

PNHAR 221

REMODELING AND HABILITATION
ASHONPLAFA PILOT CLINIC
Tegucigalpa, Honduras

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REMODELACION Y HABILITACION CLINICA PILOTO ASHONPLAFA, HONDURAS

Background

The Honduran Family Association (ASHONPLAFA) headquartered in Tegucigalpa has been the major element in training, leadership, and service activities in support of family planning and family health activities in this country of 4 million inhabitants during the past 20 years. To accommodate its expanding administration, logistical, training, and clinical service functions, the association purchased a building in 1978.

This structure (former skating rink), consisting of an entry module and a large open floor plan area 20 by 40 meters, has been subdivided on an ad hoc basis with plywood partitions. The property has been amortized, and the association has carried out various improvements, including the installation of a dropped ceiling, a conference room, and the purchase of a lot adjacent to the present structure to give access and parking in relation to the warehousing and distribution functions housed at the north end of the building. The property and building have an estimated value of \$150,000.

The expansion of services and activities by ASHONPLAFA, particularly during the past 5 years, has been considerable. There are currently 73 employees, warehousing for the entire country, and clinical service activities for as many as 150 clients daily shoehorned into an inadequate and functionally deficient space. Only two examining tables are available to handle the patient flow, served by a single bathroom 30 meters removed from the service module. Out-patient surgical procedures (minilaparotomy and laparoscopy) are being performed in rented facilities (\$30,000 per annum U.S.) at a considerable distance.

Integration of the surgical service and teaching functions into the plans for remodeling of the ASHONPLAFA Pilot Clinic is therefore an objective of major importance. Further objectives are to rationalize the disposition of administrative and clinical functions to improve efficiency and to improve the teaching capability of the ASHONPLAFA Pilot Clinic.

Site Survey

In January 1983, with the support of APHA, review of the functions of the clinic in Guatemala was carried out as well as a survey and preliminary planning (17-23 January) for the ASHONPLAFA Pilot Clinic. Analysis of the activities in the Guatemala Clinic indicated good function of the surgical modules and instrument preparation and recovery areas. The two operating rooms are functioning with a turnaround time generally not exceeding 15 minutes for local anesthesia ambulatory surgical contraceptive

procedures. Equipment is in good condition, teaching activities active, and staff morale and productivity excellent. A survey of the facilities and functions at ASHONPLAFA led to the following conclusions:

- Existing first-floor space is inadequate to accommodate functions.
- A second deck within the extant structure is required to add 540 square meters.
- Clinical services and administrative services should be separated.
- Excavation to 80 cm for installation of reinforced slab is required.
- Incorporation of VSC services in the ASHONPLAFA clinic is indicated.

Preliminary plans were developed for the clinical and surgical service areas (ground floor) after an analysis of patient flow patterns and present and projected activities. Because of the unavailability (because of illness) of Dr. Joaquin A. Nunez, medical director for ASHONPLAFA, to participate in the planning of the medical and surgical service areas and the need to further refine and review possible alternative plans, a second visit was scheduled.

Site Survey II

July 5-14, 1983, a second site visit was carried out, and various alternative plans were reviewed, modified, and finalized. The plans take into consideration the need to achieve a maximum of additional functional space with a minimum of demolition. The plans take budgetary considerations into account, as reflected in the following design rationale:

1. Conservation of existing entry module with minor alterations.
2. Conservation of existing conference room and warehouse areas (235 square meters).
3. Salvage of plywood partitions for reinstallation on renovated second deck.
4. Conservation of dropped ceiling (400 square meters) to service second deck.
5. Functional disposition of activities for maximal use-effectiveness.

The floor plans were delivered to ASHONPLAFA and the US/AID Mission, labeled ANTE-PROYECTO: HABILITACION SERVICIO QUIRURGICO Y REMODELACION ASHONPLAFA, Tegucigalpa, Honduras (Attachment 2).

The functional areas have been defined and reviewed in collaboration with Executive Director of ASHONPLAFA Sr. Alejandro Flores Aguilar and Medical Director Dr. Joaquin A. Nunez, with participation in the planning process of key staff and support personnel.

Entry Module. The reception area will be enlarged by exteriorizing the present bathroom. This area, at the completion of renovations, will offer good access to both first and second deck interior zones by half a flight of steps.

This module provides a pharmacy for contraceptive sales, two interviewing positions, a social service office, and space for medical records. The existing staff cafeteria can be partitioned and utilized for patient services during the main construction.

The floor in the hallway, the new social service office, and reception area will have to be raised and surfaced with terrazzo tile, and stairs installed for access to first and second floor renovation areas. Walls and ceilings will present an appearance compatible with the rest of the clinic when complete. The total area of the entry module at the completion of renovations (including the pharmacy and medical record room) will be 205 square meters. Estimated cost: \$12,600.

Clinical Module. The first-floor area of renovation will provide eight examining cubicles, office space for the medical and surgical program staff, two operating rooms, a recovery room with 10-patient capacity, an instrument preparation room, laundry, dressing rooms, relocated staff cafeteria, and printing and storage for educational materials. Two suites of examining rooms (four cubicles each) are located immediately to the left and right upon descending a half flight of steps from the entry module, with a productive capability of 120 patients in a 3-hour session. The surgical area has a productive capability estimated at 12 patients per 3-hour session for local anesthesia ambulatory procedures of short duration. This productive capability exceeds current needs by about 20 percent, with capacity for further increase in productivity by increasing the scheduling of sessions. Area of clinical renovation 540 square meters. Estimated cost: \$147,000.

Administrative Module. The second-floor deck will overlay the renovated first-floor clinical service module, thus adding 540 square meters of floor space to accommodate the various administrative and program support activities of ASHONPLAFA at the local and national levels.

The floor plan will be open, recycling existing plywood partitions to define departmental work areas for (1) information and education, (2) social marketing, (3) the administrative department, (4) the executive director, (5) library, (6) community distribution, and (7) training and evaluation activities. A stairwell at both the front and rear of the administrative module will facilitate access without generating unnecessary traffic in the patient service areas. Area of administrative renovation 540 square meters. Estimated cost: \$78,000.

Project Feasibility

Although demolition of the existing unreinforced floor slab and excavation to a depth of 80 cm will be required to establish a foundation to support a second deck and provide 540 square meters additional floor space for ASHONPLAFA, the open floor plan of the existing structure lends itself to remodeling without disturbing the perimeter foundation, exterior walls, roof, or ceiling of the existing structure to any significant degree.

The plans developed accordingly will increase the capacity and functional efficiency of ASHONPLAFA at a considerable cost saving, as compared with new construction. Further savings will be accomplished according to the plans developed by conservation of the existing conference room and limited remodeling of the entry module to improve its function and capacity. At the same time, the integration of ambulatory surgical services into the ASHONPLAFA clinic can be justified on the basis of greater efficiency, greater capacity, function as a training center, and potential reprogramming of \$30,000 per annum currently expended for rented space at a distant location for surgical services.

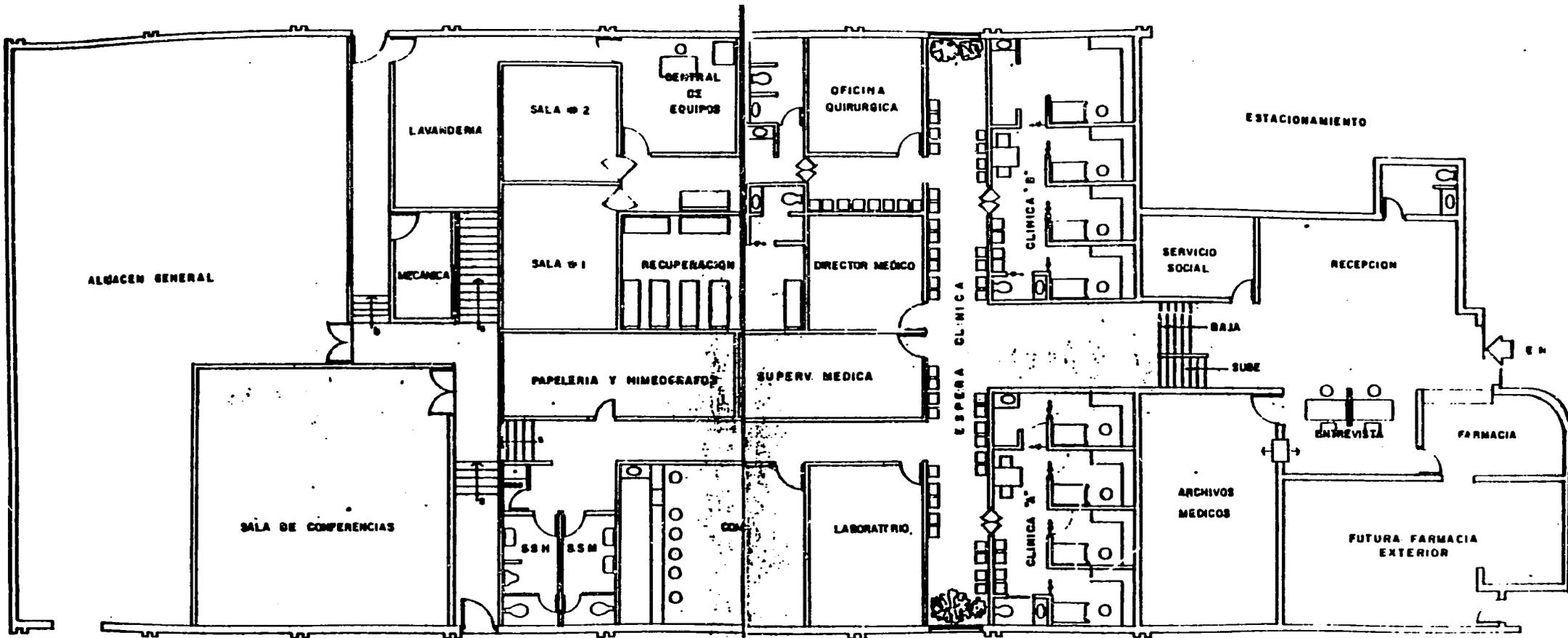
Based on prevailing construction costs in Honduras at the present time, remodeling of the ASHONPLAFA Pilot Clinic, including the 205 square meters entry module, 540 square meters clinical module, and 540 square meters administrative module (1,285 square meters of renovated space) is estimated at \$243,800, including local costs of \$6,500 for the preparation of detailed engineering drawings and specifications in conformity with local codes. These estimates include plumbing and electrical installations, but exclude requirements for air conditioning, a cistern for water supply, and medical equipment to habilitate the clinical and surgical service areas. The basis for these cost estimates was reviewed with US/AID Honduras during site survey II, and are compatible with independent estimates prepared for ASHONPLAFA and US/AID Honduras for purposes of budgetary planning. Upon completion of engineering drawings and the initiation of a bidding process, more precise figures for the basis structural costs will become available for review by US/AID Honduras. In principle, AVS and ASHONPLAFA have agreed to provide a significant amount of resources to cover contingencies.

Subject to the approval and oversight capability of US/AID Honduras in Tegucigalpa, the remodeling and habilitation of the ASHONPLAFA facility can make an important contribution toward improved family health in Honduras. It can be anticipated that the project provision of 1,285 square meters of renovated space will facilitate increased activities in patient services and training capabilities by improved efficiency as well as by integration of the surgical services currently performed elsewhere in the city. Some dislocation of services will be experienced during the process of remodeling as a tradeoff against the cost of new construction to achieve the same objectives, which would be considerably (estimated 40 percent) greater. On this basis, the ASHONPLAFA remodeling is justified, as well as necessary to meet health care objectives.

Recommendations

Discussed at US/AID Honduras briefing:

1. Authorize ASHONPLAFA to proceed with the preparation of engineering drawings and specifications at a cost of \$6,500.
2. US/AID Honduras engineering staff should review local cost estimates and help to monitor the bidding process locally.
3. On the basis of responsible performance capability and unmet needs in family health, ASHONPLAFA merits project support.



PLANTA ARQUITECTONICA

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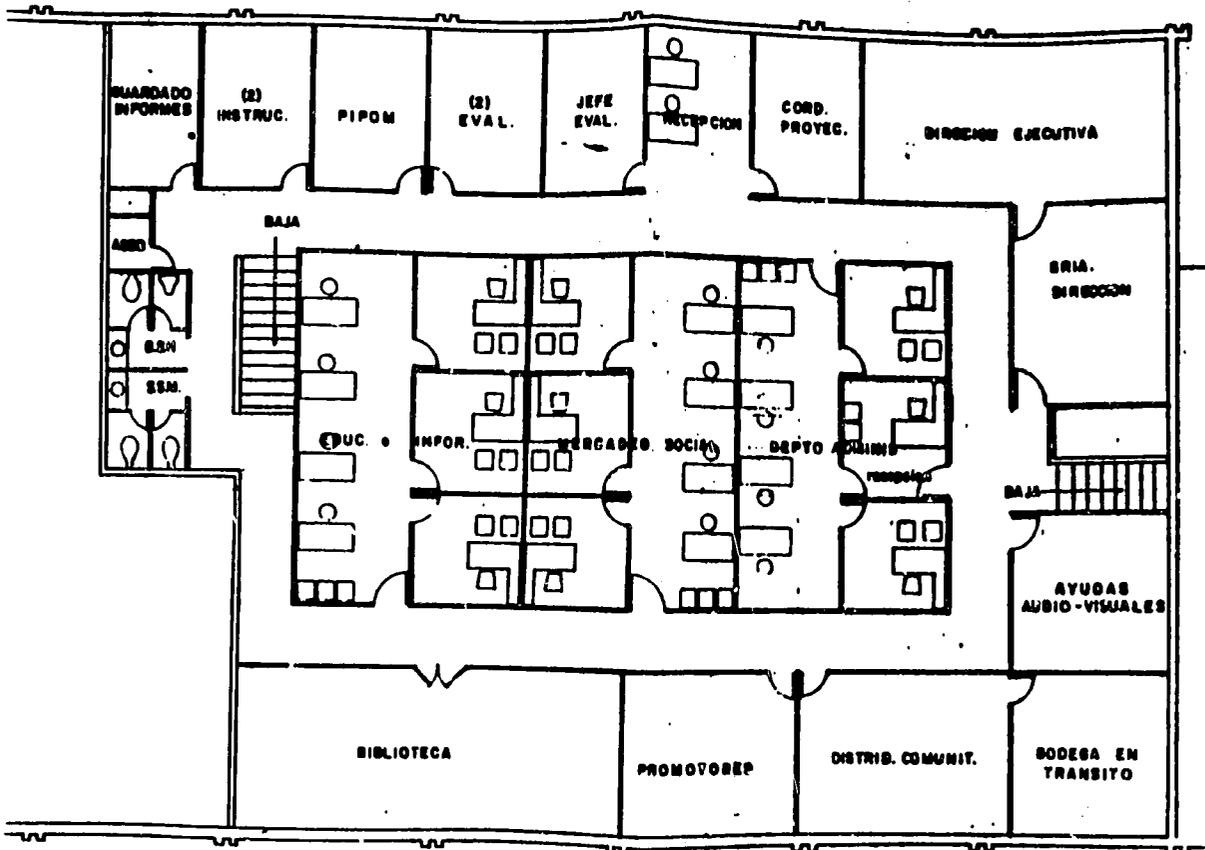
**ANTEPROYECTO: HABILITACION SERVICIO QUIRURGICO Y REMODELACION A SHONPLAFA
TEGUCIGAL HONDURAS C.A**

DIRECTOR EJECUTIVO ALEJANDRO FLORES

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