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DEVELOPMENT INFRASTRUCTURE INSIGHT

Building More Than a Building

What a Nurse-Led Clinic Network Teaches Us About Development Infrastructure

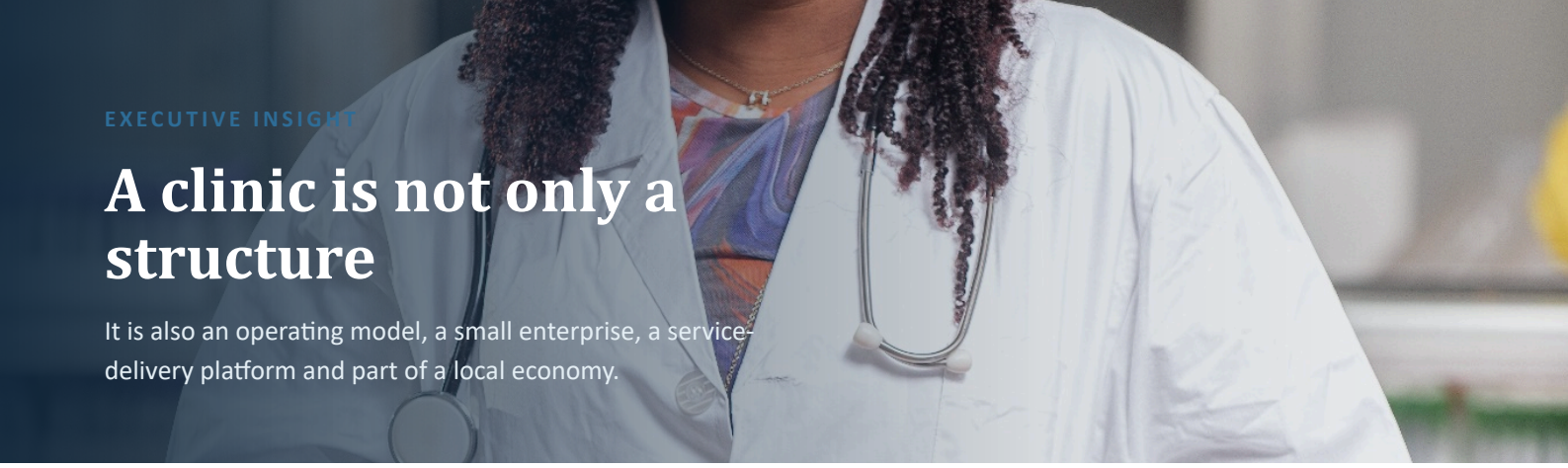
When a project is designed to keep working, and to strengthen the community around it, the results last long after the ribbon is cut.

Daka & Associates | Development Infrastructure Delivery



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Construction Brokerage Limited

Circulation paper | September 2026
From Opportunity to Execution.



EXECUTIVE INSIGHT

A clinic is not only a structure

It is also an operating model, a small enterprise, a service-delivery platform and part of a local economy.

Why this case matters

The Unjani Clinic Network in South Africa offers a useful infrastructure lesson: the physical facility and the plan for how it will operate were developed as one system.

Unjani identifies suitably qualified professional nurses, supports them with business skills and mentoring, and enables them to operate accessible primary healthcare clinics. Many clinics use converted shipping containers, but the more important design feature is the owner-operator model built around the asset.

> **The lesson is not only that the clinics exist. Each one was designed to keep running.**

CASE-STUDY SNAPSHOT

294+
care settings shown in current Unjani investor information

8m+
consultations reported by July 2026

880+
permanent jobs reported in the 2026 feature

600
clinics targeted by the end of 2031 in the 2026 feature

Daka & Associates perspective: The container is not the main lesson. The stronger lesson is the way the asset, operator, service model, support structure and community outcome are planned together.

Case study note: The quantitative Unjani figures above are drawn from current public materials and a July 2026 reported feature. The photographs used throughout this paper are illustrative images supplied for publication and should not be interpreted as photographs of Unjani Clinics, its staff or its facilities.

A clinic made from a shipping container, built around an operating model



Illustrative clinical environment. The physical asset is only one part of the service-delivery system.

In many projects, the building is designed first and the operating problem is left for later. The Unjani model points in the opposite direction.

The network's public materials describe an enterprise-development model that empowers Black women professional nurses, creates permanent employment and aims to provide affordable primary healthcare close to underserved communities.

The concept matters for development infrastructure because it links a modest physical asset to a defined operator, a service proposition, business capability and ongoing support.

What the infrastructure planner should notice

The clinic footprint can be relatively simple because the project's sophistication sits in the system around it: operator selection, mentoring, patient services, finance, location, compliance and performance support.

1	2	3	4	5
Qualified nurse	**Clinic asset**	**Business support**	**Care delivery**	**Local value**
Identify a professional operator with clinical experience.	Provide an accessible, fit-for-purpose care setting.	Build management, finance and operating capability.	Deliver affordable primary health services near demand.	Create ownership, employment and a durable community service.

> **The facility and the plan for what happens after handover should be treated as one design problem.**



FROM CONSTRUCTION TO SERVICE CONTINUITY

The building and the plan for what happens next are one design

Many well-meant projects treat construction as the finish line: the grant is approved, the building goes up, the ribbon is cut.

But a building that is not used, staffed, maintained or funded becomes a burden. That applies equally to a clinic, school, water point, sanitation block, training centre or community hall.

> Project principle: Define the service model early enough that it can influence the brief, location, layout, equipment, procurement strategy, operating cost and maintenance plan.

01 | Asset
What must be built, equipped and commissioned?

02 | Operator
Who is accountable for running the service after handover?

03 | Revenue / funding
How will operations, maintenance and replacements be paid for?

04 | Governance
How will quality, access, reporting and stewardship be controlled?

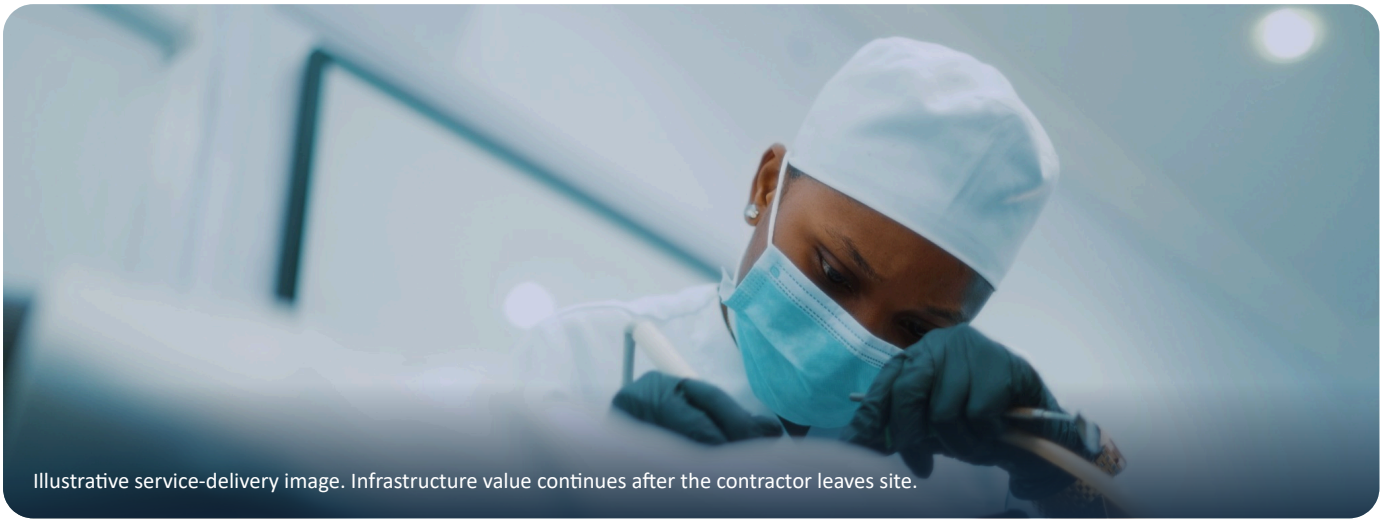
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One project, not two conversations

The physical asset and the operational sustainability plan should be developed under one project logic, even when different parties are responsible for delivery and operation.

Every construction project is also a local economy

When a donor-funded or NGO-led project is built, the budget moves through a network of people and businesses. That development value can be accidental, or it can be designed deliberately.



Illustrative service-delivery image. Infrastructure value continues after the contractor leaves site.

Professionals
Architects, engineers, quantity surveyors and project managers.

Contractors
Main contractors, subcontractors and specialist trades.

Suppliers
Materials, tools, fabrication, transport and logistics.

Workers
Artisans, general labour, graduates and trainees.

Local enterprises
SMEs providing supporting goods and services around the project.

Communities
Users, caretakers, local authorities and institutions around the asset.

> **If participation is not designed before procurement, much of the wider economic value is left to chance.**

DELIVERY GOVERNANCE

Where good projects go wrong

The highest-risk part of a social-infrastructure project is often not the idea or the funding approval. It is the translation from funded intent into a buildable, procured, verified and measurable project.

01 Unclear scope

The objective may be understood, but the technical brief is not detailed enough to price, tender or construct without ambiguity.

02 Weak procurement

Contractors are selected quickly, records are incomplete, evaluation criteria are weak or donor requirements are not translated into tender controls.

03 No independent checking

The contractor becomes the main source of evidence that the work is complete, compliant and ready for payment.

04 Poor impact capture

Jobs, local spending, SME participation and skills transfer are never systematically measured, so the organisation cannot demonstrate the wider value created.

These are delivery-governance risks, not unavoidable project conditions.

Better project definition, transparent procurement, independent technical assurance and deliberate impact tracking can reduce them materially before they become claims, defects, delays or reputational problems.

1	2	3	4	5
Funded intent	**Project definition**	**Procurement**	**Delivery**	**Working asset**
Social objective and capital source.	Scope, site, budget and standards.	Transparent market engagement and award.	Construction, controls and evidence.	Handover, operation and measured impact.

Five ways NGOs can turn construction into lasting impact

The opportunity is not to add social language after construction. It is to build development objectives into the project architecture from the start.

01

Eco-friendly materials

Use appropriate stabilised, recycled, locally produced or lower-carbon inputs where technical performance and lifecycle value are proven.

02

Training-to-work hubs

Combine trade-skills development with real work exposure so trainees gain a credible pathway into construction employment.

03

Affordable & resilient buildings

Use housing, settlement upgrading and community facilities to strengthen direct social resilience and household wellbeing.

04

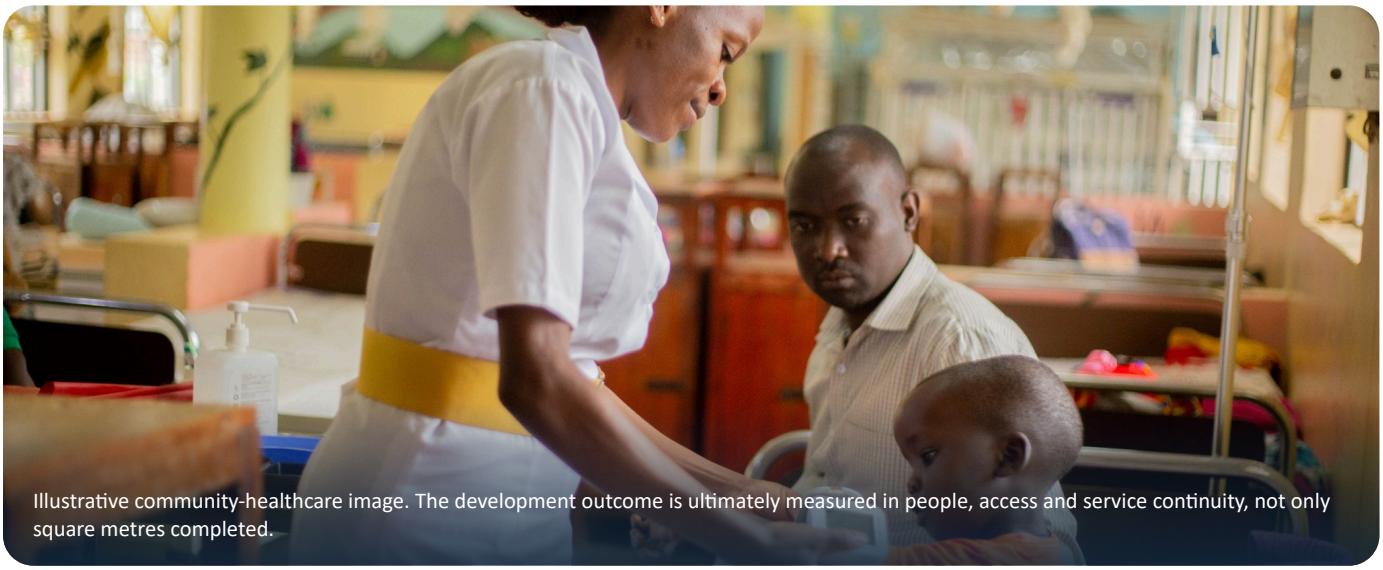
WASH & environmental infrastructure

Deliver water points, toilets, drainage and waste systems that directly protect health and improve community conditions.

05

Local supply-chain integration

Connect local contractors, suppliers, artisans and service providers to real project opportunities through procurement design.



Illustrative community-healthcare image. The development outcome is ultimately measured in people, access and service continuity, not only square metres completed.

> Practical implication: Construction should be managed as a platform for service delivery, local economic participation and institutional capability, not only as a purchasing exercise.

Measure what was built and what the project changed

A finished building is necessary, but it is not the only measure of success. Boards, funders and programme managers should track two scorecards together.

Scorecard A | Asset delivery	Scorecard B | Development impact
✓ Scope: completed against approved drawings, specifications and quantities.	✓ Local spend: proportion of project expenditure retained in local supply chains.
✓ Cost: budget performance, variations, commitments and final account.	✓ SME participation: number and value of packages delivered by local firms.
✓ Time: programme performance, delays, recovery actions and completion.	✓ Employment: worker-days and jobs created during implementation.
✓ Quality: inspections, tests, defects, remedial work and sign-offs.	✓ Inclusion: participation by young people, women and priority groups.
✓ Handover: manuals, as-builts, warranties, training and close-out records.	✓ Pathways: trainees placed, practical exposure gained and transitions into work.

> **The funder should be able to ask four questions: what was built, what did it cost, was it delivered properly, and what wider value did it create?**

1
Technical evidence
inspections, tests, certificates and payment verification

2
Commercial evidence
procurement records, contracts, variations and cost reporting

3
Impact evidence
local spend, jobs, training and participation data

From funded intent to a verified, functioning asset

Daka & Associates helps development organisations structure, prepare, procure, verify and close out infrastructure while the client retains ownership of the mission and final decisions.

01
Review
Test readiness, scope, site, budget, governance and key gaps.

02
Prepare
Define briefs, costs, risks, approvals and implementation controls.

03
Procure
Structure tendering, evaluation, records and appointment.

04
Build
Coordinate programme, contractors, quality and reporting.

05
Verify
Inspect milestones, payments, defects and evidence independently.

06
Close out
Complete handover, records, impact reporting and lessons learned.

Core support areas

Project preparation
Needs, site, scope, budget and readiness.

Design, cost & procurement
Consultant briefs, BoQs, tendering and evaluation.

Construction management
Programme, coordination, quality and site reporting.

Technical assurance
Inspections, hold points, milestones and payment evidence.

RECOMMENDED FIRST STEP

Project Readiness Review

Before significant capital is committed, test whether the project is genuinely ready for design, tender or construction. A short readiness review can expose scope gaps, missing approvals, unrealistic budgets, weak governance and procurement risks while they are still inexpensive to fix.

Problems identified before construction are usually cheaper and easier to correct.

Need a readiness conversation?

Daka & Associates can support a single workstream, an individual project or a multi-project programme office. Visit www.daka.co.zm.

CLOSING PERSPECTIVE

Start with the right questions

Zambia does not only need more infrastructure. It needs infrastructure spending that strengthens the economy around the infrastructure and leaves behind assets that remain useful after practical completion.

01

Will it keep working?
Who operates, funds, maintains and governs the asset after handover?

02

Will it strengthen locally?
How will contractors, suppliers, workers and trainees participate?

03

Can we prove the value?
What technical, commercial and impact evidence will the board or funder receive?

Sources and reference notes

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Publication note: This paper is a Daka & Associates interpretation of publicly reported case-study information for infrastructure and project-development discussion. It is not an endorsement by, or publication of, Unjani Clinics. Supplied photographs are illustrative and do not depict Unjani Clinics unless separately identified.

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Good development infrastructure is designed to remain useful after handover.

If your organisation is planning a clinic, school, water project or community facility, Daka & Associates can help you move from concept to a better prepared, better procured and better verified asset.

Project preparation | Procurement | Technical assurance | Impact reporting

www.daka.co.zm

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