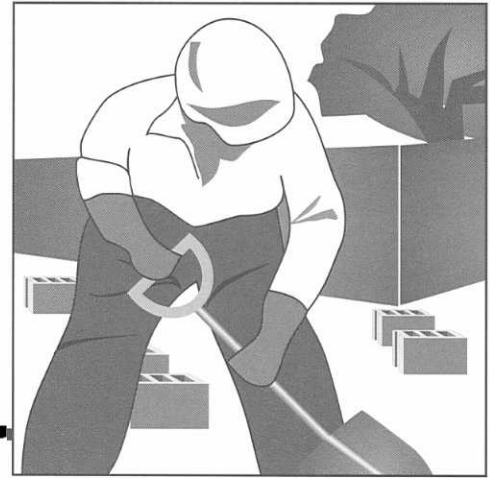


4. PROJECT BRIEF



'Brief' is a word derived from the Scandinavian 'brev' which means 'letter of communication'. In a building contract the Brief is both the communication of instructions to the contractor and the information from the client where he explains at the beginning of the project what his requirements are. It is here that the client has the greatest influence on the results of the project. Major deficiencies in a client Brief in health projects later translate into results which are inappropriate for the intended functions.

In a health sector construction project, the Brief should originate at the Ministry of Health which describes (in its own terms) what the requirements are. These are then coded by the Ministry of Works or Construction into correct technical terminology, before being passed on to the Ministry's own designers or to the appointed consultants to use as a basis for drawings and specifications which will eventually go to the contractor.

THE CONTENTS OF A PROJECT BRIEF

If the Ministry of Health has been involved in earlier projects, it should be fairly easy to assemble the necessary instructions. Once a comprehensive Brief has been formulated for a particular project it should be simple routine to formulate Briefs for new ones. So institutional memory allows incremental benefits.

At the initial stages of the planning process the client's Brief should contain the following information:

<p>Phase A: Inception</p> <ul style="list-style-type: none"> Description of Functional Content Decisions Regarding Priorities and Phasing Aims of the Project Results of Planning Studies Site and Site Factors Masterplan for Future Development Outline Costs and Phasing <p>Phase B: Feasibility</p> <ul style="list-style-type: none"> Outline Schedules of Accommodation Norms and Standards Time Plan 	<p>Phase C: Brief</p> <ul style="list-style-type: none"> Departmental Planning Policies (Operational Policies) Detailed Schedule of Accommodation Building Construction Norms and Standards Requirements for Individual Rooms Preliminary Equipment and Component Schedules Budget Cost Plan Activity Schedule and Time Plan
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Now for a closer look at what is labelled by these headings.

AIMS OF THE PROJECT

This statement has to be clear and concise. A number of aims will probably be involved, such as improving access to the health sector for the population, or providing facilities for specific programmes. Any need to improve quality and efficiency should be strongly emphasised. The main aim will not be to create monuments to modern architectural technology.

The *Main Aim* of the project should be described at this stage in outline. Typically the outline will include at least: information on type of facility; whether new construction or renovation of existing buildings; functions to be provided, and functional capacity required.

RESULTS OF PLANNING STUDIES

The results will present the criteria which will be used to make decisions concerning the final character of the project. Health planning characteristics such as present utilisation of facilities in the region regarding out-patient visits, in-patient admissions, bed utilisation and changes expected in future should be set out as a basis for establishing the dimensions of future expansion and consolidation programs. The information provided should include:

- Catchment population
- Demographic data
- Epidemiological profile
- Present distribution and utilisation of facilities expressed through:
 - Population per primary health facility
 - Annual/daily attendance at health centres
 - Annual/daily attendance at hospital out-patient clinics
 - Beds per 1000 population
 - Present admissions to hospital beds (per 000 per year)
 - Present average length of stay per admission
 - Average annual bed utilisation
 - Distribution of health service staff
- Expected future changes to the above data.
- Policy regarding provision of staff accommodation

This information is important because it gives all participants in the design process the functional setting in which the new or renovated facility will be placed. When developing architectural proposals for the project, this information will be needed for answering questions such as: 'How many staff will work here?' 'How many patients will be treated every day?'. 'How many operations / X-rays / consultations will be required?'. 'How many operations / X-rays / consultations will be required?'. 'How many operations / X-rays / consultations will be required?'. 'How many operations / X-rays / consultations will be required?'.

SITE AND SITE FACTORS

From the earliest stage detailed information about the existing conditions at facility sites and their suitability for future development will be needed. Data probably already exist giving general information regarding the type of facility and its capacity. However, now civil work will be carried out on the site, more detailed information is required.

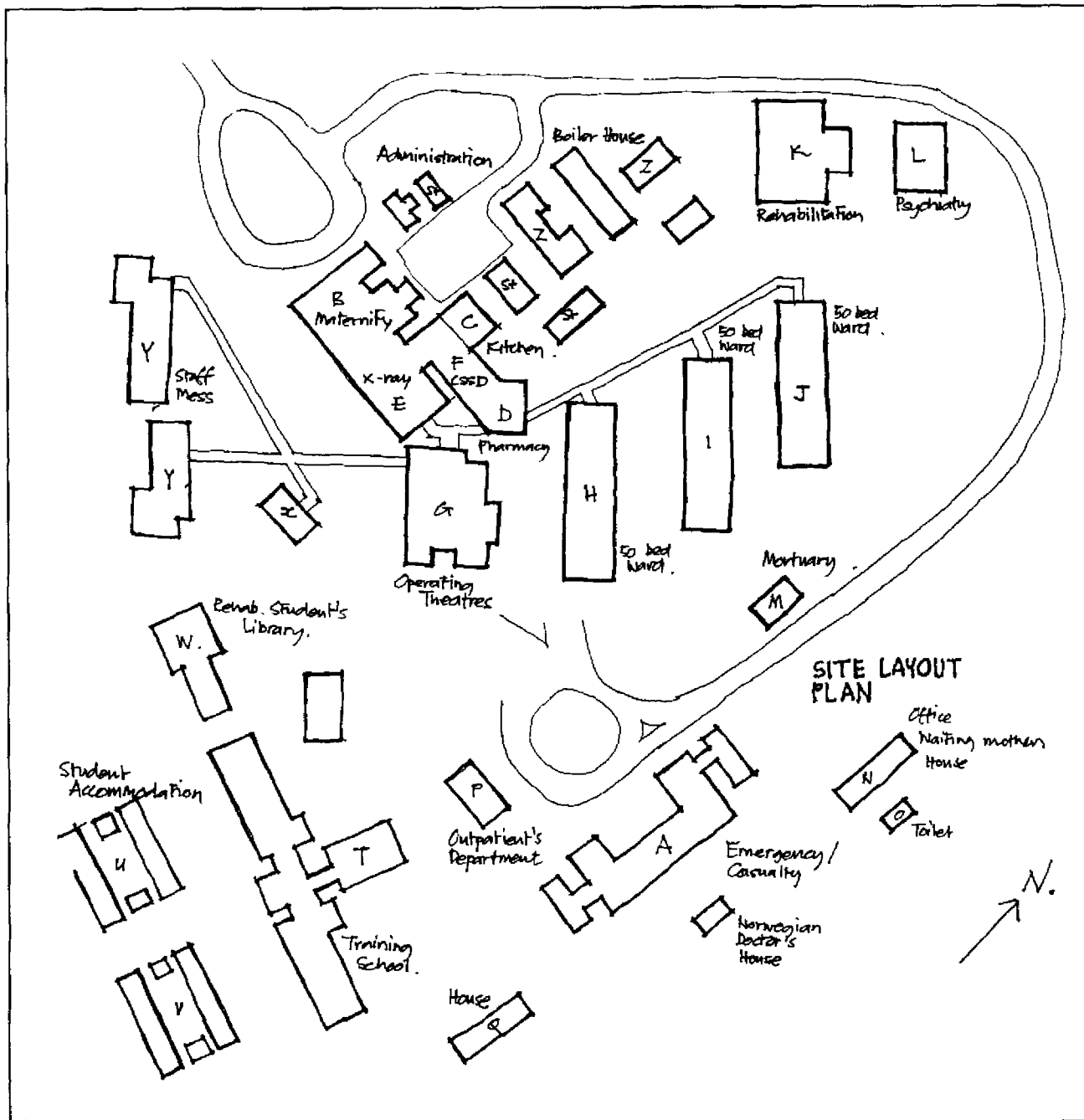
This does not usually require extensive resources and special capability. A practical system for documenting information collected during surveys of health facilities has been developed during work with projects in Namibia, Mozambique, Zimbabwe, Kenya, Uganda, several states in India, Denmark, Jordan and the former Soviet Union countries. Through using this system, the survey of all types of health institutions up 150-bed hospitals can be accomplished with 4-5 hours on-site inspection. Larger institutions take proportionally longer.

In Namibia the system was used to document all health facilities except central hospitals. Data were collected during a concentrated 6-week programme in which one representative from the Ministry of Health and one

representative from the Ministry of Works from each of the country's eight provinces visited the health facilities in their regions and filled-out standard observation sheets. After being processed centrally, the information collected formed the basis for policy decisions realigning the health infrastructure in Namibia

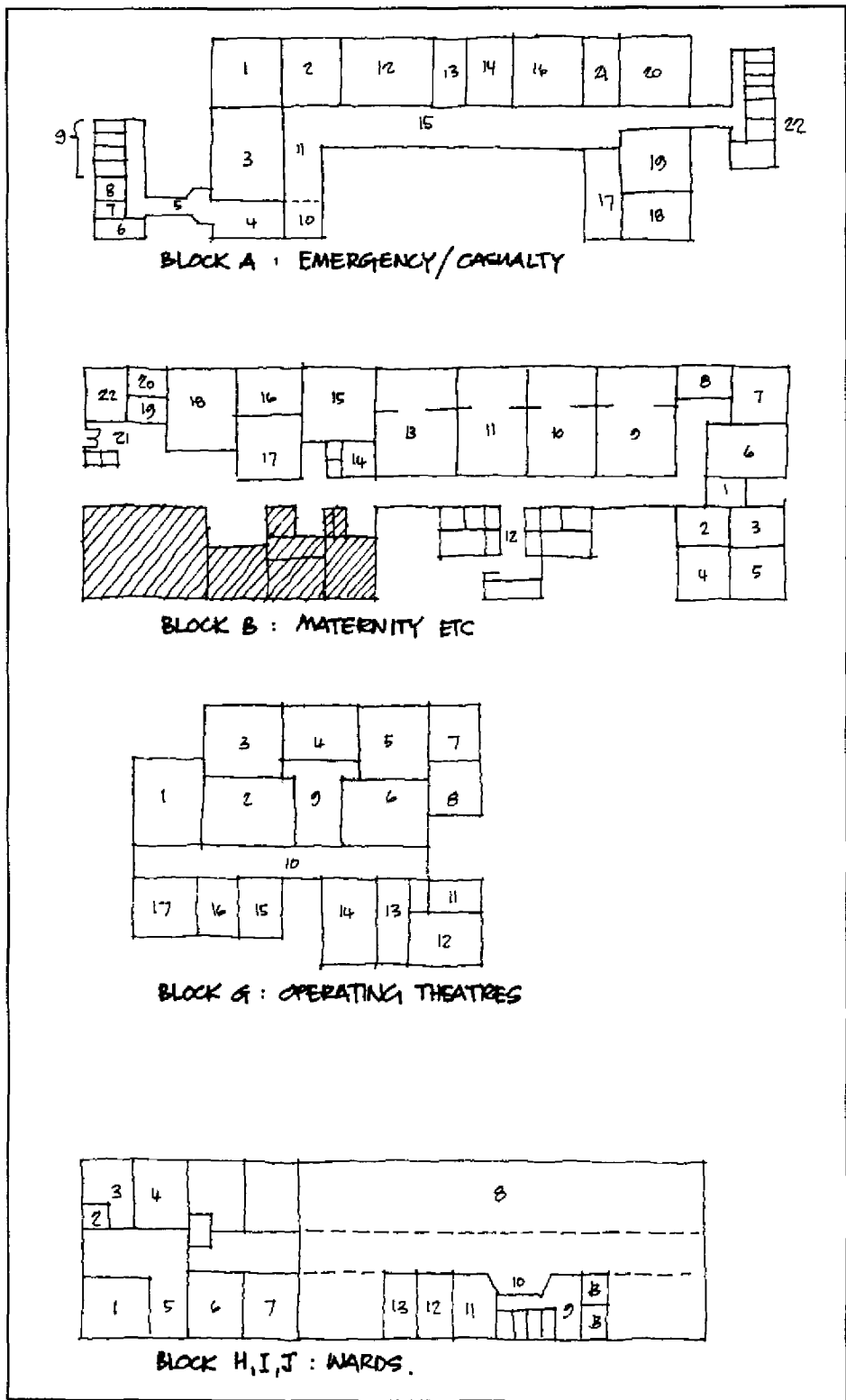
Normally the documentation is presented on a number of standard sheets.

Block plan layout of buildings on site



A rough drawing can show the buildings on-site which make up the institutions and their juxtaposition. The drawing could be free-hand and need not be exactly to scale. The north point should be shown and the blocks should be labelled A, B, C, D, E, F, and so on.

Layout plans of individual blocks



Rough free-hand drawings can also be made of those individual buildings thought to be especially relevant. Again the drawings do not need to be to scale although north should be indicated. In all buildings, the rooms should be numbered 1,2,3,4 5, consecutively

Location of departments with areas, capacity and functional condition

GOVERNMENT OF ZIMBABWE : MINISTRY OF HEALTH AND CHILD WELFARE
 PILOT SURVEY OF HEALTH FACILITIES

Master plan for MARONDERA HOSPITAL EMERGENCY & CASUALTY

3 LOCATION OF DEPARTMENTS WITH AREAS CAPACITY FUNCTIONAL CONDTN

DEPARTMENT / ROOM	NAME	BLOCK	AREA N ^o	COMMENT ON AREA	CAPACITY CAPTURED / ACTUAL	UNIT USED	FUNCTIONAL CONDITION	COMMENTS
1	Minor theatre	A	20	B	1	Op th table	2/3	Old equipment
2	Duty room / dispensary	A	10	B	15	metres shelves	3	no sink
3	Observation ward	A	24	B	4	beds	3	no slates
4	Staff ward / lobby	A	15	B	1	beds	4	in corridor
5	Comptor	A					1	
6	Sluice	A	3	C	1	slip hopper	4	badly placed
7	Assisted bath	A	3	C	1	bath	4	
8	Shower	A					4	
9	Wets, 4 no	A	3	C	4	wets, no hwb	4	
10	Patient alcove	A	5	C	1	bed	4	
11	Waiting / admissions	A	10	C	7	metres benches	4	
12	Observation ward	A	45	C	11	beds	4	
13	Kitchen	A	10	C		no sink	4	no sink
14	MCH clinic	A	24	C			4	***
15	Waiting	A			10	metres bench	4	***
16	Dentist	A	25	B/C	2	d. chairs	3	
17	Admissions / Laborat	A						
18	Microscope room	A			2	microscopes	3	
19	Physical Chemistry	A	25	C	6	workers	4	
20	Pharmacy	A	10	C			4	
21	Dentist sterilization	A	10	C			4	
22	Toilets							

COMMENTS:

- * on route to mens toilets
- ** 10 mothers & babies in this room with 4 nurses

For comments on area:
 A = TOO LARGE
 B = SUFFICIENT
 C = TOO SMALL

For functional condition:
 1 = GOOD
 2 = MEDIUM
 3 = POOR
 4 = UNACCEPTABLE
 5 = URGENT REPLACEMENT IS NECESSARY

Michael Hopkinson, Architect, Initiatives Inc, Boston and Copenhagen

PROJECT BRIEF

The standard sheets will give information concerning the individual rooms shown on the previous location plans. (sheet 2). The information includes: name of the room and the number it has been given; the area in square metres; comments on the suitability of the area for the functions carried out there; indication of the capacity of the room, and the room's functional quality.

Comments on the area are made using A, B and C, where A indicates that the room is too large, C too small and B indicates that the room is adequate.

Functional quality is shown using a scale of 1 to 5, where 1 indicates good, 2 medium, 3 poor, 4 unacceptable and 5 shows that urgent corrective action is needed.

Condition of building elements

GOVERNMENT OF ZIMBABWE : MINISTRY OF HEALTH AND CHILD WELFARE
PILOT SURVEY OF HEALTH FACILITIES

Master plan for PROVINCIAL HOSPITAL IN MARONDERA

4 BUILDING ELEMENTS : EXISTING CONDITION

BLOCK	NO. OF FLOORS	AREA M ²	APPROXIMATE YEARS OF CONSTRUCTION	FUNC. CONDITION	ROOF	WALLS	DOORS/WINDOWS	FLOORS	SANITARY INST	WATER	ELECTRICAL	IRONMONGERY	COMMENTS
A	1		1930	4	3	2/3	2/3	3/4	4	4	3	4	EMERG. CASUALTY
B	1		1940-1950	2/3	2	1/2	1/2	2/3	2/3	3	3	2	MATERNITY
C	1		1960	3	5	2	3	4	-	3	3	3	KITCHEN
D	1		1960	3	2	2	2	2	-	3	3	3	PHARMACY
E	1		1940-1950	4	2	3/4	3	2/3	-	1	2	2	X-RAY
F	1		1960	5	2	3	2	3	-	-	3	-	CSSD
G	1		1970	1	1/2	1	1	1	2	2	3	2	OPERATING TH
H	1		1970	3	1	1	1	1	3	3	2	2	WARD 50 BEDS
I	1		1970	3	1	1	1	1	3	3	2	2	WARD 50 BEDS
J	1		1970	3	1	1	1	1	3	3	2	2	WARD 50 BEDS
K	1		1970	1	1	1	1	1	1	1	1	1	REHABILITATION
L	1		1990	3	1	1	1	1	1	1	1	1	PSYCHIATRY
M	1		1970-1980	5	1	1	1	1	1	1	1	1	MORTUARY
N	1		1960-1970	2	2	2	2	2	-	-	-	2	OP/GEN HAND ACC
O	1		1960-1970	4	2	2	3	2	4	4	-	-	TOILETS
P	1		1960-1970	5	3	3	3	3	-	5	3	3	OUTPATIENTS DEPT
Q	1		1960	2	2	2	2	2	-	-	-	2	ACCOMM
R	1		1960	2	2	2	2	2	-	-	-	2	ACCOMM
S	1		1960	3	3	3	3	3	4	4	-	-	TOILETS
T	1		1970	2	2	2	2	2	2	2	2	2	TRAINING SCHOOL
U	1		1972	1	1	1	1	1	1	1	1	1	STUDENT ACC
V	1		1972	1	1	1	1	1	1	1	1	1	STUDENT ACC
W	1		1971	1	1	1	1	1	1	1	1	1	STUDENT ACC
X	1		1930-40	2/3	2	2	2	2	2	2	2	2	AMBULANCE STATION
Y	1		1975	2	2	3	2	2	2	2	2	2	STAFF MESS
Z	1		1985	2	2	2	2	2	2	2	2	2	INPATIENT ACCOM

COMMENTS:

- * PROBLEMS WITH X-RAY PROTECTION
- + CRACKS IN WALLS & ROOF

Description of condition: 1 = GOOD
2 = MEDIUM
3 = POOR
4 = UNACCEPTABLE
5 = URGENT REPLACEMENT IS NECESSARY

Michael Hopkinson, Architect, Initiatives Inc, Boston and Copenhagen

This sheet shows the dates of construction of the different buildings and (using the scale of 1 to 5) indicates the overall quality of function, the roof, the walls, the doors and windows, the floors, the sanitary installations, water installations, electrical reticulations and the ironmongery (door and window handles and locks)

In the last 2 sheets it is important to keep the coding systems as simple as possible. The system used here seems easily readable by the many different disciplines who will take part in decision-making. It is easy to find the 3s, 4s, and 5s which indicate possible problems. It is also easy to compare different buildings and facilities.

From these registration sheets, the site layout plans can be used to graphically display the information collected about the various buildings.