

Improving TB Spaces through Minor Renovations

BACKGROUND



- The National TB/Leprosy Program (NTLP) decentralised management of MDR-TB services to provincial hospitals across the country in a bid to increase case detection, and improve retention and management. The decentralisation was also done to decongest the two MDR-TB treatment centres at University Teaching Hospital (UTH) and Ndola Teaching Hospital.
- To decentralize DR-TB services, the USAID-funded Challenge TB project (CTB) collaborated with the Ministry of Health (MoH) and the Ministry of Works and Supply (MoWS) to conduct a countrywide assessment to identify facilities to be renovated as MDR-TB management sites. The assessment also included the three TB reference laboratories in the country.
- The CTB project renovated the following MDR-TB wards; University Teaching Hospital, Mansa General Hospital and Kabwe Central Hospital.
- The project also renovated the National TB Reference Laboratory (NTRL) to improve workflow and biosafety measures.



Clockwise from Top left: Before Renovation: Kabwe MDR-TB ward, Mansa MDR-TB ward, UTH MDR-TB Ward, National TB Reference Laboratory

OBJECTIVE



- To improve access to quality treatment and care for TB, DR-TB, and TB/HIV patients through:
 - Renovation of DR-TB patient areas in targeted health facilities
 - Improved biosafety levels at the NTRL.

RESPONSE



- CTB renovated three sites (UTH, Kabwe Central Hospital and Mansa General Hospital) and transformed them into state-of-the-art facilities with infection control measures such as separate staff and patient areas (with isolation provision for certain categories of patients), Germicidal Ultraviolet Fixtures, and improved ventilation, including extractor fans.
- To enhance diagnostic efficiency at NTRL, the renovations at NTRL included redesigning the laboratory space to ensure good workflow and biosafety measures.
- CTB worked with all stakeholders including the end users during the whole process of the renovations to ensure ownership.
- The technical leadership of the renovation process although led by CTB also included the technical staff from MoWS and MoH. The technical expertise from the MoWS was very important in that it provided the standards that need to be followed for all Government buildings.
- Regular site meetings and inspections were attended by all stakeholders including USAID, that helped to ensure that all site matters were dealt with in the shortest possible time.
- CTB took up a rigorous monitoring system that ensured that all works were done to the required quality and with as little time extension as possible. The contractors were also monitored to ensure that they followed the agreed specifications.

RESULTS



- Three wards were renovated in the UTH, Kabwe Central Hospital, and Mansa General Hospital. The renovated wards now make it possible for DR-TB patients to be treated and monitored in a safe environment. The wards have enhanced infection control measures such as separate staff and patient areas, good ventilation, germicidal ultraviolet irradiation, and personal protective equipment.
- The main laboratory at NTRL was renovated to improve biosafety levels.

CHALLENGES



- The distances to some of the sites was prohibitive and therefore site meetings with all stakeholders could not be held as regularly as required.
- Extension of time requests from contractors owing to many different reasons saw that the facilities were not completed on the dates that were indicated in the contracts.
- Some stakeholders requested the inclusion of items that were not initially requested, increasing the time and funding necessary to complete the renovations.
- The main laboratory at NTRL was renovated to improve biosafety levels.



Clockwise from Top left: After Renovation: 14 bed capacity Kabwe MDR-TB ward, 16 bed capacity Mansa MDR-TB ward, 54 bed capacity UTH MDR-TB Ward, National TB Reference Laboratory

LESSONS LEARNED



- Appropriate and detailed assessments are required to be done prior to any work taking place as this helps to identify the needs and the extents of work required.
- The use of an independent firm to assist with drawings and bills of quantities helped to ensure that documents were ready on time for the procurement process.
- It is important to start the procurement process for a contractor to carry out work in good time as this may take a long time.
- The involvement of all stakeholders was found to be critical to the success of this implementation.
- A good monitoring system during the actual execution of the work is important and must always be done.

CONCLUSION

Good preparation, involvement of key stakeholders and rigorous monitoring is very important for renovation works to be carried out successfully.

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