processes. Ng'wasi Maria Damas is the assistant to the coordinator. The coordinator and the assistant mentioned similarly have been entrusted to assume managerial responsibilities at the beginning stage of the hospital business operations.

D. PROJECT STATUS AND NEXT STEP

The board of directors made a visit to the Ministry of Health (MoH) in August 2018 for information search and orientation purpose. To this end the incharge and head of private healthcare facilities and the incumbent engineer were consulted. Education on how to go about the process from designing towards planning, construction, securing permits and the general management along the way were delivered. Guidelines and standards for healthcare facilities for the private sector and relevant tools were provided to support the process of decision making and implementation as input to the company and stakeholders. The team from that time has made market research through secondary data and secured information on prevailing disease pattern and the response by the government health management team, service providers, the private sector, Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs) for evidence-based decision making.

From those findings the problems facing infants and under five years children, the top ten reported health care problems at OPD and IPD in Mwanza region and the neighboring areas were identified. The general healthcare profile for the region and the institutions types and ownership and capacity including gaps were observed. Funding mechanisms which include pay from pocket, insurance premiums, the exemption policy and implementation and the general economic status as per income per capita have been analyzed.

The source of information as said before include secondary data such as the health management information system reports (HMIS), demographic and health indicators survey reports (DHIS), regional socio-economic profile, census data and many others.

Observation through visits for further analysis was done at Ikonda Hospital in Njombe region, AAR Hospital in Dar es Salaam, St Gasper Hospital at Itigi in Singida region and other hospitals in Mwanza, Arusha and Kilimanjaro regions.

The land permit to construct the hospital at Nyamhongolo ward in Ilemela District has been obtained. Likewise, a letter to the Permanent Secretary MoH to secure permit for the step ahead has been submitted for further action. Through the proprietors' adequate share to commence the initial stage of the hospital project has been raised through shares of the company directors as clarified in the articles of association and memorandum of understanding.

II. SOCIAL, POLITICAL, ECONOMIC, REGULATORY ENVIRONMENT

A. basic characteristics

Nyamhongolo ward is among the wards in Ilemela Municipality in Mwanza city located between Igoma center and Kisesa center in Magu district along the highway road from Mwanza City to Mara and Simiyu regions. The proposed infirmary under construction will serve about 3,699,872 people, increasing at the rate of 2.6 percent as per 2022 National Population Census as stated at the initial stage of the business plan.

According to (NBS, 2012) population and housing census report, Mwanza City had a total of 150, 999 dependents with more young population aged less than 15 years (39.6 percent) and only 2 percent older people aged 65 years and above; depending 212,453 (58.4 percent) active population in production. This means Mwanza region dependency ratio is clarified at 77 dependents per 100 active persons affecting economic activities and social service provision such as health and education. The sex ratio for Mwanza City has been recorded at 96 males per 100 females.

Mwanza City lies at an altitude of 1,140 meters above the sea level with mean temperature ranging between 25.7 and 30.2 degrees celcius in hot season and between 15.4- and 18.6-degree celcius in cooler season. The average annual rainfall ranges between 700 and 1000 millimeters falling in two fairly distinct seasons, short and long rainfalls. The short rain season occurs between the months of October and December and long rain season lasts between February and May.

The topography of Mwanza City is characterized by gently undulating granites and granodiorite physiographic with isolated hill masses and rock inselbergs. It is also characterized by well-drained sandy loamy soil generated from coarse grained cretaceous. The vegetation is typical savannah with scattered tall trees and tall grasses.

There are only 21 square hectors suitable for irrigation where simple irrigation system has been developed along the lake shores and selected inland areas. The irrigation system is mostly applied in production of vegetable, fruits and maize. About all areas horticulture is

practiced; and since the market demand is high, influx of such produce has been recorded from Kagera, Geita and Sengerema to supply Mwanza City.

The major ethnic groups found in Mwanza city include the Sukuma, Zinza, Kerewe, Kara, Haya and Kurya. Other minority ethnic groups include Nyamwezi, Arabs, Hindi and many others; all speaking their natives or vernacular and Swahili as their common language. The Sukuma people occupying the larger population have sub-ethnic groups such as Bakamba, Bakwimba, Bagolo,Babinza, Bajigaba, Balungu and Babasana. Other sub-ethnic include Bahwela, Bakwaya, Nyantuzu and many others speaking Sukuma and Swahili.

B. social services environment

The community of Mwanza as in other regions of Tanzania receives Health services under different financing mechanisms. Among others, the mechanisms include insurance premiums, direct pay from client pocket and free services paid through government and donor community for selected diseases of public importance to cater for preventive and curative services. Kamani JI Hospital will provide a social focused service to ensure that the priority of the government and the demand of the community are well addressed for easy access of the services. This will be met by offering competitive prices in consideration of the socio-economic capacity of the client with minimum consideration of the market forces for expansion, maintenance and development of the facility.

Plan will be put in place by the Board of Directors of Kamani JI in collaboration with the government and partners to ensure accommodation of special services with exemption such as vaccination services for mother and child; and diseases such as TB and HIV. Space will be offered for these purposes; and special fund will be introduced to cater for selected vulnerable people and the needy.

Kamani JI will also serve as depository of individual and public memory by maintaining system for Health Management Information System (HMIS) to support the decision-making process of the infirmary and the MoH and partners.

C. political environment

The political situation in Tanzania is demonstrated by the democratic stance which has been clearly adapted since the period of independence in 1961. The leadership insisted on socialism and self-reliance as cornerstones for development. The Arusha declaration enunciated the principles of socialism and self-reliance to address prevailing conditions for development following independence. Enshrined in the Arusha declaration was the concept of people centered development. It was interpreted to include social and economic liberation of human dignity, equality and freedom of the individual, equality of opportunity across all races, and the commitment to reduce income and wealth differentials and to fight

against corruption (UNDP and URT, 2017) Tanzania Human Development Report, page 19.

From the perspective above, all the terms of presidency from the first to the fifth and parliamentary elections have been done in democratic manner so that community involvement and participation is realized for the public good.

Tanzania has held regular multiparty elections since its transition from one party state in the early 1990s but the opposition remains relatively weak, and the ruling party, Chama Cha Mapinduzi (CCM), has retained power for over half a century.

Since independence, only one major war has been reported in 1978-79 between Tanzania and Uganda; and Tanzania won the battle. There is no major ethnic group fighting reported.

D. Economic and Business environment

The common vast economic activity engaged by Mwanza residents includes commercial food crops and forestry has been reported main source of income engaging 13.9 percent of the people. This is followed by selling of raw or uncooked food (13.6 percent), trade and commerce (12.9 percent), manufacturing industry (12.7 percent), construction (7.2 percent), services for food, hotel and lodges (5.5 percent), domestic services (5 percent), haulage and storages (4.7 percent), administration and security services (3.3 percent), education services (3.1 percent), fishing, hunting, livestock and related services (2.5 percent). Other areas where people are engaged include service workers, shop and stall sales workers employ about 21.9 percent residents aged 10 years and above. Crafts and related workers occupy 16.1 percent, street vendors and related workers (9.2 percent), technician and associate professionals (5.7 percent). Other areas of employment include plant machine operators, assemblers and drivers cover 4.7 percent, professionals (4 percent) and business managers (3.6 percent). The field of fishermen, livestock keepers, legislators, administrators, managers and clerks employ less than 2 percent each. According to the (NBS, 2012) population and housing census report unemployment rate for current economic activities performed by city residents was slightly higher (5.4 percent) than for usual economic activities (4.8 percent).

Mwanza City has an environment for saving and general management of income with opportunities for loans, demonstrated through the availability of banks and microfinance institutions to support economic activities of residents and visitors. Various banks available include among others The National Microfinance Bank (NMB), The National Bank of Commerce (NBC), Cooperative and Rural Development Bank (CRDB), Exim Bank, Access Bank, Azania Bank, Tanzania Postal Bank, Standard Chartered, Barclays Bank (T) Ltd, Bank of Africa (BOA Bank), Commercial Bank of Africa (CBA), Bank of Baroda, Kenya Commercial Bank (KCB), Mkombozi Bank, Diamond Trust Bank (DTB), Stanbic Bank, Finca Microfinance and many others. Other financial services are operated through

microfinance institutions such as BRAC, Savings and Credit Cooperative Societies (SACCOS) as operated by community organizations. All these are supporting the economic and business transactions in the city. The insurance companies operated by the government through government and private service industry is available for supporting public socio-economic activities such as health insurance and others for business operations. To mention some of the institution offering insurance services include Jubilee Insurance, Zanzibar Insurance Company, National Health Insurance Fund (NHIF), AAR and many others.

E. Legal and regulatory environment

Provision of health and healthcare services in Tanzania mainland have undergone different approaches and practices from the colonial era, the early independence period as from 1961 to 1967 after the Arusha declaration. During this period healthcare facilities were redirected towards rural areas and universal free medical services to all Tanzanians were offered. The major source of funding healthcare to that period was the government through tax. Following the gap realized and shortage of fund a number of reforms have been done to cover the gap including introduction of cost sharing and involving the private sector for profit and not for profit in the healthcare delivery. To this end the private hospitals act, no 26 of 1991 was amended to offer a room for more health facilities to be constructed and operated. This was contributing in connection with the start of Primary Health Services Development Program (PHSDP) 2007 – 2017 whose aim has been to promote access to basic healthcare for all; empowering and promoting community participation and involvement in provision of healthcare. In specific the PHSDP is aiming at having dispensary at each village, health center at each ward, district hospital at each Local Government Authority (LGA) level, upgrading regional hospitals to provide referral services and specialized hospitals to offer super specialized services. It is from these provisions where Kamani JI Medical Center Co. Ltd decided to introduce super specialized services to cater for Mwanza residents and neighboring regions and countries. The enactment of the amendment of private hospitals act, No 26 of 1991 and the health sector reforms have been among the milestones in improving access and quality of the healthcare through dynamic financing of the healthcare which include cost sharing in the government sector, the use of insurance premiums, the use of local own funding, direct pay from pocket, the use of donor fund through sector wide approach, basket funding and other means as approved by the government and partners.

Following to the need of the government and the demand of the recipient of services including stakeholders, the quality improvement framework introduced in 2004 by the Ministry of Health and Social Welfare various guidelines and tools such as assessment tools, quality improvement guidelines for HIV and AIDS, M&E tools and many others have been developed to ensure the service provided are of acceptable quality and standards. All these are vividly implemented in various sections and units of the healthcare facility where quality improvement teams and work improvement teams are introduced for team

spirit to identify gaps, plan for changes to improve situations, document their work and share reports through standard evaluation systems. Kamani JI Medical Center Co. Ltd recognizes all these existence and will adhere to, for quality, accessible and cost effective services for better healthcare outcomes to conform to standards and guidelines. The cornerstone of it will be the application of approved quality improvement approaches in the country which are improvement collaborative, Stepwise Certification towards Accreditations (SCTA), Standard Based Management and Recognition (SBMR), Results Based Financing (RBF) and Strengthening Laboratory Management towards Accreditation (SLMTA). Respecting to the quality improvement approaches, the assessment to be done internally and by external stakeholders in the form of external quality assurance, the application of Monitoring and Evaluation techniques will assure that all the services are performed by licensed health personnel, respecting health and safety for all clients and taking appropriate steps on medical accidents and malpractices.

Administration of food and drugs, environmental matters and labor management will be of high quality and standards through application of quality improvement and quality assurance techniques.

It is an opportunity for healthcare and other sectors investment teams to engage in partnership with internal and external partners since the existence of legal framework and the public private partnership guidelines existence. The ***Tanzania Investment Center*** (TIC) and related organizations are facilitating agencies for this purpose.

Following to the available guidelines on taxes such as Pay As You Earn (PAYE), taxes for supplies and commodities and other financial regulatory systems, the government income will be increased; thus Kamani JI Medical Center Co. Ltd will adhere to.

The government sector has devolved power to decide on the personnel emoluments and related incentives to the private sector with general guidance from the starting or basic salary for health and other staff in Tanzania. All these including safety issues and other quality improvement dimensions will be respected. Likewise, the minimum package of healthcare management activities for equipment and supplies, the estate and the staffing levels guidelines as defined by the Health Quality Assurance Division of the (MoH, 2015) through the Basic Standards for Health Social Welfare Facilities Vol 4- Hospitals at level III and IV will be applied as essential tools for improved quality of the services.

F. Changes Expected in the Next five Years

As stated at the background and the summary of the program, at the first phase of the program, health and healthcare for outpatient and inpatient services will be covered. It is at this stage where reproductive and child health, diagnostic, research and consultancy services will also commence. In the next three to five years, it is expected that expansion of the hospital will consider coverage of other diseases to be addressed which include

neurology, cancer, and diabetes, orthopedic and mental health. It is also projected that, a teaching school for medical, environmental and relevant specialties will be introduced

III. HEALTH STATUS AND THE HEALTHCARE INDUSTRY

A. Overview of Health Status and Demand for Healthcare

The health of individual and the public is influenced by a number of factors. The housing conditions, the status of utilities such as water, sanitation, electricity and the status of income and power in the decision-making process especially at the family or household level altogether have big implications to the quality of health and the quality of life. The Government of Tanzania through their plans has made these issues a priority.

According to the Tanzania Demographic and Health Survey and Malaria Indicator SurveyTDHS-MIS (NBS, 2016), the following achievements were met: 61% of household have an access to an improved source of drinking water, 19% of households have an improved sanitation facility, 10% of households have no sanitation facility, 23% of households have electricity, 15% of women and 8% of men have never attended school; 72% of women and 88% of men worked in the past 7 days of the study.

Currently, fertility levels a woman in Tanzania will have an average of 5.2 children in her lifetime. This has an implication to the health of mothers and their children on the fertility and birth interval taking into consideration of the reported median birth interval in Tanzania as recorded at 35.0 months from the same TDHS-MIS report (NBS, 2016). The same challenge is reported in various countries of Africa. The average fertility level per woman are as follows: Burundi in 2012 MIS (6.1), Uganda in 2015 MIS (5.7), Mozambique 2015 AIS/MIS (5.3), Zambia 2013-14 DHS (5.3), Tanzania 2015-16 DHS-MIS (5.2), Malawi 2014 MIS (5.1), Ethiopia 2011 DHS (4.8), Rwanda 2014-15 DHS (4.2), Zimbabwe 2015 DHS (4.0) and Kenya 2015 MIS (3.7).These are proxy data and indicators as the current TDHS – MIS have not reported to cover such information. Similarly to the information shared subsequently.

According to teenage childbearing one of the factors reported to affect the health of a woman; 21% of young women between the ages of 15-19 are already mothers and 6% are pregnant with her first child.

Other factors affecting health include marital status and polygamy and age at first sex, the preferences of married woman for having another child both sooner or later and wanting no more children. All these issues are monitored and reported in Tanzania.

In the case of family planning uptake, 61% of currently married women have a demand for family planning; 39% to delay childbearing while 22% to limit childbearing. From this

perspective the modern contraceptive prevalence rate among women is 32%; 6% use a traditional method. The most common used modern method among women are injectables which accounts for 13%, majority of female sterilization, the pill, injectables and implants are obtained from the public sector. 61% of the married women have a demand for family planning as mentioned earlier, 53% of the demand is satisfied by modern method.

The government efforts to reduce the risk of children to contract diseases have engaged in the program of vaccination and treatment of priority health illnesses for infants and the children of under-five years of age. In 2016 through NBS TDHS-MIS report, 52% of children in Tanzania aged 12-23 months received all age-appropriate vaccinations. Together with all the efforts of vaccination and treatment 55% of children who were diagnosed with symptoms of Acute Respiratory Infections (ARI) were taken to a health facility, whereas 43% of children with diarrhea were taken to a health facility and 56% of them were given Oral Rehydration Therapy (ORT).

The Government of Tanzania has also put a strategy to monitor maternal services by monitoring timing of antenatal care and number of visits where 24% of women went to first antenatal care visit during first trimester of pregnancy as recommended; and 51% of women had 4 or more antenatal care visits.It was also reported that 64% of births were delivered by skilled provider who is a doctor, assistant medical officer, clinical officer, assistant clinical officer, nurse or midwife and assistant nurse and MCH aid.

There are different problems reported in accessing healthcare; among others 14% of women aged 15-49 years had a challenge of getting permission to go for treatment, 30% not wanting to go alone, while 40% of them had a challenge of long distance in reaching the health care facility. 50% of women had a challenge to get money for treatment; whereas 66% of women had at least one problem accessing healthcare.

From all the reported information above, the current infant mortality rate is 43 deaths per 1000 live births and under-fives mortality rate is 67 deaths per 1000 live births. In the other side maternal mortality ratio is 556 deaths per 100,000 live births.

The women in Tanzania have been reported to have breast cancer for all age groups at a higher magnitude as reported by (MEWATA, 2009). The findings were reported as follows: cervix uteri (40.9%), breast (12.5%), Kaposi sarcoma (6.7%), non-hodgkin lymphoma (2.9%), oesophugus (2.7%), ovary (2.6%), oral cavity (2.6%), corpus uteri (2.5%), stomach (2.3%) and others (24.3%).

Table 1 below demonstrates the results of breast cancer screening in the seven regions of Tanzania mainland for the period of 2005-08. Currently the data has never been reported. Hence the data shared are proxy data and indicators.

Table 1: The Number of women Screened for Breast Cancer

S/N	Region	Year	Screened	Problems	Breast CA
1	Dar	2005	7259	751	46
2	Mwanza	2006	11668	871	25
3	Mbeya	2007	23102	513	27
4	Lindi	2008	5005	150	8
5	Mtwara	2008	8028	220	12
6	Dodoma	2008	6875	338	25
7	Manyara	2008	2046	142	9
	TOTAL		**63983**	**2985**	**152**

Source: MEWATA 2009, archive.sph.harvard.edu/breastandhealth/files/julieth_magandi.pdf

Among the challenges reported include the geographical locations of regional hospitals for the women to access the services; lost to follow-up in phases II and III for clinical diagnostic services which have to take place in two weeks after screening, and treatment and palliative care taking place after three to four months respectively. Another challenge is that the health system was not designed for chronic illnesses screening despite the high demand of the services.

The most challenging health problem for the children is Malaria. According to TDHS-MIS (NBS, 2016) malaria prevalence is more common in rural areas (18.0%) than in urban areas (3.9%). Malaria prevalence is slightly higher among boys than girls (15.2% versus 13.7%). However, the difference between these two groups is small. Malaria prevalence ranges from a low of 0.0% in Zanzibar to high of 27.7% in Western zone.

1. **Morbidity**

The health service aims at solving the problems of morbidity or sicknesses as well as mortality. However, in order to take care of morbidity, the government needs an inventory of these health problems. The inventory shows that the ten most common causes of illnesses are as shown in Table 3

2. **Out-patients**

Table 3 shows that 86.7 percent out of 776,340 out patients recorded in 2011 were suffering from one or the other of the first five illnesses. In 2015 the first five causes of morbidity in the city applied to 87.2 percent out of 133,630 out-patients. Table 3 also

shows that the first illness of out-patients in 2011was malaria as a cause of morbidity in Mwanza city council. Acute respiratory infections (ARI) and other diagnosis were ranked second and the third with 18.4 percent each of occurrences. The fourth and fifth diseases were diarrhea and intestine worms respectively.

In 2015, observations were similar to those of 2011 except for the magnitude of cases (Table 3). Again, malaria ranked first with a total of 54.2 percent of outpatients followed by intestine worms (13.7 percent) and acute respiratory infections (10.4 percent). The Fourth and fifth diseases were skin infections and other diagnosis (4.5 percent each)

Table 3: Ten Most Commonly Reported Causes of Morbidity (Out Patients), Mwanza city council; 2011 and 2015

Number	2011			2015		
	Disease	**No. of Occurrences**	**Percent**	**Disease**	**No. of Occurrences**	**Percent**
1	Malaria	304,337	39.2	Malaria	72,367	54.2
2	Other diagnosis	143,230	18.4	Intestine worms	18,264	13.7
3	ARI	143,230	18.4	ARI	13,944	10.4
4	Diarrhea	42,930	5.5	Skin Infection	6024	4.5
5	Intestine worms	39,066	5.0	Other diagnosis	5975	4.5
	Sub Total	**672,793**	**86.7**	**Sub Total**	**116,574**	**87.2**
6	Pneumonia	34,770	4.5	Pneumonia	5703	4.3
7	Skin disease	32,485	4.2	Eye condition	3592	2.7
8	Eye condition	18,057	2.3	Emergency surgical	2016	1.5
9	Ear condition	12,502	1.6	Diarrhea	4584	3.4
10	Animal bite	5,733	0.7	Anemia	1161	0.9
	Total	**776,340**	**100.0**	**Total**	**133,630**	**100.0**

Source: *City Director's Office, City Medical Office, Mwanza city council, 2016*

3. Inpatient

In 2011, severe malaria was the first cause of illness for inpatients recorded in Mwanza city council, followed by uncomplicated malaria, tuberculosis, diarrhea and pneumonia. Others were acute respiratory infections and anemiaillnesses recorded in 2011 (Table 4). Unlike 2011, ten illnesses were observed for in patients in 2015 and almost 91 percent of inpatients were suffering from one or other of the first five diseases. Other diseases, uncomplicated malaria and severe malaria were the first, second and third causes of morbidity in Mwanza city council. The fourth and fifth causes of illnesses were pneumonia andanemia (Table 4).

Two general observations have been drawn in this analysis. The first one is that over 90 percent of patients recorded in both years were suffering the first five illnesses described

above. The second is that though the data recorded in Table 4 ranked illnesses at city level, variations in magnitude and ranking among illnesses observed among the wards in the city.

Table 4: Ten Most Commonly Reported Causes of Morbidity (In Patients), Mwanza city council; 2011 and 2015

No.	2011			2015		
	Disease	**No. ofCases**	**Percent**	**Disease**	**No. of Cases**	**Percent**
1	Severe Malaria	23,704	30.5	Other Diagnosis	5,305	34.7
2	Uncomplicated Malaria	22,252	28.7	Uncomplicated Malaria	3,421	22.4
3	Tuberculosis	11,983	15.4	Severe Malaria	2,757	18.0
4	Diarrhea Disease	7,847	10.1	Pneumonia	1,261	8.2
5	Pneumonia	4,188	5.4	Anemia	1,160	7.6
	Sub Total	**69,974**	**90.2**	**Sub Total**	**13,904**	**90.9**
6	ARI	3,912	5.0	Diarrhea	881	5.8
7	Anemia	3,709	4.8	TB	320	2.1
8	Fracture	0	0.0	Bum	133	0.9
9	CSM	0	0.0	Poisons	32	0.2
10	Cholera	0	0.0	ARI	21	0.1
	Total	**77,595**	**100.0**	**Total**	**15,291**	**100.0**

Source: *City Director's Office, City Medical Office, Mwanza city council, 2016*

4. Mortality

The available data does not give the true picture of the mortality level, but gives indicative information on causes of mortalityin Mwanza city council. Table 5 shows that severe malaria (30.1 percent) was a dominant cause of mortality for inpatients of all ages in 2011in the city followed by pneumonia (25.1 percent), anemia (19.4 percent), tuberculosis (15.0 percent) and diarrhea (10.3 percent).

In 2015, among the causes of mortality for inpatients of all ages in 2015 wasalso severe malaria (38.3 percent) followed by pneumonia (22.6 percent), other diagnosis (11.5 percent), anemia (8.3 percent) and normal delivery (7.7 percent). Other diseases were tuberculosis, acute respiratory infection and burns (Table 5).

Table 5: Ten Most Commonly Reported Causes of Mortality (In Patients), Mwanza city council; 2011 and 2015

Number	2011			2015		
	Disease	**No. of Cases**	**Percent**	**Disease**	**No. of Cases**	**Percent**
1	Severe Malaria	192	30.1	Severe Malaria	193	38.3
2	Pneumonia	160	25.1	Pneumonia	114	22.6
3	Anemia	124	19.4	Other Diagnosis	58	11.5
4	Tuberculosis	96	15.0	Anemia	42	8.3
5	Diarrhea	66	10.3	Normal delivery	39	7.7
	Sub Total	**638**	**100.0**	**Sub Total**	**446**	**88.5**
6	ARI	0	0.0	Tuberculosis	51	10.1
7	Fracture	0	0.0	ARI	7	1.4
8	Neoplasm	0	0.0	Burns	5	1.0
9	Clinical AIDs	0	0.0	Diarrhea	0	0.0
10	Uncomplicated Malaria	0	0.0	Uncomplicated Malaria	0	0.0
	Total	**638**	**100.0**		**504**	**100.0**

Source: *City Director's Office, City Medical Office, Mwanza city council, 2016*

Mwanza city council, like other councils in the country, uses three approaches to measure the extent and trend of the HIV prevalence among its people. These approaches are testing family blood donors, prevalence among VCT volunteers and expectant mothers participating in the PMTCT services.

Though family blood donation is done in health facilities of Mwanza city the blood test is screened at Bugando Hospital and results are realized at aggregate level. This makes difficulties to analyze HIV prevalence at ward level. However, the data released by Bugando Hospital shows that number of new HIV cases fluctuated from 2,704 in 2011 to 3,859 cases in 2013, but dropped to 2,710 cases in 2015.

The city also experienced similar challenge of getting disaggregated data on the prevalence of HIV and AIDS for expectant mothers from PMTCT service since blood testing is also done by the referral hospital of Bugando. However, the findings revealed that out of 12,729 expectant mothers who participated in that service and hence screened, 535 expectant mothers, equivalent to 4.1 percent of them were found to be HIV positive and 95.9 percent were HIV negative. The results from medical records also show all expectant mothers who are HIV positive attend clinics and receive ARVs.

Establishment of VCT services in all areas to a great extent enabled the City to establish a reliable source of data on the extent and significant of HIV prevalencesince it managed to raise confidence and willingness of people to examine their health. Reports of the city indicated that a steady prevalence rate of persons with HIV positive from 9.2 percent in 2011 to 7.2 percent in 2013, but rose again to 9.2 percent in 2015. General observation from the data is that the proportion of female volunteers who affected by HIV were more than male in all three years.

5. **The HIV related diseases**

Understanding the status of HIV and AIDS prevelance in Mwanza is very difficult since the most of people are considering HIV and AIDS as a shameful disease to the extent many people die at home. With the exception of 2015, the relactant of people to be tested in order to know their health status remains to be a big challenge. Therefore, there are people who live with the HIV and AIDS virus without knowing that they have it.One of the indication of the high prevelance rate in the city is the prevalence rate of HIV related diseases, including malaria and tuberculosis as well as the impact of HIV with increase of widows and orphans.

6. **Tuberculosis**

Mwanza city , like other cities of Tanzania Mainland, tuberculosis is among few communicable diseases spread at a highest rate due to congestion of people in various places, including public places such as markets, bus stand, public gathering and inside town buses. Medical record shows that the incidences of tuberculosis increased from 2,273 persons in 2010 to 2,434 cases in 2011, but decreased to 1,328 cases in 2014 before rose slightly to 1,383 cases in 2015. The recorded tuberculosis incidences for 2013 was for females only.

7. **Malaria**

Malaria is the most common disease which causes morbidity and mortality in the city. As stated earlier, malaria has divided into two broad categories of severe and uncomplicated ones. Malaria was number one most disease which caused morbidity in both reffered years, 2013 and 2015 with 39.2 percent and 54.5 percent of inpatients respectively. Malaria was also the most causes of mortality in Mwanza city as shown in Table 5. In 2013, severe malaria was considered as number one killer disease of Mwanza city residents in 2015. 30.1 percent and 39.3 percent of mortality causes in the city was severe malaria respectively.

8. **Widows**

The data gathered in 2012 population census shows that the proportion of the widows category ranged from 2.0 percent in Ilemela Municipal Council to 3.6 percent in Ukerewe District Council. Mwanza city with 2.1 percent of widows was the second least after Ilemela municipal council in the region. However, the data was not disaggregated at ward level.

Kamani JI Hospital management recognises the challenges facing widows and their offspring. Hence, the hospital will set plan to collaborate with government department in the council to see provisional services offered to this group and support accordingly in a collaborative manner. The purpose is to ease and increase services access and utilization to every client needing support irrespective of socio- economic and geographical location.The social welfare officer at Kamani JI will be allocated to offer needed support for this group.

9. The increase of orphaned children

An orphan is a child under the age of 18 years who has lost one or both parents. According to the Mwanza city profile, about 8 percent of persons below 18 years had lost one or both parents and female orphan's rate was higher (8.5 percent) than male (7.4 percent) rate. It was found that, the city need to conduct a study to gather information of vulnerable children and particularly orphans in order to come up with measures and strategy of helping them.

Kamani JI Hospital plan is to work hand in hand with the government to collect data on the orphans through agreed plan using the approved tool for data gathering and management to identify the magnitude of the orphanages and join hand to support them through implementation of the government exemption policy. Either Kamani JI Hospital will collaborate with stakeholders and work in collaboration with partners or the donor community to address the challenges of this group. The social welfare responsible at Kamani JI hospital will be accountable for this purpose and will work in close collaboration with the social welfare department to meet the purpose of this unit.

10. Healthcare financing in Tanzania

In the case of financing in the health sector, the government through 2014-2024 strategic plan, has planned to increase the level of financing the health workforce from 62% to 66% by 2019. The share of the public sector budget as a percentage of the GDP was assumed to increase to 14% by 2019. From these improvements with the projected average annual change of GDP of 6%, average increase of health personnel expenditure of 8.2% will allow for increase in staff numbers, staff pay and benefits and retention of staff in rural areas (MoHSW, 2014) Human Resource for Health and Social Welfare Strategic Plan 2014-2019.

Generally, financing the health sector is still affected by not meeting the required budget as stated through the Abuja Declaration which recommends allocation of 15% of national budget to health sector. The table below offers information for this purpose

Table 6: Total health expenditure as a percent of national government budget (three years trend)

Year	Budget (Billions)	Total Health Expenditure as % of national government budget
2012/2013	1,288.8	10%
2011/2012	1,209.1	10%
2010/2011	1,206	12%

Source: Human Resource for Health and Social Welfare Strategic Plan 2014-2019.

B. PROVISION OF HEALTHCARE SERVICES

1. Health Workforce Profile and Distribution

In 2013 there were a total of 6,876 health facilities in the country. Out of these 5,913 are dispensaries and 711 are health centres, 219 district level hospitals, 25 are Regional Referral Hospitals and 8 National Hospital, zonal and specialized hospitals. According to the new staffing levels guideline (2014), the minimum number of health workers required to provide quality health services in these facilities is 145,454. The actual number of health workers available is 63,447 and the shortage is 82,007, which is about 56.38%. The number of workers required in the Health Training Institutions is 4,325 and only 2,820 are available and shortage of workers in the health training colleges is 1,505 or 34.79%. There is a great challenge of rapidly aging workforce, which will exacerbate the crisis.

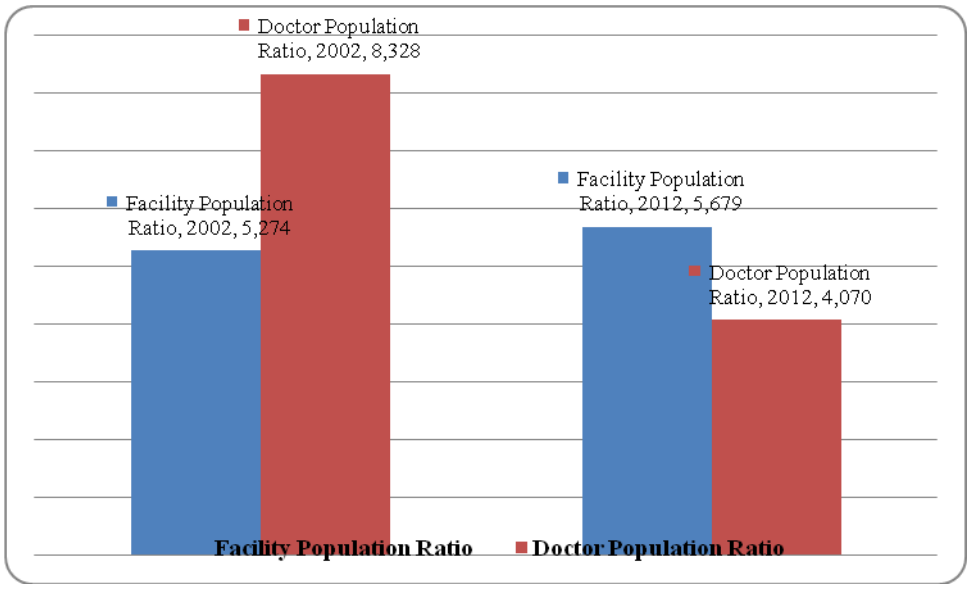
On the part of social welfare, a total of 437 social workers are available in the country, which is 13% of the requirement. The available social welfare workers are distributed in various levels of government department and institutions. The number of social welfare workers deployed in the public sector differs between regions. This is determined by presence of relevant social service institutions and also the number of districts, which have already enlisted the cadres in their human resources recruitment needs.

Staff availability trend (2010/11-2012/13) for academic staff in training institutions is declining. To reduce the intensity of academic staff shortage, the health training institutions use part time teachers from nearby hospitals or from other institutions. Although this

strategy helps to reduce burden to existing teaching staff, the capacity to engage teaching staff has been declining annually from 2010/11 to 2012/13

According to the results of the 2002 and 2012 Population and Housing Censuses, Mwanza city had the best ratios of population per facility and doctor. Figure 1shows that average population per doctor improved from 8,328 persons per doctor to 4,070 persons in 2012 while average population per facility, regardless to population increase in 2012, has slightly increased from 5,274 people in 2002 to 5,679 persons in 2012.

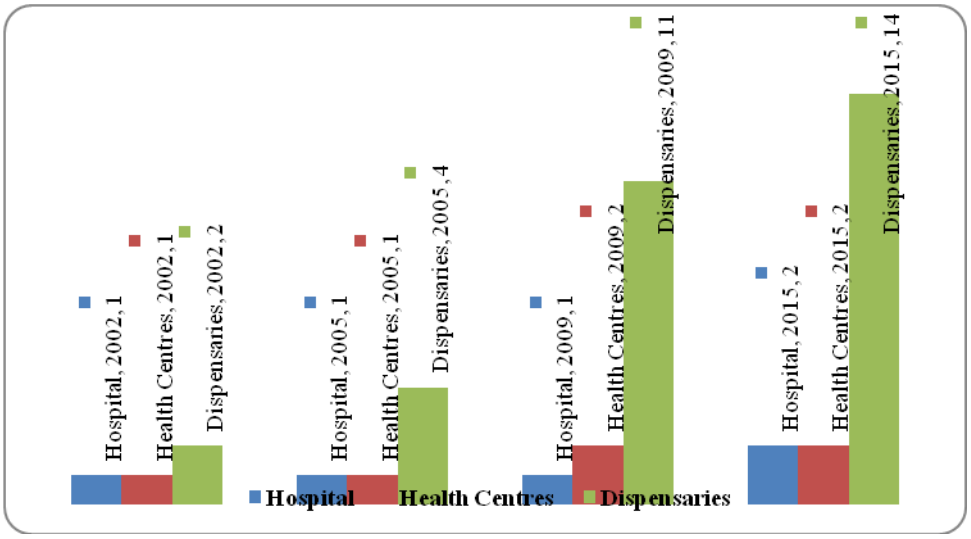
Figure 1: Average Population per Facility and Doctor, Mwanza City, 2002 and 2012



Source: *NBS; The 2002 and 2012 Population Census' Results; and Mwanza Region Report.*

Figure 2 shows that public health facilities increased from 4 in 2002 to 14 facilities (a hospital, 2 health facilities and 11 dispensaries) in 2012 and reached 18 facilities (2 hospitals, 2 health centres and 14 dispensaries) in 2015. One general observation is that, the city also has a similar problem of having uneven distribution of health facilities like other councils in the Region.

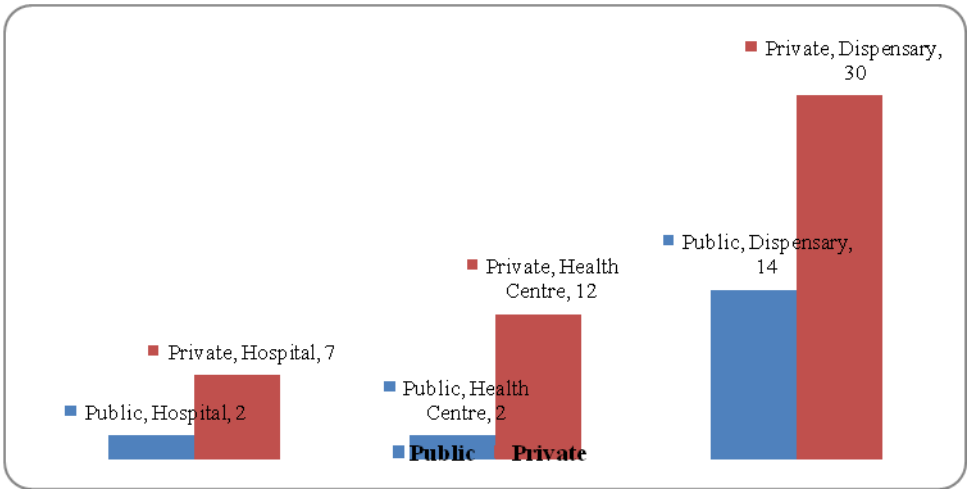
Figure 2: Availability of Health Facilities by Type, Mwanza city council; 2002, 2009 and 2015



Source: *City Director's Office, City Medical Office, Mwanza city council, 2016*

Looking at ownership, private participation in the provision of health services as emerged by the health policy is significant in Mwanza city council. Figure 3 shows that, out of 57 health facilities, 39 facilities, equivalent to 28.7 percent are privately owned; 10 are hospitals, 23 health centers and 73 dispensaries.

Figure 3: Availability of Health Facilities by Ownership, Mwanza city council; 2015



Source: *City Director's Office,City Medical Office, Mwanza city council, 2016*

C. HEALTH INSURANCE

In Tanzania and Mwanza region in particular, a number of insurance companies are in existence offering health and healthcare services. Few selected insurance companies are clarified here to denote information in supporting the market structure. AAR, Strategies are elaborated to offer broader understanding of the services offered by the private sector and government stakeholders to support Kamani JI Medical Center Co. Ltd in its decision-making process in learning of the market structure. Likewise, the National Health Insurance Fund (NHIF) has been also clarified as crosscutting agency for government, the private sector, individuals and the public at large.

1. National Health insurance Fund

The National health Insurance Fund with offices in Dodoma City, Dar es Salaam and sub-offices in all regions of Tanzania offers services specifically to government staff. The public institutions, ushirika, staff of religious denominations, retirees, private health insurance for mutual groups, totoafya card, students, private membership for individuals, and private health insurance for private companies. The contacts of the institution isP.O.Box 11360, Dar es Salaam, Tanzania, Phone +255222133969/+255222133969, hotline 0800110063, email info@nhif.or.tz

2. AAR Insurance Limited

AAR Insurance provides services with best IT systems, covering 24hr emergency assistance as part of the standard plan of the customer. 24hr multi-lingual call center to help customers, offering great benefits to cover chronic and terminal conditions, allergies including HIV and AIDS. The company has over 30 years of experience with more than 300 corporate clients under their management and more than 88,000 members. It enjoys local and abroad membership relationships and has experts in evacuation and rescues. Likewise, the organization has capacity to allow them report to top management and stakeholders on disease profiles, prevalence, limits strengthening, exhaustion and many others; including offering health education to their esteemed clients.

The company has general and specialized medical service providers with a panel on management and administration. It has foreign accredited service providers; offering overseas referral services to India, Kenya or South Africa for treatment not available in Tanzania (non- elective cases). AAR Insurance Tanzania Ltd (AIT) has a network of selected medical providers offering services at negotiated rates with signed contracts. AIT

has more than 270 medical providers in Tanzania. AIT has a clinic at Mwanza situated at Mlangommoja. Different clinics and hospitals are existent in various regions of Tanzania.

AIT offers medical insurance solutions to individuals and families, Small and Medium Enterprises (SMEs) and Corporates. It offers inpatient and outpatient benefits. Some of the benefits for outpatient include primary consultation and treatment to include medical practitioner's fees prescribed medicines, drug and dressings; x-rays, pathology, diagnostic tests and procedures; specialties and consultation fees, physiotherapy when referred by a medical practitioner, consultant or specialist. Other outpatient services include outpatient MRI and CT scans, prenatal and postnatal care; nutritional services and advice, psychiatric treatment, outpatient surgical operation, post hospitalization treatment, child vaccination as per KEPI guidelines, pre-existing and chronic conditions; option to access extended networks including personal consultant, eye care benefits and dental treatment.

The inpatient treatment services covered by AIT include reconstructive surgery, intensive care and theatre cost, nursing fee, medical expenses, doctors' fee, bed charges (net of NHIF rebate where applicable), prescribed medicines and drugs, x-rays, MRI and CT scan; Pathology, diagnostic tests and procedures; radiology, radiotherapy, physiotherapy and chemotherapy; cancer test and consultation fees; normal and CS delivery including pregnancy related complications for instance ectopic pregnancy; guardian accommodation for children below 8 years of age admitted in hospital; psychiatric treatment, pre-existing and chronic conditions; organ transplant, congenital condition/defects; accidental damages to eyes and natural teeth; oversee referral for treatment not available locally; emergency road and air rescue including evacuation (local and international).

Supplementary benefits offered include:

Personal accidents benefits offered as optional- payable in the event of death as a result of accident as well as payment done following event of Permanent Total Disability (PTD). Another supplementary benefit is on critical illness coverage which also is optional; including event of the first-time occurrence of the critical illness such as heart attack, coronary artery disease and stroke.

Expansion services which are on the way to commence include illness hospitalization, pre-existing and chronic conditions, organ transplant, congenital conditions and maternity cover.

Head Office Contacts: AAR Insurance (T) Ltd, Plot 74 Serengeti road, Warioba Street off MwaiKibaki Road, MIkocheni, P.O.Box 9600, Dar es Salaam, Tanzania. Phone: +255 222780020/ +255222780651, Fax +255222781472/ +255222781204 email info@aar.co.tz, AAR Mwanza Branch; MlangoMmoja Road nearVijana Building, P.O.Box 2808, Mwanza. Tanzania. Phone: +255755914176

3. Strategis Insurance (Tanzania) Ltd

Registered since 2002, Strategis offers basic to top end executive with local and international coverage including Mwanza and all regions in Tanzania. Offering services to NGOs such as Techno Serve Tanzania, Plan International, ICAP, Pathfinder, EGPAF and Save the Children. Other companies served are TBL, SBL, TCC, Tanga Cement, Sandvic Mining and AEL Mining. Government agencies and foreign members include Royal Netherlands Embassy, Canadian High Commission, Embassy of Sweden, Embassy of Denmark and Royal Norwegian Embassy. The banking sector is also served to include CRDB bank, Citibank, Stanbic Bank, Kenya Commercial Bank (KCB), Bank of Africa (BOA), United Bank for Africa (UBA) and NIC bank. It is also extended to serving the communication sector including Vodacom, Huawei Technologies, Nokia Siemens, Helios Towers and Multichoice Tanzania. Strategis Insurance (Tanzania) Ltd, together with other service institutions has made contractual based service agreement with healthcare organizations ranging from the government towards private owned and FBOs operated healthcare facilities to ensure that their customers receive the demanded health and health services which is of acceptable quality, easily accessible and cost effective. Their head office address is Strategis Insurance (Tanzania) Ltd, Plot 1520, 1st floor, Masaki Ikon Building, Bains Avenue, P.O. Box 7893, Dar es Salaam. Phone: +255222602570/+255222602574

Other insurance companies include Jubilee Insurance Company of Tanzania Ltd, Resolution Insurance, NSSF, Azania Bank, Jubilee Life Insurance Ltd and many others.

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IV. THE PROJECT: MARKETS, OPERATIONS AND MANAGEMENT

A. Target Markets

The target customers of this project are Mwanza City residents, and the whole region including neighboring regions and countries.

Mwanza city is a connecting point and a commerce center attracting many people from the lake zone and neighboring countries of East Africa. It is a fast-growing city second to Dar es Salaam with about 3 million people making a 6% of the Tanzania population. Residents and visitors, industrial activities such as the breweries, fishing, port, medical centers, the mining, schools and marketing transactions are among the reasons for Mwanza City and whole regional population to grow rapidly.

Nyamhongolo ward as among the wards in Ilemela Municipality in Mwanza city located between Igoma center and Kisesa center in Magu district along the highway road from

Mwanza City to Mara and Simiyu regions as stated at part II of this plan on basic characteristics of the region will provide the first-hand customers. Other direct customers are the populations of Mwanza City with total residence.

The health sector faces many challenges including prevalence of diseases such as malaria, ARI, pneumonia, diarrhea, clinical Aids, etc; shortage of workers especially nurses and medicines as aforesaid. Investment is needed regards to the construction of more health facilities e.g. health centers, instruments/medicines and training of health/medical personnel, (NBS, 2017) Mwanza Socio-Economic Profile.

The current status on medical facilities is reflected by a number of health care facilities existing in the city. There are 299 dispensaries, out of which 228 are owned by government. Of the 37 health centers nine are private. Among the 14 hospitals 6 are owned by the Government. The dispensary is the first health post in the district health referral system. It is headed by a Rural Medical Aid (an assistant clinical officer) and when working well can handle 90% of the problems requiring medical help in the community it covers. The region has 3 universities namely St. Augustine University of Tanzania (SAUT), Bugando Medical College and Open University of Tanzania. The region has 4 teacher's colleges, 2 registered vocational training colleges and 8 Folk Development College that comprises of 17 colleges in the region; the table below shows distributions of colleges and universities by district (Regional Commissioner's Office-Mwanza, 2013), Mwanza Investment Profile-2013.

According to Regional Commissioner's Office-Mwanza, (2013), Investment opportunities lie in building new and modern hospitals, health centers and dispensaries. Likewise, there will be opportunities in construction of pharmaceutical industries, intravenous infusion, medical oxygen plants and hospital equipment. It is stated that, modern hospital management and establishment of health insurance investment is also required. Opportunities in establishing Hi-Tech hospital which could serve as medical tourist centre are encouraged.

Kamani JI Medical Center Co. Ltd will introduce and operate a highly specialized diagnostic center with equipment of high quality and standards to support identification of the problem for improved care and treatment services of the clients. It will also hire and employ advanced staffs for specialized demands on reproductive health, gynecology, pediatrics, and all the specialized services. Contractual based agreements will be made with doctors, nurses, laboratory staffs and relevant personnel from institutions in local and abroad service providers on visiting bases for those services with inadequate staff at hand. A strong training program, evaluation systems, coaching and mentorship will be applied through organized plan on periodical and routine basis manner. Discussion for identifying gaps, documenting changes with improved (Plan Do Study Act– PDSA) circle approach

and the use of quality improvement teams will be applied to ensure that the service rendered is of high quality.

B. PROJECT STAKEHOLDERS

The primary stakeholders of this project are the mother and father seeking for health and healthcare services on reproductive matters for general and advanced demands as referred from different health care facilities. The infant and children aged below five years who seek advanced care and treatment will also benefit as their mothers do. Gynecological service demands will also benefit the mother from the general to advanced and complicated care. All clients needing diagnostic services from moderate to severe or advanced stage on the specialized areas at Kamani JI Medical Center Co. Ltd infirmary are the primary stakeholders. It is generally focused at serving the community of Mwanza City, the region, neighboring regions of Simiyu, Kagera, Shinyanga, Mara, Geita, Tabora and others who will make the infirmary a priority.

Our secondary stakeholders are the healthcare facilities who will provide technical advice to the providers of Kamani JI Medical Center Co Ltd Infirmary including Bugando Medical Center, KCMC, Muhimbili National Hospital, Benjamin Mkapa Hospital; and any other from within and outside the country such as Nairobi Hospital, Hospitals from India, South Africa, German and others. Technical support will also be received from the MoH, healthcare teaching institutions, local and international NGOs, Regional and Council Health Management Teams.

Kamani JI Medical Center Co Ltd infirmary and the proprietors; their employees and staff are among the primary stakeholders who will manage the programs through approved board and the hospital management team.

C. MEDICAL OPERATIONS

As stated at the background, summary of the program and part E of the political, legal and regulatory environment; health and healthcare for outpatient and inpatient services will be covered as the first phase of the program. It is at this stage where reproductive health, pediatrics, diagnostic, research and consultancy services will also commence. In the next three to five years, it is expected that expansion of the hospital will consider coverage of other diseases to be addressed which include neurology, cancer, diabetes, orthopedic and mental health. It is also projected that, a teaching school for medical, environmental and relevant specialties will be introduced.

However, in the first one and half a year, construction and installation of equipment and procurement of relevant materials; equipment and supplies for diagnostic services begun their implementation as from January 2023.

The functions for operations in summary will include reproductive health services, pediatrics, anesthesiology and operating suite; accident and emergency; intensive care unit; inpatient department; outpatient department; imaging department; surgical specialties; maternity; pharmacy; laboratory; blood bank; laundry, sterilization, and kitchen; or other support functions.

D. OPERATING PLAN

1. Access to Patients

As stated in the market analysis, Nyamhongolo ward and the surrounding communities from the municipalities of Ilemela and Nyamagana will provide the first-hand customers who will be served for general health and healthcare offered at OPD and IPD. With advanced services on the specialized areas, customers will be received from referrals done by healthcare facilities of low level or clients needing advanced diagnostic services, care and treatment.

2. Target Patients

According to the diseases mentioned at Part III of this plan on the Overview of the Health Care and Demand, the operational plans collate the health and social welfare interventions at different departments and from the stakeholders as clarified in the plan. Policies and guidelines from MoH and from relevant stakeholders will be applied as inputs in the decision-making process. Such policies and guidelines will include the National Health Policy (2007), current Health Sector Strategic Plan, Primary Health Service Development Program, Government Vision 2025, the National Essential Health Package (NEHP), Basic Standards for Health Social Welfare Facilities Vol 4 Hospital at Level III and IV (March, 2015), and Specific Programs Strategic Plans and Projects. The National Strategy for Growth and Reduction of Poverty (NSGRP), Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs); reports on Burden of diseases and relevant documents sharing information to support the decision making of Kamani JI Medical Center Co. Ltd will be applied. Information from the Regional and Council Health Management Teams and relevant stakeholders including hospitals, Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs) without forgetting the community programs and projects will be respected and involved on the participatory manner.

On the technical aspect, the plan will address main health and social welfare, problems and demands of the community on promotive, preventive, curative and rehabilitative aspects. The problems to be identified will be analyzed and situation analysis conducted; and

finally, priorities will be set in accordance to availability of fund, human resources for health, equipment and relevant resources in service delivery.

The operational plan will be developed taking into account of the available fund mainly from the shareholders at the initial capital cost and investment; and along the way other sources will be considered. Business operations will be considered being among the major sources. Taking into account of the government policy regarding public private partnership, the block grant, council own sources, project funds, programs and development partners funds including receipts in kind will be another source for business operations.

Exemption to specified diseases and services such as TB, HIV and AIDS; reproductive services to the mother and father and their children; services to diseases of public importance and priorities; and to the people of old age, people with disabilities will be offered according to government policies and regulations and implemented on contractual based agreements by the government and partners.

Key results areas to be addressed in the plan

The table below clarifies key issues to be addressed as per MoH Planning guide.

Table 7: (The Comprehensive Hospital operational plan will be filled in by staff)

S/N	Program Area	Responsible	Remarks
1	Coordination services improved	Hospital Director	To be employed
2	Administrative services improved	Health Secretary	To be employed
3	Planning services improved	Planning coordinator	To be employed
4	Program services improved	Programs Manager	To be employed
5	School services improved	Training coordinator	To be employed

3. Data management and Treatment Protocols

The healthcare facility in every department and unit data management will be improved. The electronic systems and the hard books will be applied as designed by the government systems to include tools for monitoring and evaluation on various aspects and the health management information systems. In case of missing tools and guidelines, innovation to have a tool for special requirements of the system, additional tools will be designed through application of the quality improvement strategies on the team spirit. The information gathered will contribute to understanding the diseases pattern, bed occupancy

rate, patient length of stay and make projection as part of the planning and other decision-making processes steps.

The treatment protocols and operating procedures will follow the government policy, and the standard operating procedures (SOPs).

The board of directors of the hospital will approve pricing on different services to be rendered through discussion by stakeholders, service providers with consideration of the government regulations on selected services rendered on contractual based agreements.

4. Organizational arrangements and Management

The organization and management structure in general is endowed by the board of directors of Kamani JI Medical Center Co Ltd. As it has been stated earlier, the board of directors and the proprietors include Kamani Damas Dismas, Isack Jonathan Malumbo and Joyce Kwandu Kichiba. However, the directors have the mandate to engage relevant people to form the management team of the organization. Clear delegation of responsibilities is demonstrated through the organizational structure where the Hospital Management Team (HMT) is elaborated.

Among others, the Chief Executive Officer is the overall coordinator on management and organization of activities. This is the chairperson of the Hospital Management Team (HMT). The secretary to this team is the Hospital Health Secretary, assisted by Manager Finance and Administration. Other members of the HMT include Medical Officer In charge, Human Resource Manager, Pharmacist, Manager Diagnostic Services/Laboratory Scientist; Environmental Health Specialist, Manager social welfare, Legal services coordinator, manager nutrition services and others as they will be co-opted at different times according to the demand of services and the management team. (See the Organizational Structure as Annex I)

Different offices will be designed allocated at the floor taking care of administrative services for easy communication and collaboration. The offices include personnel as follows: An office to cater for the Chief executive officer. Office for the Director and manager to cater for training and research is needed. An office for the Head Nursing services; and another for the Head social welfare services are needed. The head theater/laundry and Central Sterile Services Department (CSSD) need an office. An office for the Director planning and finance; another for the head public relations unit and the other office is for the Director/Manager Quality Assurance/Improvement. Another office is for the Director Administration and Human Resources Management; and another for the Hospital Health Secretary. Head procurement management unit (PMU) have to be allocated an office. Other offices are needed for the cash office, accounts team; and for various head of departments and managers stated as HMT in this section. Either, the director for training and research will be assisted by two personnel; one being programs coordinator training

services; the other being programs coordinator Research services. Similarly, the head Quality assurance will be assisted by two staff for Planning, Monitoring and Evaluation services.

The building also needs to cater for various services at the Administration floor. These include the Board room to accommodate not less than 60 people; Records Room; Auditorium Room, training room for about 40 people and a Library.

Special consideration for having two space/room as chapels for adoration and prayer to save Christians, Muslims and people of other denominations.

It is also recommended to have a hall connected to the mortuary/morgue with a stage designed for the celebrated deceased and a place within for an organist to perform live music and instrumentals to console mourners.

Space for catering and restaurant services have to be put in place at the OPD or any other reasonable area for easy access by patients, staff and visitors.

5. Staffing and Training

The hospital will be managed by the HMT as stated above. Service delivery will be implemented by a multidisciplinary team to cover range of services; where coordination role, administrative and finance services, planning services, programs services and the general maintenance will be executed as part of managerial responsibilities. The medical staff will be comprised of specialists on selected services including reproductive health, gynecology, pediatrics, surgical services and specialists on diagnostic services. General health and healthcare staff including clinical, non-clinical and support services will be employed.

Recruitment procedures will be on competitive basis through advertisement and interviews conducted either in house or contracted out to specialized institutions on human resources management.

Training and development for capacity building of the staff will be conducted through training plan that will be incorporated and integrated in the Plan of Operations of the Hospital. Either through workshops, seminars, supportive supervision, coaching and mentorship done internally and through external support from MoHCDGEC and partners, capacity of staff will be improved.

Table 8. Human Resource

S/N	Hospital Staff	Staff establishment	Actual number currently employed	Remarks
	Chief Executive Officer	1		
	Hospital Director	1		
	Director Administration and Human Resource Mgt	1		
	Legal and Contract Advisor	1		
	Director Training and Research	1		
	Programs Coordinator Research	1		
	Programs Coordinator Training	1		
	Director Quality Assurance/Improvement	1		
	Coordinator Planning Monitoring &Evaluation	2		
	Director Planning Finance and Budgeting	1		
	Medical Officer In charge	1		
	Hospital Health Secretary	2		
	Head Procurement Management Unit	1		
	Human Resources Manager	1		
	Head Social Welfare Services	1		
	Head Public Relations Unit	1		
	Manager Library Services	1		
	OPD Manager	1		
	IPD Manager	1		
	Matron/Patron	1		
	Head Nutrition Services	1		
	Diagnostic Services Manager	1		
	Head Theatre/Laundry and CSSD	1		
	Manager RCH Services	1		
	Data & Communication Manager	1		
	Chief Accountant	1		
	Chief Internal Auditor	1		
	Procurement Officer	1		
	Planning & Marketing Officer	1		
	Specialist Doctor Gynecology	1		
	Specialist Doctor Pediatrics	1		
	Specialist Doctor Surgery	1		
	Specialist Doctor Dematology	1		
	Specialist ENT	1		
	Medical Officer	3		
	Medical Doctor/Optician	1		
	Assistant Medical Officer	4		
	Assistant Medical Officer/Optician	1		
	Clinical Officer	4		

	Nursing Officer	4		
	Assistant Nursing Officer	6		
	Enrolled Nurse	6		
	Laboratory Scientist	1		
	Laboratory Technologist	3		
	Laboratory Assistant	3		
	Pharmacist	1		
	Pharmaceutical Technician	1		
	Pharmaceutical Assistant	1		
	Radiographer	1		
	Medical Officer/Dental Officer	1		
	Assistant Dental Officer	2		
	Dental Therapist	1		
	Data clerk	2		
	Admin/finance staff	1		
	Medical records staff	2		
	ITstaff–Other Dataclerks	2		
	Medical Attendants	4		
	Nutritionist and Catering Services Officer	2		
	Other	6		
		99		

6. Marketing Strategy

The Hospital Management Team (HMT) and the board of directors will propose appropriate strategy for the market of the facility to attract and retain clients by offering quality services which is accessible and cost effective in conformity with the guidelines and Standard Operating Procedures (SOPs). In the other side, this activity will be contracted out to individuals and registered organizations for services requiring sensitization processes such as the community-based service providers. This also will involve the media and other communication specialized organizations.

By sharing the required information by government and stakeholders, with a strategy to share from within the organization to support the decision-making processes; appropriate plans will be made to address gaps, a mechanism that will contribute to improved quality of services to the internal and external clients.

V. THE PROJECT: FACILITY AND CONSTRUCTION

A. Site

The facility is located at Nyamhongolo ward in Ilemela Municipality of the Mwanza City. It is in the process of construction at the area comprised of 29,000m^2 as approved by the Council Director.

The facility is located along the highway road from the city center of Mwanza to Mara and Simiyu regions. It is surrounded by the community and residence of Igoma and Kisesa wards making it easy to access by any means of communication including road transportation network and Mwanza airport where customers can go straight by public transport.

The map is presented as Annex II.

B. Facility Design

The schematic/graphic/diagram/graph design have been approved and development has commenced. The drawings show all relevant department and units as approved by the MoH for the specialized hospitals. The designing team has demonstrated all essential elements of the facility to accommodate the topographic demands, site levels and ground conditions including hydrological conditions of the selected site. It is also meant to accommodate services needed following assessment done on the approved map and diagrams.

C. Construction plans

The construction plans commenced by January 2018, where the proprietors were advised accordingly by the MOHCDGEC officials including the manager for the private health care facilities and Engineer; guidelines were provided and education offered on the design information towards implementation and the registration process. The first phase involved getting permits from the council Director, together with getting advice from the National Environmental Management Council (NEMC) in Mwanza city.

After having the final design, in early in October, 2019, leveling of the site commenced, followed with construction of the building of the infirmary to cover all services expected for stage one. The OPD, IPD and specialized services for clinic of the mother and father to cater for specialized Reproductive Health Services; Gynecological services; and for pediatrics services will all be constructed. Other services will follow in the construction process in three-to-five-year time of operations.

In order to facilitate the construction processes, accredited contractor has been hired.

D. Construction Management Team

As said above, the contractor for this purpose has been hired. However, Kuyi Kamani Dismas, the coordinator of this program, assisted by Frank Malenya and Ng'wasi Maria Damas will work hand in hand to monitor the process systematically.

E. Medical Equipment required

The essential package of the medical equipment is listed below for consideration:

The hospital will make relevant installations in accordance to requirements of the clients, guidelines and standards of the diagnostic services according to the Ministry of Health, and the World Health Organization.

Different equipment will be purchased to cater for various services. Among others; Hematology Analyzer; Hormonal Assay Analyzer, and Biochemistry Analyzer will be procured. Other equipment will include Microbiology Automated Machine and Parasitological Analyzer.

For Hematology, the focus is to consider studying blood of the client, its morphology and diseases.

In order to cater for the chemistry where various tests will be performed, such testing services will include Glucose, Cholesterol, BUN, Creatinine, Potassium, Liver and Heart Enzymes, Thyroid test and hormone test including PSA.

To cater for Microbiology services, tests focused at studying microorganisms including algae, fungi, bacteria, protozoa and viruses will be done. Bodily fluid or tissue can be cultured and tested against various antibiotics to find the most effective for fighting the infection while meeting opportunities for antibiotic resistance.

Pathological equipment will be procured to study the structural and functional changes in tissues and organs of the body caused by the disease.

Equipment for studying immune products such as antibodies produced by the body in response to foreign material will be procured.

In order to address parasitological services, the hospital will examine specimens for parasites such as stool, urine and blood specimens.

F. Information Technology and Telecommunication systems

This unit is aimed at providing better care for patients and helps achieve health equity. Health IT for Kamani JI Hospital will support recording of patients' data to improve health care delivery and allow for analysis of this information for health care practitioners and MoH, government agencies and relevant stakeholders.

The data is used to support decision making from policy formulation to implementation levels to offer better treatment and preventive measures against various diseases for individuals and the community.

Equipment and staff to cater for these services will be identified and rooms for IT installations have to be allocated aligned to the office of the IT in accordance to health care standards as defined by the MoH and the WHO.

Either such IT services will be operated from the OPD, IPD, and Theater, including administrative services in all sections of the hospital. Areas for the Auditorium and Board rooms will all be served by IT services.

An office for IT supports services and maintenance has to be allocated.

G. Management Information System/ Hospital Information System (MIS/HIS)

The Hospital will apply the Health Management Information System (HMIS); as designed and approved by the MoH. The hard copy material and soft copy for the electronic systems will be solicited from the MoH to include tools for data collection and reporting for different health care interventions. Likewise, essential installations and procurement equipment such as computer and supplies; their maintenance and general management will be done by Kamani JI Medical Center Co LTD.

The Hospital Management Team will work in close collaboration with the technical team in the region and the MoH to design essential tools missing on the specialized interventions at the hospital for data management to support data collection, processing, and maintenance and reporting.

H. Construction Timetable and Start up plans

The construction schedule has commenced implementation as from the end of 2022, with maternity building started construction at January 2023.The first phase will be completed by May 2025.Other phases will continue immediately from there.

The table below gives clarification on the event carried out and that will follow from preliminary review to the construction stage.

Table 9

Time Line	Activity	Responsible person
August 2018	Visit to MOHCDGEC for technical advice	Proprietors
September 2018	Follow up for Land Permit	Assistant Project Coordinator
September 2018	Advice on environmental issues from NEMC	Assistant Project Coordinator
October, 2018	Advice from MOHCDGEC engineer on the site topography and lay out	Proprietors
Jan to Feb, 2019	Schematic/Design studies	Frank Malenya
March to April 2019	Review of the schematic and the land approved map	Proprietors
May 2019	Initial and Preliminary feasibility study	Financial advisors
June to July, 2019	Consultation for Hospital Business Plan	Technical team for planning
August to September 2019	Authorize preliminary drawings and design	Proprietor
October, 2019	Finalize drawings	Frank Malenya
November, 2019	Identify contractor and sign contract	Project Coordinator
December, 2019	Initial Site work/Construction	Project Coordinator
May, 2025	Complete First phase construction	Project Coordinator

I. Facility Management Plans

The Hospital Maintenance programs is managed by a specialized Maintenance Team Leader employed to manage and advise appropriately on maintenance issues for the buildings and installations. This is comprised of a team to share knowledge and practice on the Information technology such as the IT personnel, specialist on data management with specialties on health informatics; the laboratory personnel, pharmacist and the team offering advice on Quality Improvement and Quality assurance. The team meets regularly for information sharing with the contractor and the health planning and helath policy advisor.

The HMIS will be maintained by the data manager employed by the hospital.

The maintenance costs will be borne by the hospital management; maintenance done in house and contracted out according to need and specialized demands.

J. Environmental and Safety issues

The hospital will abide to the environmental advice as provided by NEMC for general safety to client and visitors. The approved guidelines on the Quality Improvement for Laboratory services, and the 5S (Sort, Set, Shine, Standardize and Sustain) will all be applied for improved safety.

The Infection Prevention and Control (IPC) guidelines and standards as provided by the MoH will be adhered to. The issues of pre–Exposure Prophylaxis as clarified by the MoH for affected HIV service providers will be followed and implemented accordingly.

The Medical waste will be managed according to the IPC and relevant guidelines of the MoH. The cost for treatment of the waste, and other environmental management and maintenance issues for safety of the clients, patients, and visitors will be borne by Kamani JI Medical center Co LTD.

VI. THE PROJECT: FINANCIAL ASPECT

A. Project Cost: Shillings 37,911,827,384.03 (Construction only done and analyzed)

The table below provides a summary of the cost for various items to be covered

Table 10: Summary of project Cost and Financing plan

Project cost				
Item	Currency	Amount in currency needed	Local currency	
			Amount	%
Land				
Construction hard costs	Tanzanian shillings	**37,911,827,384.03**	**37,911,827,384.03**	100
Construction soft costs				
Medical equipment		2,000,000,000/		
Nonmedical equipment				
Furniture, fixtures, and supplies		800,000,000/		
IT systems (hardware and software)				
Project development costs		800,000,000/		
Preopening costs		1,000,000,000/		
Permanent working capital		6,000,000,000/		
Financing costs				
Contingency				
Total project cost		**48,511,827,384.03**		100

The cost above for construction will be Bourne by Kamani JI Medical Centre Co. Ltd.

B. Financial Plan

Kamani JI Medical Centre Co. Ltd has solicited funding as initial cost, clarified through the number of shares as mentioned in the Memorandum of understanding and articles of association. The proprietors assume the responsibility to share and make additional support at the initial cost of capital investment whenever need arises; from their business transactions and any support in kind from stakeholders and partners.

C. Operational and Financial Projections

According to the analysis done, the project will attend in the first year about 600 clients per day expected to increase to about 800 clients after two years of operations. We project that in the first year, if in average every client contributes to generating Tanzanian Shillings 20, 000 per day (600 * 20,000) the hospital in the first year of operations will be able to generate 12, 000,000/ shillings per day after cost of operations. As we project to have about 800 clients per day after two years of operations, the hospital will be in position to generate (800 * 20,000) 16,000,000/ per day after operations cost altogether making the hospital sustain its plans and budget requirements.

D. Summary of Financial Viability and Sensitivity Scenarios

Kamani JI Hospital management is very optimistic that it will be financially viable by generating Tanzanian Shillings not less than 12,000,000/ per day, projected to spend less than the collected amount especially in the first year. Either, profits generated through other businesses of the share holders will supplement any gaps to be encountered at the initial stage of operations especially to cover for personnel emoluments, equipment and supplies. In the second year of operations, all transactions are expected to generate more income than before for sustainability.

It is possible to sustain the activities and operations as there will be an efficient organizational structure for effective monitoring the work processes and products. A well documentation admi structures will be operated accompanied by a robust and diversified revenue generated from the hospital operations and all other sources. All in all, strong systems for internal and external controls will be operated for distinctive control of finance and fraudulent practices management. At all times of the day and the month, as from the strategic and operational plans and budget to be developed subsequently after beginning operations, price analysis as per market demands, government and partner guidelines, including analysis of the number of clients attended per day and per month; such information will help in projections of financial and relevant issues to support the decision-making processes. To this connotation, the hospital will be financially viable.

VII. PROJECT RISK ASSESSMENT AND MANAGEMENT

The part below clarifies the projected risks

A: Country Risk

The country of Tanzania is enjoying peace and tranquility of the community with minimum political and social shock. However, it is envisaged that during election for members of parliament, the presidency, and for the councilors; political instability is somehow impaired and can affect all business operations for social services and other economic sectors.

Since Kamani JI Medical Centre Co. Ltd is offering essential social service support to the community; by not making herself an affiliate of a political part, the effects said above will be minimized.

Despite of the government to have clearly defined approvals and licensing procedures; the project approvals and licensing will be delayed due to un integrated processes in one office making the process to have redundant and unnecessary steps. The project review on the current government procedures on matters related to the project, and learning on the current guidelines; the delay will be minimized.

Taking into consideration of the issue of price control on the health essential package, and the fact that health service is considered as normal goods; the government will always intervene for the public good, affecting the financial performances of the hospital; it is envisaged that, attending seminars and meetings with the private sector team through membership of the Association of Private Health facilities in Tanzania (**APHTA);** and that convened by the government, harmonization of issues will be done including minimizing the effects of price control.

It is also clear that, Tanzania is highly affected by inflationary and devolutionary effects affecting the price of commodities with fluctuation; It is planned that, through making follow up of the financial performance report as shared by the Bank of Tanzania every day, the price changes information; the Hospital Management will use such information to update the issue of pricing.

Another challenge in the risk matters is the change of policies in relation to public private partnership and financing mechanisms. Tanzania have experienced different financing mechanisms from free service rendered through government tax; cost sharing, pay from pocket, pay through insurance premiums and many others as experienced from time to time. The changes in some cases can affect financial performance of the hospital. However, the hospital management team will make sure all information on changes is received timely for immediate action to minimize the shock, by having emergency preparedness plans.

Following the rapid change of social customs and the individual behavior due to globalization and the issues of information technology; service demand is always affected and medical challenges are becoming high; for instance, men to men and anal sex have accelerated effect to contracting HIV and STI among the partners. The hospital will adhere

to the MoH guidelines on the Key Populations identified vulnerable to the mentioned risk and minimize the effect.

B: Project Risks

As stated in the country risks, the Project approval is from the Ministry headquarters in Dodoma, about 700 Kilometers from Mwanza; any quarries and administrative bureaucracies to be raised will affect timely commencement of the project. It is planned that close follow up with review of relevant information and procedures, assessment of risks in the design process, the delay for licensing and approval will be minimized.

Management is one of the challenging sciences in the health sector, with big number of staff mix and a multidisciplinary team. Motivation and retaining staff may be a challenge; and thus minimizing the shock of staff retention and making them work for the objectives of the organization; involvement of staff, team work, and participatory decision making processes will minimize the shock.

Mwanza city and most of the surrounding regions use different vernacular languages and some may have difficulty to communicate. Taking into account of the medical personnel and other staff to learn in English at advanced level schools; the challenge of communication may be encountered. Reading materials for community communication which currently are interpreted in Swahili will minimize the shock. Internal and external seminars will also be used in the learning process.

Planning problems and start-up delays may be encountered due to inadequate information readily available to support the planning processes; such that some of the information is not updated in the websites; the challenges of IT in opening focused program information, and completely lack of certain data for intervention specific issues. To minimize the shock for this purpose, the use of proxy indicators and proxy data is helpful and hence applied; where updates will be done at the initial stage of the project operations.

Despite of the available guidelines as developed by the government on Staffing and labor relations; problems may be encountered due to inadequate information to support management team and staff on their relationship. The hospital management will collect relevant tools and information developed by government and partners on designing staffing levels and the reward systems for minimizing shock in this area. Either, involvement and participatory decision-making including working in team spirit will be applied to harmonies issues.

Slow built- up of operating activities is among the challenges expected especially at the beginning stage of the project since people may not be aware of the new infirmary; and due to the restriction of the government to make advertisement for health care facilities to attract customer; attendance will be low. To minimize this shock, the infirmary will offer

services of high quality which are cost effective with staff ranging from general care for normal reported cases and specialized doctors for advanced health care challenges with high technology on diagnostic services. The customers will be ambassador to attract more customers for business generations. Likewise, application of 5S and other QI/QA techniques will contribute to attracting more customers and generating more money for growth and expansion of the facility programs.

VIII. The Project Current Status and next steps

The project to date has made basic review and assessment of minimum package and standards to continue with the works of drawings and construction processes. However, information on equipment and price list of healthcare services is missing and responsibilities allocated to acquire them and use input in developing operational plans and budget. The information below provides the next steps in finalization of this business plan;

Find information on missing items for equipment and supplies with price lists

Find budget and pricing list for essential services from at least 2-3 healthcare facilities

Procure needed material for continuing and finalization of maternity building

Engage in periodic update of the business plan and budget

Monitoring and assessment of the construction processes

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