



Fondation Aide Dentaire Afrique

Strategic Plan 2016 - 2021

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Abbreviations used

A.D.A.	Association “Aide Dentaire Afrique-Rwanda”
ART	Atraumatic Restorative Treatment
BPOC	Basic Package of Oral health Care
CBHI	Community Based Health Insurance
CPD	Continuing Professional Development
DA	Dental Assistant
DGCS	General Directorate for Clinical Services, MoH
DGI&E	General Directorate for Immigration & Emigration
DH	District Hospital
DHCR	Dental Health Care Rwanda, German INGO
DHMT	District Health Management Team
DHU	District Health Unit
DIE	District office Immigration/Emigration
DPP	Dental Prevention Programme
DT	Dental Therapist
fADA	“Fondation Aide Dentaire Afrique”, Netherlands INGO
FSP	fADA Strategic Plan 2016 – 2021
HC	Health Centre
HRD	Human Resources Development
HSSP III	Health Sector Strategic Plan 2012 - 2018
INGO	International Non-Governmental Organisation
JADF	Joint Action Development Forum
MoH	Ministry of Health
MoU	Memorandum of Understanding
NCD	Non-Communicable Disease
RBC	Rwanda Biomedical Centre, MoH



Preamble

The current 2-year Memorandum of Understanding (MoU) between fADA and the Ministry of Health (MoH) - expiring 7 March 2016 - was based on an agreed “Project on Dental Clinics at Health Centres in rural Rwanda”. The MoH designated Gicumbi District as the project area. Apart from reservations for the establishment of 3 basic dental clinics in HCs, also a provision for support to the dental department of the District Hospital (DH) was foreseen in the project budget.

Capacity and performance of the DH dental clinic’s services appeared to be quite below standard. In September 2014 fADA started the upgrading of DH’s dental clinic. The new dental clinic was opened in March 2015 by the ambassador of the Netherlands and the Director of the Gicumbi DH. From March 2015 to August 2017, the dental clinic in DH will be upgraded by fADA to the referral clinic for the HCs of the district. The project “Upgrading of the dental clinic of Gicumbi District Hospital”, includes the establishment of 4 basic dental clinics in selected HCs. Starting in October 2017, the original project on development of sustainable and affordable dental services in Gicumbi District can be resumed for the remaining 20 HCs (Gicumbi District counts 24 HCs).

With confirmed and provisional commitments from various co-financing sources, including fADA’s own resources, sufficient funds will be available for completion of the whole project in about 5 years. A new MoU of longer duration than the current one is necessary for that purpose.

This document presents an outline of fADA’s intentions for the period 2016 – 2021, and may serve as the basis for such longer-term contract. Within this framework we would like to explicitly state that:

- fADA welcomes opportunities to lend a helping hand in further developing sustainable dental services of good quality which will have a big impact on the general health and well-being of the population in the rural environment of Rwanda.
- In view of fADA’s limited executive capacity, our activities have to remain focused on initiation and facilitation of dental education, training and knowledge sharing.
- fADA can only carry out this plan with the unconditional support and commitment of the Ministry of Health and the institutions of Gicumbi District who are the main stakeholders.
- The said commitment should take shape in concrete arrangements on cost sharing of investments and/or operational costs which can be negotiated during the first year.
- fADA cannot have the lead or be responsible in the host country as far as chalking out of a national dental health policy or its operationalization are concerned.
- fADA is not able to solve the pointed out infrastructural problems in the country in relation to water and electricity supply, but we can contribute with creative solutions.
- A good collaboration and consultation with all actors and stakeholders is the most important condition for making this strategic plan successful.



1. Aim and purposes

The aim of the fADA Strategic Plan 2016 - 2021 is to improve the health conditions of the population of Gicumbi District, through the enhancement of (a) the geographical and financial accessibility of the dental health care services and (b) the quality of those services.

The more specific purposes of the FSP are:

- Upgrading in quality and quantity of staff and equipment, and in efficiency of the provided services at the dental clinic of the Gicumbi District Hospital. The clinic will thus have the capacity to serve (i) as a referral clinic for all Health Centres in the District, and (ii) as a training centre for dental therapists (to be) employed at the HCs in the District.
- Establishment of sustainably operational basic dental clinics in all health centres of the district, through practical advanced training of KHI graduated dental therapists, and through the improvement of equipment and instruments.
- In the district's Health Centres, the population will have access to elementary dental services. More difficult cases can be referred to and treated at the DH clinic. In a limited number of cases, patients may be further referred to a national hospital in Kigali. Unnecessary cost for travel to Gicumbi town and/or Kigali, and loss of productive time will belong to the past.
- The preceding purposes all relate to the curative aspects of dental health care. Preventive measures, however, may constitute a much more cost-effective approach to treatment, in particular where children are concerned. Therefore, a dental prevention programme (DPP) will be organized in close cooperation between dental clinics at participating HCs and primary schools in their vicinity.
- fADA's interventions will also address the subject of sector development: (i) capacity building by extending the A.D.A. clinic in Nyarutarama into a centre of excellence for dental education and expertise, (ii) educational activities such as CPD training, post-academic training and lectures for various audiences, including professional associations, and (iii) policy and strategy development, documentation of experiences and up-scaling models.

2. Expected results of the strategic plan

The outcomes describe an expected situation at the end of the plan period with a comparative element in relation to the start of that period.

Outputs are the results of specific (groups of) activities, conducted within the framework of the strategic plan, mostly in quantitative terms.

2.1 Outcomes

1. Patients with (severe) dental pain, caused by inflammation or traumatic injury can be treated appropriately at the HCs' or DH's dental clinic in a scientific way, without the risk of contamination by communicable diseases. This has resulted in a higher degree of patient satisfaction.
2. In Gicumbi District, there is less suffering from dental inflammations thanks to improved treatments, and there is a reduced incidence of dental diseases thanks to the implementation of dental prevention programmes for children and dental health education at the HCs for adolescents and adults.
3. Hygienic conditions, sterilization and maintenance of equipment and instruments at the DH dental clinic have been improved up to professional level. The lifetime of equipment and

instruments has been prolonged and the investments for replacement have been reduced through enhanced ownership (co-financing of purchases) and implementation of a preventive maintenance programme.

4. The population of Gicumbi District has improved geographic access to basic dental health care services of adequate quality, through 24 basic dental clinics at the HCs, and one referral dental clinic at the DH.
5. At completion of this strategic plan 2016-2021:
 - about 50 patients per day are treated in the DH dental clinic by scientific standards by 3 dental therapists and 2 dental assistants, and
 - in total some 350 patients per day are treated in the HCs' dental clinics by a dental therapist and a dental assistant in each of 24 dental clinics.
 All staff has been trained and supervised by trainers of the A.D.A. dental clinic.

2.2 Outputs

1. During the plan period, some 25 to 35 dental therapists¹ (3 DTs at the DH dental clinic, 3 DTs/trainers of A.D.A. and 24 DTs from HCs) will have received an additional post-academic training from experienced trainers of A.D.A. and the fADA dental surgeon. The education of the DTs at DH dental clinic will be aimed at the knowledge and skills level required for a referral clinic and a training centre. The DTs of A.D.A. will have received additional training in didactics, whereas the DTs from the HCs will require a different level of scientific education. A typical duration of training for the HC dental therapists is estimated at 3+ months².
2. All DTs, except those of A.D.A., will be employed by the District Hospital and the Health Centres respectively.
3. During the plan period, also some 20 to 25 dental assistants (DA) will be trained by senior staff of A.D.A. and be employed by the DH resp. the HCs (2 DAs at the DH and 1 in each of the HC clinics).
4. A dental training curriculum has been developed, especially adapted for basic dental treatments in rural Health Centers.
5. The capacity of the DH dental clinic has been extended from 2 to 4 dental treatment chairs, in order for that clinic to serve as a referral clinic and as a training centre for DTs in rural health centers.
6. The dental clinics at the DH and at the HCs have acquired good quality equipment and instruments, adequate for the different types of treatment required at the DH and the HC levels, and suitable for the specific conditions of infrastructure, such as availability of reliable power and water supply. Arrangements for co-financing of equipment are in place.
7. A special programme has been designed for the assessment of required equipment and instruments for HC dental clinics, depending on the different conditions in electricity and water supply.
8. A preventive maintenance programme has been elaborated and introduced for all primary and auxiliary equipment at the DH dental clinic, the HCs' clinics and the A.D.A. clinic.
9. A dental prevention programme has been put in place, linking up the basic dental clinics at the HCs with the primary schools in their vicinity. Such a programme will allow the follow-up

¹The exact number will depend on the number of participating HCs, and on the possibility that some of the DTs may not be able to successfully pass their examination, or may wish to end their employment by a HC prematurely.

²This comprises 1 month of internship at the DH dental clinic and 2 months of on-the-job training at the dental clinic of their own HC, to be followed by approx. 6 months of supervision and quality assurance.



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of pupils from the 1st and 2nd year for an extended period of time. Towards the end of the plan period, conclusions may be drawn on the beneficial effects of dental prevention.

10. Through further education and training, improvement of equipment, and extension of staff, the A.D.A. dental clinic has grown into a centre of excellence for dental expertise and education, contributing to sector development, replication of successful dental service models.

3. Relevance in relation to national policies and strategies, and international conventions

As to the Rwanda Vision 2020, the FSP contributes in particular to Pillar 2: *HRD and a knowledge based economy*. Improvements in education and health services (advanced training of dental therapists in diagnostics and treatment techniques, high priority for quality in training, equipment, instruments and materials) will be essential for Rwanda to become a knowledge-based economy.

The oral health development programme of fADA contributes to the following priority areas of the EDPRS2 (2013-2018): (i) *rural development*, in that it helps ensuring improved access to basic services and (ii) *accountable governance*, because it helps creating a customer-centred service delivery culture based on respect for patients and their health problems.

The outcomes and outputs of previous fADA projects are contributing to the efforts of the Government of Rwanda in achieving the following Millennium Development Goals: *Reduction of poverty; Primary education for all children; Promotion of gender equality; Conquer HIV/AIDS and non-transmissible diseases; Global partnership for development*. Likewise, the present strategic plan will contribute to the new UN Sustainable Development Goals (SDG) or Agenda 2030, in particular nrs. 1, 3, 4, 5 and 8³.

The National Health Policy and the 3rd Health Sector Strategic Plan 2012-2018 are not outspoken on the subject of oral health care. But the HSSP III and the 2014 Policy on Non-Communicable Diseases (NCD) leave no doubt about the Government's intentions for the future. *Proximity of affordable basic services to the population* is a main ambition of MoH, and fADA's inputs follow the same line. Because of the rapidly rising incidence of these diseases, the Rwanda Biomedical Centre (RBC) of the MoH is currently working on a strategic plan to combat NCDs, including dental diseases. In fact, the latter are the # 1 reason for all consultations at the Gicumbi District Hospital.

4. STRATEGY AND GUIDING PRINCIPLES

4.1 Chosen strategy

The outcomes and outputs of the plan should be fully sustainable from institutional, financial, technical, social and environmental points of view. This strategic choice is demanding but is also considered crucial for a long lasting success of implementation:

- The plan aims at the use and improvement of existing structures, institutions and infrastructure, on which national health policies and insurance are based.
- fADA has followed the procedures of approval within the framework of Rwanda's decentralization policy, enhancing ownership at district and sector level.
- The choice of sequence in the implementation (establishment of dental clinics at HCs only after upgrading of the dental clinic of the DH) enhances the important position of the DH in

³SDG 1: End poverty in all its forms everywhere.

SDG 3: Ensure healthy lives and promote wellbeing for all at all ages.

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

SDG 5: Achieve gender equality and empower all women and girls.

SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.



the decentralised health care system. It also allows the DH dental clinic to assume a role as training centre.

- Step-by-step upgrading of the DH dental clinic: (i) arrange for proper hygiene, (ii) knowledge/skills at HC level, (iii) knowledge/skills/equipment at referral clinic level, and (iv) knowledge for training function for all HCs in the district. Each stage will be tested before embarking on a new one.
- During the first year of operation of the upgraded DH dental clinic, the supervision of trained staff and the practice of exploitation will be carried out by experienced trainers of A.D.A.
- Step-by-step establishment of the HC clinics: (i) selection of prospective HCs, (ii) assessment of the social and technical situation at the HCs, (iii) commitment of titulaires for employment of dental therapist and assistant, for clinic room(s) and for purchase of consumables, (iv) agreement on cost sharing of equipment, (v) selection and procurement of required equipment, (vi) training of DT and DA for treatments at HC level, (vii) supervision, monitoring and evaluation.
- Application of an adapted version (developed after 10 years of local experience) of the Basic Package of Oral health Care (BPOC) as promoted by the WHO brings about the balance between the elementary character of the treatments and the required sophistication of diagnostics (necessary also for being able to refer patients).

4.2 Guiding principles

Apart from the overall strategy described above, the following guiding principles have been applied for the preparation and implementation of this Strategic Plan 2016 - 2021:

- *Keeping up professional standards.* Dentistry is a profession that demands not only scientific knowledge and manual skills, but also commitment, sense of quality, accuracy, politeness and empathy, and a business-like attitude (also when performing simple treatments in the rural areas). These qualifications are required for medical credibility and trust, respect from colleagues, financial independence.
- *Taking into account future up-scaling.* In the coming 5 years, fADA's development activities take essentially place in only one of the 30 districts of Rwanda. According to the 2012 census, Gicumbi district ranked no. 6 with a total population of just under 400,000. Being also a truly 'rural' district (low density; Gicumbi town has only 75,000 inhabitants), this plan is of importance for all other rural districts where similar health care conditions may prevail. Processes and experiences must be well recorded and documented. For that purpose, a proper monitoring and evaluation system will be put in place.
- *Going step-by-step.* The activities of a step are conducted and the expected outputs / outcomes are checked by simple and adequate evaluations, against indicators that are easy to monitor; all this before starting the next step; taking time for correction if required.
- *No compromising on quality.* This concerns staff knowledge and performance, workspace, equipment, instruments, hygienic practice, attitude towards patients; still, a balance should be struck between the desired quality level and the price to be paid for it. Also, many financial advantages can be found in the improved efficiency of primary and secondary processes in a dental clinic.



5. Main themes of activities

This strategic plan has a horizon of 5 years (2016 – 2021), and will sketch the outlines of fADA's planned interventions. Later on, when underpinning projects are defined, more detailed activities, timelines and cost estimates can be provided.

We have identified seven (7) main themes of activities; their descriptions focus more on the themes' strategic aspects (why, how, with whom), rather than on the operational ones (what, when, where).

5.1 The A.D.A. dental clinic: training centre and centre of excellence

Since 2004, 20 dental therapists (DT), 2 dentists and 4 dental assistants (DA) have received an advanced dental training in the A.D.A. clinic, where approximately 22,500 patients have been treated so far. Thanks to continuous education of management and staff and annual dental post-academic courses conducted by fADA's dental surgeon, the clinic has gradually been shaped as a centre of post-academic training for both dental therapists and dentists.

In the period 2016 - 2021 dental training by specialists from the Netherlands will continue to ensure that the A.D.A. dental clinic will grow into a centre of excellence.

The knowledge and skills available in A.D.A. dental clinic are indispensable to the upgrading of the dental clinic of DH into a referral and training centre.

5.2 Upgrading and extension of Gicumbi District Hospital dental clinic

On 12 March 2015, the newly equipped dental clinic of the Gicumbi DH was opened by the ambassador of the Netherlands. In this clinic dental treatments can be carried out in a scientific way, without the risk to contaminate patients due to improper sterilisation of instruments. This clinic will serve as referral clinic for the 24 Health Centres of the district. The quality of the treatments is assured (i) by the continuous presence of A.D.A. dental therapists and (ii) through the supervision by the Head of the A.D.A. clinic and the fADA dental surgeon. The reputation of the clinic amongst the population will most probably grow in the first years; therefore, a capacity extension from 2 to 4 treatment rooms is foreseen in 2016. Moreover, also in 2016, the clinic will be transformed into a training centre for dental therapists from the Health Centres of the district. The DH dental clinic will share knowledge and competences with the basic dental clinics in the HCs.

5.3 Improvement of dental infrastructure and equipment

The presence and proper functioning of high quality dental equipment, both in the DH and the HCs, is a big challenge in this project. Most dental equipment is not available in Rwanda. This means that expensive dental equipment has to be imported from other countries.

The design of dental **equipment** is complex and the equipment is very sensitive: water has to be filtered and cleaned before it can be used in dental equipment. Even an inadequate pressure of the water supply can be the cause of severe damage to the equipment. There is a similar problem with the electrical supply. Fluctuations in the voltage will ruin the electronic parts of the equipment. Unfortunately, there are already many examples of ruinous dental equipment due to inadequate power or water supply.

Dental **instruments** also have a complex and sensitive design. If their maintenance is not done in a proper way, only after a short while the expensive instruments are totally damaged and useless. For those reasons, the purchase of dental equipment and instruments is not the issue. The proper installation, the power and water supply, and the maintenance by the dental staff are the most critical factors. Lack of qualified dental maintenance technicians, lack of knowledge by the dental professionals about the proper way of maintenance and sterilisation of the instruments, are the absolute bottlenecks in the continuity of a dental clinic.

These technical problems have to be mastered with the extension of the DH dental clinic from 2 to 4 treatment rooms, and also with the establishment of dental clinics in the HCs.

This shows that there are some important threats for the project:

- Unreliable water supply with sufficient pressure and water quality;
- Unreliable power supply of constant voltage;
- Lack of well-trained maintenance technicians for the dental clinics

fADA will therefore endeavour to find creative solutions when and where the above conditions are prevailing. Whatever the case, the dental clinics in the HCs will be equipped with good quality equipment and instruments, suitable for the specific conditions of infrastructure, such as availability of reliable power and water supply.

5.4 Establishment of basic dental clinics in Health Centres

The basic dental clinics in the HCs are equipped with high quality instruments to do the most common basic dental treatments under good hygienic circumstances. These are so called BPOC treatments: simple extractions, inflammation treatments, calculus removals, individual dental health instructions, ART treatments (caries preventive treatments without rotating instruments).

By 2017, 4 dental therapists will have been trained in the DH clinic for 4 selected HCs. From 2018 onward, 20 more dental therapists will receive an advanced dental training in the DH of Gicumbi, for scientific dental treatments in rural areas with basic equipment: BPOC treatments. This advanced dental training will be based on progressive insight and earlier gained knowledge and experience. Moreover, for each HC a dental assistant will be trained. All staff will be employed by the HCs.

Later on, when the majority of HC clinics are operational, the pressure on the DH dental clinic will be reduced again because the HC dental clinics will be able to absorb large numbers of basic dental treatments.

5.5 Management of equipment, instruments and consumables

In any dental clinic, (preventive) maintenance of the dental equipment is a process that must be managed very carefully because of the big financial consequences at stake. True ownership is crucial for a felt responsibility with respect to the condition of the equipment. Worldwide experience shows that this can best be stimulated and achieved by means of an agreed form of cost sharing by the stakeholders. fADA will present different options for such joint financing and will enter into agreements with the DH and all participating HCs.

In the period 2015 – 2018, fADA will continue on-the-job trainings for the service technician and 2 dental therapists of the A.D.A. clinic on the subjects of maintenance, repair and installation of dental equipment. And a preventive maintenance programme to avoid breakdowns during dental treatment will be developed. Preventive maintenance is necessary, because most spare parts have to be ordered abroad. An unforeseen breakdown can easily result in non-functioning of dental equipment for a long period, and hence in a serious loss of income due to non-treatment of patients.

High quality dental products for fillings and preventive treatments are expensive and mostly not available in Rwanda. Currently, only low quality products and instruments are available from local dental suppliers in Rwanda. But low quality dental products do not permit high quality treatments. A reliable and cost-effective system for the purchase and importation of high quality dental products may be developed in communication with all partners in the project and in the sector. Hopefully, in the future, high quality dental products will be available from local dental suppliers.

5.6 Dental Prevention Programme at primary schools

Prevention of disease is the very best treatment. Prevention is much more cost-effective in comparison with a medical or a dental treatment. A toothbrush with fluoride toothpaste is much cheaper than a restorative treatment that has to be redone every 5 to 10 years.

In the case of Gicumbi district, however, the incidence of dental diseases and the sheer numbers of serious inflammations, are such that prevention alone cannot be the panacea for all dental problems. Acute problems must be treated in a curative way, whereas prevention is more aimed at the future.

At the level of the HCs, health education for the population is nowadays given for the prevention of common infection diseases and AIDS, malaria and malnutrition. Dental health education can easily be integrated in these health education programmes because there are linkages with the prevention of diabetes, heart diseases, obesity and malnutrition.

A dental prevention programme (DPP) is ready to be conducted in primary schools. At home, the educated children will teach their parents about a healthy lifestyle.

For the implementation of the DPP in HCs and primary schools A.D.A. will collaborate with the German organisation Dental Health Care Rwanda (DHCR). In the period 2016 – 2021 all HCs of the district will participate in the DPP. Through the HCs the DPP will arrive at the primary schools.

5.7 Documentation of processes and experiences

Through regular progress reporting, project evaluations, professional meetings, discussions with the MoH, project preparations, etc., a good insight can be obtained in the different processes that are part of the development of dental services. For example on the subjects of:

- Training: duration, timing, % theoretical and % hands-on, required type and quantity of supervision during and after training, required capacity;
- Procurement: duration of the components: ordering, administration, packaging, shipment, customs clearing; transfer to counterpart organisations;
- Maintenance and improvement of the functioning of equipment and instruments;
- Estimation of costs of the most relevant activities, and options for cost sharing by the stakeholders.

On the basis of such data and their analysis, processes can be improved in effectiveness and efficiency. This can be advantageous for replication in other districts.

In the A.D.A. dental clinic case reports are regularly collected about common and uncommon dental treatments. Scientific knowledge in combination with experience-based practice is the strong base for the never-ending development of predictable dental treatments in Rwandan (rural) circumstances. In the years 2016 – 2021, case reports will also be collected by the dental therapists of the Gicumbi DH who have been trained, encouraged and supervised by the staff of A.D.A. dental clinic and the fADA dental surgeon.

And, of course, also in the HCs' dental clinics case reports will be collected, based on the compulsory individual patient reports.



6. PARTNERS FOR IMPLEMENTATION

fADA intends to have the strategic plan implemented in partnership with the following organisations and institutions with their respective roles and responsibilities:

In Rwanda	
Local Government of Gicumbi District (DHMT, DHU, JADF, DIE)	Approval of projects and action plans, progress reports, selection of HCs, cost sharing arrangements
MoH (DGCS, RBC)	Contract partner, approval of strategic plans and projects, facilitation of permits, exemption of import duties, policy guidance, NCD strategy development
Gicumbi District Hospital	Liaison with district authorities, MoH and HCs, housing and extension of dental clinic + training/conference room, staff employment, consumables, training room, efficiency improvement, treatment of patients and referrals to Kigali, quality assurance of treatments in HCs
Health Centres in Gicumbi District	Housing for dental clinic, staff employment, consumables, water and electricity, treatment of patients and referrals to DH, collaboration in dental prevention programmes (DPP)
Primary schools in vicinity of HCs	Facilitation of and participation in dental prevention programmes through school teachers
A.D.A. dental training clinic	Organisation and conducting of dental trainings, technical assistance to Director of DH, overall supervision
Association of Dental Therapists	Identification of suitable DTs for employment in HCs
DGI&E (central and district level)	INGO registration
In the Netherlands and elsewhere	
fADA (fondation Aide Dentaire Afrique)	Initiation, facilitation, financing, technical assistance (management, education/training, financial expertise, equipment), reporting
Heineken Africa Foundation (HAF), charity of Heineken company	Co-financing
Cordaid, Dutch development organization	Co-financing
Radboud University of Nijmegen	Scientific support BPOC and ART
DHCR (Dental Health Care Rwanda), German NGO	Collaboration in implementation of dental prevention programme
Various charities and INGOs	Co-financing



7. Cost estimate and funding

We estimate that during the 5 years of execution of fADA's Strategic Plan 2016-2021 a total amount of approximately €540,000 will be required to achieve the outcomes and outputs as described in Chapter 2.

For the first 1.5 year of the strategic plan (for completion of the project "Upgrading of the dental clinic of Gicumbi District Hospital"), fADA has secured financial support to the amount of €110,000 from (i) the "Heineken Africa Foundation" (HAF) and (ii) "Cordaid", a Dutch development organisation. Moreover, fADA contributes by (i) support in kind for management and transfer of knowledge (missions by Dutch senior experts on voluntary basis) and (ii) financial support from private donations.

For the remaining 3.5 years, an amount of about €120,000 per year (or a total of €430,000) will be required, mainly for the establishment of dental clinics in Health Centres, as well as quality assurance after training both for the DH and for the HC clinics.

Prospective future financers are HAF, Cordaid, District Hospital and Health Centres (within the framework of negotiated cost sharing), fADA, and miscellaneous charities and INGOs. Most of these organisations have made pledges for future contributions, conditional to positive results of the ongoing project, and on condition that time will be allowed for necessary budgetary arrangements.