



Matibi Mission Hospital Theatre Renovation Report

Date: June 27th 2025 - Author: Genius Mguni - To: Gertrude Hirzel Foundation

Management Summary

The Matibi Mission Hospital Theatre Renovation Project was initiated to address the long-standing inadequacies in surgical infrastructure that limited access to life-saving operations for the local population. Phase 1 of the project focused on restoring functionality to Theatre Room 1, upgrading essential facilities including the sterilization and sluice rooms, and improving water and air conditioning systems to meet basic clinical standards.

The renovation works were carried out over a defined period from April 26th to August 9th, 2024, totaling approximately 15 weeks. This timeframe included demolition, reconstruction, installation, quality control, and final inspections.

Key achievements of Phase 1 include:

- Renovation and activation of Theatre Room 1, now operational for emergency and routine surgeries.
- Installation of a 5000-litre water tank and solar geyser to ensure water independence.
- Structural enhancements to the recovery room and sluice areas.
- Air conditioning, flooring, and wall upgrades to meet infection control standards.
- Transparent budget management, with Gertrude Hirzel Foundation funding the core USD 41,000 and Friends for Matibi Trust covering an additional USD 12,262 for scope extensions.

Despite notable successes, several structural and operational challenges emerged. These include unresolved cracks, insufficient compliance of some installations, and differing stakeholder expectations. A final inspection confirmed both substantial completion and areas requiring follow-up.

Phases 2 and 3 are planned to address the remaining issues, including structural underpinnings, installation of compliant scrub sinks, tooling of Theatre Room 2, and comprehensive staff training. Lessons from Phase 1—particularly on stakeholder coordination and change management—will guide future implementation.

The project represents a critical investment in rural surgical care, already contributing to reduced maternal and infant mortality and improved healthcare delivery in the Mwenezi District.



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patients requiring surgical intervention were often referred to distant provincial or private facilities. Unfortunately, due to the high costs associated with these institutions, many patients were unable to afford the care and returned to Matibi in worsened conditions. In some cases, this delay in treatment led to preventable deaths.

To address this critical gap, a comprehensive renovation project was launched to restore and improve the hospital's surgical capacity. The project was divided into three major components: renovating the existing theatre infrastructure, acquiring and installing surgical equipment, and improving the surgical skills of the hospital's doctor. These combined efforts were intended to enable the hospital to resume and sustain the provision of surgical services within the local community.

2. Project Objectives

The primary aim of the Matibi Mission Hospital Theatre Renovation Project was to restore and upgrade the hospital's surgical capacity to ensure timely, safe, and high-quality surgical care for patients in the Matibi community. The renovation was necessitated by the deteriorated condition of the existing theatre, which lacked the basic infrastructure and equipment needed for life-saving operations. This section outlines the three main objectives that guided the project.

2.1 Reviving Surgical Services

One of the key objectives was to re-establish the hospital's ability to perform surgical procedures locally. For years, Matibi Mission Hospital has referred patients to other provincial or private institutions due to the poor state of its own surgical theatre. Many of these patients could not afford the transportation or the cost of care at other facilities, leading to preventable complications and deaths. Renovating the theatre was crucial to enable the hospital to provide emergency and elective surgical services on-site, including caesarean sections, hernia repairs, and trauma interventions.

Parts of this was done in Phase 1 leaving open structural underpinnings of the building which instability was detected during the works, new requirements from the relevant stakeholders which changed during the project and with items planned in phase 2 from the beginning.

2.2 Enhancing Infrastructure and Equipment

A central future goal of the renovation project was to modernize the theatre's infrastructure and install new systems and fittings that meet contemporary medical standards. This included structural repairs, electrical and plumbing upgrades, the installation of air conditioning systems, and improved flooring to prevent contamination and infections.



The project also covered the refurbishment of essential support areas such as the sterilization and sluice rooms. Additionally, water supply systems were upgraded through the installation of a 5000-litre water tank and a solar geyser to ensure reliability and hygiene in surgical operations. In phase 1, critical issues on renovation were solved but the renovation needs a phase 2 to be completed. In phase 2, needed tooling will be supplied and installed too.

2.3 Strengthening Medical Skills and Capacity

Phase 3 will go beyond physical renovations, the project also seeks to enhance the surgical capacity of the hospital's medical staff. As part of the broader vision, training and skill development were identified as necessary components to complement the infrastructure improvements. Equipping the hospital with not just physical tools but also knowledgeable personnel was seen as vital for sustaining the delivery of quality surgical care.

In summary, the renovation project is still going on with phase 1 concluded but further construction work is needed. The project is driven by a strong commitment to reduce preventable deaths, improve healthcare access, and bring life-saving surgical services closer to the people of Matibi. The successful achievement of the already completed objectives is already yielding measurable health benefits and restoring community confidence in the local healthcare system.

3. Contractor Selection and Budget

3.1 Tender Process

To ensure transparency, quality, and cost-effectiveness, the contractor for the theatre renovation was selected through a competitive tendering process. Friends for Matibi (FFM) Trust coordinated the process, inviting bids from reputable construction companies with experience in health facility renovations. Each submission was assessed based on the firm's technical capacity, prior experience, understanding of the scope, and financial quotation. A particular emphasis was placed on the bidders' ability to meet strict timelines, adhere to health facility standards which turned out to be a major challenge due to differing opinions on which standards to follow, and demonstrate sensitivity to working in a live hospital environment without disrupting services.

3.2 Selected Contractor: Victoria Concrete

Following a comprehensive evaluation of the bids, **Victoria Concrete** was selected as the most suitable contractor for the project. The company demonstrated a strong track record in health infrastructure projects and presented a clear work plan aligned with the hospital's specific



requirements. Their technical proposal included detailed methods for managing infection control during renovations, as well as practical solutions to upgrade the theatre rooms, sterilization area, and plumbing systems efficiently and sustainably. Victoria Concrete also expressed a strong commitment to delivering high-quality results within the stipulated timeframe and budget, further cementing their selection.

3.3 Cost Comparison with Other Bidders

Victoria Concrete submitted a competitive bid amounting to **Forty-One Thousand One Hundred and Five United States Dollars (USD 41,000)** for the scope of work for phase 1. This quotation was significantly more cost-effective than the other proposals received:

- Bidder 2: USD 47,658
- Bidder 3: USD 52,473
- Bidder 4: USD 105,846

Victoria Concrete's quote offered the best balance between cost and quality, ensuring that the limited resources allocated for the project were utilized in the most efficient manner. The cost advantage, coupled with their demonstrated capacity and relevant experience, made them the optimal choice for executing this vital renovation project.

4. Scope of Work

During implementation, the project faced several unforeseen complications. The scope of work initially agreed upon had to be revised due to deeper structural weaknesses, evolving clinical requirements, and the engagement of additional institutional stakeholders. These shifts were necessary to ensure safety, compliance with clinical standards, and sustainability of surgical services.

While the original quotation was strictly adhered to in the initial planning stages, emerging needs during construction—such as the installation of a new water tank, solar geyser, and expanded sluice room functions—required scope adjustments. Additionally, more durable materials were requested (e.g., higher-grade tiling and air conditioning maintenance training), and the structural state of the building was worse than anticipated. These changes increased the overall project cost, which was offset through donor flexibility and local partner contributions.

There were changes regarding the scope of work between quotation and terms of reference as more stakeholders were involved. This was mainly the need for extension of the surgical ward. Nevertheless, at the signing of the terms of reference the overall amount of work was still USD 41,000.



Unfortunately, the requirements of the hospital regarding tiling were altered to a higher standard and market prices in the unstable economic conditions of Zimbabwe raised during the project. Parts from phase 2 that gained greater importance and a new water tank plus a solar geyser were included into the scope of work of phase 1.

Although the supplier made everything possible to stay in the quoted budget range, FFM agreed to a 10% raise of the quoted USD 41,000 and agreed to pay for the additional work from phase 2 as well as the purposeful water tank and solar geyser to make water supply for the theatre independent of the rest of hospital's water system.

This led to a total project cost for USD 53,262. USD 41,000 was paid by Gertrude Hirzel Foundation where FFM covered the rest of USD 12,262 out of the Swiss association's pocket. The initial quotation, the terms of reference, the invoices and bank payment confirmations for initial down payment, second installment and final invoices are attached. We are more than grateful for the support we received from the Gertrude Hirzel Foundation.

4.1 Financial overview

Initial quotation

<i>ITEM</i>	<i>DESCRIPTION</i>	<i>UNIT</i>	<i>QTY</i>	<i>RATE</i>	<i>AMOUNT</i>
	<u>MEASURED WORKS</u>				
	<u>THEATRE 1, THEATRE 2 AND STERILISATION ROOM</u>				
1	Attend to cracks on walls and leave good	item	1		1,630.00
2	Remove existing floor finishes and replace with new vinyl floor covering	m2	85	48.00	4,080.00
3	Replace wall finishes in theatre 1 and theatre 2 with new vinyl wall finish	m2	110	52.00	5,720.00



4	Supply and fix air conditioning units, leave in good working order	no.	2	1,850.00	3,700.00
5	Supply and fix built-in cupboards and serving desks	item			3,800.00
6	Replace wooden doors, to match existing size, with double wooden theatre doors with push plate & kickplate - 1800x2100mm	no.	2	1,350.00	2,700.00
7	Allow for replacing old sockets, including installation of new sockets at specific positions in accordance with positions given and replace existing fluorescent light tubes to improve illumination in the theatres	item			450.00
8	Replace existing plumbing installations and units in the sterilisation room	item			1,710.00
9	Carefully demolish existing 230mm wall to sterilisation room and place service hatch to Architect's specifications	m2	3	153.00	459.00
10	Allow for making good wall around the service hatch	item	1		525.50
	<u>ENTRANCE THROUGH SLUICE ROOM</u>				
11	Carefully demolish external 230mm wall below ring beam to create door opening	m2	2	153.00	306.00



12	Supply and fit standard pressed steel doorframe to suit 230mm wall and linings for 44mm thick door complete with cramps for building-in and steel butts plastered both sides	no.	1	145.80	145.80
13	Supply and fit 44mm solid core external quality door with concealed strips along vertical edges, finished smooth on both sides with approved commercial veneer suitable for painting and hung to pressed steel doorframe, door size 813x2032mm high	no.	1	250.00	250.00
14	Allow for plastering and painting around fitted doorframe and door to match existing finishes	item	1		900.00
<u>ALL OTHER ROOMS</u>					
15	Remove existing floor finishes and replace with new porcelain tiles	m2	240	30.00	7,200.00
16	Prepare surfaces on ceilings and apply 2 coats ceiling white paint to all rooms	m2	381	6.00	2,286.00
17	Prepare surfaces on doors and apply 2 coats varnish	m2	120	9.50	1,140.00
<u>KITCHEN AND BATHROOM</u>					
18	Carefully remove existing sink and replace with new double bowl, double drain sink	no.	1	910.00	910.00



	including new sink mixer				
19	Remove existing toilet sets and install new ones	no.	2	200.00	400.00
20	Replace shower rose and shower arm in bathrooms	no.	2	60.00	120.00
21	Supply and fit 150ltrs solar geyser	no.	1	950.00	818.10
22	Allow for all necessary plumbing connections	item			700.00
23	Allow for tiling to walls	m2	30	35.00	1,050.00
GRAND TOTAL					41,000.40
<i>N.B - All prices are in United States Dollars (US\$)</i>					

Scope of work agreed on in the terms of references

Please note as there was no change in budget for the new scope of work, the items were estimated in working days, not USD.

1 MISCELLANEOUS	
1.1 Mobilisation	4 days
2 THEATRE 1, THEATRE 2 & STERILISATION ROOM	
2.1 Remove existing floor and wall vinyl sheeting	2 days
2.2 Removal of existing serving desks	3 days
2.3 Removal of existing electrical sockets, lights and light switches	2 days



2.4 Removal of existing doors	1 day
2.5 Wall demolishing	2 days
2.6 Removal of existing plumbing fittings 2	2 days
2.7 Fix wall cracks and plastering touch ups	3 days
2.8 Fit new vinyl sheeting	5 days
2.9 Install air conditioning systems	2 days
2.10 Install new electrical light switches, lights and sockets	2 days
2.11 Install new theatre doors	1 day
2.12 Install new plumbing fittings	3 days
2.13 Install new cupboards and service hatches	3 days
3 RECOVERY ROOM	
3.1 Demolish walls	3 days
3.2 Concrete beams	2 days
3.3 Build up new wall	5 days
3.4 Concrete floor	1 day
4 ENTRANCE THROUGH SLUICE ROOM	
4.1 Demolish wall to create door opening	2 days
4.2 Install doorframe	1 day
4.3 Install door and locksets	1 day
4.4 PlasteriNg touch ups	1 day
4.5 Painting	1 day
5 OTHER ROOMS	
5.1 Remove existing floor tiles	4 days
5.2 Install new floor tiles	7 days
5.3 Paint ceilings	4 days
5.4 Paint doors	2 days
6 KITCHEN & BATHROOM	
6.1 Remove existing plumbing fittings	2 days



6.2 Install new plumbing fittings, including toilets, wash hand basin , etc	4 days
7 MISCELLANEOUS	
7.1 Commissioning	2 days
Total of days	77 days

Extra work in phase 1

There was work done in phase 1 not included in the initial quotation.

<i>ITEM</i>	<i>DESCRIPTION</i>	UNIT PRICE	<i>QTY</i>	<i>AMOUNT</i>
1	Water Tank and solar geyser	3,800.00	1.00	3,800.00
2	Civil works at water tank	680.00	1.00	680.00
3	Work on Sluice Room for Theater 2 brought forward from phase 2	2,782.00	1.00	2,782.00
4	Adjustment for Price Variations at 10% incl change of specs for aircon units	4,100.00	1.00	4,100.00
5	3 by visits to service and train local tech to service air conditioning units	900.00	1.00	900.00
	Sub-Total			12,262.00
	Initial Quotation			41,000.40
	GRAND TOTAL			53,262.40

4.2 Theatre Room 1 and 2

Both surgical theatres were identified as high-priority spaces requiring structural repair, hygienic improvements, and the replacement of outdated installations. Theatre Room 1 was prioritized for immediate use, while Theatre Room 2 underwent infrastructural improvement but awaits modern equipment to become operational.



Theatre room 1



Theatre room 2

4.3 Sterilization Room

The sterilization room, essential for maintaining infection control, was included in the renovation to ensure compliance with health standards. Plumbing, new fixtures, and finishes were installed to improve sanitation and efficiency.





4.4 Sluice Room

The sluice room was renovated to support the management and disposal of contaminated materials. The works included the installation of a new sink, plumbing enhancements, and interior finishes to bring it to clinical standards.



Sluice Room

4.5 Plumbing and Water Systems

A new 5000-litre water tank and a pressurized solar geyser were installed to ensure a consistent supply of clean and heated water. These additions are critical for both sterilization procedures and general surgical operations.



5000 litres Water Tank

4.6 Air Conditioning Systems

New air conditioning systems were installed in both theatres to maintain an optimal and sterile operating environment. Existing systems were also serviced to ensure consistent temperature regulation.



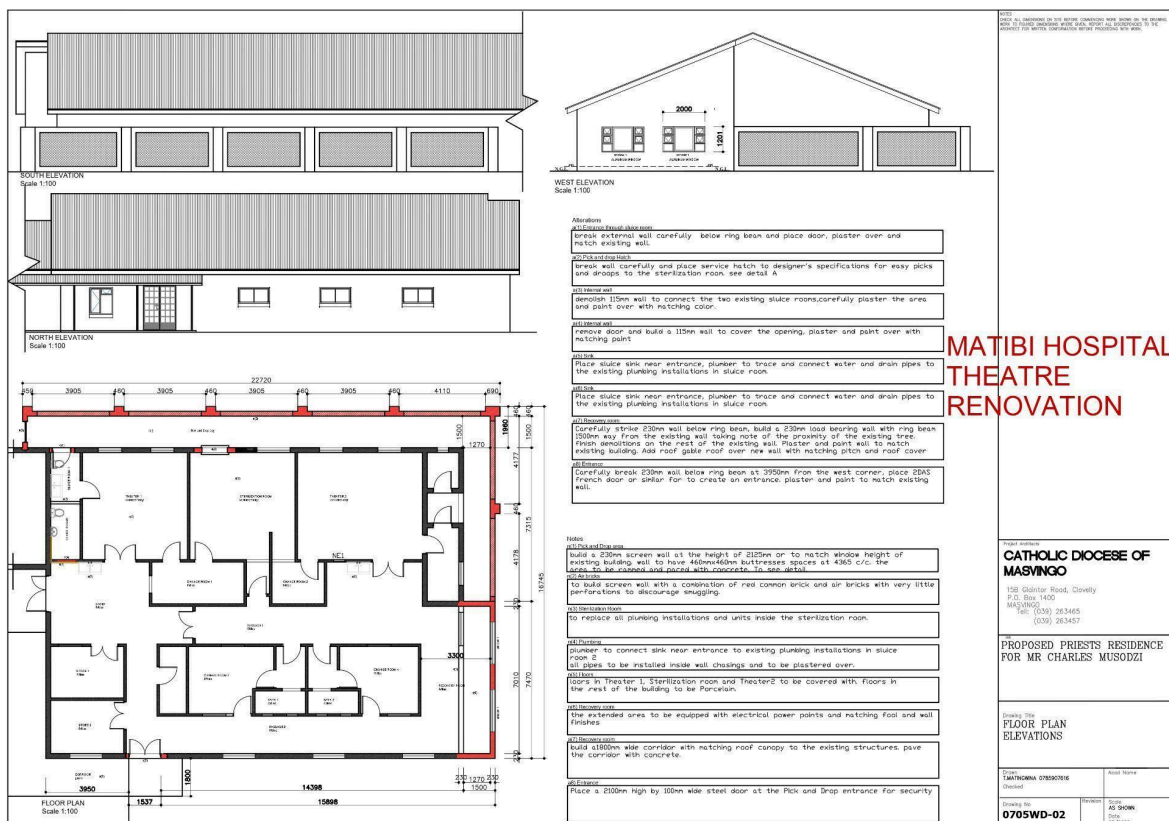
4.7 Structural Underpinnings

Reinforcement of foundational elements and repairs to deteriorating building materials were undertaken where needed. This included addressing wall cracks, roof sealing, and structural integrity issues to provide a safer clinical environment. During the work that was done in phase 1, the urgency of further structural underpinnings were identified and documented in the inspector's report upon finishing of phase 1 (report attached).

A new quotation for a grand total of USD 11,434.50 for the needed structural work came in from Victoria Concrete, see chapter 11.1.

4.8 Theatre Extension: Recovery Room Expansion

As part of the broader renovation effort, an extension was made specifically to the recovery area section of the theatre block. This was the only part of the theatre complex that was structurally extended. The process involved the demolition of an external wall, followed by the construction of a new one to accommodate the enlarged space.





Phase 1 only saw the extension on the lower right part of the architectural plan. Further extension might be included in later phases once the structural underpinnings are successfully completed in phase 2.



Wall being rebuilt for extension of recovery area



5. Renovation Details

The renovation works of phase 1 took place between April 26th 2024 and August 9th 2024.

5.1 Demolition and Removal of Old Fixtures

Outdated and damaged fixtures, including vinyl flooring, electrical fittings, desks, and plumbing units, were removed from both theatres and supporting rooms. This allowed for a clean base to install modern, hygienic replacements.

5.2 Installation of New Fixtures and Fittings

New desks, cabinets, stainless steel sinks, taps, plumbing, and electrical fittings were installed across all renovated spaces. These replacements enhance both function and compliance with infection prevention guidelines.





During Renovations

5.3 Flooring

New tiling was installed in the sluice rooms and recovery area. This ensures ease of cleaning and minimizes the risk of microbial contamination.



Tiled floor

5.4 Wall Repairs and Painting

Cracks in the walls were sealed, and all rooms were repainted using hospital-grade paint. However, some additional minor cracks remain in Theatre Room 1 and other areas; these should be addressed in future improvements as they may serve as potential infection points. Until the structural underpinning is done, new cracks might arise.



5.5 Plumbing and Water Supply Enhancements

The newly installed plumbing network supports efficient drainage, access to clean water, and the operation of new sinks and water systems in both the sterilization and sluice rooms. These upgrades have enhanced the hygienic capacity of the surgical unit.

5.6 Sterilization

The sterilization room was fully renovated with upgraded sinks, plumbing lines, painted walls, and vinyl flooring. It is now in operational use and supports surgical services. The sinks that were used might be replaced by types that meet higher medical standards.

5.7 Sluice Room Upgrades

A new sluice sink was installed, alongside improved plumbing and finishes, allowing for safe handling and disposal of infectious waste and materials. This reduces the risk of cross-contamination and supports better infection control.

5.8 Air Conditioning Installation

Air conditioning systems were installed and existing units serviced to meet the cooling requirements of surgical environments. This is crucial for maintaining the sterility of operating rooms during procedures.

5.9 Extension of the recovery area

Significant work was undertaken to extend the recovery area, including the demolition of an existing wall and the construction of a new one to accommodate the theatre expansion. This resulted in a notable increase in the available floor space within the recovery area.



Recovery Area



6. Supervision and Quality Control

6.1 Project Monitoring and Oversight

The renovation was supervised by the Friends for Matibi (FFM) Projects Coordinator, ensuring that every phase adhered to medical construction guidelines and hospital operational needs. The department of public works also provided inspection at the completion of the renovations.

As a critical observation, we learned that we need to expand our project management skills and efforts. The complex stakeholder environment was underestimated and the change management was poor leaving the contractor with differing opinions which materials to use for the construction.

6.2 Stakeholder Involvement

The renovation process experienced a high degree of stakeholder engagement, which evolved over time. Initially managed by Friends for Matibi Trust (FFM), the project later included deeper involvement from the Catholic Diocese of Masvingo, the Mwenezi Rural District Council, and the Department of Public Works.

This expansion in oversight, while beneficial for transparency and compliance, also contributed to changes in expectations and scope. For instance, new requirements were introduced late in the process, such as specifications for door standards, elbow-operated taps, and wall finishes, as well as critiques on workmanship (e.g., visible cracks and substandard flooring identified post-installation).

Such inputs delayed decision-making at times and required the contractor to revisit previously completed work. Future phases are expected to benefit from early, consolidated stakeholder alignment, improved project management and clear change management documentation.

6.3 Documentation and Transparency

The contractor provided detailed documentation of progress, including photographs and video evidence at each stage of the project. This transparency enhanced trust, allowed for real-time feedback, and ensured that donor expectations were met with accountability.

Improvements can be made by FFM by documenting all changes in a clear and formal change management process. It is learned that the organization needs to upskill for organizational development.



7. Warranty and Contractor Commitment

7.1 12-Month Warranty Coverage

Victoria Concrete, the contractor responsible for the theatre renovation at Matibi Mission Hospital, has provided a comprehensive 12-month warranty for the completed works. This warranty covers any defects in workmanship or materials that may arise after the project handover.

As a challenge post-construction, the manyfold changes during the project and the late expansion of stakeholders make it difficult to identify defects and change requests. It is still ongoing discussions which part of the substandard components are due to contractor's failure and what is reasoned to be the mistake of the project management or poor stakeholder engagement.

7.2 Post-Renovation Support

Post-renovation, Victoria Concrete has maintained regular communication with hospital management and committed to providing responsive support for any issues identified within the warranty period. Their professional conduct during the project has continued into the aftercare phase, ensuring any concerns are addressed promptly. The availability of documentation, including photographs and completion certificates, reinforces accountability and facilitates ongoing collaboration for future phases.

Although, this was done satisfactorily from the contractor from the point of view of FFM, due to poor documentation of change management, there are differing perspectives on what the contractor should do as changes and what a fixing - resulting in an still open discussion about the completion of phase 1.

8. Current Operational Status

8.1 Functionality of Theatre Room 1

Theatre Room 1 is currently operational and has already begun accommodating life-saving surgical procedures. While the equipment used is largely from the previous setup, the renovated environment—featuring new flooring, improved plumbing, and functioning air conditioning—has dramatically improved hygiene, efficiency, and patient safety.



8.2 Equipment Needs for Theatre Room 2

Theatre Room 2 has been structurally upgraded but remains non-operational due to the lack of modern surgical equipment. Retooling this space is essential to expanding the hospital's surgical capacity. Medical and surgical equipment—including an operating table, shadowless lights, suction machines, and patient monitors—are still needed to bring this theatre to full functionality.

Tooling is expected to be part of phase 3, altogether with surgical training once all the renovation work is completed to all stakeholders' satisfaction

8.3 Inspector's Notes and Recommendations

While the final inspection in August 2024 confirmed that core deliverables under Phase 1 were completed—including the installation of new air conditioning, flooring, electrical and plumbing upgrades—several areas were flagged for quality assurance and follow-up.

Key recommendations included:

- Replacing standard taps with elbow-operated ones to enhance surgical hygiene.
- Smoothing all internal surfaces to support damp dusting and infection control.
- Correcting substandard workmanship on floors and repainting with proper medical-grade materials.
- Addressing visible wall cracks and adhesive residue.

A later site visit and medical board meeting in May 2025 raised additional concerns:

- The newly installed theatre flooring had begun to crack and peel.
- A previously repaired structural wall crack had reopened.
- Doors were deemed non-compliant with theatre standards.
- The sterilizer machine was non-functional, and the surgical hand-washing station was inadequate.
- A misunderstood training budget of USD 13,000 appeared unutilized which was never meant to be part of phase 1 from a FFM perspective. Those USD 13,000 were not budgeted nor available due.

These points reflect both contractor performance gaps and a need for strengthened project governance in future phases.

The inspection confirmed that several renovation activities had been completed. These included the installation of new air conditioners, repairs to 15A and 13A electrical sockets, rectification of wall cracks, installation of floor and wall tiles, and internal painting. Additionally, vinyl tiles were



removed from Theatre 1, a new double aluminium door was installed, a 5,000-litre water tank was fitted, and the recovery area was extended.

Following the assessment, the inspection team made the following recommendations:

- All internal painting should be carried out using washable gloss enamel, eggshell, or washable sheen paints to facilitate easy cleaning and ensure proper infection control.
- Joints on plastered walls should be smooth and not visible.
- Skirting on the floors must be properly removed and refixed.
- Any adhesive residue on the floors should be thoroughly cleaned.
- Spring-loaded hinges should be installed on aluminium doors.
- All pillar taps should be replaced with elbow-operated taps to improve hygiene.
- The 20mm PVC pipe at the water tank requires attention and proper installation.
- Wall tile grouting should be completed and any deficiencies addressed.
- The double wooden doors at entrances should be trimmed for proper fit and operation.
- All wooden cabinets should be painted with gloss enamel for durability and ease of maintenance.
- Silicone should be applied to the tops of cabinets to prevent water penetration.
- All internal surfaces must be finished smoothly to support infection control and allow for easy damp dusting.

At this stage of the project, discussions are ongoing which of the above items are part of warranty and which are new requirements.

Furthermore, it was recommended that the project be closely and regularly monitored, with payments made only upon certification of completed work. The District Public Works Department should be involved in the planning and preliminary stages of similar projects in the future to help prevent challenges such as those encountered during this renovation.

9. Impact on Healthcare Delivery

9.1 Improved Access to Emergency Surgical Care

Before the renovation, patients in need of surgical intervention were often referred to distant provincial or private hospitals. Many could not afford these referrals. The renovation has enabled Matibi to begin handling certain surgical cases locally, improving access to timely interventions for conditions such as complicated births, appendicitis, and trauma injuries.

9.2 Reduced Maternal and Infant Mortality



The most notable impact has been the reduction in maternal and neonatal mortality. With the ability to perform emergency caesarean sections on-site, the hospital has already saved several lives. The delay previously caused by travel to distant hospitals has been significantly reduced, improving survival rates for both mothers and infants.

9.3 Enhanced Local Surgical Capacity

Doctors and clinical staff at Matibi Mission Hospital can now operate in a better-resourced environment. The enhanced infrastructure has increased the scope of procedures that can be safely performed, while also improves the confidence and morale of the medical team.

9.4 Safer Infection Control Practices

The introduction of new vinyl flooring, air conditioning systems, proper sterilization rooms, and an upgraded sluice room has improved infection control. These changes reduce the risk of surgical site infections and ensure the hospital aligns with modern clinical hygiene standards.

10. Community Benefits

10.1 Reduced Travel Burdens and Costs

Community members previously had to travel up to 200 kilometers or more to access surgical services. The theatre renovations have reduced the physical, financial, and emotional burden of such travel. Patients can now receive critical care in a familiar and supportive environment closer to home.

10.2 Increased Confidence in Local Healthcare

There has been a marked increase in community trust toward the hospital. The ability of Matibi Mission Hospital to offer quality surgical services has strengthened public perception and increased patient uptake of institutional health services, particularly among expecting mothers and accident victims.

10.3 Long-Term Improvement in Health Outcomes

The availability of local surgical care has long-term benefits for the health system in Matibi. Reduced referral rates, earlier treatment, and improved maternal care will cumulatively lead to better health indicators across the community. After the completion of phase 2 and 3, the hospital hopes to stand as a beacon of improved rural healthcare access in Mwenezi District.



11. Recommended Improvements and Outlook

While the renovation of the theatre at Matibi Mission Hospital has brought about significant improvements in the delivery of surgical care, several critical upgrades remain necessary to fully optimise the facility's functionality and safety. The hospital's administration, supported by technical inspectors from the Catholic Diocese of Masvingo and local authorities from public works, has identified key areas that need attention in the next phases of development.

11.1 Structural Repairs: Underpinning, Cracks and Infection Risk

Despite the improved infrastructure, several internal and external walls in Theatre Room 1 and adjacent spaces still have visible cracks. These structural imperfections present a potential infection risk, particularly in a sterile environment where airborne pathogens and dust particles can jeopardise surgical outcomes. Addressing these cracks through firstly underpin to reestablish the structural integrity of the theatre, comprehensive plastering and repainting is a top priority to ensure the facility meets infection control standards.

Structural works that urgently need to be done as per inspector's instructions

Item	Description	Unit	Qty	Rate (USD)	Amount (USD)
1	Supply and fix grade 30Mpa reinforced concrete for underpinning external wall (crack areas)	Item	—	—	3,510.00
2	Supply and fix ground beam to new extension	Item	—	—	683.10
3	Build up retaining wall to match one removed for recovery room extension	Item	—	—	3,909.60
4	Build up concrete apron to match existing along recovery room extension exterior walls	Item	—	—	1,760.40



5	Preliminaries and Generals	Item	—	—	1,571.40
	Grand Total				11,434.50

11.2 Surgical Scrub Sink Installation

The Diocese inspection team has recommended the installation of dedicated surgical scrub sinks in both theatre rooms. These are essential for proper preoperative preparation and for maintaining the sterility of surgical procedures. Their absence limits full compliance with best practices in surgical hygiene and needs to be rectified in the next implementation phase.

11.3 Vinyl Surgical Flooring in Both Operating Theatres

Although the current flooring has improved cleanliness, both theatres still require specialised vinyl surgical flooring. This flooring is antimicrobial, slip-resistant, and seamless—minimising dust accumulation and enabling easier cleaning and disinfection. Installing this type of flooring is a crucial step towards enhancing infection control and surgical safety.

11.4 Installing Airtight Swing Surgical doors

To ensure regulatory standards there is a need to install airtight swinging surgical doors. This maintains sterility and ensures controlled airflow in and out of the operating theatres.

11.5 Quotations for Phase 2

The planned Phase 2 of the theatre renovation at Matibi Mission Hospital is aimed at addressing outstanding infrastructural and functional gaps that were identified during and after Phase 1. A quotation has been obtained from Victoria Concrete for both structural and electrical enhancements required to bring the theatre facility to full operational standards in October 2024 which is now outdated and should be updated once the scope of work for phase 2 is agreed from all the stakeholders. There is still ongoing discussion to make sure mistakes from phase 1 are not repeated.

The quotation from Victoria Concretes for phase 2 from October 2024 is attached.



Item	Description	Unit	Qty	Rate (USD)	Amount (USD)
1	Prepare surfaces on external walls, apply 2 coats weatherguard paint	m ²	305	13.80	4,545.72
2	Prepare surfaces on internal walls, apply 2 coats washable paint	m ²	915	13.80	13,637.16
3	Tile bathroom walls (shower areas & toilet section) to match height	m ²	55	36.80	2,185.92
4	Floor tiling in sluice and changing rooms	m ²	70	36.80	2,782.08
5	Supply and fix outside flood lights	No.	6	97.75	633.42
6	Supply and fix water purification plant	Item	-	-	7,344.00
7	Supply and fix air condition unit (sterilisation room)	No.	1	2,400.00	2,592.00
8	New toilet set and wash hand basin near entrance (incl. plumbing)	Item	-	-	702.00



9	Supply and fix shoe rack at receiving bay	No.	1	350.00	378.00
10	Supply and fix medicine shelving (sterilisation receiving bay)	No.	1	450.00	486.00
11	Supply and fix sterile packs cabinet	Item	-	-	918.00
12	Supply and fix vinyl sheeting to sterilisation room floor	m ²	35	35.50	1,341.90
13	Preliminaries and Generals	Item	-	-	3,996.00
	Grand Total				\$41,542.20

11.6 Equipment Upgrades for Theatre Rooms

Theatre Room 2 remains unused due to the lack of essential surgical equipment. A second functional operating room would significantly expand the hospital's capacity to handle simultaneous emergencies and scheduled surgeries. Required equipment includes:

- Operating tables
- Surgical lights
- Suction machines
- Anaesthesia machines
- Patient monitors

The procurement of this equipment will constitute a core component of Phase 3 of the theatre development plan.



11.7 Maintenance and Sustainability Plans

To preserve the integrity of the renovation work and avoid degradation, a structured maintenance plan will be instituted. This includes periodic inspection of plumbing and electrical systems, servicing of air conditioning units, routine cleaning protocols, and timely repairs. Community engagement and support from the Diocese will be vital in sustaining the improvements made thus far.

11.8 Staff Training and Capacity Building (Planned for Phase 3)

Beyond infrastructure and equipment, the long-term success of the theatre relies on human resources. Phase 3 of the project will include targeted training programs for theatre nurses, anaesthetists, and surgeons. These efforts aim to ensure that staff are well-versed in using new equipment and maintaining modern surgical protocols, ultimately enhancing the overall standard of care provided at Matibi Mission Hospital.

12. Lessons Learned

The Matibi Mission Hospital Theatre renovation project, while partly successful, provided several critical lessons that will guide the planning and execution of future phases. These insights reflect both technical experiences and organizational dynamics encountered during Phase 1.

12.1 Early and Inclusive Stakeholder Engagement Is Critical

Engaging all relevant stakeholders—from the hospital administration and local authorities to the contractor and donor partners—at the earliest stages of planning would have reduced later misalignments in expectations, timelines, and scope. The late introduction of new standards (e.g., door specifications, tiling requirements, medical sinks, tap types) disrupted workflow and affected cost predictability.

12.2 Scope Creep Must Be Controlled Through Formal Change Management

Several changes to the original scope, including additional civil works, upgraded specifications, and shifted priorities (e.g., emergency extension of the recovery room), were implemented without a formal change management process. This led to budget overruns and strained timelines. Future phases should adopt a structured approval mechanism for any deviations from the original plan.



12.3 Clear Definition and Enforcement of Workmanship Standards Is Essential

Some elements—such as floor installations and wall crack repairs—did not meet expected quality standards and required follow-up. Clearer, enforceable specifications and on-site quality control checkpoints will help ensure that all work complies with clinical and structural expectations.

12.4 Malcommunication of Training and Equipment Support

The non-execution of staff training highlighted a gap in coordination and clear communication of the different phases of the overall project. As it was clear to the project manager that training and tooling is not part of phase 1, this message was not well understood by the relevant stakeholders. Even worse, it was understood that the funding for training was already raised and available which was not the case.

This led to the assumption that some of the budget was spent for other projects or even diverted to private pockets. This crack in trust must be rebuilt. Future phases must clearly communicate what is part of the actual phase.

12.5 Flexibility in Donor Funding Allows Responsive Project Adaptation

The ability of Friends for Matibi Trust and its donors to approve urgent changes—such as additional structural works and critical water system upgrades—was vital to sustaining project momentum. This flexibility was a strength and should be retained, albeit with clearer documentation and budget adjustment protocols.

12.6 Regular, Independent Inspections Safeguard Project Integrity

Inspections conducted by the Department of Public Works and the Diocesan Medical Board provided invaluable independent oversight. Their recommendations ensured compliance with national standards and improved the overall quality of work. Future phases should maintain this model of scheduled external inspection and verification before payment disbursements.

12.7 Upskilling of FFM Project Officials Strengthened Future Capacity



Throughout the project, FFM officials encountered complex scenarios involving shifting stakeholder expectations, evolving technical requirements, and financial adjustments. These experiences contributed significantly to on-the-job upskilling in project and stakeholder management. Lessons in communication, timeline coordination, documentation, and conflict resolution have collectively enhanced FFM's capacity to manage similar infrastructure projects more efficiently in the future. Still, advanced training in communication and project management should be offered to FFM's project managers.

13. Conclusion

13.1 Summary of Achievements

Despite numerous technical and coordination challenges, Phase 1 of the Matibi Mission Hospital Theatre renovation delivered meaningful impact. Theatre Room 1 is functional, enabling safe local surgeries. Infrastructure such as water, air conditioning, and recovery space has been vastly improved.

Nevertheless, post-renovation inspections and stakeholder reviews have revealed important gaps. These include issues of material durability and design compliance. The learnings from this phase are guiding the planning of Phase 2 to better align stakeholder coordination, contractor accountability, and medical facility standards. These efforts have already saved lives by reducing maternal and infant mortality, enabling local emergency surgeries, and alleviating the financial and logistical burden of referrals to distant hospitals.

The project was executed on time and with an explainable budget overshoot, with full transparency and oversight from local authorities, the Catholic Diocese of Masvingo, and the Friends for Matibi Trust. The project offered FFM an opportunity to reflect on the internal skills and to improve its operations, further learning and improvement are needed.

13.2 Commitment to Continued Progress

While the gains have been tremendous, the renovation process is ongoing. Phase 2 and 3 aim to address critical gaps, including the need to install surgical scrub sinks, complete structural wall crack repairs, and retool Theatre Room 2 with modern surgical equipment. Upgrades to the sterilization process, proper flooring, and continuous staff training are also planned.

Friends for Matibi Trust remains committed to supporting Matibi Mission Hospital until the entire surgical complex is fully operational, modernized, and able to deliver consistent, high-quality care. These investments are not just in infrastructure—they are investments in human lives, dignity, and a healthier future for the entire Matibi community.