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15. PARTNERSHIPS

15.1 Gooi Noord Hospital, Netherlands

For some years there has been a relationship between the two hospitals, and this was strengthened at the suggestion of Dr Jan Croft, chirurg (surgeon) when he retired from Gooi Noord. Dr Croft had 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 through Bed Sponsorship scheme. It is hoped that the relationship can be developed further.

15.2 Katho College, Belgium

In 2003 we started to form a link with Katho College 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 school library. The programme will continue with plans for students to come each year.

15.3 Lothian Health Board, Scotland

A team from Lothian Health Board visited in 2004. The team was made up of clinical staff and also a health information specialist. It was basically a fact-finding trip to see what we can work on in the future, but the information specialist spent valuable time working with hospital records staff.

15.4 Scottish Borders Africa AIDS Support Group

The Scottish Borders Africa AIDS Support Group have supported the hospital AIDS project and with the involvement of Dorothy Logie raised funds for the Sandy Logie Clinic

15.5 Hands Around The World (HATW), UK

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

15.6 Catholic Medical Missions Board (CMMB), USA

CMMB are part of the AIDSRelief consortium and were very instrumental in St Francis' being selected as one of the first five AIDSRelief sites in Zambia. CMMB have also recruited a doctor from USA to work at the hospital.

15.7 Catholic Relief Services (CRS), USA

Catholic Relief Services are the lead organisation in the AIDSRelief consortium

We look forward to continuing to work with all of the above organisations.

14.9 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.

14.10 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 programme. Cordaid have in the past assisted with staffing, particularly doctors.

14.11 Missio Austria

Have supported the HIV/AIDS Project for ten years.

14.12 Zambia Society Trust (UK)

The Zambia Society Trust support the work of the hospital with AIDS orphans each year through the AIDS Project.

14.13 Old Catholics, Bonn (Germany)

Support the hospital AIDS Project.

14.14 Sandy Logie Fund

Support for treatment of HIV patients.

14.15 Christian Aid

Christian Aid have 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.

14.16 Episcopal Relief and Development (USA)

Episcopal Relief and Development (ERD) have recently started to support the AIDS Project. It was with their support that the new vehicle for the AIDS Project was purchased in 2004.

14.17 Diocese of Chipata

The Catholic Diocese of Chipata has donated maize to the hospital.

14.18 Zambia Anglican Council

ZAC makes give a grant to the hospital. Through the Administrator Revd Rogers Banda they also assist with processing immigration and medical council papers for expatriate staff and clearing through customs and Ministry of Finance of all items coming from overseas.

1. INTRODUCTION

St Francis' Hospital was founded in 1948 as an Anglican hospital. It is situated in Katete District in Eastern Province, on the Great East Road, 500km east of the capital Lusaka and 125km from the Malawi border.

Although founded by the Anglican Church, the Anglican and Catholic Churches have jointly managed St Francis' Hospital, since 1986. The position of Chair of the Board alternates between the Anglican Bishop of the Eastern Diocese and the Catholic Bishop of Chipata.

St Francis', like all church-administered hospitals and health centres recognised by the government, has been accepted as an integral part of Zambia's Health Service since Independence in 1964. During reorganisation of the Health service under the Central Board of Health following the Memorandum of Understanding signed by the Minister of Health and Chairman of Churches Health Association of Zambia (CHAZ) on behalf of the churches in 1996, St Francis' became a 2nd level referral hospital, one of two, with Chipata General in the Eastern Province. Church administered institutions still provide 30% of the health services in Zambia, and in the rural areas they are responsible for 50%. Church administered hospitals and health centres are represented by CHAZ.

St Francis' as a second level hospital according to the classification of the Central Board of Health (CBoH), acts as a referral hospital for much of the Eastern Province (population 1.5 million), particularly for surgical, orthopaedic, gynaecological, obstetric and eye patients. It is also the 1st level hospital for Katete District. The hospital not only provides curative services but also preventative services and gives support to the 18 Rural Health Centres in the District as well as being a Rural Health Centre for the local community.

Katete District has a population of 220,000 inhabitants. The majority of the people are subsistence farmers, each having their own fields, under common ownership held in trust by the chiefs and headmen of villages. Others own their farms, most less than 10 hectares in size. The main crop is maize, with other cash crops such as cotton, groundnuts and sunflower. The local economy is on a small scale with the only large employer being a cotton ginnery. Even here, many of the jobs are seasonal.

Training of healthcare workers has always been an important aspect of the work of St Francis' Hospital. In 1953 the School of General Nursing (the second official nursing school in the country) was opened, and in 1956 the first School of Midwifery in Zambia was opened. In 1983 the hospital was recognised by the University of Zambia and the Royal College of Surgeons of England as a suitable place to give training in surgery. Recently responsibility for recognition for surgical training has passed to the College of Surgeons of East and Central Africa. Doctors studying for the Master of Medicine (surgery) of Zambia spend six months of their four year course at St Francis' Hospital gaining experience in a wide range of surgery. For many years Medical Students from all over the world, including Zambia have come

to St Francis' to do their electives. Many have gained greatly from the experience and for some it is the start of a long interest in medicine in the developing world, either at St Francis' or elsewhere in the world. More recently the hospital has been selected as the hospital where Medical Licentiates undertake their surgical training, five students spending 4 months of their two year training programme at St Francis'. The hospital is also one of the sites where Medical Licentiates who have completed their training have to work for one year to gain their accreditation with the Medical Council of Zambia. The hospital also receives students in many fields such as Clinical Officers, Radiographers, Physiotherapists, Pharmacy and Laboratory Technologists who come to the hospital to gain valuable practical experience as a part of their studies. St Francis' has a continuing role to play in the training of health professionals.

The hospital receives a monthly grant from the government for providing 2nd level services and running the nursing schools. During 2003 the government grant was increased by the addition of funds from international donors. In addition to this we receive a government grant via Churches Health Association of Zambia, which is specifically for paying the Classified Daily Employees. The hospital also has made agreements for the provision of first level services with the following districts: Katete, Chipata, Mambwe, Chadiza, Petauke and Nyimba. This is because following the reforms, the hospital is not funded for first level services, but this money is given to Health Districts. Medical fees from the patients make only a small contribution to the running costs (less than 5%), and in 2004 the hospital agreed to change its policy and removed all charges for patients who have been referred by another health institution. The hospital receives many donations from abroad and within Zambia and these are absolutely vital for the running of the hospital. A large proportion of these donations are used to buy drugs and medical supplies. The remaining are mainly for capital projects, which are entirely funded from donations.

The main aim of the hospital was, at the outset, to be a practical expression of our Lord's compassion for the sick and disadvantaged and to train health workers. Despite all the new challenges we find today, this aim remains the same and is still relevant.

14.3 Friends of St Francis' (UK)

Friends of St Francis' Hospital is an organisation that keeps former members of staff of the hospital in touch with each other and up to date with news from the hospital. It also raises a substantial amount of funding for the hospital. 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, birthdays (some people feel they have all they need and ask for gifts to go to the hospital), stalls at shows and many other ways. 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. They also assist with recruitment of volunteers (mainly doctors) from the UK. A donation of £10,000 was made a few years ago and the interest from this has been used to fund staff training. Gifts can be made via Zambia Anglican Council Charitable Trust (ZACCT); the Honorary Treasurer is Paul Hardy. Nicolas Fixsen is the Honorary Treasurer for the Hospital's UK bank account. Most of the money raised goes to pay for drugs and medical supplies sent annually by container, supplement salaries of senior doctors and other key staff, and pay for staff training.

14.4 Beit Trust (UK)

The current housing upgrade project at the hospital is the most recent of many projects 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 Zambian medical students to come to St Francis' and other church administered institutions through CHAZ.

14.5 Jersey Overseas Aid

Jersey Overseas Aid has supported the hospital over a number of years. They have sent workgroups and funded building projects, such as the recent housing project, and also paid for drugs. Jersey Overseas Aids is now assisting with the shipping of the container from DRI (see below)

14.6 Guernsey Overseas Aid

Peter Keeling has been very helpful in connecting us with Guernsey Overseas Aid who have now funded the building of 4 houses. We are also receiving other funds from Guernsey through MSG.

14.7 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.

14.8 Simavi

Simavi is a Dutch Organisation that is currently supporting the project to improve the hospital water supply. In the past they have funded the purchase of an x-ray machine.

14. SUPPORT

14.1 Medical Support Group, Netherlands

The Medical Support Group was founded a number of 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 find items for the hospital, but they also link the hospital with donors. The current chairmen of the support group is Mr Han Mulder and the secretary is Mrs Arlet Splint. Mr Paul Splint is the technical advisor to the group and not only works tirelessly on our behalf in the Netherlands, but has returned to St Francis on several occasions 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. As can be seen above they have also assisted in getting funding for capital projects.

14.1.1 Summer Concert

For nine years now, there has been a Summer Concert 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). Dr Jan van de Werf is the chairman of the organising committee.

14.1.2 Bed Sponsorship Scheme, Netherlands

There is a bed sponsorship scheme organised by Eric Masseur. Organisations and individuals sponsor specific beds in the hospital for \$1500 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.

14.2 United Society for the Propagation of the Gospel (USPG)

USPG 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 with UMCA. Many of the early staff were UMCA missionaries and UMCA made one of the first capital grants to the hospital - £1,000 in 1950. The support for the hospital has continued to this day, funds are still sent to the hospital and the current Executive Director and Paediatrician, Dr Shelagh Parkinson and Manager Administration, Ian Parkinson are USPG missionaries.

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, syringes, needles, disinfectant and sharps boxes. USPG has also been piloting a post exposure prophylaxis policy. If a member of staff get injured by a needle which has blood from an HIV infected patient there is a risk of the member of staff becoming infected. Taking prophylactic drugs reduces the risk of infection. Revd Anne Bayley who had worked at the hospital many years ago and then at University Teaching Hospital in Lusaka has made several visits to help implement and then monitor the policy. She has also been supporting the HIV work of the hospital.

2. MANAGEMENT OF THE HOSPITAL

The hospital has a management board, which meets twice a year. An executive board meets between the Full Board Meetings to deal with any issues that need urgent attention. The board consists of representatives 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 and staff representatives are in attendance but do not vote. The Hospital Board determines policy, considers major expenditure and deals with matters referred by the Management Committee. The Management Committee is responsible for the day to day running of the hospital in conjunction with the senior officers, i.e. Executive Director, Deputy Executive Director, Manager Administration, Nurse Advisor and Accountant.

2.1 The Joint Anglican/Catholic Management Board

Chairman , alternating each year Monsignor George Lungu, Catholic Bishop of Chipata Diocese The Rt. Reverend William Muchombo, Anglican Bishop of the Diocese of Eastern Zambia	
Church Representatives Fr Faston Tembo Fr G. Msipu Phiri Father J Phiri Father M Chikoloma Father O Banda Mr G N Chikwanda	Representatives of the Ministry of Health Dr F S Kabulubulu, Provincial Health Director Mr A C Phiri, Chair KDHMB Mr H A Mkandawire, District Director of Health
Community Representatives Ms A Z Ngoma Rev. K A Nyirenda	Hospital Management Members Dr Shelagh Parkinson, Executive Director - Secretary Mr Ian Parkinson, Manager Administration
Hospital Staff Representatives Mr Emmanuel Munyansho Mr Nelson Chidiwa Banda	Mrs Mwaka Seya, Nurse Advisor Ms Xoliswa Siwale, Acting Principal Tutor Ms T Adams, Accountant

2.2 Hospital Management Committee at 31st December 2005

Dr Shelagh Parkinson	Executive Director - Chairman
Dr Yotham Phiri	Deputy Executive Director
Mr Ian Parkinson	Manager Administration
Mrs Mwaka Seya	Nurse Advisor
Ms Tracy Adams	Accountant
Ms Xoliswa Siwale	Acting Principal Tutor
Mr Danwell Simbeya	AIDS Co-ordinator
Mrs Margaret Chambule	Senior Nursing Officer
Mr Robert Banda	Personnel Officer
Sr Euphrasia Banda	Public Relations Officer
Mr Dan Claxton	Hospital Engineer
Mr Harrison Tembo	Acting Principal Clinical Officer
Mr Kenneth Chisamanga	Pharmacy Technologist
Dr Simon Chisi	Ophthalmologist
Mr Emmanuel Munyansho	Staff Representative
Mr Nelson Chidiwa Banda	Staff Representative

2.3 Hospital Management Sub Committees

The following sub-committees meet regularly and report to the Management Committee:

Finance Committee
 Training Schools Committee
 Human Resource Committee
 Drug and Therapeutics Committee
 Housing Committee
 Infection Control Committee

2.4 Communications

Communication is absolutely vital for a major hospital like St Francis' and in the past has been a real problem, particularly as the hospital is 500km from Lusaka. Following the installation of a new telephone exchange in Katete in 2003, the telephone service became much more reliable, although there are still the occasional problems of poles being stolen and lines being down for a couple of days. The email is very helpful, particularly for keeping in touch with supporters and friends overseas. An internal phone system was installed in 2005.

2.4.1 Telephone Numbers and Email Address

Telephone 06 252210 06 252344	Fax 06 252278	E-mail saintfrancis@zamtel.zm	Postal St Francis' Hospital Private Bag 11 Katete
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13.10 Purchase and Maintenance of Motorbike for TB Outreach

Donor – Maitland Trust (UK)

Maitland Trust has purchased a motorbike, which is used for following up TB patients. Funds are also available to purchase spares to maintain the bike.

13.11 Purchase of New Standby Generator

Donor – Various

Budget - \$24,000

Following the breakdown of the main hospital standby generator, it was found to uneconomic to repair. A new Caterpillar 150Kva standby generator was purchased in late 2002.

13.12 Purchase of New Toyota Landcruiser

Donor – MIVA, Netherlands & Medical Support Group

Budget - \$29,000

A new Toyota Landcruiser was purchased at the end of 2004. This was to replace an old vehicle. The Landcruiser will be used for general hospital use, including outreach, doctor's visits, blood collection, shopping trips to Chipata and Lusaka.

13.13 Autoclave for Theatre

Donor – Summer Concert, Netherlands

Budget - \$60,000

The autoclave is an essential piece of equipment used in theatre to sterilise theatre instruments. The existing autoclave was old and had regular breakdowns that were becoming more difficult to repair. The new autoclave was purchased and installed in 2004.

13.14 Pressing Machine

Donor – Summer Concert, Netherlands

The balance of funds from the Summerconcert 2004 was used to purchase a large pressing machine for the hospital laundry. This was shipped out and installed in October 2005.

13.15 Tractor, Trailer and Grass Mowers

Donor - Medical Support Group

Budget - K202,000,000

A new Massey Ferguson Tractor and trailer were purchased in 2005. We were also able to purchase a large slashing machine that is pulled by the tractor, and a small petrol powered lawn mower. These have helped greatly in keeping the extensive grounds tidy, particularly in the rains.

13.5 Rehabilitation of ablution blocks on Medical Wards & upgrade laundry

Donor - Tweede Jas (Netherlands)

Washing machine purchased and installed in the laundry. The project was also to include the provision of solar powered hot water and the solar units and materials for upgrade of ablution blocks purchased and on site.

The project has now been incorporated into the Medical Ward Upgrade with funding also coming from Wilde Ganzen and is ongoing (*see below*).

13.6 Upgrade of High Density House

Donor - Trocaire (Ireland)

Budget – \$5711

This is similar project to the Beit High Density housing Upgrade, funding for just one house. This project commenced mid 2005 and was completed towards the end of 2005.

13.7 Building of 3 Medium Sized Houses

Donor - Jersey Overseas Aid

Budget - \$42,000

Jersey Overseas Aid sent a workgroup of 14 to work on this project. The project started in June 2003 with Hospital staff digging the foundations and laying the slabs for the 3 houses. The Jersey Overseas Aid Work group spent most of August at the hospital and worked very hard, getting the walls of two of the houses up to ceiling level. Hospital building staff completed the three houses and they were occupied in June 2004. Houses completed within budget.

13.8 Complete Renovation of Two Medical Wards

Donor - Wilde Ganzen (Netherlands)

Budget - €62,272

This is a major rebuilding project to renovate the Medical Wards. The patients were moved out of the wards in June 2004 and work started soon after. The old roof was removed and the ablution areas of both wards were gutted. Wall plate levels have been altered in preparation for the new roof. The work will include plumbing, re-wiring, creation of single, double and six bedded areas within the main ward. Terrazzo flooring will be laid. The project is being undertaken in conjunction with the Tweede Jas project, which was to renovate just the ablution areas.

The project was delayed due to difficulties in ordering the large amount of steel required for the roof. The roof was completed in April 2005 and then attention turned to the interior changes and also building new septic tanks. The project is taking longer than expected due to the greater scope of work than was originally envisaged. It is hoped that the wards will reopen in mid 2006.

13.9 Project - Slurry Trailer & Incinerator

Donor - College De Brink, Laren, Netherlands

The scope of the project was to Construct a Slurry Trailer for emptying Septic Tanks and Pit Latrines, and build an Incinerator for disposing of sharps. The incinerator was completed early in 2004. After some delays getting the tank, the slurry trailer was completed later in the year.

2.4.2 Hospital Web Site

The hospital now has a web site - www.saintfrancishospital.net

3. HOSPITAL FINANCES

3.1 Statement of Financial Performance

The table below gives the financial performance for the year to 31st December 2005 and gives figures for the years 2004, 2003 and 2002 as comparison.

INCOME:	2005	2004	2003	2002
	K	K	K	K
CBOH Running/Donor Grants	754,511,357	531,703,075	794,399,656	366,047,000
CHAZ Salary Grant	212,982,057	280,132,354	318,642,163	231,382,000
Donations – cash and in kind	1,200,572,167	1,132,754,316	774,628,907	921,344,000
Medical Fees	35,975,900	43,843,000	95,684,550	94,613,000
Income from Referral System (Districts)	775,188,196	607,583,661	553,200,927	416,284,000
Drugs from Medical Stores	455,226,477	794,739,261	184,048,474	151,349,000
Bank Interest	1,627,491	8,072,757	15,278,268	6,700,000
Other Operating Revenue	214,389,624	172,294,611	126,383,594	95,525,000
TOTAL INCOME:	3,650,473,269	3,571,123,035	2,862,266,539	2,283,244,000

Total Income

It can be seen that the overall income to the hospital rose over the four years, a small rise of 2% from 2004 to 2005 but rises of 25% for each of the two previous years.

CBOH Running/Donor Grants

There was a large increase in this income from 2002 to 2003 (117%), due to a grant funded by donors. This was introduced in January 2003 and has continued every month since at K30M per month. The government component of the grant has been less consistent and particularly in 2004 led to the reduction in the overall grant compared to 2003 (-33%). There was an improvement in 2005, but still considerably less than the income for 2003.

CHAZ Salary Grant

This grant is intended to pay CDE's salaries and is paid by the Ministry of Finance to Churches Health Association of Zambia (CHAZ) and then distributed to all the church based institutions. In 2002 and 2003 the grant was sufficient to pay the CDE's, the increase in 2003 being due to a salary increase. However for the last few months of 2004 government only covered about 70% of the CDE's salaries and reduced the grant. The hospital management had to find the balance from other income to ensure staff received their salaries in full. The grant was also insufficient in 2005 to meet the full cost of the salaries, but another contributing factor to the grant being less in 2005 was the fact that the grant for 84 workers was removed from August as they had been put on the government payroll.

In 2001/2 two doctors, studying for Masters in Tropical Paediatrics, from the Liverpool School of Tropical Medicine spent time at St Francis' to study community responses to childhood fever.

12.2 Clinical Meetings

Clinical meetings are held every Tuesday. Clinical staff give talks on subjects of interest and the opportunity is taken to communicate between various departments. Regular clinical audit meetings and mortality meetings are also held.

13. PROJECTS AND CAPITAL PURCHASES

13.1 To build two Medium Cost Houses

Donor - Guernsey Overseas Aid

Budget - \$31,500

The building of two 3-bedroomed houses for nurses/clinical officers was commenced in July 2001 and the houses were occupied in August 2002. The project was completed within budget.

13.2 Build two Nurses Houses and House for Senior Doctor

Donor - Medical Support Group (Netherlands)

Budget - \$82,700

This project commenced in 2002. The two medium sized houses were completed and occupied in January 2003. The Senior Doctors house completed and occupied in September 2003. The project was completed within budget.

13.3 Upgrade of High Density Houses

Donor - Beit Trust

Total Budget - £32,400

This project was developed to try to improve the condition of existing housing. Many of the 'high density' houses are small, in poor condition. As each house being upgraded was different, each upgrade has been tackled in a different way. In each case, the house has been extended to give a third bedroom, a flush toilet has been incorporated, timber window frames replaced with steel, new roof with steel trusses, rewired and decorated throughout. The project is ongoing, six upgrades were been completed by the end of 2005, and the seventh due to be completed mid 2006.

13.4 Rehabilitation of the Hospital Water supply system

Donor - Simavi, Netherlands

Total Budget - €49,900

By the end of 2004, borehole and circulation pumps had been bought and installed, boreholes cleaned and a new one sunk. New top tanks had been purchased but not yet erected and some of the ring main replaced, but not yet completed. The project should be completed in 2006. However, the water supply to the hospital has already been dramatically improved.

11.5.2 List of Staff Undergoing Further Training as at 31st December 2005

Name	Post	Course	Location	Duration
Jeremiah Nyirenda	Pharmacy Technologist	Pharmacy Degree	UNZA	3 Years
Alfred Banda	Pharmacy Assistant	Pharm. Technologist	Evelyn Hone	3 Years
Rodgers Mwanza	Assistant Accountant	CIMA	ZCAS	3 Years
Isaac Banda*		Lab. Technologist	Evelyn Hone	3 Years
Mike Phiri	Laboratory Asst.	Lab Technologist	Ndola	3 Years
Anne Chipungu	Nurse Ed. Manager	MPH	UNZA	18 months
Emmanuel Sikateyo	ZEN	RN	Mufulira	2 Years
Josephat Chulu	RN	RM	Ndola	1 year
James Zulu	ZEN	RN	Mufulira	2 year
Agness Zimba	RN	BSc (Ned)	UNZA	3 years
Veronica Daka Kasauka	ZEN	ZEM	SFH	1 Year
Emily Phiri	ZEN	ZEM	SFH	1 Year
Ruth Mbirintengelenji	ZEN	ZEM	SFH	1 Year
Josphat Phiri	ZEN	RN	Mufulira	2 Years

* Isaac Banda is the son of a member of staff (Rodwell Banda) and has been sponsored in his training by Friends of St Francis' (money donated by Roger Cutler)

12. RESEARCH AND CLINICAL MEETINGS

12.1 Research

The hospital has helped with the research of Dr Piet Petit and Dr Patricia Buijtelts into TB diagnosis. Initially in 1998-99 the London School of Tropical Medicine and Hygiene was researching PCR techniques for diagnosis at UTH and St Francis' with the Zambart Project, then TB research at St Francis' was continued by Dr Petit from the Netherlands. Various medical students have conducted research over the past few years and also Dr Onno Ackerman who performed several bronchoscopies, which were helpful in diagnosis of all lung diseases.

Other medical students have studied the rate of traumatic fractures in school children, rate of HIV in malnourished under 5's, knowledge and understanding of HIV in school age children, presentation and treatment of peripheral neuropathy. The HIV/AIDS programme has observed the HIV rates in women attending antenatal clinics in Katete District every 2 to 3 years (last in 2004) and Dr Makukula has carried out research into the abilities of doctors in the Eastern Province.

Donations – cash and in kind

It can be seen that donations make up a significant part of the income, 28% in 2004 and 33% in 2005. The hospital receives very regular support from Friends of St Francis' in the UK, Medical Support Group in the Netherlands, USPG and more recently Direct Relief International. Much of the support comes in the form of drugs and medical equipment. Other forms of support are sponsorship of staff for training and assistance with staff retention incentives. This support is probably underestimated due to the difficulty in valuing some donations. It has to be stressed that the hospital would struggle to function effectively without the support it receives.

Medical Fees

St Francis' has always charged almost nominal fees and had a system to exempt those who cannot afford to pay, as a result only 1% of the income has come from this source. The large reduction in 2004 and 2005, even from this low base is due to the fact that the hospital removed all charges for referred patients following prolonged lobbying from Districts, especially Katete District Health Board.

Income from Referral System (Districts)

This is funding from Districts for 1st Level services provided by the hospital. This is paid because district health boards are funded for 1st Level services. The hospital management has made agreements with all the Districts and as a result of these agreements the amount received has steadily increased. Most Districts, with the exception of Katete District are rather erratic with their payments resulting in late payments and several districts owe substantial amounts. It is difficult for St Francis' Hospital to carry out any sanctions as the effect would be to prevent patients from accessing treatment and this is not an option the hospital management would consider acceptable.

Drugs from Medical Stores

The figures in the table here are the value of drugs and supplies received from the government medical stores. The hospital does not physically pay for these drugs, but has a 'paper' funding allocation. In the past the supply has been poor and erratic, but the supply dramatically improved in 2004. There was thus an increase in the value of drugs received from medical stores of 332% between 2003 and 2004. The increase is slightly exaggerated by the cost of Global Fund ARV's supplied through Medical Stores. The service from Medical Stores Limited deteriorated in 2005 as can be seen from the dramatic fall in the value of drugs received. This resulted in increased expenditure from hospital funds on drugs, and difficulties in planning as it was difficult to know what Medical Stores were going to deliver.

EXPENDITURE	2005	2004	2003	2002
STAFF RELATED COSTS				
Payroll and staff costs	1,101,821,454	878,101,075	881,066,444	633,821,000
Allowances	110,957,548	28,278,710	61,320,312	161,642,000
	1,212,779,002	906,379,785	942,386,756	795,463,000
PATIENT CARE				
Drugs & Vaccines	580,464,262	1,005,700,793	382,331,040	331,436,000
Medical Supplies	485,864,436	180,869,790	440,688,300	290,946,000
Patient Food	229,189,268	172,815,461	140,185,781	125,698,000
	1,295,517,966	1,359,386,044	963,205,121	748,080,000
VEHICLE COSTS				
Fuel & Lubricants	156,192,711	113,183,027	99,472,664	80,069,000
Spares and Maintenance	35,410,605	16,830,359	19,793,565	19,169,000
Other Transport Costs	37,714,026	18,600,388	12,526,500	6,337,000
	229,317,342	148,613,774	131,792,729	105,575,000
OPERATIONAL COSTS				
Maintenance buildings & equipment	126,664,964	24,939,711	132,175,435	61,510,000
Cleaning Materials & Linen	83,902,458	134,390,935	64,113,983	27,744,000
Electricity and generator fuel	52,073,977	52,493,332	109,145,945	113,352,000
	262,641,399	211,823,978	305,435,362	202,606,000
OFFICE & ADMINISTRATIVE				
Office Supplies	83,793,450	117,542,555	51,618,021	23,065,000
Postage & Telephone costs	84,280,989	67,818,215	85,178,359	135,131,000
Insurance	27,545,302	28,895,164	28,754,978	18,040,000
Rent, board and lodging	19,513,600	12,696,100	27,597,103	1,570,000
	215,133,341	226,952,034	193,148,461	177,806,000
TRAINING & STAFF DEV.				
	78,705,900	81,499,195	50,404,900	32,652,000
OTHER COSTS				
General expenses	42,894,729	24,436,458	20,483,545	2,371,000
Bank interest and other charges	62,271,252	58,903,924	57,611,612	20,357,000
Depreciation	382,298,683	250,758,032	191,856,653	219,515,000
Gain/(Loss) on Disposal of Assets	977,100	-	-12,300,000	-
Gratuity Provision Movement	-	-	228,173,741	-
Inventory Movement	-521,736,951	-	-	-
Exceptional Items	4,718,500	76,729,084	374,176,482	63,847,000
	-28,576,687	410,827,498	860,002,033	306,090,000
TOTAL EXPENDITURE:	3,265,518,263	3,345,482,308	3,446,375,362	2,368,272,000

Staff related Costs

As one would expect, staff are the most important resource the hospital has and as a result staff costs are a major part of expenditure - ranging between 27-37% of total expenditure. In general over the period expenditure on salaries has increased. There was a significant fall in allowances in 2004 due to freeze on recruitment imposed by the government in order to meet HIPC completion point, as a result no settling-in allowances were paid. There was a corresponding increase in allowances in 2005 once the freeze was lifted.

Irish students, who have come from University College Hospital, Galway (Voluntary Services Abroad), University College Cork (Surgeon Noonan Society) and Royal College of Surgeons, Dublin, have been incredibly generous. At these colleges the students spend the year before coming on their elective fund raising and have brought many thousands of pounds to the hospital over the last three years. This money has helped pay for the new generator, purchase an ultrasound machine, purchase 750 bed sheets, pay for a 2nd hand vehicle, a new stove for the Mess, X-ray viewing boxes, suction machines, patient uniforms, examination lights and other theatre supplies.

11.5 Staff Development

Hospital management has made training a high priority. The purpose of training is to, fill posts where recruitment is difficult, to try to increase the skills of staff particularly in areas of weakness and to provide encouragement to serving staff. The commitment of the hospital is such that at any given time there are as many as 14 staff undertaking full time training. A few staff receive government sponsorship for training, but in the vast majority of cases the training is funded by the Friends of St Francis'.

11.5.1 During the period 2002 to 2005 the following staff completed training

Name	Post	Course	Location	Completion Date
Josephat Chulu	ZEN	Registered Nursing	UTH	June 2002
Raphael Banda	ZEN	Registered Nursing	Kitwe	June 2002
Stanely Sakala	ZEN	Registered Nursing	Kitwe	June 2002
Veronica Mwazima	ZEN	Enrolled Midwifery	SFH	June 2002
Victoria Manda Tembo	ZEN	RN	UTH	June 2003
Xoliswa Siwale	Nurse Tutor	Registered Midwifery	UTH	June 2003
Chandiona Mumba Zulu	ZEN	ZEM	SFH	June 2003
Veronica Zimba	ZEN	ZEM	SFH	June 2003
Joseph Zulu	ZEN	RN	UTH	June 2003
Felix Chisha	RN	Registered Midwifery	Mufulira	December 2003
Davison Banda	Cashier	NAHTEC	ZCAS	December 2003
Charles Bwalya	ZEN	ZEM	SFH	June 2004
Thomas Phiri	Clinical Officer	Ophthalmology	Malawi	November 2004
Bima Soko	ZEN	ZEM	SFH	December 2004
Enocks Nyambe	Clinical Officer	Medical Licentiate	Chainama	December 2004
Michael Phiri	Admin Officer	Procurement	Lusaka	December 2004
Penjani Nyirenda	ZEN	ZEM	SFH	June 2005
Jessie Lungu Moyo	ZEN	ZEM	SFH	June 2005
Joseph Mseteka	Clinical Instructor	BSc (NEd)	UNZA	June 2005
Simon Chisi	GMO	Ophthalmology	Nairobi	June 2005

11.1.2 Midwifery School

The in-service training of Zambia Enrolled Midwives takes one year. Students commence their studies in July and take their examinations the following June.

There has not been a Midwifery Tutor at the hospital for some years. Mrs Mwaka Seya, Nurse Advisor, has done much of the teaching, assisted by other staff and Ms Charity Banda, Clinical Instructor.

Date of Intake	No. of Students	Date of Exam	No. taking exam	Number Passed	% Pass Rate	Comments
July 2001	9	June 2002	8	8	100%	1 died
July 2002	15	June 2003	15	14	88%	
July 2003	16	June 2004	15	15	100%	1 dropped out
July 2004	14	June 2005	13	13	100%	3 wrote in Dec 2005
July 2005	17	17 due to take exam in June 2006				

11.1.3 Training School Finances

The government now requires Training Schools to plan and produce separate financial reports to the main hospital accounts.

11.1.4 Graduation Ceremony

The Graduation Ceremony is an annual event and one of the highlights of the hospital calendar. It is a celebration of all the hard work put in by the students and teaching staff.

11.2 MMed Surgery Training

The hospital is recognised as a training institution for postgraduate training in surgery (MMed Surg). As a part of the training programme registrars spend 6 months at St Francis' to gain rural experience.

11.3 Medical Licentiate Training Programme

St Francis' is the hospital where Licentiates undertake their surgical training for a period of four months. The hospital also takes Licentiates for their internship year.

11.4 Medical Students

For many years St Francis' has received medical students from Zambia and all over the world. They are generally in the final year of their training and spend at least 6 weeks at the hospital. Many of them contribute greatly to the hospital and most leave the hospital enriched by the experience and more ready to take on the responsibility of being a doctor. In the period 2002 to 2004, the hospital has received more than 80 medical students, from UK, Netherlands, Australia, and New Zealand, United States of America, Germany and Ireland. It is also worth noting that almost without exception, doctors deciding to work in Africa have spent their elective there.

Patient Care

It is a testimony to St Francis' commitment to patient care that it devotes so much of its resources to direct expenditure on patients. The improved funding in 2003 enabled the hospital to provide meat once a week instead of once a year! The proportion of the budget spent on drugs, medical supplies and patient food has increased from around 30% to approximately 40% of the total budget.

Vehicle Costs

Significant increases in the cost of fuel and increased maintenance costs due to the aging fleet of vehicles led to a marked rise in vehicle costs.

Operational Costs

The amount spent on maintenance appears to have reduced in 2004 from 2003. This is not strictly true, as an outstanding debt has had the effect of reducing the reported expenditure. There was a large increase in the expenditure on Cleaning Materials and Linen in 2004, this was a result of large purchases of sheets and covered mattresses.

Most other expenditure increased in line with inflation.

NB It is difficult in some areas to compare expenditure between different years as reporting formats have changed during the period.

3.1.1 Exchange Rates

Date	Pound	Dollar
December 2002	7,688	4,310
December 2003	8,092	4,395
December 2004	8,695	4,710
December 2005	5,748	3,410

4. STAFFING

4.1 Staff List: Medical, Nursing and paramedical at 31st December 2005

Executive Director & Paediatrician	Dr Shelagh Parkinson MBBS, MRCP, MRCPCH, DTM&H
Deputy Executive Director & Surgeon	Dr Yotham Phiri BSc, MBChB, MMed(surg)
Specialist Obs & Gynaecologist	Dr Ziche Makukula MB BCh MRCOG
Specialist Surgeon	Dr Jaap van Bruggen MD, chirurg
Senior Registrar	Dr Elizabeth Blanchard
Senior Registrar Ophthalmology	Dr Simon Chisi MB BCh
General Medical Officer	Dr Joel Kanyembo, MB BCh, Dr Susan Alleyne, Dr Rachel Jones, Dr Rob Bethune, Dr Laura Walden
Licentiate	Mr Enocks Nyambe
Pharmacist	Vacant
Nurse Advisor	Mrs Mwaka Seya RN RM BSc(NEd)
Senior Nursing Officer	Mr Margaret Chambule RN RM
Nursing Officer	Mrs Grace Ngwenya RN RM, Mrs Esther Y. Phiri RN RM
Nurse Education Manager	Ms Anne Chipungu RN RM BSc(Ned)
Acting Principal Tutor	Ms Xoliswa Siwale RN RM BSc(Ned)
Tutors	Mr Joseph Mseteka RN BSc (Ned), Mr Israel Ndayambaje RN BSc(Ned), Mr Usman Tanimu
Midwifery Tutor	Vacant
Clinical Instructors	Mrs Agness Zimba RN, Ms Charity Banda RN RM, Mr Mboni Daka RN
Registered Nurses	Mrs Elizabeth Phiri RN RM, Mr Stanely Sakala, Mr Josephat Chulu, Mr Josias Njobvu, Ms Victoria Manda Tembo, Mr Joseph Zulu
Principal Clinical Officer	Mr Danwell Simbeya Gen/STD/AIDS
Acting Principal Clinical Officer	Mr Harrison Tembo, Psy
Senior Clinical Officers	Mr Rodwell Banda, Gen/Anaes, Mr Peter Banda Psy Mr Emmanuel Munyansho Dental, Mr Lucas Mtonga Anaes
Clinical Officers	Mr Geoffrey Mwale, Mr Thomas Phiri Gen/Ophth, Mr David Kawele Anaes
Physiotherapists	Mr Chongo Mwansa & Mr Anderson Phiri, Dip Physio
Radiographers	Mr Sheckson Musonda Dip Rad
Pharmacy Technologist	Mr Jeremiah Nyirenda, Mr Kenneth Chisamanga, Mr Davie Chikombola, Mrs Ruth K. Chansa Dip Pharm
Laboratory Technologist	Mr Dalton Ndala, Ms Ngalula Monatschiebe
Laboratory Technicians	Mr Raphael Banda, Ms Hilda Magawa

11. TRAINING

11.1 Nurse Training

St Francis' Hospital has always considered training of nurses as one of its most important roles. The General Enrolled Nurse Training School was opened in 1953 and the Enrolled Midwifery School opened in 1956, the first in the country.

11.1.1 General Nurse Training School (NTS)

The NTS provides training for Zambia Enrolled Nurses, the course lasts for 2 years. In recent years the school has had just one intake per year due to shortage of staff. New students arrive in July and take their examinations in June.

Mrs Anne Chipungu is the Nurse Education Manager, although while she is away studying Xoliswa Siwale is acting in her place. Usman Tanimu, a Nigerian Tutor, working at St Francis' through the Nigerian-Zambian government co-operation scheme arrived in December 2004. Another Nigerian Jonathan Rotdung, had spent two years at the hospital and proved to be a very hard working and popular member of the teaching staff. Joseph Mseteka returned to the hospital in 2005 after completing his training as a tutor. Mrs Gertrude Mwale, tutor left in 2005 and was replaced by Mr Israel Ndayambaje. In addition to the qualified tutors, Clinical Instructors can assist with supervision on the wards and do some teaching. Currently Mr Mboni Daka is working as a Clinical Instructor, Mrs Agness Zimba was also a Clinical Instructor until she went to train as a tutor.

Date of Intake	Set No.	No. of Students	Date of Exam	No. taking exam	Number Passed	% Pass Rate	Comments
July 2000	95	14	June 2002	13	13	100%	1 discontinued
July 2001	96	36	June 2003	35	35	100%	1 discontinued
July 2002	97	19	June 2004	17	17	100%	
July 2003	98	34	June 2005	33	33	100%	1 died
July 2004	99	33	22 due to take exam in June 2006				1 deferred
July 2005	100	32	Due to take exam in June 2007				

with ARV's and the Sandy Logie clinic had increased from one afternoon a week to two full days per week, with clinics often ending after 7:00 in the evening. The clinicians working in the clinic being Dr Shelagh Parkinson, Dr Richard Newell, Dr Jo Newell, Dr Andrew Porter (all medical officers), Nickson Mazuba (Medical Licentiate), and Danwell Simbeya and Geoffrey Mwale (clinical officers). The nurses working in the clinic had received some training in ARV's and adherence and were helping with counselling and adherence training. It is hoped that more nurses and clinicians can have in-service training and community volunteers are being trained to help with adherence and improve community awareness of the drugs. It is planned to increase the number of patients receiving ARV's to over 500 early in 2005. This will be a huge challenge because the workload associated with the provision of ARV's is great. The benefits of ARV's cannot be overestimated, we have seen many patients who were very sick, not only just improve but often return to work.

Money from the Sandy Logie Fund is still very necessary for purchasing drugs for treatment and prevention of opportunistic infections.

9.1.1 Table showing workload of ART Clinic

Date	Number of Patients Enrolled in Programme	Number of Patients on ARV's	Monthly Patient Visits
October 2004	348	110	130
January 2005	513	200	215
April 2005	850	357	285
July 2005	1230	507	511
October 2005	1696	615	642
December 2005	2212	903	807

10. FLYSPEC

For a good number of years the hospital has received Flyspec visits. Flyspec is basically visits by Professor John Jellis and Dr Goran Jovic to carry out Paediatric Orthopaedic Surgery and Plastic Surgery respectively. As the name would suggest they fly to many hospitals (mainly mission) generally in the rural areas of Zambia. Normally we received two visits from each doctor during a year. They usually fly in on a Thursday morning, have a large clinic in the afternoon, spend all day Friday in theatre, often finishing very late, and then fly back to Lusaka after an early morning ward round on Saturday. It is a very valuable service and enables many patients to receive specialist treatment, which they would not otherwise have access to.

Staff List: Medical, Nursing and paramedical at 31st December 2005 (cont.)

Enrolled Nurse Midwives		
Ms Jane Banda	Ms Jesse Lungu Moyo	Ms Agrassia Phiri
Ms Mary Kasawara Banda	Mr Japhet Mulipa	Ms Roselyn Phiri
Ms Esnart Mudenda Banda	Mr Alison Mumba	Ms Tomaida F. Phiri
Mr Charles Bwalya	Ms Edith Gondwe Mumba	Ms Rosemary Tembo
Ms Tikku Sakala Daka	Ms Petronella Zimba Mutale	Ms Veronica Zimba
Mr Lufeyo Kamanga	Ms Veronica Mwazima	Mrs Chandiona Mumba Zulu
Mrs Grace Lungu Mkandawire	Ms Penjani Nyirenda	Ms Helen Zulu
Enrolled Nurses		
Ms Esnala Banda	Mr Martin Moyo	Ms Emely Phiri
Ms Evelyn Banda	Mr Kennedy Mufuzi	Mr Emmanuel Phiri
Ms Mary Banda	Mr Happy Muleya	Mr Epiphano Phiri
Ms Maureen Banda	Ms Edina Mulinda	Mr Josphat Phiri
Mr Pharaoh Banda	Ms Ruth Mungwa	Ms Maureen Phiri
Ms Regina Banda	Ms Merina Nkhuwa Musonda	Ms Monica Kazoka Phiri
Mr Trywell Botha	Mr Greyson Mvula	Ms Ruth Mbirintengelenji Phiri
Mr Peter Chanda, OTN	Ms Esther Mwale	Ms Vainess Phiri
Ms Esther Changa	Ms Anna Botha Mwale	Mr Benjamin Sakala
Ms Loveness Chulu Chisumpa	Ms Martha Mwale	Mr Ganizani Sakala
Ms Nchimunya Haafwa	Mr Andrew Mwanza	Ms Setrida Sakala, OTN
Ms Luwa Phiri Jumbe	Ms Betty Mwanza	Ms Namushi Samutumwa
Ms Angela Chongo Kalaba	Mr Eliphas Mwanza	Mr Sandongo Sandongo
Ms Patricia Kamangu	Ms Gloria Mwanza	Mr Emmanuel Sikateyo
Mr Peter Kasokola	Ms Mirriam Mwanza	Ms Nasilele Sililo
Ms Veronica Daka Kasauka	Ms Precious Mwanza	Ms Esnart Bwalya Tembo
Mr Isaac Khunga	Ms Linda Nyambe Mweene	Ms Nduba Tembo
Mrs Anita Lungu Kasokola	Mr Enoch Mwenda	Ms Emely Mpelule Zimba
Mr Zebediya Lungu	Ms Olipa Phiri Nkhoma	Mr Paul Zimba
Mr Wesley Makola	Ms Aliness Phiri	Mr James Zulu
Mr Tobias Mbewe	Ms Cecilia Phiri	Ms Onester Mseteka Zulu
Mr Geoffrey Mbulo	Mr Christopher Phiri	
Mr Cyprian Menyani, Cert Ophth	Mr Dennis Phiri	
Dental Attendant	Ms Fredah Phiri	
Laboratory Assistants	Mr Mike Phiri, , Mr Innocent Ngoma, Mr Victor Mwanza, Mr Jeff Sakala	
Pharmacy Dispensers	Ms Mavis Mwanza	
Pharmacy Assistants	Mr Alfred Banda, Mr Mark Phiri, Mr Stanilaus Kapapi, Mr John Zimba	

4.2 Staff List Administrative and Technical

Manager Administration	Mr Ian Parkinson
Accountant	Ms Tracy Adams
Assistant Accountant	Mr Joseph Duma, Mr Rodgers Mwanza
Hospital Engineer	Mr Dan Claxton
Personnel Officer	Mr Robert Banda
Public Relations Officer	Sr Euphrasia Banda
Procurement Officer	Mr Michael Phiri
Information Officer	Mr Bornface Phiri
Workshop Foreman	Mr Hillam Kalumbi
Building Foreman	Mr Bernard Banda
Nurses Home Warden	Mrs Vida Mwanza

7.11 Acknowledgements

We are grateful to the following donors without whom our AIDS programme activities could not have continued:

Christian Aid	Episcopal Relief and Development
Cordaid	Missio Austria
Zambia Society, UK	Old Catholics, Bonn
Sandy Logie Fund	

8. SANDY LOGIE CLINIC

The Sandy Logie clinic started in 2001 as an attempt to help all sufferers of HIV infection. The aim was to give prophylactic treatment and to encourage people to come early for treatment of opportunistic infections. Opportunistic infections are illnesses that someone who is HIV positive is susceptible to and presents with to hospital. Money has been donated to the hospital from the Sandy Logie Fund and most of this money was used to buy prophylactic drugs such as cotrimoxazole and isoniazid and other drugs to treat infections and Kaposi's sarcoma. Later in 2002, a few more wealthy patients who attended the clinic started buying their own anti-retroviral (ARV) drugs from Lusaka. Clinical staff then decided that it would be better for the hospital to buy the drugs for those who could afford them and then sell them at cost price. This would ensure that the patients could be supported and advised better and it would also save the patients the cost of travelling to Lusaka. At this stage we were greatly helped by Dr Jane Hutchinson, Infectious Disease Specialist from Homerton and Barts in the UK. She came out to teach clinicians about the treatment of AIDS with ARV's, as there are many pitfalls with this treatment. We were very fortunate to have her experience and expertise both first hand on 3 occasions over the next three years and over the internet as email communication became easier.

By June 2004 we were treating about 60 patients, and with the help of the Government and after more clinicians, including Dr Richard Newell, had undergone the Government training sessions on treatment with ARV's and treatment of opportunistic infections, we were able to treat patients with ARV's purchased with Global Funds. It was the national policy to charge patients K40,000 per month (approx. £5 per month), however we initiated committee to assess patients' ability to pay. Many patients were exempted or paid reduced charges after being assessed by the committee.

9. AIDSRELIEF

In 2004 the hospital was selected as one the five institutions in Zambia to receive support from the AIDSRelief consortium. AIDSRelief are responsible for scaling up ARV treatment and are funded by the Government of the United States of America. After a long, strenuous and detailed application process the ARV programme developed by St Francis' was accepted. The AIDSRelief programme is not just about supplying free ARV drugs (which it does) but is very much broader, including training and mentoring for clinical staff, training for laboratory, pharmacy, nursing, administrative, records and accounts staff. They have also funded new equipment in the laboratory and pharmacy, and computers for accounts, records and other departments. The drugs arrived at the end of November 2004 and the price was reduced for patients. By the end of 2004 there had been almost 300 patients treated

7.5 Community based home care

Harrison Tembo co-ordinates the home based care activities. 300 patients are on the home-based care register. The challenge for the future will be to link up the ARV and the Home Based Care services.

7.6 Preventive education – community and schools

Juliet Pendwe is responsible for co-ordinating many of the education activities of the programme. The aim of the programme is to reach 2,000 persons each quarter with thought provoking information focussed at behaviour change. The following are examples of the work involved:

School pupils educate each other on “It’s my life, it’s my future”, with emphasis on delaying sexual activity until marriage.

Peer educators and community based volunteers through drama hold anti-aids drama performances.

Local Chiefs and their representatives and traditional healers have attended workshops looking at ways of reducing traditions and cultures which may help spread HIV, and also looked at developing partnership in the fight against HIV/AIDS. A District peer education committee has been formed.

7.7 Orphans and vulnerable children support.

The programme has still maintained a register of 2,000 orphans and vulnerable children (OVC) who continue to receive support, which is psychological, material and financial. They receive supplies of soap, food and books. Greyson Mvula co-ordinates the programme. School examination and boarding fees are paid for some children who are attending school in various grades. Our objective is to have 75% of OVC on our register attending school. It is estimated that there are up to 14,000 orphans and vulnerable children in the district.

7.8 Sandy Logie and Bishop Oliver

Staff from the AIDS Department work closely together with other hospital staff in the Sandy Logie clinic.

7.9 Other Activities

The main activities of the project are:

- Clinical and Supportive Services (STD clinics)
- Laboratory Services (HIV Screening)
- Anti-AIDS Drama
- Training of Community Volunteers

7.10 Project Evaluation

The current funding period for the project finished at the end of 2005. In order to plan for the future external evaluators were contracted to provide a full evaluation of the project. The AIDS Department also carried out a mapping exercise in Katete District to find out what services are being provided, where they are being carried out and who is involved. This was seen to be very important as many more organisations have become involved in AIDS work but there is very little co-ordination. While planning for the new programme, an interim programme will continue in 2006.

4.3 Hospital Staffing at 31st December 2005

	Total	Staff Category						
		Civil Servant	GRZ Payroll	CDE	Hospital Employee	Volunteer	Church	Project
Medical Staff								
Specialist	4	2	-	-	-	1	1	-
Senior Registrar	2	1	-	-	-	-	1	-
Registrar	4	-	-	-	-	4	-	-
GMO	1	1	-	-	-	-	-	-
Licentiate	1	1	-	-	-	-	-	-
Sub Total	12	5	-	-	-	5	2	-
Nursing Staff								
Nurse Advisor	1	1	-	-	-	-	-	-
Senior Nursing Officer	1	1	-	-	-	-	-	-
Nursing Officer	2	2	-	-	-	-	-	-
Night Superintendent	1	-	-	-	1	-	-	-
RN	5	5	-	-	-	-	-	-
ZEM	21	21	-	-	-	-	-	-
ZEN	67	67	-	-	-	-	-	-
Sub Total	98	97	-	-	1	-	-	-
Clinical Officers								
Principal CO Gen/STD/AIDS	1	1	-	-	-	-	-	-
SCO Anaesthetist	2	2	-	-	-	-	-	-
CO Anaesthetist	1	1	-	-	-	-	-	-
SCO Gen/Psychiatry	2	2	-	-	-	-	-	-
CO Gen	1	1	-	-	-	-	-	-
CO Ophth	1	1	-	-	-	-	-	-
Sub Total	8	8	-	-	-	-	-	-
Laboratory								
Laboratory Technologist	2	2	-	-	-	-	-	-
Laboratory Technician	2	1	-	-	1	-	-	-
Laboratory Assistant	4	-	3	-	1	-	-	-
Phlebotomist	1	-	-	-	-	-	-	1
Sub Total	9	3	3	-	2	-	-	1
Radiography, Physiotherapy & Dental								
Physiotherapist	2	2	-	-	-	-	-	-
Radiographer	1	1	-	-	-	-	-	-
SCO Dental	1	1	-	-	-	-	-	-
Dental Assistant	1	1	-	-	-	-	-	-
Sub Total	5	5	-	-	-	-	-	-
Pharmacy								
Pharmacy Technologist	4	4	-	-	-	-	-	-
Pharmacy Dispenser	1	1	-	-	-	-	-	-
Pharmacy Assistant	5	-	4	1	-	-	-	-
Sub Total	10	5	4	1	-	-	-	-

Hospital Staffing at 31st December 2005 – continued

	Total	Staff Category						
		Civil Servant	GRZ Payroll	CDE	Hospital Employee	Volunteer	Church	Project
Senior Administrative & Technical								
Manager Administration	1	-	-	-	-	-	1	-
Accountant	1	-	-	-	-	1	-	-
Hospital Engineer	1	-	-	-	-	1	-	-
Personnel Officer	1	1	-	-	-	-	-	-
Public Relations Officer	1	-	1	-	-	-	-	-
Procurement Officer	1	-	1	-	-	-	-	-
Information Officer	1	-	1	-	-	-	-	-
Sub Total	7	1	3	-	-	2	1	-
Accounts								
Assistant Accountant	3	-	3	-	-	-	-	-
Accounts Clerk	2	-	1	1	-	-	-	-
Cashier	1	-	1	-	-	-	-	-
Junior Accounts Clerk	1	-	-	1	-	-	-	-
Telephone Operator	1	-	1	-	-	-	-	-
Sub Total	8	-	6	2	-	-	-	-
Workshop & Building								
Foreman Workshop	1	-	-	-	1	-	-	-
Foreman Building	1	-	1	-	-	-	-	-
Equipment Technician	1	-	1	-	-	-	-	-
Carpenter	2	-	2	-	-	-	-	-
Plumber	1	-	1	-	-	-	-	-
Mechanic	1	-	1	-	-	-	-	-
Painter	1	-	1	-	-	-	-	-
Driver	5	-	4	-	1	-	-	-
Bricklayers	9	-	1	-	8	-	-	-
General Worker	14	-	7	1	6	-	-	-
Sub Total	36	-	19	1	16	-	-	-
Records & Clerical								
Medical Records Officer	1	-	1	-	-	-	-	-
Records Clerk	8	-	6	-	-	-	-	2
Receptionist	1	-	-	-	-	-	-	1
Secretary	1	-	1	-	-	-	-	-
Clerk	2	-	1	-	1	-	-	-
Sub Total	13	-	9	-	1	-	-	3
Wards & Departments								
Supervisor Sweepers	1	-	1	-	-	-	-	-
Sweepers/Cleaners	22	-	13	2	7	-	-	-
Domestic Ward Workers	17	-	13	1	3	-	-	-
Porter	6	-	5	-	1	-	-	-
Tailor	1	-	1	-	-	-	-	-
Cooks	4	-	4	-	-	-	-	-
Laundry Assistants	6	-	5	-	1	-	-	-
Sub Total	57	-	42	3	12	-	-	-

7. AIDS CARE AND PREVENTION PROJECT**7.1 Introduction**

St Francis' Hospital has had an AIDS Department since 1989, being one of the first hospitals to see the need to devote special attention to dealing with the problem of HIV/AIDS. The department is fully funded by donors, except for the salaries of staff at the hospital and the vital work given by the Community based Care/Counsellor/Educators, who also act as guardians for the orphans. The overall aim was, and still is, to increase AIDS awareness in the community through education, counselling, caring and support for the infected and affected people. The staff in the department are seconded from the hospital on a full time or part time basis. The Co-ordinator is Mr Danwell Simbeya, a Senior Clinical Officer specialised in STD's including HIV and AIDS. Mr Greyson Mvula, the Deputy Co-ordinator who is a Zambia Enrolled Nurse, assists him. The Technical Advisor to the department was Dr Yotham Phiri until he left the hospital and then Dr Shelagh Parkinson.

7.2 Composition of AIDS Programme Team (at 31st December 2005)

Name	Position/Status
Mr Danwell W. Simbeya	AIDS Project Co-ordinator Senior Clinical Officer STD/AIDS, Psychosocial Counsellor – full time seconded
Mr Greyson Mvula	Deputy AIDS Project Co-ordinator, Zambia Enrolled Nurse, Psychosocial Counsellor – full time seconded
Mrs Fredah Phiri	Dental Assistant – part time seconded
Mr Harrison Tembo	Senior Clinical Officer Psychiatry - part time seconded
Mr Raphael C. Banda	Laboratory Technician – part time seconded
Ms Juliet Pendwe	Peer educator – Full time project Employee
Ms Susan Banda	VCT Co-ordinator - Full time project Employee
Mr Paul Phiri	Driver - Full time project Employee
Mrs Charity Nkosi	Secretary/Typist - Full time project Employee
Dr Shelagh Parkinson	AIDS Project Technical Advisor, Communications/fund raising

7.3 General in and out-patient counselling

As Anti-retroviral (ARV) drugs became available more patients have agreed to be tested and so the uptake for this service has required extra resources, particularly counsellors.

7.4 Voluntary counselling and testing

Susan Banda was appointed in 2004 as co-ordinator for voluntary counselling and testing (VCT). This is carried out at the hospital and also in the community. As previously stated the growing availability of ARV's had led to an increased uptake in VCT as there is now much more of a reason to know one's status. As a result the target of 100 tests per month has easily been exceeded.

6.8.2 Inventory of Transport - Motorcycles

Make	Vehicle Number	Condition	Comments
Honda 110 Trail Bike	AAM 6988	Runner	Needs routine maintenance
Honda 110 Trail	AAZ 5306	Runner	For TB Outreach
Honda 110 Trail	AAP 119	Runner	Needs battery

6.9 Housing

Type of House	Number of Houses
Low Density	23
Medium Density	34
High Density	45
Total Houses	102

As can be seen from the table above, St Francis has a large housing stock. Despite this there are several problems. Much of the housing is old and in need of renovation. Another factor is that expectations have increased and many new staff demand better housing. The staff at the hospital not only have to look after their own family but also in most cases a number of dependants. As mentioned earlier, it is difficult to attract staff and as a result, provision of good quality housing has become more important than ever before if we are to entice good quality staff to come and work at St Francis' Hospital. As the hospital receives no rent for the houses, it is difficult to find funds for basic maintenance and decoration.

The main issues with housing are therefore:

- Not enough housing
- Many of the existing houses in poor condition
- Some existing houses too small
- No funds for decoration and maintenance

6.10 Staff Mess

Many visitors to the hospital will be familiar with the staff mess. This department provides food and accommodation to visitors, short-term volunteers and medical students. It also provides good priced meals and tea breaks for staff. The senior cook in charge of the Mess is Patrick Mbewe.

Hospital Staffing at 31st December 2005 – continued

	Total	Staff Category						
		Civil Servant	GRZ Payroll	CDE	Hospital Employee	Volunteer	Church	Project
Stores								
Stores Officer	1	-	1	-	-	-	-	-
Store Keeper	2	-	1	1	-	-	-	-
Printer	1	-	1	-	-	-	-	-
Sub Total	4	-	3	1	-	-	-	-
Security								
Security Supervisor	1	-	1	-	-	-	-	-
Watchman	14	-	7	1	6	-	-	-
Sub Total	15	-	8	1	6	-	-	-
Mess	6	0	4	0	2	0	0	0
AIDS Dept	3	0	0	0	0	0	0	3
Nurse Training Schools								
Nurse Education Manager	1	1	-	-	-	-	-	-
Tutor	4	3	-	-	-	1	-	-
Clinical Instructor	3	3	-	-	-	-	-	-
Home Warden	1	-	1	-	-	-	-	-
Clerical	1	-	1	-	-	-	-	-
Kitchen & Cleaning	8	-	7	-	1	-	-	-
Sub total	18	7	9	0	1	1	0	0
Grand Total	312	137	108	9	39	9	3	7

Civil Servants

Civil Servants are employed and paid directly by the government and are seconded to St Francis' Hospital.

GRZ Payroll

These are staff that until August 2005 had either been CDEs paid through the CHAZ grant or Hospital Employees paid from grants. Following a long battle by CHAZ, these workers were finally put on the government payroll.

CDEs

Classified Daily Employees are paid for by the government, through a grant sent to CHAZ and then sent to each mission institution. The number has reduced since August 2005 when most of them were put on the Government payroll.

Hospital Employees

These are staff employed by the hospital and paid out of the monthly running cost grant.

Church

Staff supported by missionary organisations. Currently Dr Shelagh Parkinson and Mr Ian Parkinson supported by United Society for the Propagation of the Gospel (USPG), and Dr Elizabeth Blanchard through Catholic Medical Missions Board (CMMB).

Volunteer

These are volunteer staff. Some are VSOs, another is a member of the Nigerian Volunteer Corps who is at the hospital through an agreement between the governments of Nigeria and Zambia, and there are also volunteers who have applied directly to St Francis' Hospital.

Project

Staff whose salaries are funded by a project, either the AIDS Project or the AIDSRelief ART programme.

4.4 Retrenchment Programme

For many years there has been a problem with the funding of terminal liabilities for Classified Daily Employees (CDEs) working in Church Institutions. The government, despite paying these staff via a grant through Churches Health Association of Zambia (CHAZ), has not been able to pay the terminal liabilities for these workers. In 2000 with the help of the then Chair of the Hospital Board, Bishop John Osmer, funds were obtained from the United Society for the Propagation of the Gospel (USPG) to pay some workers. This still left many workers, not just at St Francis' but at all Church administered health institutions. Following efforts from CHAZ and church leaders in Zambia, the European Union agreed to fund a retrenchment programme for CDEs in church health institutions. The European Union agreed to pay the Zambian Government K14 Billion (about \$3 million). Up to the end of 2004 CHAZ has only received about K8.5 billion, about 60% of the promised amount and despite many requests has not found out about the balance of the funds. CHAZ has distributed the funds proportionately to its members and so St Francis' Hospital has received about K553 million. On receipt of these funds hospital management met with union and staff representatives and agreed the process for paying staff. As a result the exercise went smoothly. No further funds were received by CHAZ in 2005, so the retrenchment programme has stalled, however CHAZ remain committed to continuing the process and has asked church leaders to intervene at the highest level to find out where the balance of the European Funds are and to have them paid out. The following staff received the retrenchment money.

of spare parts etc and more skilled staff. In June 2002 a qualified mechanic was employed, essential as the hospital vehicle fleet was quite old, and in 2003 a qualified refrigeration engineer was employed, and he was able to maintain refrigeration equipment, and also electrical equipment in general, and the electrical supply system.

Mr Reid left the hospital in June 2005. We were pleased that VSO have once again assisted the hospital in finding another engineer - Dan Claxton. The role is a very demanding one with large rehabilitation projects, building projects and all the regular maintenance so it was very providential that Mr Paul Splint visited for three months in 2005 and helped Mr Claxton settle in.

6.7 Building Department

Number of Staff - 20

The building department has for many years undertaken most of the building at St Francis'. They are also responsible for building repairs and maintaining the hospital site. The department was greatly weakened when a number of the longest serving workers retired in 2004, including Mr Zumani Juma, the Foreman and the longest serving member of staff, having started at St Francis' Hospital in 1954. When there is a lot of building work, additional temporary staff are taken on. The building department falls under the hospital engineer.

6.8 Transport

Below is a list of the vehicles owned by St Francis' Hospital. Although there have been some new vehicles purchased over the last couple of years there is still a need to continue looking for funding for new vehicles. The poor roads take their toll on the vehicles and there are two that are awaiting disposal.

6.8.1 Inventory of Transport - Vehicles

	Make	Vehicle Number	Year	Condition	Comments
1	Landrover Defender 110	AAM 6156	1994	Non-Runner	Poor condition
2	Toyota Truck 3300	AAM 7076	1994	Runner	Good condition
3	Fiat Tractor 70-56	AAL 4273	1996	Runner	Fair condition (PAM)
4	Toyota Hilux 4WD	AAP 7455	1997	Non-Runner	Requires Disposal
5	Toyota Landcruiser	AAP 7456	1997	Runner	Fair condition
6	Toyota Landcruiser	AAP 9181	1997	Runner	Fair condition
7	Toyota Landcruiser	ABA7532	2003	Runner	Good Condition – AIDS Dept
8	Toyota Landcruiser	ABD4984	2004	Runner	Good Condition
9	Massey Ferguson Tractor	ABE3025	2005	Runner	New
10	Toyota Hilux	ABF3010	2005	Runner	New

6.5 Accounts

Number of Staff - 9

This is a key area of the hospital administration and probably undervalued in recent years. The Hospital Accountant during the period 2000 and 2001 was under-qualified and had a great deal of time off work due to sickness. He passed away in September 2001. Towards the end of 2001 the hospital management approached Voluntary Services Overseas (VSO) and they agreed to search for a suitably qualified accountant. We were very happy when they sent Steve Ham, who arrived in February 2002. He had a huge backlog of work to deal with and also had to look into ways of improving the department. He identified one of the staff in the department, Rodgers Mwanza, as someone with potential, and so hospital management agreed to send him for accountancy training (CIMA) at the Zambia Centre for Accountancy Studies, in Lusaka. The course is expensive and this was a great commitment from the hospital. Mr Mwanza left for training at the end of 2002 and should return at the end of 2006. Although this will have long term benefits for the hospital, losing the most capable member of staff in the department meant that Mr Ham had to do most of the more complex work single handed. This was managed and reports produced. The accounts department provides a range of services to the hospital. They deal with all the routine hospital income and expenditure, they run the payroll of in the region of 170 staff and maintain the accounts for all the projects. The hospital has a computerised accounting package and payroll system. Mr Ham returned to the UK in March 2004 and the hope was that VSO would send another volunteer. Unfortunately this was not possible and so we were left without an accountant again. Following a plea for help, David McAvena, a former hospital accountant came and helped out for a couple of months. This really helped and made things much easier for Tracy Adams, VSO who arrived in October 2004. She has settled in very quickly and quickly got to grips with the work. She has made great efforts to improve the development of staff and now nearly all the staff in the department are working towards an accounting qualification and the staff are able to take on many more tasks than previously.

6.6 Workshop

Number of Staff - 19

The improvement in the department that had started at the end of 2001 with the arrival of Paul Splint, a volunteer with Netherlands Management Co-operation Programme (NMCP), continued in 2002. In April 2002, James Reid, an experienced engineer arrived on a two-year placement with VSO. The workshop was quickly tidied up and Mr Reid used his experience to improve the performance of the staff. After Mr Splint left, he was replaced by another volunteer from NMCP, Nick van Dam who worked mainly on projects.

The main role of the workshop is to maintain the buildings and infrastructure and to ensure continuity of supply of power and water to the hospital. The workshop is also responsible for all the transport for the hospital.

The major problems were the poor water supply, this was addressed through a project sponsored by Simavi (see Projects section). Another major problem was the poor condition of the generator and again funding was found to purchase a new generator. Repairs were improved by supply of more tools, more resources in terms

4.4.1 List of Retrenched Staff

No.	Name	Post	Date of Termination	Reason
1 ^a	John Phiri	Driver	08-Sep-02	Died
2 ^a	James Kaima Phiri	Sweeper	31-Jan-03	Medical Retirement
3 ^a	Moses Butty Banda	Watchman	16-Mar-03	Died
4 ^a	Tilekane Phiri	Cleaner	30-May-03	Medical Retirement
5 ^a	Weston Banda	Laboratory Asst	19-Jun-03	Died
6 ^a	Jason Banda	Laundry In charge	31-Jul-03	Medical Retirement
7 ^a	John Mbewe	Sweeper	31-Aug-03	Medical Retirement
8 ^a	Pinford Banda	Cook	31-Dec-03	Retired
9	Esther Banda	Home Warden	31-Jan-04	Retired
10	Lena Banda	Cleaner	31-Jan-04	Retirement
11	Beulani Phiri	Bricklayer	31-Jan-04	Retirement
12	Zumani Juma Banda	Foreman building	31-Jan-04	Retired
13	Joseph Mvula	Sweeper	31-Jan-04	Retirement
14	Yendelani Mvula	Cleaner	31-Jan-04	Medical Retirement
15	Christine Tembo	Cleaner/Waiter	31-Jan-04	Medical Retirement
16	Japhet Mvula	Painter	05-Feb-04	Retirement
17	Saule Phiri	Foreman workshop	06-Feb-04	Retrenched
18	Sinoya Phiri	Cleaner	06-Feb-04	Retrenched
19	William Phiri	Labourer	06-Feb-04	Retrenched
20	Tenford Phiri	Cook	06-Feb-04	Retrenched
21	Charles Sakala	Cleaner	06-Feb-04	Retrenched
22	Blackson A Tembo	Bricklayer	06-Feb-04	Retirement
23	Nickson Zulu	Registration Clerk	06-Feb-04	Retrenched
24	Thenesi Zulu	Bricklayer	06-Feb-04	Retrenched
25	Tengenibwino Phiri	Cook	26-Feb-04	Retrenched
26	Dauty Manda	Optic Workshop Asst	24-Oct-03	Resigned
27	Nelson Banda	Admin Asst	12-Nov-04	Retrenched
28	Sekani Zulu	Cleaner	12-Nov-04	Retrenched
29 ^b	Fainess Tembo	Cleaner	17-Dec-04	Retrenched
30 ^b	Ayendela Lungu	Cleaner	17-Dec-04	Retrenched

^a These staff had died or left before the retrenchment money had been received. They had received a part payment at the time of leaving employment and then received the full amount once the hospital received the money from CHAZ.

^b These two staff have only received half the money due to them as the hospital has exhausted the funds it has received. They will receive the balance when the hospital receives more money.

Between them the retrenched staff had served the hospital for many years and made a great contribution to the hospital.

4.5 Staff who have passed away

Name	Post	Date started at SFH	Date Died
Richman Salimu	Carpenter	01/01/1962	07/01/2002
Belina Nyirenda	ZEN	01/01/1998	22/01/2002
Elias Phiri	Cook	01/01/1987	03/03/2002
Malunga D. Sakala	Pharmacy Technologist	07/11/2001	06/05/2002
John Phiri	Driver	01/01/1990	09/09/2002
Theresa Zulu Mwanza	ZEM	02/01/2001	28/11/2002
Jackson Zimba	ZEN	01/01/1983	18/12/2002
Patricia Mumba Mahlangu	ZEM	01/01/1991	31/01/2003
Moses Butty Banda	Watchman	28/07/1997	16/03/2003
Weston Banda	Lab. Assistant	06/05/1998	19/06/2003
Tiyezye Mary Daka	ZEN	03/06/2002	26/10/2003
Yohane Tembo	Stores Officer	01/10/1995	26/11/2003
Roisy Chutika	DWW	01/04/1991	08/02/2004
Francis Phiri	GMO	01/06/1999	26/07/2004
Davison Phiri	General Worker	01/01/1989	27/06/2005
George Njobvu	Miller	06/09/1996	17/09/2005

4.6 Medical Staffing

4.6.1 General Staffing Situation

2002

The medical staffing at the start of 2002 consisting of Dr Ziche Makukula, specialist in Obstetrics and Gynaecology, Dr Yotham Phiri, specialist Surgeon, Dr Shelagh Parkinson, specialist Paediatrician (also covering General Medicine), Dr Francis Phiri, a very experienced General Medical Officer (GMO), Dr Simon Chisi, GMO, away studying to be a specialist in Ophthalmology in Nairobi, and Dr Ebedi Sadoki, GMO who arrived on 1st January following transfer from Nyanje Hospital.

Dr Andrew Porter, paediatrician, also arrived in January with his wife and worked at the hospital until June, planning to return for a similar stint next year. Dr Robert Zulu arrived in February to start his six-month MMed surgery period as a surgical registrar from UTH.

2003

Dr Michiel Haeseker and Dr Audrey Beckers arrived from the Netherlands in January 2003 as GMO's working mainly in Surgery and Obs and Gynaecology respectively. They left in January 2004; they had wished to stay longer but due to the government freeze on recruitment, had not been put on the government payroll. Dr Andrew Porter returned in March 2003 as promised for another six-month stint, which was particularly helpful, as it enabled Dr Shelagh Parkinson to have some time off to have a baby.

Dr Gloria Munthali, Surgical Registrar arrived in March 2003 for her six month rural placement and was replaced by Dr Bruce Bvulani in October 2003.

6. ANCILLARY DEPARTMENTS

6.1 Security Department

Number of staff - 15

The security staff play two important roles. Their basic role is to try and ensure the security of hospital property and staff. In addition to this, they have to call-out doctors and other on call staff, particularly at night.

6.2 Hospital Kitchen

Number of Staff - 3

The kitchen is a vital department, catering for all the patients, which can number more than 300 at busy times of the year. The meals are basic, with maize porridge for breakfast and then nshima (maize meal) with beans or vegetables for lunch and supper. Meat used to be served once a year at Christmas, but following improved funding meat is now served once a week. We would like to serve a more varied diet but financial constraints make this impossible. It is definitely hard work with the staff reporting for work at 05:00 hours to prepare breakfast. It is difficult to imagine cooking nshima for 400 people but it is stirred with something that resembles a canoe paddle. The kitchen, cooking equipment and serving pots are in need of rehabilitation/replacement.

6.3 Laundry

Number of staff - 6

The department washes all the bedding and theatre linen for the hospital. Seven smaller washing machines have been purchased to replace the two large machines, which are no longer working well. The tumble dryer and pressing machine were also out of action, but a new pressing machine was ordered and arrived in 2005.

6.4 Records Department

Number of Staff - 8

This department is responsible for keeping the hospital patients records and producing the many statistics that a report such as this, the Central Board of Health and the hospital management require. The hospital has to provide information to meet the guidelines the Central Board of Health has laid out in the Health Management Information System (HMIS). This is challenging and something that the hospital will have to work hard at as more and more emphasis is being placed on provision of information.

The department has increased in size because of the need for more and better information. The reporting for the AIDSRelief programme has also increased the workload. In 2003 the inpatient database was computerised and the staff learnt new skills remarkably quickly. The computer system was improved by Jos Grau in 2004 and we hope he can help us again with further developments. Bornface Phiri is the Records Officer.

5.6.6 Eye Department

During the period of these report ophthalmic nurses Cyprian Menyani and Bernard Banda staffed the Eye Department. The department provided inpatient, outpatient and outreach services. The Optical Workshop closed in 2004 when the technician left the hospital.

Large donations of used spectacles were received from Lions Club of France and also Australia.

In July 2003, an 'Eye Camp' was held thanks to the sponsorship from the International Lions. In all, 82 patients were brought to the hospital, arriving from 30th June and the final patients being returned home on 12th July 2003. Patients came from 15 rural health centres and Nyanje Hospital.

Dr B. Wiafe and his team from Lusaka and Mwami Hospital, working with staff from St Francis' Hospital performed eye operations on 7th and 8th July 2003.

We are very grateful to the International Lions for their continued support to the Eye Clinic work at St Francis' Hospital and in particular through this Eye Camp where 45 patients were operated for cataracts, 21 patients for glaucoma and 4 patients for other eye problems.

Over recent years the hospital's eye department has been hampered by the lack of enough qualified staff. In attempt to recommence regular eye surgery, Dr Chisi, a GMO has been sent for training as an ophthalmologist in Nairobi. International Lions, Sightsavers and CBM have sponsored his training. He completed his course in 2005. In addition, Thomas Phiri, a Clinical Officer went for training in ophthalmology and returned at the end of 2004, sponsorship from International Lions. International Lions have sponsored some Eye camps, but the hospital plans to recommence a full eye programme with the support of CBM and International Lions in 2006. The International Lions purchased a new Toyota Double Cab for the hospital at the end of 2005.

5.6.7 Doctor's Visits to Chadiza

In 2003 at the request of Chadiza District Health Board, St Francis' Hospital commenced sending a doctor to Chadiza every two weeks. Chadiza District has no hospital and doctor and so this is a very valuable service. Staff in Chadiza can arrange for patients to be seen by the visiting doctor and when necessary the patient can be brought back to St Francis' for further treatment.

Dr Namani Monze arrived in May and was at the hospital for 10 months for his rural internship.

October 2003 also saw the arrival of 4 more doctors. Dr Paulus Lips, Medical Registrar worked as a volunteer for six months. Dr Jaap van Bruggen, a retired surgeon came as a long term volunteer, although personal commitments require him to return home to the Netherlands from time to time. His arrival did allow Dr Yotham Phiri to go for some much needed leave. Drs Richard and Jo Newell GP's from the UK came for one year working as Medical Registrars. Richard had previously spent time at St Francis' as a medical student in 1996 and had always promised to come back!

2004

In January 2004, Dr Yotham Phiri left the hospital to take up the post of Provincial Health Director for North Western Province. We missed him as a surgeon, colleague and friend, but know he will be a great asset to the North Western Province.

In June 2004 Dr Jaap Swierstra a specialist surgeon arrived to cover for Dr Jaap van Bruggen, he stayed for two months and worked tirelessly. He was not a new face to St Francis' having spent a few months at the hospital in 1993!

It is with great sadness that we have to report that Dr Francis Phiri passed away in July 2004, having lost a long battle with motor-neurone disease.

Also in July Dr Joel Kanyembo, GMO transferred from Southern Province. In September Dr Egide Shirimpaka, Surgical Registrar, arrived to commence his six-month placement. At the end of the month Drs Richard and Jo Newell left having completed one year at the hospital and having made a huge contribution.

Dr Jan Doeven, Specialist Surgeon, worked during November and December to cover for Dr van Bruggen. Dr Andrew Porter returned in December 2004 and stayed until the end of March 2005

2005

In January of 2005 Dr Susan Alleyne arrived from the UK. The difficulty in recruiting and retaining Zambian medical staff and the increasing workload, particularly due to the Sandy Logie Clinic (see later), led the hospital management to make greater efforts to recruit from overseas. Dr Jaap Swierstra visited again in April 2005 and was with us until June to cover once again for Dr van Bruggen. Dr Shelagh Parkinson went on long overdue home leave from June to September. We were very grateful to have the offer from Professor Antonia Bagshawe to come and do a locum for two months. She was very familiar with Zambia having previously worked at UTH. She not only took on clinical work but also very capably took on the role of Acting Executive Director. We are hugely indebted to her for assisting the hospital. June also saw the arrival of Dr David Clegg for six weeks. He is a specialist in Obstetrics and Gynaecology having previously spent several years at UTH. His presence allowed Dr Ziche Makukula to take some well earned leave. In August Dr Elizabeth Blanchard arrived with her family from the United States. She is a volunteer sent by Catholic Medical Missions Board (CMMB). August also saw the return of Dr Andrew Porter and his wife for another 5 month stint. He also filled the role of Acting Executive Director. In September there was what can only be described as an influx of doctors as three volunteers from the UK, Dr Rachel Jones, Dr Laura Walden and Dr Rob Bethune, arrived along with the return of Dr Parkinson. Dr Christine Deurman came as a short-term volunteer from October until December. Finally at the end of the year, we welcomed back Dr Yotham Phiri.

4.6.2 Surgical Registrars

Name	Date of Arrival	Date of Leaving
Dr Robert Zulu	February 2002	August 2002
Dr Gloria Munthali	March 2003	September 2003
Dr Bruce Bvulani	September 2003	March 2004
Dr Egide Shirimpaka	September 2004	February 2005
Dr Jean Baptiste Nzayisenga	March 2005	August 2005
Dr Anthony Magwaza	June 2005	October 2005
Dr Lupasha	October 2005	December 2005

The hospital has for a good number of years been recognised as a training institution for the postgraduate training in surgery (MMed Surg). As a part of the training programme registrars spend 6 months at St Francis' to gain rural experience. It is a good opportunity for the registrars as there is a wide range of surgery and less competition for theatre time. As well as gaining experience, the registrars make a great contribution in assisting the surgeons with the heavy workload and also assist in training the Medical Licentiatees.

4.6.3 Licentiate Internships

Name	Date of Arrival	Date of Leaving
Mr Isaac Tembo	October 2001	October 2002
Capt. Mambo Mwinga	November 2001	November 2002
Mr Kelvin Mwanja	November 2001	November 2002
Capt. Shadreck Syazyombo	November 2001	February 2003
Mr Marshall Shankaya	October 2003	October 2004
Mr Nickson Muzuba	April 2004	April 2005
Mr Kelly Banda	April 2004	April 2005
Mr Enocks Nyambe	April 2004	Continued to work here
Major Tom Nkhoma	November 2004	April 2005

The Medical Licentiate training programme was started in Tanzania. It is a practise-based two-year course for clinical officers aimed at overcoming the shortage of doctors. Zambia introduced the programme in 2002. It is organised from Chainama Hospital, with short sessions of theory being augmented by 4-month practical experience placements in Surgery, Medicine, Paediatrics and Obstetrics & Gynaecology. St Francis' is the site for the surgical experience and we receive five students at a time. Once the Licentiatees have completed their two-year training and passed their exams, they have to successfully complete a one-year internship

5.6.4 Laboratory Department

This comprises the blood bank, haematology, clinical chemistry and microbiology. Mr Dalton Ndala, Laboratory Technologist was in charge of this department, assisted by Raphael Banda, Lucie Monatshiebe and Hilda Magawa Phiri. We have had difficulty over a number of years in maintaining enough qualified staff in this department. As a result the hospital management has employed staff that are trained within the department to undertake some of the basic duties. In addition to this, we have sponsored two of these staff to train as Laboratory Technologist and plan to continue this process.

In 2004 the Laboratory received an automated chemistry machine through the Central Board of Health (CBoH), and an automated haematology machine through AIDSRelief.

Section	Tests Carried Out				
	2005	2004	2003	2002	2001
Haematology	21,794	12,606	2,804	12,423	8,076
Parasitology	4,699	5,376	10,223	6,040	3,410
Malaria Parasitology	15,734	16,690	5,977	19,135	13,359
Microbiology	12,967	8,492	4,004	6,383	5,951
Biochemistry	8,994	1,530	381	2,397	1,593
Blood Bank	4,350	7,468	383	5,000	3,613
HIV	4,156	1,696	2026	Not recorded separately	
TB Sputum	3,775	3,744	0		
Total	76,469	57,602	25,492	53,380	38,003

5.6.5 Outreach

Following the health reforms the District Health Management Board is responsible for primary health care and the services in the rural health centres. St Francis' Hospital continues to help out and provides support to the Health Centres by sending out a team of clinical officers and paramedical staff five times per month. The team comprises officers specialising in Dental, Eyes, Physiotherapy and Psychiatry. On occasions, when the medical staffing in the hospital allowed, a medical officer joined the team. The intention is that the staff from St Francis' work with the clinic staff so that they can learn new skills. Sadly the clinic staff are not always present. Katete District Health Board terminated this service in 2005.

5.6.3 Radiography Department

Sheckson Musonda heads the department and in 2002 and 2003 there were three radiographers with Phyla Phiri and Rueben Banda. Phyla Phiri transferred to Petauke Hospital in December 2003 and Rueben Banda left to work abroad in July 2004. Despite several attempts to recruit another radiographer Mr Musonda continues to work alone, which is far from ideal. Management was able to find short-term cover from other hospitals to allow Mr Musonda to go on leave. The main x-ray machine is a relatively new Philips x-ray machine (donated by Simavi from the Netherlands in 1999). There is also an elderly but still useful back up x-ray machine, a portable x-ray and a new ultrasound machine purchased in 2003 with funds from Irish medical students. The main machine suffered a major breakdown in 2003 and was out of action for some months. The repair was expensive and the delay demonstrated the problems of maintaining 'high tech' equipment.

Examination	Number of Examinations				
	2005	2004	2003	2002	2001
Chest	2316	2084	2279	1159	1447
Lower limb	1053	856	664	560	654
Upper limb	974	762	703	569	664
Spine	217	122	163	92	155
Skull	179	106	84	55	78
Abdomen	109	102	127	69	110
Pelvis	197	122	111	89	126
Barium Studies	34	32	42	44	52
Dental	22	40	44	24	18
Urograms/cystograms	18	10	18	10	16
Hysterosalpingogram	36	46	41	18	12
Total	5155	4282	4276	2689	3332
Ultrasound Examinations	2291	1962	1947	2741	2139

before they are registered with the Medical Council of Zambia. The Licentiate Interns gain valuable experience at St Francis' but also help with the heavy workload at the hospital. Mr Enocks Nyambe completed his internship in April 2005 but remains at St Francis' Hospital as we had sent him for training.

4.6.4 Summary

It can be seen from the above commentary that there have been a great number of doctors working at the hospital and great fluctuations in the staffing levels. At times there have been as few as 5 doctors and at others there have been as many as 12 doctors. In general, medical staffing has been maintained by a combination of long-term Zambian and expatriate staff supplemented by short-term volunteers and trainees.

4.7 Short-term Volunteer Staff

St Francis' has over the years received short-term volunteers who have assisted the hospital.

Name	Skills	Duration	Organisation
Nick van Dam	Engineer	August 02 - November 02	NCDO
Janneke Bartelds	Physiotherapist	October 03 - April 04	Self
Jane Day	Midwife	January 03 - April 03	HATW
Julie Cadman	Physiotherapist	November 02 - March 03	Self
Liz Preece	Ultrasound	February 03 - April 03	HATW
Rob Preece	Engineering	February 03 - April 03	HATW
Nicolette van Drunen	Laboratory	September 03 - March 04	TB Research
Susanna Gilmore-White	Pharmacist	November 03 - March 04	HATW

In addition to the above, Mr Paul Splint has been to the hospital on four occasions and helped out the workshop/building departments greatly. Most recently he was at the hospital from June to August 2005.

5. HOSPITAL SERVICES

5.1 Referral System

Health Centres - serve populations of between 30,000 and 50,000 in urban areas and around 10,000 in rural areas. Their role is to carry out primary health care and they are the first point of call for patients. District Health Boards receive funding to provide these services.

District/First Level Hospitals - are found in most, but not all of the 72 districts in Zambia. They are intended to serve a population of 80,000 – 200,000 with medical, surgical, obstetric and diagnostic services and with all clinical services to support health centre referrals. District Health Boards receive funding to provide these services.

General/Second Level Hospitals - are at provincial level and are intended to cater for a catchment population of between 200,000 - 800,000 people, with services in internal medicine, general surgery, paediatrics, obstetrics and gynaecology, dental, psychiatry and intensive care services. These hospitals are intended to act as a referral facility for the first level institutions, including technical backup and training functions. 2nd Level Hospitals receive funding directly from Central Board of Health for 2nd level patients and nurse training. Where they provide 1st Level Services for a district, the District Health Board should pay for these services. There are two 2nd Level hospitals in Eastern Province, St Francis' and Chipata General.

Central/Third Level Hospitals - are at national level and have sub-specialities. University Teaching Hospital is a 3rd Level Hospital and receives referrals from 2nd Level Hospitals. They are funded directly by Central Board of Health.

5.2 Out-patient Department

The outpatient department is busy and performs a number of different roles. For the immediate population it acts as a Rural Health Centre, with patients coming directly to the hospital. The department also receives referrals from the 17 Rural Health Centres in Katete District as well as from many Rural Health Centres further a field. These are categorised as 1st Level referrals. Being the only hospital in the district St Francis' Hospital does receive most of the first level patients, although a few living at the Western end of the district attend either Nyanje Hospital or Petauke District Hospital because they are much nearer and more easy to get to. Chadiza district has no hospital so we receive many of their patients who are deemed to need hospital services. In addition St Francis' also acts as a referral unit for other hospitals to refer patients that they cannot manage. Theoretically these should be 2nd level referrals but there are also many 1st level patients referred from other hospitals.

There are several reasons for St Francis' Hospital receiving 1st Level referrals:

- Inability to manage various conditions because of either a lack of staff (mainly medical), or the staff are very junior and lack experience
- Lack of equipment, drugs or medical supplies
- Poor organisation

5.6.2 Dental Department

Dental services are provided to inpatients and outpatients at the Dental Clinic. The Dental Clinic is run by Clinical Officer, Mr Emmanuel Munyansho assisted by Mrs Fredah Phiri, Dental Assistant. The department is very busy. The department carries out check-ups, fillings, extractions and scalings. The Dental Clinic officer is also a member of the outreach team. Patients are not just from nearby, but also are referred from other clinics.

		2005	2004	2003	2002
Attendances	Adults	3136	1891	1830	1990
	Children Under 15	162	141	136	170
	Total	3298	2032	1966	2160
Extractions	Permanent Teeth	2422	1297	1374	1429
	Deciduous Teeth	55	39	36	39
Fillings	Permanent Teeth	190	178	179	185
	Temporary Teeth	3	6	7	9
	Anterior	17	9	17	26
Scalings, Operculectomy		24	19	22	35
Dental Checks		418	362	347	454

The rates (2004) for caesarean sections (18.2%) and low birth weight (14%) are relatively high. This is due to the fact that the hospital receives many referrals from clinics and also other hospitals and these are generally complicated cases. This is in keeping with the role of St Francis' Hospital as a second level referral hospital and it also must be remembered that Dr Makukula is the only obstetric specialist in the Eastern Province. The number of deliveries has increased and this may be due to the fact that now no fees are charged.

5.6 Paramedical Departments

5.6.1 Physiotherapy Department

Mr Chongo Mwansa is in charge of the department and he works with Anderson Phiri. Two volunteers spent some time assisting in the department, Julie Cadman and Janneke Bartelds. Several students from Evelyn Hone College worked in the department gaining practical experience. Heather Godfrey a former physiotherapist also visits every year.

The physiotherapy department provides a valuable service to patients suffering from burns, spinal injuries, fractures (particularly those who have been in traction), strokes and cerebral palsy. Patients are seen on the wards or if mobile they can visit the department. Patients are also seen as outpatients and on outreach. A physiotherapist assists at surgical outpatient clinics.

		2005	2004	2003	2002
Attendances	First Attendances	1080	1174	978	858
	Total Attendances	2164	2753	2291	2379
Appliances Made	Crutches	325	284	280	232
	Orthosticks	19	29	23	12
	Callipers	0	0	0	0
	Orthoshoes	0	4	7	3
	Leprosy Shoes	0	0	0	0
Prostheses modified		3	1	3	6

All these patients coming from a variety of sources put a great strain on the staff in the OPD and the area is often very congested. It is however testimony to the reputation of St Francis', built up over many years, that patients choose to make difficult and expensive journeys, and other institutions look to us for assistance.

With the reforms and the improved funding of primary health care services through the District Health Management Boards attempts have been made to rationalise the access to health services. Districts are responsible for the provision of primary and 1st level services. Patients are meant to attend their local health centre first and only attend a hospital if referred.

According to the policy proposed in the health reforms there should be a separation of functions between primary healthcare and higher level services. Therefore the hospital has established what is in effect a health centre (known as a Hospital Affiliated Health Centre, HAHC) at the front of the hospital. Patients living in the area around the hospital attend the HAHC. To allow this separation to work the hospital opened a new Outpatients Department in St Luke's, which had previously been the Isolation Ward but had been closed for some time. Patients referred from other clinics and hospitals are seen in the Outpatients Department. In addition to this, all the specialist clinics are held in St Luke's, these being Surgical, Obs & Gynae, Medical and Paediatric, TB and the Sandy Logie Clinic for HIV.

5.2.1 Fee Structure

In addition to the establishment of the HAHC, the hospital also changed its charging policy after pressure from Districts. As a result, patients with referral letters from other health institutions are not charged. In addition, the 'Bypass Fee' for those patients who come straight to hospital without first attending a clinic, or the HAHC, was increased to K30,000. The overall effect of these fee changes was a reduction in income and probably an increase in workload.

Service	Charge
HAHC Attendance	K1,000
Referred Patients – Consultation	Free
Referred Patients – Admission	Free
All Patients - Diagnostic Tests	Free
Drugs	Free
Bypass Fee	K30,000

Exemptions (patients treated completely free of charge):

- Children under 5 years
- Adults over 65 years
- Those in possession of a valid Exemption Certificate from Social Welfare Dept.
- Patients with the following diagnoses: HIV/AIDS, TB, Leprosy

NB. There is a system in place to assess if a patient is unable to pay

5.2.2 Specialist Clinics

Type	Run by	Frequency	Clinic Days	Comments
Gynaecology Clinic	Gynaecologist, GMO	Twice Weekly	Tuesday & Thursday	
Medical Clinic	Physician, GMO, CO	Weekly	Thursday	Includes Paediatric cases
Surgical Clinic	Surgeon, Surgical Registrar	Twice weekly	Wednesday & Friday	All surgical problems including orthopaedics
ARV Clinic	Physician, GMO, CO	Daily	Monday to Friday	This clinic is growing rapidly and having a dramatic effect on the overall workload of the hospital
TB Clinic	Physician	weekly	Wednesday	TB follow up as per national guidelines

5.2.3 Other Clinics

Type	Comments
General Outpatients, Referred Cases & By passers	Daily - Patients seen by Medical Officer or Clinical Officer.
Eye	Daily Monday - Saturday – Senior Registrar led
STD	Daily Monday - Saturday - Clinical Officer led
Dental	Daily Monday - Saturday - Clinical Officer led
Children's Clinic	Daily Monday - Saturday - Nurse led
ANC	Weekly - Midwife led
Postnatal	Weekly - Midwife led
Family Planning	Weekly - Midwife led
Waiters	Seen daily by midwives who can refer to doctor
HAHC	Daily – run by clinical officers and nurses

5.5 Maternity Department

5.5.1 Deliveries in Hospital

	2005	2004	2003
Total Deliveries	2697	2389	2117
Normal Deliveries	2010	1788	1580
Complicated Deliveries	687	601	537
Caesarean Sections	471	434	329
% Caesarean of Total	17.5%	18.2%	15.5%
Maternal Deaths	7	9	9
Maternal Death Rate ¹	260	377	425
Total Births	2805	2499	2162
Live Births	2644	2322	2021
Still Births	161	177	141
Low Birth Weight	505	348	254
% Low Birth Weight	18%	14%	12%

¹Maternal Death Rate is calculated as the number of maternal deaths per 100,000 births.

Dr Ziche Makukula, Consultant Obstetrician and Mrs Grace Ngwenya the senior nurse lead the maternity department. Midwives and a few enrolled nurses staff the department.

The department consists of:

- the main ward, catering for prenatal and antenatal mothers
- the labour ward
- special care baby unit (SCBU)
- the 'Waiters'

The SCBU admits babies with low birth weight, prematurity or other conditions that necessitate special care. There are 12 simple incubators made of wood and glass with heat provided by a light bulb. Sometimes there are two babies in each incubator, being monitored, kept warm, naso-gastrically tube fed and nursed by their mothers under the supervision of the nursing staff.

The 'waiters' are expectant mothers who are expecting their first child, or seventh (or more) child, or have a history of obstetric problems. They do not stay on the maternity ward itself, but in other accommodation within the hospital and are monitored daily by midwives and referred to the doctor if necessary. This service definitely gives the mothers a better chance of delivering a healthy baby but has in part led to the increase in caesarean sections.

5.4 Theatre: List of Major Operations (cont)

	2005	2004	2003	2002		2005	2004	2003	2002
Ophthalmic					Genito-urinary				
Cataract extraction	0	20	48	12	Cysto(s)tomy	2	3	2	1
Extra capsular cataract extraction	139	24	0	15	Amputation Penis	2	0	0	0
Evisceration	17	16	6	33	Nephrostomy	2	0	0	0
Iridectomy/suturing cornea	11	0	0	1	Orchidectomy	5	2	2	9
Needling/lavage	4	0	0	0	Orchidopexy	3	2	1	5
Tarsorrhaphy Lid Rotation	1	2	1	0	Prostatectomy	27	14	32	20
Trabeculectomy	2	0	23	0	Repair Rupt bladder	3	1	3	0
Other	3	0	0	0	Ureteric transplant	2	1	3	5
Total	174	62	78	61	Others	1	0	2	0
					Total	47	23	45	40
Summary					2005	2004	2003	2002	
Total number of major operations					1,545	1,431	1,233	1,119	
Total number of minor operations					1,896	1,591	1,720	1,940	
Total number of operations					3,441	3,022	2,953	3,059	

5.4.1 Theatres

The theatres are very busy; there are three theatre days, Mondays, Wednesdays and Fridays. Emergencies can be done at any other time. Mr Peter Chanda is the nurse in charge of the theatres and Rodwell Banda the senior anaesthetist. The staff are split into teams and there are always nurses, an anaesthetist and of course a surgeon on call. There are two clean operating rooms and one for septic cases.

As can be seen from the above table the number of major operations has increased steadily since 2002. The number of minor operations has reduced slightly resulting in the total number of operations being quite constant. Many of the patients are from out of Katete District as St Francis' Hospital is a referral hospital and receives patients from much of the Province. Figure 7.8 does demonstrate the range of operations performed by our surgeons and shows how versatile they need to be.

The theatres are generally in good condition, having been upgraded in 1999. The range of instruments is good, as a result of the priority the hospital places on surgery, but some supplies still run short due to the problems with funding and actually locating the supplies. All of the operating tables have not functioned correctly for some time and so we were very grateful to receive new operating tables on the container from Direct Relief International and the Medical Support Group.

5.2.4 Source of Referrals

Source of Referral		Referrals			
		2005	2004	2003	2002
Katete District	Health Centres	13,929	13,281	12,238	5,886
	District Total	13,929	13,281	12,238	5,886
Petauke District	Health Centres	612	261	445	373
	Petauke Hospital	406	370	220	363
	Nyanje Hospital	144	142	125	70
	Minga Hospital	32	7	4	18
	District Total	1,194	780	794	824
Chipata District	Health Centres	1,117	1,110	961	806
	Chipata General	127	137	109	52
	Mwami Hospital	27	33	46	9
	District Total	1,271	1,280	1,116	867
Chadiza District	Health Centres	1,271	1,183	913	729
	District Total	1,271	1,183	913	729
Mambwe District	Health Centres	341	413	340	234
	Kamoto Hospital	35	13	10	12
	District Total	376	426	350	246
Nyimba District	Health Centres	-	-	4	-
	Nyimba Hospital	222	222	192	167
	District Total	222	222	196	167
Lundazi District	Health Centres	13	13	-	-
	Lundazi Hospital	14	14	2	3
	Lumezi Hospital	2	2	-	-
	District Total	29	29	2	3
Others		51	51	4	42
Total Number of Referrals		18,343	17,252	15,613	8,764

5.2.5 1st Attendance in Out Patient Department - By Diagnosis - Under 5's

	Disease	2005	2004	2003	2002
1	Malaria	5101	3479	8519	2961
2	Respiratory infection	1729	1164	2678	129
3	Diarrhoea non-bloody	934	875	1478	581
4	Trauma	254	143	281	98
5	Eye infections	249	206	568	320
6	Protein energy Malnutrition	245	120	297	156
7	Skin Infections	220	353	461	94
8	Pneumonia	162	507	327	78
9	ENT infections	149	122	289	104
10	Anaemia	102	203	639	120
TOTAL (all attendances)		10594	8165	16820	5242

5.2.6 1st Attendance in Out Patient Department - By Diagnosis - 5's & over

	Disease	2005	2004	2003	2002
1	Malaria	6,463	4,592	9,100	2,233
2	Dental Diseases	3,373	1,357	1,081	2,119
3	Trauma	1,921	1,157	1,224	470
4	Respiratory infection	1,595	761	2,774	468
5	Muscular, skeletal & connective tissue	1,113	1,001	933	298
6	Diarrhoea non-bloody	1,027	716	1,302	354
7	Digestive system (not infectious)	949	755	403	148
8	Skin Infections	619	667	622	206
9	STD	590	412	440	109
10	Pneumonia	558	702	804	204
TOTAL (all attendances)		25,607	16,501	24,839	9,367

5.4 Theatre: List of Major Operations

	2005	2004	2003	2002		2005	2004	2003	2002
General					Orthopaedic				
Appendectomy	4	4	6	5	Arthroscopy	8	2	5	0
Cholecystectomy	1	1	0	0	Chiselling	3	2	2	1
Colostomy	9	5	1	9	Correction talipes equinovarus	1	12	17	2
Colostomy - closure	6	5	1	0	Costo-transversectomy	0	1	2	0
Feeding jejunostomy	0	2	0	0	Drilling for osteitis	3	1	2	0
Feeding gastrostomy	0	0	0	8	IT Tenotomies	5	0	0	0
Haemorrhoidectomy	3	0	2	4	Excision Dislocated Lunate	5	0	0	0
Hernia	112	119	101	82	Dillon Evans	2	9	0	7
Hydrocelectomy	22	15	28	40	Excision bone tumor	2	2	0	0
Insertion Celestin tube	1	1	0	0	Excision patella/Repair	2	0	0	0
Intestinal resection/anast	14	13	7	15	External fixation	2	2	2	5
Laparotomy - exploratory	85	67	50	62	Interdental wiring	5	2	0	0
Laparotomy - intest obstr.	6	9	25	11	Internal wiring	2	2	1	0
Laparotomy - peritonitis	6	5	12	5	K-nail	0	2	2	0
Laparotomy - gastrojejunostomy	1	3	1	1	Major amputation/disarticulation	26	41	29	24
Liver cyst internal drainage	0	1	0	0	Moore's prosthesis	0	6	1	2
Major debridement/suturing	3	4	2	2	O.R.I.F.	13	10	2	0
Mod radical mastectomy	2	2	1	0	Open reduction	2	9	2	6
Neck dissection	2	0	0	0	Osteotomy	5	1	2	6
Parotidectomy (conserv.)	3	0	0	0	Stump Refashioning	1	2	2	0
Simple mastectomy	5	2	1	1	Removal plate/screws	2	2	0	0
Thyroidectomy	1	3	2	0	Sequestrectomy	8	9	3	18
Wide excision soft tissue tumor	16	9	10	11	Tendon transfer/release/repair	1	4	2	0
Mini-laparotomy	4	4	0	10	Tension band wiring	1	0	1	1
Embolectomy	0	1	12	1	Saucerization	2	0	2	0
Removal of FB Oesophagus	1	0	0	0	Other	3	1	2	2
Removal of Bullets	1	0	0	0	Total	104	122	81	74
Other	0	4	2	0	Obstetrics and Gynaecology				
Total	308	279	264	267	BTL (as single procedure)	236	278	206	192
Reconstructive					Colporrhaphy	2	1	1	5
SSG>5%	24	25	10	14	Ectopic pregnancy	35	25	22	21
Cleft lip/face repair	2	4	1	4	Extended hysterectomy	3	0	1	23
Release contracture/Z-plasty	7	2	5	10	Hysterectomy for rupt uterus	7	4	7	5
Syndactyly	0	2	0	0	Hysterorrhaphy for rupt uterus	6	10	14	7
Full thickness graft	0	0	0	8	Laparotomy for PID	4	9	0	10
Other	3	2	1	0	LSCS	471	425	325	225
Total	33	35	16	36	Myomeclomy	2	3	2	3
Neurosurgical					Ovarian cyst/tumor	14	10	6	13
Ventriculo-peritoneal shunt	10	13	30	38	Repair VVF	3	14	15	23
Revision VPS	0	3	15	0	Salpingolysis/salpingectomy	14	5	2	14
Elevation depress'd skull fracture	0	1	0	1	Total hysterectomy (elective)	55	46	39	24
Meningocele	0	4	0	0	Vaginal hysterectomy	1	4	4	4
Burr holes	2	1	2	4	Abdominal VVF repair	1	2	2	6
Bronchoscopy	0	45	45	14	3rd degree repair	4	6	7	9
Total	12	67	92	57	Other	3	1	3	0
Total					Total	861	843	656	584

5.3.6 Top 10 Causes of Death and Case Fatality Rates - Under 5's

Disease	2005		2004		2003		2002	
	Deaths	Case Fatality Rate %	Deaths	Case Fatality Rate %	Deaths	Case Fatality Rate %	Deaths	Case Fatality Rate %
Malaria	117	8%	163	7%	250	7%	190	6%
Any perinatal conditions	91	17%	109	24%	95	16%	75	20%
Protein energy Malnutrition	80	29%	79	31%	127	36%	88	27%
Pneumonia	31	16%	38	15%	69	19%	46	15%
Diarrhoea non-bloody	21	15%	30	21%	85	26%	54	19%
Anaemia	11	7%	18	22%	26	18%	13	1%
TB	5	7%	12	24%	6	7%	5	20%
Respiratory infection	5	3%	10	8%	26	7%	32	8%
Other	29	13%	10	11%	9	11%	10	14%
AIDS	6	14%	9	48%	6	51%	5	22%
Trauma	8	6%	8	6%	13	6%	3	2%
Neoplasm			5	22%	4	9%	2	10%
TOTAL	423	11%	517	12%	739	12%	547	8%

5.3.7 Top 10 Causes of Death and Case Fatality Rates - 5's and over

Disease	2005		2004		2003		2002	
	Deaths	Case Fatality Rate %	Deaths	Case Fatality Rate %	Deaths	Case Fatality Rate %	Deaths	Case Fatality Rate %
AIDS	93	22%	95	25%	69	34%	56	33%
Malaria	58	7%	82	8%	91	9%	60	8%
Pneumonia	47	17%	58	12%	57	12%	54	17%
Meningitis	42	37%	27	28%	18	32%	21	49%
Cardio-vascular diseases	32	19%	48	17%	39	16%	26	13%
Neoplasm	27	8%	30	7%	50	9%	53	12%
TB	27	5%	60	13%	98	10%	93	17%
Trauma	18	2%	26	3%	21	2%	29	3%
Anaemia	17	13%	28	20%	16	16%	9	5%
Diarrhoea non-bloody	10	7%	30	11%	34	12%	25	15%
Digestive system	10	8%	24	11%	17	6%	17	9%
TOTAL	477	5%	620	7%	615	7%	568	8%

5.3 Inpatient Services**5.3.1 Hospital Admissions - By Ward**

Ward	No. of Beds & Cots	Admissions		No. of Beds & Cots	Admissions	
		2005	2004		2003	2002
Bethlehem (Maternity)	65	2,705	2,576	65	2,156	2,416
Mbusa wa Bwino (Children <12)	80	3,697	4,141	80	4,929	4,318
St Monica (Female Medical)	40	1,845	1,637	35	1,898	1,571
St Augustine (Male Medical)	40	1,492	1,511	35	1,542	1,354
Kizito (Male Surgical)	35	1,237	1,240	35	1,416	1,251
Mukasa (Female Surgical)	48	2,005	2,014	48	2,003	1,919
York (TB)	-	-	32	50	500	220
Special Care Baby Unit	12	357	414	12	278	279
Total	320	13,338	13,566	360	14,721	13,328

5.3.2 Average Length of Stay and Occupancy - By Ward

Ward	Length of Stay				Average Occupancy			
	2005	2004	2003	2002	2005	2004	2003	2002
Bethlehem (Maternity)	8.9	8.5	10.5	8.9	66	60	62	59
Mbusa wa Bwino (under 12s)	4.7	5.1	4.9	4.5	48	58	67	53
St Monica (Female Medical)	6.3	6.0	6.4	6.2	32	27	34	27
St Augustine (Male Medical)	6.6	6.7	6.6	5.0	27	28	28	19
Kizito (Male Surgical)	8.7	8.3	8.2	8.0	29	28	32	27
Mukasa (Female Surgical)	7.7	7.2	7.7	6.1	42	39	42	32
York (TB)	-	2.7	10.3	69.1	-	0	14	42
Special Care Baby Unit	12.3	10.5	13.9	13.6	12	12	11	10
Hospital	7.0	6.8	7.2	7.4	256	252	289	269

5.3.3 Hospital Admissions - Commentary

The overall admission figures showed an increase from 2002 to 2003. Part of this increase may have been due to better record keeping rather than increase in workload. The admissions then reduced in 2004 and again in 2005. One factor was the reduction in malaria, particularly in the under 5's. There is no conclusive proof but it is likely that the introduction of the drug Coartem for treating malaria has had a positive impact. There may also be some effect from the increased use of treated bed nets. The apparent decrease in childhood pneumonia recorded in 2005 is probably due to many of them being recorded as acute respiratory infection.

Bethlehem, the maternity ward, admits antenatal patients with a gestation age of more than 24 weeks, and postnatal patients. The Special Care Baby Unit (SCBU) admits newborn babies with weights below 2000g, or gestation age less than 36 weeks or a full term baby in need of special care for other reasons.

Until 2002, children below the age of 5 years were admitted to the Children's Ward, Mbusa wa Bwino. Children above that age were admitted to the adult wards. In 2002, the upper age limit for children admitted to Mbusa wa Bwino was increased to 12.

Paediatric surgical patients are all admitted to Mukasa, the female surgical ward.

Mukasa receives female surgical patients, including gynaecological cases and Kizito receives male surgical patients. Patients suffering from burns are also treated on Mukasa and Kizito, in special rooms. Paediatric burns since 2005 are admitted to the children's ward resulting in reduced mortality.

Medical patients are admitted to St Augustine and St Monica along with those with abscesses and septic wounds to prevent cross infection on the surgical wards.

All confirmed cases of TB were treated on the TB ward, York. Prior to diagnosis they would be admitted to the medical wards and nursed on the verandas. York Ward was closed in February 2004. This was due to the introduction of Daily Observed Treatment (DOTS) in Katete District. Under this programme patients, where possible receive treatment at home with treatment supporters helping to ensure they follow the treatment regime.

5.3.4 Admission to Hospital – Principal Diagnoses - Under 5's

Disease	Admissions			
	2005	2004	2003	2002
Malaria	1556	2,463	2384	3114
Any perinatal conditions	533	443	353	345
Protein energy Malnutrition	275	248	229	302
Pneumonia	189	250	258	298
Respiratory infection	156	121	196	374
Anaemia	150	80	116	864
Trauma	142	139	148	147
Diarrhoea non-bloody	139	139	199	268
Skin Infections	72	66	69	79
TB	68	49	52	24
AIDS	42	18	7	21
Muscular skeletal & connective tissue (not trauma)	11	63	22	18
TOTAL (Admissions)	3781	4305	4356	6197

5.3.5 Admission to Hospital – Principal Diagnoses – Over 5's

Disease	Admissions			
	2005	2004	2003	2002
Trauma	1,034	977	1,125	1,011
Malaria	851	1,030	1,040	758
Complications of delivery	699	308	98	118
TB	530	455	1,015	537
AIDS	424	385	200	170
Genital-Urinary diseases	381	427	538	442
Complications of pregnancy	343	374	376	300
Neoplasm	339	450	580	442
Pneumonia	270	481	480	323
Skin Infections	237	216	266	250
Cardio-vascular diseases	165	282	241	198
Diarrhoea non-bloody	153	261	291	164
TOTAL (Admissions)	9,741	9,083	8,356	6,738