ANNEX 1: DESK APPRAISAL FORM

	oject Name: Chinatio Maternety Why - GESI							
2. Pro	oject Location:							
	Name of the area Chimation Health Centre							
	TA_ Sawah							
	Ward NKhonde							
	VDC Chimatino							
3. Eli	gibility Criteria							
i.	Is the project derived from DDP? Or VAP? Or DDPF? Yes [✓] No []							
ii.	Is the project in line with DDF guidelines on investment menu? Yes [✓] No []							
iii.	Is the Project cost within the funding ceilings of the development budget of the council? Yes [\int No []							
iv.	Does the area/VDC have any history of project management? How many projects has VDC successfully implemented Yes [] No [] , Number []							
v.	Are there uncompleted projects under the council in the proposed project site? Yes [] No [✓							
vi.	Is there adequate access to the site, and are transport facilities satisfactory?							
	Yes [No []							
vii.	Has land been secured for use by the project?							
	Yes [/ No [] N/A []							
	If Yes, How?							
	1. Will use public land [] 2. Voluntary Donation [] 3. Purchase/compensation []							

	If the answer to all the questions				
Asses	ssessment Decision Guide			s approp	riate
6. Ov	erall Assessment				3/18
TOTAL	SCORE (0 to 18)			3	12
projec		0	1	(2)	
	there a sound Project nat is the level of expe			-	
	the technology used	0	(1)	2	
one ye	ar?	0	1	(4)	
	he project size of the	0	1	(S)	
(v) Doe	es the project site per ion or impediment? (0	1	2	
(iv) To	what extent is the Pro (viability analysis)	0	1	2	
	n the relevant ministr t to ensure sustainab ment)	0	1	2	
(ii) Is th	ne project drawn fron	0	1	(2)	
(i) Is th	e project consistent v	with the national, sector and district priorities?	0	1	(2)
		0" means unsatisfactory and "2" very satisfactory	()		
R PRO	JECT APPRAISAL				
CRITERIA			SCORE (Tick against the score)		
	oraisal Criteria		66655		
iv.		ndorsed proposed project in the proposed site	. yos [9] 1.0 [,
iii.		ndorsed proposed project in the proposed site	e? ves f	No I	1
ii. 		nearest structure (KM)			
i. 	Sector of the Pro	Ma	308		
	hnical:	ojectHealth oficiaries [Male]			
4 5					
	Yes [] No [
viii.	Will the project ha environment?	ve irreversible and unmanageable negative eff	ects on t	he	

in section 5 (Eligibility Criteria) is

If the overall score for section 5 (Appraisal Criteria) is ≥12(above

"YES"

Recommended for

prioritisation

	67%)	
	 If the answer to any of the questions in section 5 (Eligibility Criteria) is "NO". If the overall score for section 	
Deferred	5(Appraisal Criteria) is less than 67%)	
	If the project requires changes in certain areas.	

7. Appraisal Team

Name	Designation	Signature	Date , ,					
1. 1. MKWEZALAMBA	EDO	Som MS	22/06/2021					
2. E. CHIHANA	CPO	W/	22/06/2021					
3. J. CHINDENSA	CA	W T	22/06/2021					
4. 1. KAMENI	DEM	A706	22/66/2021					
5. L. MATEKENYA	DWO	#151°	22/06/2021					
6. DR. KATENGA KAUNSA - DHSS & 22/06/21								