

## ST FRANCIS' MISSION HOSPITAL – 2015/2016 ANNUAL REPORT



Hospital Operations and Status

*Compiled by: The Senior Hospital Administrator (Audreen Lunda Kamukwamba)*

## EXECUTIVE SUMMARY

The hospital was founded as a mission hospital by the Anglican Church in 1948. Although founded and owned by the Anglican Church, the hospital is jointly managed by the Anglican and Catholic dioceses since 1986. It is located in Katete off the Great East Road in the Eastern Province of Zambia about 490km from Lusaka, nearly 5km from Katete Central business area and 10km from Katete administrative offices. In relation to Chipata, the provincial capital, the hospital is located about 87km and 125 km from the Malawian border.

St Francis' Mission Hospital has a bed capacity of 378 beds; offering both in-patient and out-patient services to the population in Katete since it is the only hospital in Katete. Furthermore, as a 2nd level hospital, it receives referrals from all over eastern province. Due to its good reputation in obstetrics and gynaecology and surgery, the hospital experiences an influx of patients from all parts of Zambia including Mozambique.

The hospital has been experiencing a decline in Out Patient Department (OPD) attendance in the past 3 years with OPD attendances at 92, 418 in 2013 to 89,598 in 2014 and 79, 864 in 2015. The total institutional admissions also reduced from 15, 775 in 2014 to 14 062 in 2015, while total discharges were 13, 882 in 2014 and 12, 395 in 2015.

In terms of operations, the total operations that the hospital recorded was 2,868 in 2015 as opposed to 3,017 recorded in 2014. Under Obstetrics and Gynaecology, a slight increase in the number of major operations was recorded of 998 in 2015 as opposed to 969 operations recorded in 2014.

St Francis' Mission Hospital continues to provide Antiretroviral Therapy (ART – medication that treat HIV) services under Churches Health Association of Zambia (CHAZ) with the HIV cumulative enrolment of 17, 796 by December, 2015. Current on ART increased from 8,383 in 2014 to 8, 459 by the close of the year in 2015. However, due to a decline in the funded activities under the ART programme, the hospital handed over the ART satellite clinics which were located in Katete district (Vulamukoko, Kafumbwe and Chimutende), Mambwe district (St. Lukes and Kasamanda) and Chipata district (Makungwa and Kwenje). The hospital however has maintained the static clinic with the current on ART reducing from 8, 459 at the close of 2015 to 5,598 as of 30<sup>th</sup> June 2016.

Although there has generally been a reduction in the number of patients both for in patients and outpatients, the load of patients that the hospital deals with is still high in relation to the

available staff for the level of the hospital that St. Francis is. This is mainly as a result of an outdated staff establishment that has not been revised for many years to match with the workload and expansion of hospital (previously 350 beds, now at 378 bed capacity). Ideally the hospital should have a consultant in all the departments (Internal medicine, Paediatrics, Surgery and Obstetrics and gynaecology), however, the hospital still doesn't have a physician. Having consultants in all the departments would make the hospital eligible to be accredited as a teaching hospital, which will make the hospital eligible to receive interns which would greatly reduce the burden of staffing.

In terms of funding, the hospital receives a monthly operational grant from government of the republic of Zambia (GRZ). The grant is far below the monthly needs of the hospital with a monthly grant in 2015 of about K260, 000. In 2015, the hospital struggled to maintain adequate medical and non-medical supplies for the hospital mainly due to the sharp depreciation of the kwacha that the country experienced. Unfortunately, apart from CHAZ which supports the hospital with funding for the ART related programmes at the hospital and a salary grant, it is only the GRZ that supports the hospital with a monthly grant. Most donors are unwilling to support the hospital with operational funds, but are more willing to invest into infrastructure development.

In view of the above challenges, the hospital management board finally established a business wing of the hospital whose main objective is to raise funds for the hospital. The business wing, which was first established as income generating project in December 2014 was later officially mandated to operate as a company, under the name; Anglican Diocese of Eastern Zambia (ADEZ) in April 2016 by the Zambia Anglican Council (ZAC). Currently, ADEZ is fully operational with the Training Centre (also known as 'Bishop John Osmers Training Centre and Lodge'), the fee paying CHADA and the Garden Project.

## **INTRODUCTION**

St Francis' Mission Hospital is the district hospital for Katete and currently the only 2<sup>nd</sup> level hospital which has continued to receive referrals from Chipata, Petauke, Kamoto, Nyimba, Mambwe, Nyanje, Chama, Lundazi, and Chadiza district hospital.

The Eastern Province, which is the catchment area for St Francis' Mission Hospital, has a population of approximately 1,766,300 (CSO, 2010 projections). The population of Katete district is currently estimated at 192,759 (CSO, 2010 projections), the majority of whom are subsistence farmers who grow maize, groundnuts, cotton, tobacco and sunflower. Only a small proportion of the population in Katete residents live in the urban area, doing business or employed in few companies and in the Indian shops, while many others are self-employed.

The 2015 annual report will give a summary of services offered by the hospital highlighting the workload for departments and the successes and Challenges experience in 2015. The document is subdivided into 6 sections covering the following areas: services offered, Health care financing, leadership and governance, health work force, medical commodities, and infrastructure/equipment/Transport. It will also highlight partners that have continued to support the hospital over the years.

### **1.0 SERVICES OFFERED**

The main medical departments are; Internal Medicine, Out Patient Department (OPD), Obstetrics and Gynaecology, Surgery and Paediatrics. The hospital also offers a full range of services such as laboratory (microbiology, parasitology, haematology, chemistry, cytology, blood bank and serology), dental, imaging, physiotherapy, eye, cervical cancer screening, Gender Based Violence Survivor Support (GBVSS), Voluntary Male Medical Circumcision (mainly mobile), HIV counselling and Testing (HCT) and ART services.

The operations of the hospital are supported by the administrative unit which consists of: Purchasing and supplies unit, Accounts, Human Resource, Medical records, Stores (food store and hard ware stores), housekeeping, security and workshop (Maintenance, building and Transport).

### 1.1 OPD

The outpatient department is the 1<sup>st</sup> point of entry for all clients seeking medical attention, operating 24hours a day throughout the week. The department is busy receiving referrals from the 24 Health Centres in Katete District and as well as from many Rural Health Centres from other nearby districts.

The clinics in OPD are shown in Table 1.1

**Table 1.1**

Type	Run by	Frequency	Clinic Days	Comments
Medical Clinic	GMO/SRMO	Weekly	Wednesday - Diabetics	Operational
			Thursday - Cardiology	
			Wednesday - Hypertensive	
Paediatric clinic	Paediatrician	Weekly	Wednesday	Operational
Psychiatric Clinic	Registered Mental Health nurses	Every fortnight	every 1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday of the month	Operational
Surgical Clinic	Specialist Surgeon, Surgical Registrar and SRMO	Twice Weekly	Tuesday & Thursday	All surgical problems including orthopaedics
HIV/AIDS	Clinical Officers; nurse prescribers	Daily	Mon - Friday	
Gynaecology	Specialist Gynaecologist	Twice Weekly	Tuesday & Thursday	Operational
VMMC	Clinical Officer/Nurse	Daily	Mon - Friday	Outreach clinics are also conducted
Cervical Cancer	Gynaecologist and Midwives	Daily	Mon – Friday	Outreach programme active under SIDA funding

The hospital has been experiencing a decline in OPD attendance in the past 3 years with OPD attendances at 92, 418 in 2013 to 89,598 in 2014 and 79, 864 in 2015. Of the total attendances, 26, 852 were new and 53, 012 were revisits. (See Annex i table 1.2)

Despite the decline in OPD attendances, the number of patients coming from a variety of health facilities put a great strain on the staff in the OPD and the area is often very congested. The

clinical officers, nurses and doctors working in OPD face serious challenges and workload, causing stress and tensions. This is mainly due to the limited medical staff available to attend to the patients at OPD.

### **1.2 Internal Medicine**

The department is run by General Medical Officers/ Senior Resident Medical Office (SRMO) due to the absence of a physician. For many years, the department has operated without a physician which is a big problem because the department is usually covered by volunteer doctors whose stay ranges from 6 months to 2 years. This usually creates a gap service delivery especially since many of the volunteer doctors have limited experience in tropical medicine and spend some time learning before they can comfortably attend to patients. The situation is not any better with the Zambian SRMOs because after two years of rural experience, they proceed for a masters training. However, hospital management has continued to lobby for a physician from the ministry of health.

In 2015, the department experienced a rise in the numbers of patients being admitted with Non Communicable Diseases among females.

The top 5 causes of admission were; cardiovascular diseases (ranked the highest in female while in males, TB ranked the highest with cardiovascular disease coming in as the 3 highest in males), hypertension was 2<sup>nd</sup> highest, followed by pneumonia and Acquired Immune Deficiency Syndrome (AIDS) was ranked the lowest in both females and males.

### **1.3 Obstetrics and Gynaecology (OBGY)**

Obstetrics is a department that deals with reproductive health while gynaecology deals with disease of women in general. Previous, gynaecology was combined with female surgical ward, but after renovations of the old TB ward ("York"), gynaecology ward was opened in October 2015 with the support from Medicals Support group (MSG).

OBGY is one of the department which has a consultant – obstetrician. The department is known throughout the country for the excellent services offered to the patients by the obstetrician and his team of doctors and nurse.

Maternity which is subdivided into antenatal/postnatal and labour ward only has 19 midwives. With quarterly deliveries of 746, 684, 767 and 768 for quarters 1, 2, 3 and 4 respectively in 2015, clearly the department is over stretched leading to more money been spent by the hospital to pay for over time and moonlighting to enable the department operate normally.

The total admissions in obstetrics was 3, 395 in 2015, while gynaecology recorded total admissions of 1, 710.

See annex ii table 1.3 for number of cases seen in 2015.

#### **1.4 Surgery**

The surgical department comprises female surgical ward, male surgical ward and the operating theatre. The department is run by a consultant surgeon together with a Zambian senior surgical registrar and volunteer senior and junior surgical registrars.

The department has not been spared with the shortage of nurses especially with theatre which currently only has 7 nurses who are expected to cover the 3 theatres. The staffing levels are less than 50% of the required number of nurses to cover 3 shifts for the 3 theatre days.

Even with difficulties with staffing levels, the weekly surgical clinics, elective and all emergencies surgeries were conducted as per schedule. In 2015, the hospital recorded 2, 017 major operations and 2, 988 minor operations (seen annex iii Table 1.4 for detailed information).

Furthermore, the scheduled VVF camp, orthopaedic plastic surgeries were all carried out by visiting surgeons. Renovation of theatre which started in 2015 was concluded in quarter 2 of 2016.

Generally, the hospital struggles with adequate supplies of medical and non-medical commodities. In 2015, the department experienced shortages of commodities such as methylated spirit, gauze, cotton wool, sluicing gloves, abdominal packs, cidex, autoclaving tape, cleaning materials etc. Inadequate surgical equipment e.g. Oxygen concentrators and monitors still remains a challenge coupled with frequent break down of the autoclaves in theatre.

#### **1.5 Paediatrics**

Paediatrics looks after medical cases from 0-13 years and surgical cases below 1 year.

In 2015, the ministry of Health transferred a paediatrician to the hospital which has greatly improved the care of children in the ward.

Protein energy malnutrition (PEM) was the highest on the top causes of admission with 206 cases captured followed by Respiratory Infection: Pneumonia with 197 in 2015. (See annex iv for the top 10 causes of admissions in Paeds)

In terms of causes of deaths in children, PEM was still the highest with 33 deaths recorded in 2015, closely followed by neonatal sepsis which recorded 29 cases. (See annex )

## **1.6 Laboratory**

It has staff of about 14; 1 biomedical scientist, 7 and Laboratory Technologist (2 employed by the hospital), and 6 untrained lab assistants employed locally to reduce patients' congestion, long queues and delays to serve them promptly.

In 2015, the dept. received a backup chemistry machine Pentra C 200 from Ministry of Health through UNDP as well as a LED microscope. The department also resumed carrying out full blood counts after the machine ABX Micro 60 was worked on by Sonergy scientific group.

Frequent breakdown of medical equipment such as chemistry analyser Cobus Integra 400 plus has continued to be a challenge in the laboratory. Furthermore, the dept. experienced erratic supplies of lab reagents from Medical Stores Limited. The frequent break down of medical equipment and stock out of reagents restricts the number of samples collected and processed.

Another challenge that not only negatively impacted the operations of the lab, but also affected significantly comprised patient care was the shortage of blood that was experienced in the country.

Inadequate trained staff to cover all the sections within the departments remains a challenge as seen by the number of untrained staff deployed in the department to assist the trained staff.

Annex vi indicates the number of test conducted by the department

## **1.7 Radiology**

St Francis hospital's radiology department provides x-ray and ultrasound services to patients within Eastern province and other parts of Zambia. The x-ray services provided include: general non-contrast x-ray examinations, special investigation (contrast), scanning (Small parts, ABD, pelvic, cranial) and OBS & GYN & breast imaging.

Radiology staff consists of; 1 radiographer, 5 radiography Technologists and 3 general workers (2 dark room attendants and 1 cleaner).

Challenges experienced by the department included;

- The break down of MRS x-ray equipment in 4th quarter 2015 to date.
- Erratic supply of x-ray films



- Small ultrasound scanner with poor resolution and with a cardiac probe
- Absence of a fluoroscopic x-ray machine
- No filling space for radiographs
- Break down of Automatic film processor.

Despite the challenges highlighted above, the department managed to operate with total ultra sound scan done of about 8, 439 and 8, 617 investigations (include chest x-rays, lower/upper limb, abdomen, barium meal/swallow, urograms/cystograms etc.). Refer to annex vii for detailed information.

### 1.8 Physiotherapy

Physiotherapy is a branch of clinical care concerned with promotion of physical wellbeing, through preventive, therapeutic and rehabilitation services, thereby maximizing health related quality of life.

The department has 3 staff; 1 physiotherapist, 1 senior Physiotherapy Technologist and 1 physiotherapy Technologist.

In 2015, the department managed to attend to 2,169 patients compared to 1,956 in 2014 (10.8% increase). It also managed to source for some donations of mobility Aids form partners (World Vision, PhysioNet, CBM). Furthermore, physiotherapy dept. received an Infra-red lamp, and A TENS unit from MoH. The department through support from partners has continued to give free wheel chairs to deserving clients. Clubfoot and Cerebral palsy which are specialised clinics have continued to run.

The Number of cases seen are summarised in the table below:

#### Physiotherapy Service provision: both in & out patient basis

	2014	2015	2016
			(Jan to Jun)
NEW CASES	1223	1400	564
OLD CASES	644	769	417
TOTAL	1867	2169	981
NEUROLOGICAL CASE	555	536	252
ORTHOPAEDIC CASES	906	1090	586
OTHER PHYSIO CASES	409	555	150

TOTAL	1870	2181	988

Challenges:

- Staffing levels in comparison to the work done in the department is a challenge.
- The department lacks adequate tools, equipment and supplies for its smooth operations.
- Currently very old out-dated methods and equipment are being used to treat clients, which is very de-motivating and constrains service delivery.
- The building that houses physiotherapy department (including medical records department) is not only very old, but has leaking roof and eaten by termites and needs repair (of course, MSG has earmarked physiotherapy department for major renovation already).
- Generally the department is small; hence the storage space is limited.

### 1.9 Dental Department

Dental health services forms an integral part of health services of the hospital. The provision of oral health services is significant as it contributes to the welfare of the communities. In the recent years, there has been an increase in the number of oral conditions and diseases which include:

- Dental caries
- Periodontal disease
- Cancers
- Mal-occlusion and
- Facial injuries

The department has 4 staff: 1 senior Dental Therapist, 2 dental therapists and 1 dental attendant. One of the dental therapists is currently in training as a dental surgeon.

The provision of quality dental health services has been compromised by the shortage of modern equipment and dental materials. The dental equipment currently available is obsolete and in a state of disrepair while the supply of dental materials especially filing materials are inadequate and erratic.

Community sensitisation on oral health has been a challenge due to weak oral health strategies and weak linkages with other Departments dealing with Primary Health Care programmes. The Department plans to strengthen preventive, promotive and supportive services through the integration of oral health in outreach activities. The Department will continue to lobby for equipment through the Hospital management for new and modern Dental Equipment from the Government and other donors.

### **1.10 Eye Department**

Eye diseases are among the 10 major causes of morbidity in Zambia. It is estimated that there are 18,000 blind people in the eastern province, and Cataract accounts for 50% of all blindness in adults. 80% of the causes of blindness are treatable or preventable.

In 2015, a total of 13, 420 patients were seen. The department recorded 175 cataract operations, 8 glaucoma operations and 10 trachoma surgeries were performed. The department also received some eye equipment from Ministry of Health.

The major reason why the eye ward has not been opened is due to inadequate staff to cover both the eye clinic and ward. The hospital has no positions for ophthalmic nurses; however, management has continued to lobby for more nurses. For the department to operate effectively it needs about 9 nurses to run both the ward and the clinic, currently there are only 3 nurses on full time and 1 employed on part time basis. Other challenges include lack of eye drugs such as acetazolamide and timolol, and Inadequate IEC materials to promote eye health.

### **1.11 Cervical cancer Clinic**

Cervical cancer is one of the leading causes of cancer deaths among women in Africa where the negative impact is worsened by the high prevalence of HIV. Almost all causes of cervical cancer are caused by Human Papilloma Virus (HPV) a common sexually transmitted infection.

Cervical cancer clinic is situated in the outpatient department operating from Monday to Friday. It is managed by 3 midwives in conjunction with the obstetrician. In 2015, the clinic managed to screen 1, 531 clients.

In 2015, the unit received a new plasma TV, a camera, Laptop and a desktop computer for the Loop Electrosurgical Excision Procedure (LEEP) purchased using donor funds. Despite shortage of staff, the clinic managed to carry out sensitization meetings at three health centres and screening at Kagoro Rural Health Centre.

The response by the community towards cervical cancer screening has been good. However, due to inadequate sensitization about cervical cancer, the number of clients seeking the services is still low in comparison to the target group for population in Katete.

### **1.12 Gender Based Violence Survivor Support (GBVSS)**

The centre was opened in March, 2013 with the support of world vision with the intention of handing the centre over to the hospital by 2017. The team operating at the centre includes:

- Coordinator – Social work (on GRZ payroll)
- Victim Support Unit officer (on GRZ payroll as a police officer),
- Legal Officer (Women and Law in Southern Africa),
- 2 Nurses (GRZ),
- Paralegal (World Vision),
- 3 counsellors (World Vision)
- Driver (GRZ)

In 2015 some of the achievements recorded were as follows:

- 2,581 Survivors of GBV were provided with post GBV services, 1,964 female & 617 male against the target of 2,696
- 29 survivors were attended to through the 24/7 strategy, i.e. 22 female, 7 male
- 18 out of 18 mobiles conducted were more than 1,967 community members were reached and more than 172 GBV cases recorded.
- 60 Monitoring and case follow ups were conducted
- 419 children were counselled, i.e. 93 sexual cases, 314 child neglect, 2 child marriage, 7 Confinement & imprisonment while 3 harmful traditional practices
- 539 cases of GBV and Non GBV survivors who received Counselling and Testing. 216 male and 303 were female (Target of 564)

The department experiences challenges such as withdrawal of GBV cases by survivors either at the police station or in court, and also failure to report early marriage cases to the GBV centre is another common practise. Currently, Katete district does not have a shelter (safe house) for survivors of GBV which comprises the safety of survivors for certain cases.

### **1.13 ART services**

St Francis' Mission Hospital has one of the largest ART programmes in the country. The clinic runs from Monday to Friday. Other HIV related services include HTC, PMTCT, TB/HIV programs as well as VMMC.

Due to the reduction in the funding from CHAZ for the CHAZ Antiretroviral Therapy Programme (CART), the hospital handed over all the satellite clinics to their respective Districts Health Officers (i.e. Mambwe, Chipata and Katete district) in quarter 1 and 2, except for the PMTCT programme which has retained two sites; Kafumbwe and Chimutende within Katete district.

In 2015, the unit recorded a total cumulative number of patients on ART of 17, 796, while the total new initiation was at 849. At the close of 2015, total for current on ART was at 8, 459. (Refer to annex vii)

### **1.13.1 Voluntary Male Medical Circumcision (VMMC)**

The unit was opened in 2012 under the CART programme. It runs a static clinic at OPD and also conducts mobile services to the surrounding districts. There has been a tremendous improvement in the number of clients accessing the service since its inception in 2012, notably with the sharp increase in the number of VMMC cases from 494 in 2014 to 1, 312 in 2015. The increase can be attributed to expansion of the mobile sites from 5 to 12. Generally, due to continuous sensitization, even areas where VMMC was not traditionally practiced, the acceptance levels have improved.

The biggest challenge that the programme is facing is lack of a vehicle dedicated for the programme. This affects the mobile services as the outreach trips have sometimes been cancelled due to lack of transport. Another challenge is the limited standard infrastructure for VMMC static clinic.

### **1.14 Administrative and Support services**

The administrative component of the hospital strives to create a conducive working environment for both members of staff and the public. Administrative departments are committed to ensure that supplies and tools are made available to all departments for continuity of quality service delivery. It comprises the following department; Human Resources, Purchasing and supplies unit, Medical records, Information and communication Technology, Housekeeping and catering, security, Stores and workshop (Subdivided into transport, building and maintenance)

#### **Successes**

- The hospital has continued to provide 3 meals to the inpatients
- Generally, medical and non-medical supplies were procured according to the availability of funds.
- The hospital successfully completed renovations of “York” and Gyn ward was opened 3rd Quarter Of 2015.
- Procured and maintained utility services – fuel, electricity services, internet and telephone
- Lobbying for more staff both for medical and non-medical staff has continued.

The limited funding is the biggest challenge for the hospital to perform well both in the clinical as well as the administrative area. This is a source of frustration for almost all departments.

#### **Challenges**

- Generally, the general works lack adequate protective clothing to enable them carry out their duties effectively. Furthermore the hospital did not manage to ensure a steady supply of cleaning materials and tools for non-medical staff.
- The hospital was unable to improve the diet by including other sources of proteins (only beans is provided currently) such as Kapenta (family of sardines), beef and chicken.
- Maintenance of the grounds and building has continued to be a problem as the needed spare parts and materials are usually out of stock. Despite the plans to paint the entire hospital, we only managed to paint one section of the hospital. E.g. Stores and pharmacy just to mention a few areas in despite need of renovations and painting.
- Storage of material has continued to be a problem due to lack of adequate storage shelved both in the food store as well as the hardware stores.

## **2.0 HEALTH FINANCING**

The hospital is funded by various stakeholders, the biggest funder being the GRZ which sends monthly grants to the hospital.

The hospital receives a monthly grant from the government for providing 2<sup>nd</sup> level services and running the nursing schools. In 2015 the monthly operational grant increased from 2014 monthly grant of K214, 000 to K237, 851. Apart from the GRZ grant that the hospital receives, management signs contracts with District Health Offices (DHO) such as Katete, Chipata, Mambwe, Chadiza, Petauke and Nyimba for the provision of 1<sup>st</sup> level services. The above districts pay referral fees to St. Francis as contributions towards 1<sup>st</sup> level patients' care.

St. Francis receives many donations from abroad and within Zambia which is absolutely vital for the running of the hospital. A large proportion of these donations are used to buy drugs and medical supplies. Unfortunately, foreign donations have declined over the years since the beginning of the economic depression (melt down) in western countries, which is now negatively affecting our performance.

The table below is an income and expenditure statement for funds received from GRZ, 1<sup>st</sup> level referral funds and donations received.

**ST. FRANCIS HOSPITAL - KATETE**  
**RECEIPTS AND PAYMENTS 2015 - GRANT AND USER FEES**

	HOSPITAL	SCHOOLS	TOTAL
<b>Balances Brought Forward</b>	<b>386,033</b>	<b>367,508</b>	<b>753,540</b>
Funding From Central Govt	2,170,255	991,350	3,161,605
Referral fees-1st level provn	471,670	0	471,670
Med User Fees	65,372	0	65,372
Educational User Fees	0	1,001,580	1,001,580
Other Fees Other	11,045	0	11,045
Miscellaneous	300	134,980	135,280
Donations and Services in Kind	15,664,420	0	15,664,420
CHAZ Salary Grant	146,633	0	146,633
<b>Receipts in the Period</b>	<b>18,529,694</b>	<b>2,127,910</b>	<b>20,657,604</b>
<b>Total Available Funds</b>	<b>18,915,727</b>	<b>2,495,418</b>	<b>21,411,144</b>
Salaries (Incl Govt Seconded Staff)	16,049,408	107,955	16,157,362
Office Costs (Incl. ICT)	185,600	150,719	336,319
Building Maint (incl.cleaning, Power)	958,731	130,154	1,088,885
Vehicles & Equipment Costs	381,758	177,935	559,693
Provisions (Food)	202,929	401,206	604,135
Drugs & Medical Supplies	567,131	99,200	666,331
Services	116,339	124,743	241,082
Travel Costs	294,792	931,721	1,226,513
<b>Total Expenditure</b>	<b>18,756,688</b>	<b>2,123,632</b>	<b>20,880,320</b>
	<b>159,039</b>	<b>371,786</b>	<b>530,824</b>



As a member of CHAZ, SFH is a beneficiary of the CART programme which covers ART Treatment, VMMC, PMTCT, and TB. Furthermore, the programme also supports salaries and wages for staff who are mostly church employees.

Below is the income and expenditure the CART financial year of 2015 to 2016.

**ST FRANCIS HOSPITAL  
CART FINANCIAL REPORT FROM APRIL 2015 TO MARCH 2016**

<b>Income</b>		
	<b>Funding from CHAZ</b>	<b>1,917,992.00</b>
<b>Expenditure</b>		
	Salaries and Wages	911,069.55
	Laboratory Reagents	132,484.00
	OI Drugs	275,632.94
	Domestic Travel	9,144.14
	Insurance	3,086.97
	Telephone/Electricity Bills	30,215.59
	Bank Charges	2,790.00
	Repairs and maintenace	48,313.79
	Stationery	98,143.48
	Monthly meetings with TB treatment supporters	6,310.00
	Lunch for Outreach	207,819.96
	Fuel for outreach	20,404.89
	Patient Home Visit Monitoring-PMTCT	17,278.35
	Sensitization on gender inequality and GBV	3,225.00
	Sensitisation meetings to create demand for VMMC services	150,150.38
	<b>Total Expenditure</b>	<b>1,916,069.04</b>
	<b>Balance</b>	<b>1,922.96</b>

The Zambia Anglican Council (ZAC) contributes about K40, 000- per year as costs incurred for the volunteer doctors in accommodation and food at the ZAC guest house when they arrive in Lusaka.

### **3.0 LEADERSHIP AND GOVERNANCE**

Saint Francis Mission Hospital is jointly managed by the Zambia Anglican Council and The Catholic Church (Eastern Diocese). The hospital has a board which is the overall governing body which is alternately chaired by Bishop William Mchombo, and the Catholic bishop Bp. George Lungu. The board consists of representatives (largely priests) from the two mother churches, representatives from the Provincial Health Office and the District Health Board and the community. Senior members of the Hospital Management committee and staff representatives are members of the full Board. Currently, the hospital does not have a full board and only the executive board meets at least 2 times in a year. The Hospital Board determines policy, considers major expenditure and deals with matters referred by the Management Committee.

The medical superintendent runs the day to day activities of the hospital supported by senior heads of departments which include; Head Clinical Care, Principal Tutor, Senior Nursing Officer, Senior Hospital Administrator, Accountant, and Human Resource Management Officer.

#### **Current Hospital Management Committee (2016)**

<b>Name</b>	<b>Position/designation</b>	<b>Department</b>
1. Dr. Lalick O C Banda	Medical Superintendent	Administration
2. Dr. Dayson Kumwenda	Clinical Care Specialist	Medical
3. Mrs Xoliswa Siwale	Principal Tutor	Nursing School Administration
4. Miss Audreen Kamukwamba	Senior Hospital Administrator	Administration
5. Mrs Judith Mumba	Ag. Senior Nursing Officer	Nursing Administration
6. Mr Rodgers Mwanza	Ag. Accountant	Administration
7. Mr Jeremiah Nyirenda	Pharmacist	Pharmacy in charge
8. Mr Michael Phiri	Procurement officer	Administration
9. Mrs Beatrice Sakala Bwalya.	Medical Social Worker	Administration
10. Mrs Ellen Zozie Mwemba	Human Resource Management Officer	Administration

11. Mr Bruno Mwale	Senior Environmental Health Technologist	Paramedical/Administration
12. Mr P. Ntongwe	Senior Dental Therapist	Dental in charge
13. Mr Hillam Kalumbi	Medical equipment Technician	Administration

#### 4.0 HEALTH WORK FORCE

The staff establishment for GRZ by July 2016 was at 404 with only 321 positions occupied and the remaining 83 position unavailable/unoccupied because they are either not funded or are no longer available for use (1900).

The hospital has employed 70 administrative staff that comprises a variety of cadres. They include the administrator, account personnel, counsellors, data clerks, security guards, cooks, cleaners, stores assistants, laboratory assistants, pharmacy assistants, bricklayers, carpenters, plumbers, electricians, welders, painters, laundry assistants, revenue collectors and clinic assistants/translators.

Generally, the staffing situation in most health facilities in Zambia is outstripped by the patients demand as the number and type of staff required to attend to the patients is too inadequate to satisfy their needs. St Francis too faces critical staffing shortage, especially due to high patients' numbers.

The table below gives a summary of selected departments showing the staff deficits.

No .	Position	On GRZ establishment	Actual No at hospital	Required No.	Deficit (On establishment versus required)	Justification & Comments
1.	Consultant Physician	1	0	1	0	2 <sup>nd</sup> level require physician
2.	Senior Registrars		1	5	1	Registrars are required to work hand in hand with the consultants
3.	SRMO	6	6	10	4	SRMO are key in the wards
4.	Clinical Officers	2	3	6	4	3 theatres (1, 2 &3)

No.	Position	On GRZ establishment	Actual No at hospital	Required No.	Deficit (On establishment versus required)	Justification & Comments
	Anaesthetists					20-30 patients daily
5.	Theatre Nurses	2	7 - (2 Theatre Nurses and 5 EN/RN)	16	14	Operations =5,000 yearly approximately
6.	Midwives	16 (2 Registered Midwives 14 Enrolled Midwives)	19 (3 RMs and 16 Ems)	30	14	In 2015, OBGY recorded 3,395 admissions; 2,137 Normal deliveries and 676 caesarean section
7.	<ul style="list-style-type: none"> <li>- Principal Biomedical scientist</li> <li>- Biomedical scientists</li> <li>- Laboratory Technologist</li> <li>- Laboratory Technician</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>- 2</li> <li>- 5</li> <li>- 1</li> </ul>	<ul style="list-style-type: none"> <li>- 0</li> <li>- 1</li> <li>- 3</li> <li>- 1</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>- 2</li> <li>- 8</li> <li>- 4</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>- 1</li> <li>- 5</li> <li>- 3</li> </ul>	The dept. conducts a lot of tests for both OPD and IPD. Staff also do calls at night and over the weekend
8.	<ul style="list-style-type: none"> <li>- Physiotherapist</li> <li>- Senior physiotherapy tech</li> <li>- Physiotherapy tech</li> </ul>	<ul style="list-style-type: none"> <li>- 2</li> <li>- 1</li> <li>- 3</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>- 1</li> <li>- 1</li> </ul>	<ul style="list-style-type: none"> <li>- 2</li> <li>- 1</li> <li>- 3</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>-</li> <li>- 0</li> <li>- 2</li> </ul>	The department saw about 2,181 CLIENTS
9.	<ul style="list-style-type: none"> <li>- Radiographer</li> <li>- Senior Rad Tech</li> <li>- Rad Technologist</li> <li>- Dark room attendants</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>- 0</li> <li>- 5</li> <li>- 0</li> </ul>	<ul style="list-style-type: none"> <li>- 1</li> <li>- 0</li> <li>- 5</li> <li>- 1</li> </ul>	<ul style="list-style-type: none"> <li>- 3</li> <li>- 1</li> <li>- 6</li> <li>- 1</li> </ul>	<ul style="list-style-type: none"> <li>- 2</li> <li>- 1</li> <li>- 1</li> <li>- 1</li> </ul>	The dept. captured about 8,788 routine investigations and 8,439 ultrasound investigations in 2015

No .	Position	On GRZ establishment	Actual No at hospital	Required No.	Deficit (On establishment versus required)	Justification & Comments
10.	Plumbers	0	3	3	3	The hospital is big especially since the plumber and other cadres also do calls at night and over the weekend
11.	Welders	0	1	3	3	Same as above
12.	Carpenters	1	3	4	3	Same as above
13.	Painters	0	2	4	4	Same as above
14.	Bricklayers	2	2	4	2	Same as above
15.	General workers (CDEs)	120	92	162	42	Workload=about 20 depts.
16.	Counsellors	0	12	16	16	8,383 - HIV clients and GBVSS
17.	IT officer	0	1	2	2	Servicing 20 depts.

### *Doctors*

St. Francis' Mission Hospital still struggles with inadequate doctors to cover all the departments, particularly Zambian doctors. There has been a slight difference in the number of Zambian doctors from 2015 with an addition of a paediatrician and three SRMO. In addition the province has given the hospital and 2 Medical Licentiates. Unlike in the recent past where the availability of consultants was restricted due to non-availability of consultant positions, the hospital was given three consultant positions, two of which are still vacant and urgently need to be filled to avoid freezing of the positions by MoH. The consultant positions are not only open to Zambian doctors, but to a consultant that is willing to work at the hospital. Having a physician will help the hospital get accreditation as a site for internship, which in turn will increase the number of doctors at the hospital.

St. Francis' Hospital has continued to receive volunteer doctors recruited by Dr and Mrs Cairns. Currently, they are the majority of doctors in the wards as shown in the table below:

It should be emphasised that one of the reasons why St. Francis Hospital has a good reputation in the community is the presence of doctors in the wards as well as OPD at any particular time. The patients appreciate the availability and efforts of the doctors, despite the fact that many of

the volunteer doctors are not experienced and skilled enough to manage the patients on their own right without a consultant (mentor), who ideally should accompany and lead them during the ward rounds because they come to learn tropical diseases and medicine at St. Francis.

#### Doctors currently working at the hospital

No.	Name	Specialisation	Status	Country or nationality	Comments
1.	Dr Lalick O.C Banda	Paediatrician	Permanent	Zambian	
2.	Dr Simon Chisi	Ophthalmologist	Permanent	Zambian	
3.	Dr Ziche Makukula	Gynaecologist	3 years contract	Zambian	
4.	Professor Robert B.	Surgeon	3 years contract	Netherlands	Employed by GRZ
5.	Dr Jansen Joop	General Medical Officer	3 year contract	Zambian	Employed by GRZ
6.	Dr Alex Reece Smith	Senior Surgical Registrar	2 years contract	British	Contracts ends in April 2017
7.	Dr Dayson Kumwenda	Senior surgical Registrar	Permanent	Zambian	
8.	Dr Marloes Prins	Surgical registrar	2 years contract	Netherlands	Contracts ends in December 2017
9.	Dr Anne Verbeek	Junior Medical Officer	1 year contract	Netherlands	Contracts ends in October 2016
10.	Dr Niels Van der Naald	General Medical Officer	1 year contract	Netherlands	Contract ends in October 2016
11.	Dr Zhanna Vysotska	General Medical Officer	3 year contract	Ukraine	Employed GRZ
12.	Dr Adam courves	Senior Registrar in surgery	1 year contract	British	Contracts ends in September 2017

No.	Name	Specialisation	Status	Country or nationality	Comments
13.	Dr Lindsay Henderson	Junior General Medical Officer	1 year contract	British	Contract ends in December 2016
14.	Dr Turnbull Heather	General Medical officer	1 year contact	British	Contract ends in December 2016
15.	Dr Samantha Gaw	General Medical officer	6 months contract	British	Contract ends in December 2016
16.	Dr Joy Clarke	Junior General Medical officer	6 months contract	British	Contract ends in December 2016
17.	Dr Samantha Conroy	Junior Registrar in surgical and Orthopaedics	1 year contract	British	Contract ends in August 2017
18.	Dr Dieu Merci Kaniki	Senior Resident Medical officers	3 year contract	Congo DRC	Employed by GRZ
19.	Dr Jonathan Malala Kilungulungu	Senior Resident Medical officers	3 year contract	Congo DRC	Employed by GRZ
20.	Dr Pongombo Ka Pongombo Celestin	Senior Resident Medical officers	3 year contract	Congo DRC	Employed by GRZ
<b>Medical Licentiates</b>					
1)	Mr Gordon Popo	ML	Permanent	Zambian	
2)	Mr Enock Nyambe	ML	Permanent	Zambian	

### *Clinical Officers*

There are currently 8 clinical officers working at OPD, largely attending to referred 1<sup>st</sup> level cases that do not require specialist medical doctors' attention. The 1<sup>st</sup> level patients are screened and given prescriptions to collect drugs from Pharmacy and return to their respective homes, either within or outside Katete district. However, cases perceived to require specialist

treatment and those referred as 2<sup>nd</sup> level cases are asked to see doctors, referred to specialist clinics or admitted to the wards for further management by senior doctors.

### *Nurses*

There are about 133 nurses in total at the hospital with about 50% shortfall. The current situation in the ward is that there are usually 2 nurses in the morning shift, 1 nurse in the afternoon and 1 in the night shift. Ideally, there should be a minimum of 3 in the morning, 2 in the late shift and 2 at night for the medical, surgical and gynaecology ward. For the children's ward, there should be at least 4 in the morning, 3 in the late shift and 2 at night. Theatre requires not less than 14 staff for the department to operate well, as opposed to the current situation with only 7 nurses covering 3 shifts in 3 theatres. Partly, the shortage of nurses is due to the increased number of staff who are in training and also due to the expansion of the hospital with gynaecology separated from female surgical where gynaecology cases were previously admitted. It worth mentioning that the shortage of nurses is not only unique to St. Francis' Mission Hospital, but a nationwide problem.

As a result of staff shortages, it is difficult for them to take leave, and when they are allowed to take leave, they are sometimes recalled, much to their dissatisfaction, which creates lots of tension with nursing officers and management.

### *Administrative support staff*

There are equally shortages of key staff in administrative departments that negatively affect the operations of the hospital. For example, the hospital does not have an accountant who is vital for financial management of the institution. Other departments such as stores and mortuary do not even have trained personnel. This compromises the effectiveness of operations in such department especially for stores as it is an important area due to nature of work and accountability required from the personnel working there.

The number of classified employees (general workers, cleaners, porters etc.) has further been reduced to cover clinical areas which are inadequately staffed such as Laboratory, pharmacy and medical records. Positions such as counsellors and clinical assistants are not recognized by Ministry of health; hence areas such ART/VCT is covered by CEs with short courses in counselling.

## **5.0 MEDICAL COMMODITIES**

The Pharmacy makes a monthly order to Medical Stores Limited (MSL- MSL buys medicines on behalf of all the health facilities in the country), though the supplies are always below the



requested and required quantities. On average, the hospital received 35% of the requested supplies in 2015 which resulted in frequent stock outs on most of the essential drugs. Due to the low supplies and the inconsistencies by MSL, the hospital makes frequent emergency purchase of drugs from private pharmaceutical companies in Chipata and Lusaka. The amount spent on Emergency Drugs exceeds the recommended 10%. This has put a strain on the utilisation of the monthly GRZ grant. The annual orders for Medical supplies in form of medicine from UK and Netherlands and other supporting partners are no longer feasible due to difficulties in raising funds. However, CHAZ makes contributions towards the purchase of drugs especially ARVs and drugs for the treatment of opportunistic infections as well as laboratory reagents.

The pharmacy department is currently faced with a problem of shortage of essential medicines for common chronic diseases and illnesses such as hypertension, diabetes, cardiovascular diseases and asthma due to under supply from MSL and the increased number of people seeking medical care for such conditions at the hospital. There is inadequate equipment for dispensing such as weighing balance. The Department intends to resume the compounding of some extemporaneous preparations. The state of the pharmacy department infrastructure is not good; plans are underway to do renovation of the Pharmacy Block. In order to improve the management of stocks the electronic Logistic Management Information System (eLMIS) Facility edition has been installed at the Hospital by the Government with support from JSI.

## **6.0 INFRASTRUCTURE/EQUIPMENT AND TRANSPORT**

### ***Infrastructure***

Infrastructure Development is a key resource to quality health care delivery. Unfortunately the state of the infrastructure at the hospital is bad as many of the building are old with cracks. Partners such as MSG, Friends of St. Francis', CHAZ and Guernsey Overseas Aid Commission have been instrumental in helping the hospital renovate some of the old building. The BMZ (The German Federal Ministry for Economic Cooperation and Development) programme of building an eye OPD is still in progress.

Most of the buildings are in need of works such as replacement of broken windows, sealing of cracks and painting, to improve their appearance. However, due to the inadequate funding that the hospital receives, only minor works are usually done whenever funds are available.

### ***Equipment***

St Francis' Hospital does not have the recommended equipment for a second level hospital in most departments e.g. Physiotherapy, x-ray, theatre, dental and wards.

Furthermore, the available equipment is old and frequently breaks down which cost the hospital significant amounts of monies to repair.

However, the hospital has continued to receive support from Ministry of health and other partners such as CHAZ, CIRDZ, MSG, FoST and Individuals who visit the hospital and later on donor to the hospital. In 2015, the hospital applied for a grant from Porticus for medical equipment upgrade which was given in 2016 and the hospital is in the process of procuring some of the equipment needed in the hospital.

Due to the costs involved in procuring equipment, the hospital relies heavily on government and partners to acquire the much needed equipment so that delivery of services is improved. The grant from Porticus is earmarked to stock the hospital with the smaller, but vital equipment for the wards.

The biggest challenge that the hospital experiences to maintain the equipment is the limited budget to support maintenance which leads to non-availability of spare parts for most equipment. The maintenance unit also lacks testing and calibrating tools.

Shown in the table below is the current status of equipment at the hospital:

No	Type of Equipment	Available	Status		comment
			Working	Not working	
1	Autoclaves	4	2	2	Door seals damaged
2	Oxygen concentrator	20	11	9	Problem with compressors
3	Surgical Diathermy	4	3	1	Power supply damaged
4	Automatic film processor	1	1		
5	x-ray film dryer	1		1	Elements damaged
6	Infant incubators	11	5	6	Require metal bulb holder
7	Centrifuge	8	3	5	Damaged drive motors
8	Lab incubators	2	1	1	Damaged compressor.
9	Microscope	8	6	2	

No	Type of Equipment	Available	Status		comment
10	distillers	3	2	1	Damaged thermal stat
11	Operating lamps	3	3	0	
12	Infant resustaire	3	2	1	Damaged PCB.
13	Ultra sound machine	4	3	1	Damaged probe
14	Image intensifier	1		1	Un repairable
15	Bp machines	21	14	7	Damage cuffs,tubes and sensors
16	Operating tables	4	4	0	
17	Dental chairs	2	2	0	
18	Fetal monitor	1	1	0	
19	Ultra sonic scalar	1	1	0	
20	Anesthetic machine	4	3	1	Connectors not complete.
21	Short wave diathermy	2		2	Un repairable
22	Ultra sound simulator	1	1	0	
23	Syringe pump	2	1	1	Damaged drive motor
24	Mortuary units	3	1	2	Condenser and evaporator units damaged
25	Blood bank fridges	2	2		
26	Vaccine fridges	8	8		
27	Washing machines	5	3	2	Damaged PCB
28	Laundry squeezer	1	1		
29	Laundry pressing ironer	2	1	1	Damaged heater contactor
30	Electrical cooking pots	5	2	3	Need to put in oil and selector switch.
31	Boreholes	14	8	6	Broken pumps and collapsed boreholes
32	Booster pumps	2	2		
33	Stand by generator	2	1		Damaged cylinder head gasket
34	incinerator	1		1	Damaged burner
35	Tumble dryers	2	1	1	Damaged control board.
36	Industrial stove	2	1	1	Damaged switches and wires.



## Transport

Although a few new vehicles were received (CBM eye vehicle, advanced life support ambulance) over the last couple of years, we still need to seek funding for new vehicles.

Shown below is a list of the vehicles/Motor bikes owned by the hospital;

No.	Manufacturer	Make	Vehicle Number	Year Acquired	Runner/Non-Runner	Department
1.	Fiat	Tractor 70-56	AAL 4273	1996	Non Runner	Hospital
2.	Toyota	Land cruiser	ABD 4984	2004	Runner	Hospital
3.	Massey Ferguson	Tractor MF 240	ABE 3025	2005	Runner	Hospital
4.	Toyota	Land cruiser	GRZ 384 CA	2007	Runner	Hospital
5.	Mitsubishi Fuso	10 Ton truck	ABR 6607	2008	Runner	Hospital
6.	Toyota	Land cruiser	GRZ 793 CB	2011	Non Runner	Hospital
7.	Nissan	Navara	GRZ 780 CJ	2013	Runner	Hospital
8.	IVECO	Closed VAN	GRZ 937 CK	2016	Runner	Hospital
9.	Yamaha	125	ABD 9312	2004	Non Runner	AIDS Project
10.	Toyota	Land cruiser	ABA 7532	2003	Runner	AIDS Project
11.	Toyota	Land cruiser	ABG 1178	2006	Runner	AIDSRelief Project
12.	Toyota	Land cruiser	ABV 6969	2010	Runner	AIDSRelief Project
13.	Toyota	Hilux	ABF 3010	2005	Runner	CBM Eye Fund
14.	Suzuki	TF 125	ABF 5261	2006	Non Runner	PMTCT Project
15.	Toyota	Land cruiser	GRZ 192 CM	2016	Runner	CBM Vision Aid 2020
	<b>TOTAL</b>					

### Some problems identified with certain vehicles;

VEHICLE No.	DEPARTMENT	MAKE	REASON FOR NOT BEING ON THE ROAD
ABD-4984	Hospital	Land Cruiser	Gearbox problem: Failing of gears to engage
ABV	Hospital	Land cruiser	Gearbox problem: Failing of gears to engage
GRZ-793CB: Ambulance	Hospital	Land Cruiser	Gearbox problem – the gear box needs to be replaced as soon as possible.
AAL-4273	Hospital	Tractor-Fiat	Deaf problem and punctured front wheel
ABD-9312	Hospital	Motor Bike	Finished tires: CRS/CHAZ -ART
ABD-4325	Hospital	Motor Bike	Engine problem: TB
ABF-5261	Hospital	Motor Bike	No cylinder head and Piston> PMTCT

### PARTNERS OF ST. FRANCIS MISSION HOSPITAL

The support from the various local and external institutions and individuals has made it possible for the hospital to provide competitive and good quality care, which is unequalled, not only in eastern province, but at a national level. Indeed, so many patients leave other parts of Zambia, including Lusaka and the copper belt provinces, to come for treatment at St. Francis hospital because of its good reputation at service provision.

### Medical Support Group, Netherlands

The Medical Support Group (MSG) was founded many years ago by former members of staff from St Francis' Hospital. Over the years, there have been many Dutch staff at the hospital and they continue to support the hospital. They not only raise money and various items for the hospital, but they also link the hospital with donors.

The current chairmen of the support group in the Netherlands is Dr. Peter Sleutelberg, assisted by Lucy Engelen as the Vice chair. Dr. Sleutelberg worked at St. Francis in 1970s. The MSG secretary is Mrs. Arlet Splint and the Treasurer is Mr Koen Vliegenthart and Projects Officer Mr Leon Imandt (once worked at Catholic Health Desk in Chipata). Mr Paul Splint is the Technical Advisor to the MSG, and not only works tirelessly on our behalf in the Netherlands, but frequently visits the hospital to physically assist with building projects and in the workshop. Over the past few years the MSG has sent a number of containers filled with drugs and equipment that have either been purchased or donated. In fact, a container carrying many assorted items, including building materials and office equipment, arrived with the said goods in March 2015. MSG is the major funder for capital projects such as buildings (wards, staff houses, etc.) and equipment.

Funds from MSG have been used to construct several staff houses, the children's ward, the current OPD, rehabilitation of York and theatre. Physiotherapy/medical records departments will have their roofs. Generally, MSG does not provide funds for personnel emoluments such as salaries and allowances for staff. However, MSG has provided valuable support in many areas of concern such as drugs, medical supplies, equipment and vehicles.

### **Summer Concert**

For 17 years now, there has been a Summer Concert annually held outdoors in Laren, Netherlands. It is not only a beautiful occasion with lovely music, but large amounts of money have been raised and often supplemented by funds from the Dutch Government (NDCO).

### **Bed Sponsorship Scheme, Netherlands**

The bed sponsorship scheme, which was initially organized by Eric Masseus, but later in 2007 was taken over by Mrs Arlet Splint is still running. Organizations and individuals sponsor specific beds in the hospital for \$1,500 per year. The hospital gives them quarterly reports about the sponsored beds. Most of the money raised by this scheme is used to purchase drugs for the hospital. The social worker and some nurses in the wards such as Paediatrics' have been handling this project.

### **United Society for the Propagation of the Gospel (USPG)**

The United Society for the Propagation of the Gospel (USPG), which was changed to United Society (US) and is now been reconsidered to be changed back to USPG, with the proposed new name of "United Society Partners in the Gospel" was formed when two mission societies, Universities Mission to Central Africa (UMCA) and Society for the Propagation of the Gospel (SPG) merged. The link with UMCA goes right back to the founding of the hospital in 1948 by Fr Francis Trefusis, a missionary Doctor (Surgeon) with UMCA. Many of the early staffs were UMCA missionaries and UMCA made one of the first capital grants to the hospital - £1,000 in 1950. The support though not consistent, has continued and some of the funds were used to build the Training Centre, which hopefully can be used not only for hosting training in health matters, but also as an Income Generating Project to help raise funds locally for improved service to patients.

USPG has taken a specific interest in HIV work and for a number of years they have sent an infection prevention kit containing HIV test kits, gloves, and syringes, needles, disinfectant and sharps boxes. USPG has also been piloting a post exposure prophylaxis policy. Reverend Anne Bailey, who had worked at the hospital many years ago and then at University Teaching Hospital in Lusaka (as professor) has made several visits to help implement and then monitor the policy. She has also been supporting the HIV work of the hospital.

### **Friends of St Francis' (FOSH-UK)**

Friends of St Francis' Hospital (FoSH) are a UK based organization that provides support to St. Francis in various forms. Most significantly, Friends of St. Francis hospital (FoSH) raises a substantial amount of funding for the hospital operations. The funds come in all sorts of ways, personal payments from former staff and other friends of the hospital, church groups, special fundraising events, such as marathons, stalls at shows and many other ways. Dr. James Cairns is the Chairman and Faith Cairns is the Secretary and is responsible for writing many letters of thanks to donors and generally maintaining links with former staff and other supporters through a newsletter and a great deal of correspondence. Dr. Cairns is a former medical superintendent at St. Francis, having worked for almost 40 years and pioneering a lot of support to St. Francis and Zambia. They also assist with recruitment of volunteers (mainly doctors) from the UK and other countries like Netherlands and Scotland.

In addition, FOSH has been funding projects, namely; project 402 and project 407. Project 402 has been used to support senior medical staff (especially consultants) with extra allowances as a way of retaining them at St. Francis and discouraging them to leave for urban areas with better facilities. The other project which is project 407 is the one from which funds are drawn to pay allowances to most volunteer doctors working at St. Francis. Costs for travel, logistics, registration, work permits, accommodation and food are paid from this account for the volunteer doctors.

The volunteer doctors have made a significant difference to St. Francis because of their commitment and caring attitudes towards patients. It is clear that without the volunteer doctor's supportive work here, the good reputation, high status and corporate image attained by St. Francis, as the best health care provider in the province and across, would not have been attained.

### **Orphan and Vulnerable Children (OVC) Program**

In addition, FOSH provides support to about 1, 500 orphans and Vulnerable Children that attend school in the whole eastern province of Zambia. This program is among the oldest and has existed for decades, supporting pupils from primary school to senior secondary schools in almost all districts of the eastern province from Chipata, Chadiza, Mambwe, Katete, Petauke, Sinda and up to Nyimba districts. Many pupils have completed their grade 12 as a result of the support enjoyed from this program. The funds come from donations sourced by FOSH in UK and other European countries.

Gifts can be made via Zambia Anglican Council Charitable Trust (ZACCT); the Honorary Treasurer is Andrew Cairns, while Nicolas Fixsen is the Honorary Treasurer for the Hospital's UK bank account. Further, most of the money raised goes to pay for drugs, medical supplies, tools and materials sent regularly through containers and other means.



### **Beit Trust (UK)**

The previous housing upgrade project at the hospital was funded by the Beit Trust. The first capital grant from the Beit Trust of £5,000 was made in 1950, and a large proportion of the hospital has been built with further funds in subsequent years. Beit Trust also supports volunteer doctors as well as Zambian medical students to come to St Francis' and other church administered institutions.

### **Jersey Overseas Aid**

Jersey Overseas Aid has supported the hospital over a number of years, especially supporting the Jersey school, which was started by hospital staff as a way of having their children to access education locally. They have sent workgroups and funded building projects, as well as assisting with the shipping of the container, with computers and other critical school materials and equipment. Reverend Jim Gresey has been the lead person in this work and regularly visits the school to monitor implementation of projects.

### **Guernsey Overseas Aid Commission**

Mr Peter Keeling (Chair of Friends of Katete) has been very helpful in connecting us with Guernsey Overseas Aid Commission, who founded the building of 4 houses and recently (2014) funded another 3 staff houses that have already been completed. The 2 bigger houses have since been allocated to doctors and the smaller one is used by short term volunteer doctors.

The need to have more houses built cannot be over emphasized because it is a one of the requirements that the hospital has to meet to attract more doctors in a rural set up like St. Francis. Currently, this is becoming a challenge as the hospital continues to lobby for more doctors.

### **Direct Relief International (DRI)**

In 2004 we received our first container of drugs, medical supplies and equipment from DRI in the United States of America. The items on the container were assembled by DRI and the transportation of the container was facilitated by Dr Mike Marks and funded from Jersey Overseas AID Commission (coordinated by Peter Keeling).

### **International Lions**

The international Lions have supported the hospital's eye work for a number of years. They have provided funds for a vehicle and vehicle repair, funded eye camps and sponsored staff training. A new vehicle for eye outreach work was donated to the hospital by International Lions late in 2005. Further, Vision AID has come in too to assist with eye work. Their activities include providing initial funding for making specs and frames for eye patients; as an income generating project to become self-sustaining.

### **Cordaid (Netherlands)**

Cordaid have supported the hospital's HIV/AIDS project for many years. They have currently taken on the role of lead donor helping to co-ordinate communications with the other donors to the program. Cordaid have in the past assisted with staffing, particularly doctors.

### **Zambia Society Charitable Trust (UK)**

The Zambia Society Charitable Trust support the work of the hospital with AIDS orphans each year through funding the AIDS OVC Program. The OVC AID project at St. Francis is among the oldest and most comprehensive. Cheques for school fees are issued to schools on behalf of the OVCs, just as books and tablets of soap are provided directly to the affected pupils in the company of their parents.

### **Old Catholics, Bonn (Germany)**

These also support the hospital AIDS OVC Project with financial contributions.

### **Scottish Borders AIDS Action Group**

The Scottish Borders Africa AIDS Group (SBAAG) have supported the hospital AIDS project and with the involvement of Dorothy Logie who raised initial funds for the **Sandy Logie Clinic**. This organization was created to provide support for treatment of HIV patients and was named after its founding doctor, DR. LOGIE. Currently, his wife (Dorothy Logie) is in charge of the organization and continues to provide support. In addition, the Scottish Borders AIDS group has contributed funds towards the 'Water for life Project' at St. Francis, in alliance with the NHS Borders group.

### **Christian Aid**

Christian Aid has supported the hospital AIDS Project for many years. They have also previously made other donations such as the upgrade of the Special Care Baby Unit.

### **Christian Aware Team**

This group, led by Tim Leggie and Andrew Dixon, regularly comes to St. Francis, usually every year, to provide support in many areas of need. They normally participate to do physical works for the hospital and some 4 years ago, built one of the spacious doctors houses opposite the Mess. In 2014, the team physically participated in painting the York building under rehabilitation. Further, they fixed windows, doors, and electrical appliances and gadgets in the wards and departments at the hospital. The team made valuable donations to the hospital as well as to the local church. They also support St Luke RHC, our sister institution, at Msoro.

### **Zambia Anglican Council (ZAC)**

ZAC is legally the **owner of St. Francis hospital** and the employer of all Non-GRZ staff. ZAC gives a grant to the hospital through costs incurred in the transporting, accommodation, food provision and registration processes for volunteer doctors coming from abroad, largely sent by

FOSH. Through the General Secretary, assisted by an administrative officer, they also assist with processing immigration work permits, registration with Health Professions Council for expatriate staff. ZAC also handle all clearing matters through customs and immigration as well as Ministry of Finance for all items coming from overseas meant for St. Francis hospital.

### **Churches Health Association of Zambia (CHAZ)**

This is the largest and only Umbrella Organization formed in 1970s by Church based institutions in Zambia. It plays a coordinating role. St Francis is a member of CHAZ and pays annual membership fees. It is headed by a part time BOARD, and managed directly by an executive committee headed by the Executive Director, currently, Ms Karen Sichinga. She is assisted by Program Directors and Managers in respective departments.

The CART program at St. Francis and other Church Health Institutions (CHIs), which combines Anti-Retroviral Treatment (ART), VMMC and PMTCT, HIV Counselling and Testing (HCT), is the biggest programme implemented by CHAZ at St. Francis Hospital

In addition, CHAZ supports St. Francis in various community programs, such as funding for Malaria, TB/HIV and PMTCT activities using Global Funds. Infrastructure development is another area of CHAZ support, such as the mothers shelter built from CHAZ managed funds. Besides, CHAZ supports the hospital in almost all areas of concern, such as technical support, procurement and maintenance of equipment, drugs and medical supplies, training, and many more. However, the Catholic Relief Services (CRS), USA, which are part of the AIDS Relief consortium, despite having handed over the ART program to CHAZ, have continued to provide limited support to St. Francis, such as training staff and information logistics.

CHAZ has for many years supported the hospital with a monthly grant for Classified employees who are on local payroll.

### **Tergooziekenhuizen Hospital, Netherlands**

For almost 20 years now, there has been a relationship between the two hospitals, and this was strengthened at the suggestion of Dr Jan Kroft (surgeon) when he retired. Dr Kroft also spent some time working at St Francis'. The support is varied, ranging from sending short-term personnel (to assist in the Laboratory), sending out redundant equipment and financial support through Bed Sponsorship scheme.

### **Katholieke Hogeschool, Belgium**

In 2003, we started to form a link with Katholieke Hogeschool in Belgium, largely through the vision of Dirk Monbaliu. The college trains nurses and midwives among many other professions. Dirk felt that the students would learn a great deal if they spent some part of their time in a different environment. As a result of this, a group of nursing and midwifery students came and spent about 12 weeks at the hospital, gaining experience on the wards as well as theoretical learning.

Two of their tutors also spent some time at the hospital, both with their own students and also the hospital's own nursing students. Katho College also sent funding to assist the hospital, particularly with the NTS school library. The programme will continue with plans for students to come each year.

### **Hands Around The World (HATW), UK**

This is an organization founded by Dr David Steiner, who worked at the hospital as a doctor in the early 1990's. The aim is to assist St. Francis by sending skilled volunteers for short periods to share their skills. As a result, we have received a number of volunteers who have assisted in the pharmacy, maternity department and ultrasound.

### **Five Miles**

These partners, led by Olivia Giles, have been supporting St. Francis hospital for many years with incurring costs for the orthopaedic technicians in terms of transport, accommodation, food and other logistics when they come for orthopaedic treatment works. This organization worked in collaboration with the Zambia Italian Orthopaedic hospital to provide support to the disabled patients at St. Francis to enable them improve on their mobility. Further, Five Miles has sponsored one St. Francis hospital staff for training abroad to become an orthopaedic technologist after completing studies. He has since started working at the hospital with salary supported by five miles.

### **Fistula Foundation**

This organization, based in USA, has been very helpful at sponsoring the costs of treating fistula cases. An expert consultant (Dr. Thomas Raassen), coming from Kenya, leads the team of experts (DR. Ziche Makukula and Dr. Jansen Joop) to handle the cases and conduct fistula repair surgeries. They normally camp for almost 2 weeks at St. Francis. In 2015, they conducted 12 days camp and 34 clients were operated on. The fistula repair works have fundamentally changed the lives of hundreds of Zambian women, who have regained their integrity and pride. In the past, it was considered as a disease of shame and that the affected women had almost no hope of living a normal life.

The partners that have contributed to the creation of the good corporate image and reputation in the health care service of St. Francis include the following institutions shown in the table below.

### Main Partners of St Francis Hospital

No	Name of Organisation	Type of relationship/support	Country	Funding/visits
1	University Teaching Hospital	Training of Registrars, Anaesthetics. etc.	Zambia	Quarterly = 4 times annually
2	Chainama College	Training of Clinical Officers	Zambia	Annually
3	Fly Spec (Flying doctor service)	Specialist skin surgery	Zambia	Visits every 2-3 months
4	Zambia-Italian orthopaedic Hospital	Orthopaedic Surgery	Zambian	Monthly visits
5	Five Miles	Orthopaedic Technical support (leg fittings for amputations)	UK	Quarterly
6	Medical Support Group (MSG)	Building construction (wards, staff houses, etc.) plus medical supplies, equipment, vehicles, etc.	Netherlands	On-going
7	Friends of St Francis Hospital (FOSH)	Allowances and expenses for volunteer overseas doctors, retention of critical hospital staff, building, medical supplies, equipment, etc.	UK	On-going
8	Borders Group (NHS)	Training in medical skills, medical supplies, buildings, and water and sanitation project.	Scotland	Regularly
9	USPG (Us)	Funding for diverse projects (general donations)	UK	Annually
10	Christian Blind Missions (CBM)	Eye treatment and preventive programs and activities.	Germany	Quarterly
11	CDC/PEPFAR (President Bush Initiative)-under CHAZ	ART program (HIV/AIDS prevention and treatment activities)	USA	On-going
12	Global Fund (under CHAZ)	Primary health care prevention programs (HIV/TB, Malaria, and PMTCT)	WHO-UN	Quarterly
13	CHAZ Cash Grant (from GRZ).	Paying salaries to Classified Daily Employees (CDEs) locally employed.	Zambia	Monthly

14	Fistula Foundation	Provision of V.V.F Surgical Services	USA	Periodical
15	Christian Aware	Provision of materials, funds & spiritual support for patients.		Annually
16	Scottish Borders Africa AIDS Group (SBAAG)	Provision of HIV/AIDS services (funds, resources, skills, etc.) for patients care	UK	Periodical
17	Burns Group (Unit)	Community sensitisation on prevention of burns and Treating burns patients	USA	Annually
18	Government of the Republic of Zambia (GRZ)	Cash grant for operational costs of the hospital	Zambia	Monthly
	Guernsey Overseas Aid Commission	Staff house construction	State of Guernsey	Annually

## CONCLUSION

Since its inception in 1948, the vision of the hospital has been to serve the population in Katete particularly the vulnerable by providing affordable and quality health service. The hospital is still committed to serve the community in Katete through provision of quality health care. To achieve this vision, there is need for continuous support from government as well as partners and donor.

This can be achievement through continuous support of infrastructure development both for patient care as well as for hospital through provision of accommodation, provision of standard equipment and tools for use in the hospital.

The monthly grant received by the hospital is too small to adequately stock the hospital with much needed medical and non-medical supplies. Generally, most workers are hardworking and committed, hence the lack of supplies has always been a source of frustrations especially for the clinical staff.

Furthermore, there is also need for more donors to reconsider funding the hospital for human resource to improve staffing. Patient care is heavily depended on availability of staff to deliver quality health service. Without the adequate human resource, it is difficult for the hospital to continue caring for patients even if the hospital was well equipped with standard infrastructure. This is also true for limited accommodation for the staff especially for the doctors who are supposed to be accommodated within the hospital compound as a way of retaining them.

The hospital is grateful for the support that it has continued to receive from the government of the republic of Zambia through the office of the provincial medical officer who has been lobbying on behalf of the hospital for more staff to be posted to the hospital (there has been an improvement in the number of Zambian doctors) and also for improved funding. Hospital management is also thankful to all the partners who have made St. Francis Hospital have a good reputation through their assistance in terms of financial, materials as well as technical support.

**Annex I: Table 1.2 – OPD attendances**

Attendances	2014	2015	2016 (Jan-Jun)
Referred 1 <sup>st</sup>	17,785	17,971	8,762
By Pass 1 <sup>st</sup>	12,020	8,821	4,017
<b>Total New Attendances</b>	<b>29,805</b>	<b>26,792</b>	<b>12,779</b>
Revisits	59,793	53,012	30,741
<b>Total OPD Attendances</b>	<b>89,598</b>	<b>79,804</b>	<b>43,520</b>
ART Revisits	34,291	36,562	19,340
% ART Revisits	38%	46%	44%

**Annex ii – Table 1.3: Number of cases seen in OBGY**

	2014	2015	2016 (Jan-Jun)
Normal deliveries in facility	2091	2137	1149
Assited delivery in facility	156	152	75
Caesaran section	709	676	380
<b>Institutional deliveries total</b>	<b>2956</b>	<b>2965</b>	<b>1604</b>
Live birthin facility <2500g	377	378	201
Live Birth in facility >=2500g	2461	2556	1420
<b>Live birth s in facility total</b>	<b>2838</b>	<b>2934</b>	<b>1621</b>
Baby initiated to breast feed within an hour of birth	596	1920	963
Macerated still birth in facility	52	58	31
Fresh still birth in facility	81	88	42
<b>Still births in facility total</b>	<b>133</b>	<b>146</b>	<b>73</b>
<b>Maternal Deaths in facility</b>	<b>5</b>	<b>20</b>	<b>9</b>



### Annex iii – Table 1.4

#### Operations conducted 2015 – 2016

Indicator		2014	2015	2016
				(Jan-Mar)
General	#	249	499	561
Orthopaedic	#	249	308	88
Ophthalmic	#	634	124	31
Reconstructive	#	89	98	33
Genital-urinary	#	36	33	3
Neurosurgical	#	4	11	0
<b>Total Major</b>	<b>#</b>	<b>2403</b>	<b>2071</b>	<b>499</b>
Total Minor	#	3017	2988	710
Institutional Operations	#	5420	5059	1209

### Annex iv – Table 1.5.1

#### Top 10 causes of admission in Paediatrics ward

No.	Disease / Condition	2014	2015	Grand Total
1	Malaria Confirmed	132	150	2738
2	Protein Energy Malnutrition	327	206	1329
3	Gastro Enteritis	276	196	1202
4	Resp. Infection: Pneumonia	177	197	1050
5	Clinical Malaria	448	85	760
6	Resp. Infection non-pneumonia	73	189	674
7	Neonatal Sepsis	172	165	601
8	Bronchitis	98	72	382
9	Anaemia	68	42	309
10	Sickle cell Anaemia	57	86	274

## Annex v – Table 1.5.2

### Top 10 causes of deaths in Paediatrics

No.	Disease / Condition	2014	2015	Grand Total
1	Protein Energy Malnutrition	72	33	293
2	Resp. Infection: Pneumonia	37	15	171
3	Neonatal Sepsis	37	29	134
4	Gastro Enteritis	25	12	125
5	Malaria Confirmed	12	8	111
6	Cerebral Malaria	3	3	42
7	Anaemia	7	5	38
8	Meningitis	5	5	27
9	Clinical Malaria	19	4	24
10	Cardio-vascular diseases	7	4	21

## Annex vi – Table 1.6

**Table: Laboratory Tests done in 2015**

Tests carried out	Number of tests carried out	Comments
Haematology	21, 352	Full Blood Count Machine was down from February to October 2015
Parasitology	1, 124	
Malaria Parasitology	2, 865	In quarter 1 and 2 of 2015, there was a stock out of Rapid Diagnostic Test kits.
Microbiology	6, 786	
Biochemistry	19, 618	Cobus machine was down for more than 3 months
Blood Bank	1, 334	Hospital experienced a reduction from central Blood from 1532 in 2014 to 1334 in 2015
HIV test	10, 494	
TB Sputum	1, 984	
Serology	5, 272	Serology does not include HIV

**Annex vii – Table 1.7**

**Radiology examinations carried in 2015**

<b>EXAMINATION</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
CXR	854	829	1,053	932
UPPER LIMB	332	512	464	609
LOWER LIMB	286	462	472	486
ABDOMEN	92	149	113	120
SPINE	70	117	157	113
SKULL	49	47	94	78
PELVIS	56	75	131	101
UROGRAMS/CYSTOGRAMS	0	5	2	0
BARIUM SWALLOW	13	11	16	9
BARIUM MEAL	14	12	8	3
BARIUM ENEMA	4	4	2	0
DENTAL	0	0	0	0
HYSTEOSALPINGOGRAMS	7	4	6	9
<b>TOTAL</b>	<b>1,780</b>	<b>2,163</b>	<b>2,518</b>	<b>2,456</b>
Ultra Sound	2,054	2,061	2,130	2,194

**Annex viii – Table 1.13**

**ART statistics for 2014 – 2016 (Jan – Jun 2016)**

<b>ART Services</b>	<b>2014</b>	<b>2015</b>	<b>2016 (Jan-June)</b>
New initiations: children	152	71	9
New Initiations: Adults	1,493	787	182
<b>New Total Initiations</b>	<b>1,645</b>	<b>849</b>	<b>191</b>
Current on ART: children	694	708	222
Current on ART: Adults	7,689	7,751	5,373
<b>Current on ART Total</b>	<b>8,383</b>	<b>8,459</b>	<b>5,595</b>
Cumulative - Children	1,168	1,239	1,248
Cumulative - Adult	15,770	16,557	16,739
<b>Total cumulative</b>	<b>16,938</b>	<b>17,796</b>	<b>17,987</b>
<b>Revisits</b>	<b>34,291</b>	<b>36,562</b>	<b>19,340</b>