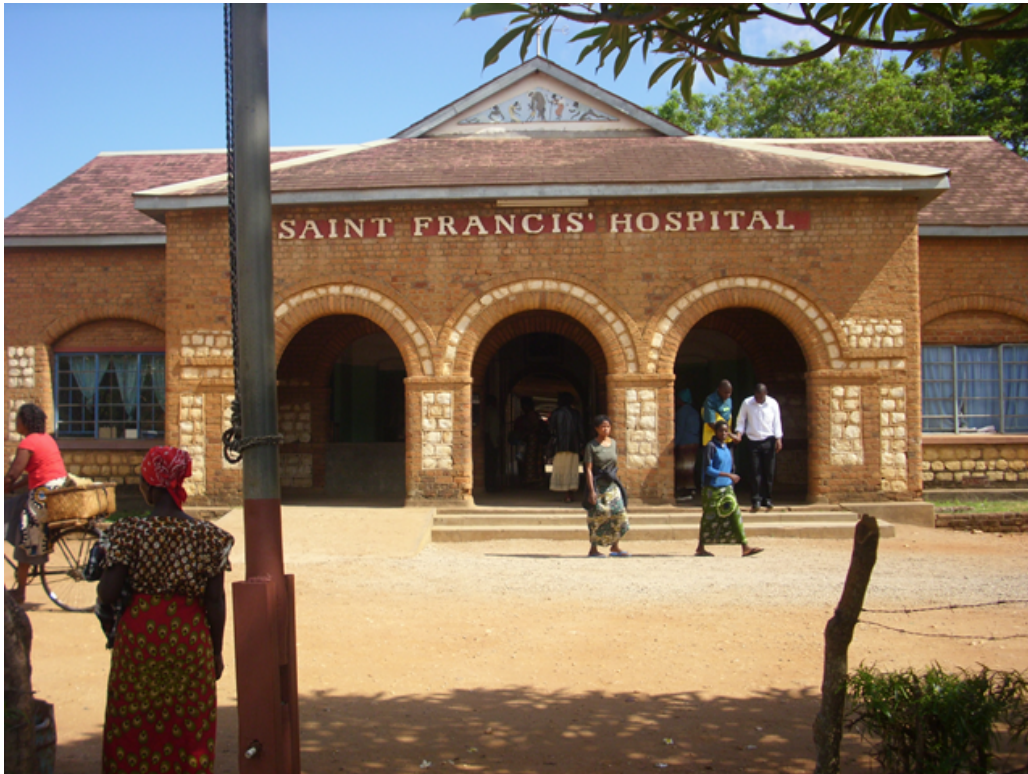


Joint Anglican and Catholic Management Board
ST. FRANCIS HOSPITAL
KATETE.
ANNUAL REPORT-2019



St Francis' Hospital,
Private Bag 11, Katete,
Eastern Province Zambia

Cell no.0963506695

Email: sfmh@sfmhzambia.com

Website: supportstfrancishospital.org

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Message from the Board Chairperson

Since its inception in 1948, the vision of the hospital has been to serve the people of Zambia particularly the vulnerable by providing quality, cost effective and affordable health services.

The Hospital has continued to be a Centre of excellence in the provision of health services especially, receiving referrals from within and outside the Province.

The cost of running a standby generator during the long hours of load-shedding was very high during the year. Despite several engagements with ZESCO, the Hospital was not spared from the Load –shedding.

The anticipated introduction of the National Health Insurance Scheme (NHIS) is a very important milestone in Health Care Financing and we are very hopeful that this will help to address some of the financial challenges that the institution has been facing in recent years

The Church has noted with concern the stagnation in the status of Mission hospitals, where as other public institutions with similar size and probably even lower capacity have been upgraded to higher levels, the mission hospitals have remained at the same level. So, I wish to appeal to Government to consider upgrading the Mission hospitals to a corresponding level.

Generally, mission hospitals all over the country have had a tremendous impact on the provision of quality health services especially in rural areas and hence contributing to achievement of the Universal Health Coverage. This will attract more investment and better services to the rural Zambians.

We would like to applaud the tremendous support that the hospital has received both from the Ministry of Health and cooperating partners in form of equipment, infrastructure development and finances in the recent years.

Through the support of Friends of St. Francis Hospital, the hospital will before the end of this year install an oxygen plant. This will ensure sustainable access to medical oxygen not only for the hospital but the entire Province.

We would like as a church to request the government to help equip the hospital with a CT scan and renal dialysis equipment, this will help reduce the number of referrals to Lusaka which is 500km away.

We would also like to acknowledge the contribution of CHAZ and CDC in supporting robust programmes for HIV, TB, Voluntary Medical Male Circumcision (VMMC) and Malaria to the hospital with over five thousand currently on treatment at St Francis static ART site.

The establishment of an Intensive Care Unit (ICU), officially opened by Honorable Minister of Health Dr. Chitalu Chilufya, in October 2019 was a very big milestone in the provision of quality emergency services.

On behalf of the board, I would like to commend the Hospital Management and Staff for another excellent performance in 2019.



Rt. Rev. William Mchombo

Bishop of the Anglican Diocese of Eastern Zambia St Francis' Hospital Board-chair



EXECUTIVE SUMMARY

St Francis' Hospital was founded in 1948 by the Anglican Church as a mission hospital led by Reverend Doctor Francis Trefusis. It has developed over the years from a rural health center to a second level hospital with a bed capacity of 450 beds.

The hospital is a grant aided institution under the Zambia Anglican Council.

St Francis' Hospital is located in Katete off the Great East Road in the Eastern Province of Zambia about 490km from Lusaka, nearly 5km from Katete Central business area and 10km from Katete administrative officers.

In relation to Chipata, the Provincial town, the hospital is located about 85km south east in Katete District in the Eastern Province of Zambia.

Katete is a home to Paramount Chief Kalonga Gawa Undi, the Chief of the Chewa people of Zambia, Mozambique and Malawi. The District host the Kulamba Ceremony which is a traditional ceremony of the Chewa people

The hospital provides both first and second level health services for the population in Katete and beyond.

The hospital receives patients from Mozambique.

St. Francis Hospital provides services in medical, obstetrics and gynecology, surgery, ophthalmology, and pediatrics.

St Francis Hospital also provides advanced specialized healthcare to patients in orthopedic surgery, Obstetric fistula, Urology and plastic and cosmetic surgery through visiting specialist Doctors.

St. Francis Hospital also offers a full range of services such as Laboratory (microbiology, parasitology, hematology, chemistry, cytology, blood bank and serology) Dental, Radiology, Physiotherapy, Eye, Cervical Cancer screening, Gender Based Violence Survivor Support (GBV) and HIV/AIDS services.

St Francis' Hospital has a nursing college with four programmes; Registered Nursing, Public Health Nursing, Midwifery and the abridged programme for Enrolled to Registered Nurse conversion. Occasionally, the hospital receives Registrars from the Masters of Medicine (MMED) in Obstetrics and Gynecology training programme at Lusaka's University Teaching Hospital (UTH). It also receives Medical Licentiates and Pharmacists for their one-year internship, student Clinical Officers from various institutions, student Anaesthetists, Pharmacy Technologists, Physiotherapists, Radiographers, Dental Therapists, Laboratory Technologists and Midwifery, Ophthalmic, Mental Health and Registered Nursing students from Levy Mwanawasa University for practical experience. Nursing and Midwifery students from Chipata, Mwami and St Luke's colleges come to the hospital for practical experience in Neonatology. The hospital also hosts medical students from many countries around the world for electives, and Nursing and Midwifery students from Belgium.

The hospital is fully accredited by the Health Professions Council of Zambia (HPCZ) and the College of Surgeons of Eastern Central and Southern Africa (COSECSA) as an Internship site for Medical Doctors and Pharmacists and for post graduate surgical training respectively. Accreditation has also been given for Specialty Training Programme (STP).

The year 2019 was very difficult year for the hospital. The erratic funding from Government coupled with long hours of load shedding sometimes going to 15 hours a day made extremely difficult to deliver the health services to the community. The stock out of essential drugs and medical supplies due to low fill rates from Medical Stores Limited did not make a situation any better.

Despite these challenges, the hospital has recorded a number of strides in a bid to improve the delivery of health care. The creation of an Intensive Care Unit was probably a giant step taken to improve the management of very sick patients.

The Case Fatality Rate for Malaria and Pneumonia among the under 5 remained low while the Tuberculosis success rate stood at 90% at the end of 2019.

The high number of maternal deaths and stillbirths continue to worry. The patients are usually referred to the Hospital late and usually in very critical conditions.

Finally, I would like to thank our whether partners from within and outside the country for their unwavering support throughout the year.

Dr. Lalick O.C. Banda
Medical Superintendent

1.0. MANAGEMENT

St Francis Hospital is jointly managed by the Zambia Anglican Council and The Catholic Church (Eastern Diocese).

The board is responsible for the formulating policy of the hospital while the responsibilities of running of day and day activities is bestowed with the Hospital Management under the leadership of the Medical Superintendent.

The Medical Superintendent reports to the Hospital Board as well as the Provincial Health Director.

The Hospital Management meet meets every Monday morning to make key decisions on the management of the hospital.

ST. FRANCIS BOARD MEMBERS

Bishop William Mchombo Board Chairperson		
Bishop George Lungu Board Co- Chairperson		
Fr. Rogers H. Banda General Secretary(ZAC)	Dr. Lalick O.C. Banda Medical Superintendent	Fred P. Ntongwe Senior Hospital Administrator
Fr. Bernard Kaluba Zulu Parish Priest	Father Samson Mwanza Hospital Chaplain	Fr. Edward Zimba Archdeacon/ Vicar General
Mrs. Judith Mumba Principal Nursing Officer		Mrs. Xoliswa Silanda Principal Tutor

HOSPITAL MANAGEMENT COMMITTEE

1. Dr. Lalick O.C. Banda -Medical Superintendent
2. Dr. Dayson Kumwenda- Head Clinical Care
3. Mr. Fred P. Ntongwe – Senior Hospital Administrator
4. Mrs. Judith Mumba- Principal Nursing Officer
5. Mr. Andrew Kakanda- Human Resource Management Officer
6. Mr. Jeremiah Nyirenda- Pharmacist
7. Mrs Xoliswa Silanda- Principal Tutor
8. Mr. David Mwanza- Assistant Accountant
9. Mr. Robert T. Banda- Senior Administrative Officer
10. Mr. Kalimukwa Sibote- Accounts Assistant

2.0 FINANCES

The hospital receives a monthly grant from the Government. In 2019, the hospital received only three grants out of the expected twelve. (See appendix 1 for financial report)

The year 2019 was a very difficult year for the Hospital due to inadequate and erratic funding from the Government.



Accounts staff at work

3.0. STAFFING

The hospital continues to face critical shortage of staff specially Specialist Doctors. The workload is Surgery and OBGY cannot be handled by a single specialist as is the case currently.

The institution has been receiving volunteer Doctors with support from Friends of St. Francis Hospital on a short stay. This has really helped to ease the problem of staffing in a way.

Only 50% of supportive staff is on Government payroll while the rest are paid from the local resources. The Hospital is finding it extremely difficult to meet the monthly wage bill for staff on the local payroll.

Figure 1: Staffing levels

CADRE	ESTAB	EXISTING	VARIANCE
MO	37	30	7
ML	0	1	-1
CO	36	24	12
RN	60	85	-25
RN Paeds	0	1	-1
RN Mental	11	5	6
RN Theatre	14	2	12
RM	29	8	21
ZEN	95	70	25
ZEN Theatre	0	0	0
ZEM	42	14	28
EHT	4	4	0
PARAMEDICS	77	61	16
SNO	1	0	1
NO	4	3	1
NS	5	4	1
Nurse In-charge	2	1	1
Night Super	4	0	4
CI	0	0	0
TUTOR	0	6	-6
PRINCIPAL TUTOR	0	1	-1
ADMIN	61	36	25
CDEs	198	101	97
TOTAL	680	457	223

3.1. Volunteer Doctors

The volunteers Doctors continued to be a blessing to St. Francis Hospital. Although most of them stay for a short period of time usually 6-12 months, they have made a very big difference to the delivery of health services especially in view of the shortage of Doctors at the hospital. Even after leaving the hospital the doctors continue to support the hospital financially and through the procurement of some medical equipment and supplies.

The institution is very grateful to Friends of St. Francis Hospital (FoSH) in general and Dr. and Mrs James Cairns in particular for their continued effort in identifying and supporting the volunteer doctor's programme.

The hospital has benefited greatly from the resilience and commitment of Dr. Tim Wiggins who has served at the hospital for over two years under very difficult and trying moments.



Dr. Chris Towriss(volunteer doctor) conferring with Dr. Zhanna during the rounds in Mbusa ward.

3.2. Orbituary

During the year, three members of staff passed away Sinkanako Mbewe(Plumber), Scolastica Singoma Sakala(Classified Employee) and Charles Manda(Classified Employee who was persuing his studies as Nurse at St. Francis School of Nursing). We commiserate with the family of departed colleagues. May their Souls Rest In Peace.



Late Charles Manda



Late Scolastica Singoma Sakala



Late Sinkanako Mbewe

4.0. St. Francis College of Nursing

Mrs Xoliswa Silanda continued to head the school as a Principal Tutor while Mrs Mwaka Seya; Senior Tutor was in charge of the School of Midwifery. The school was running five programmes namely Registered Nursing, Enrolled Nursing to Registered Nursing conversion, Registered Nurse Midwifery in service, Registered Midwifery pre-service and Registered Public Health Nursing.

The school has continued to record very good General Nursing Council (GNC) pass rate. The last 2019 qualifying examinations, the school recorded 100% Registered Nurse Midwifery and 82% Registered Nurse pass rate.

However, low staffing levels due to inadequate funded positions for tutors and clinical instructors, inadequate accommodation for students and staff and inadequate funds continued to hamper the smooth running of the school.



First intake of Public Health Nurses

5.0.TRANSPORT

Most of the vehicles at the hospital are old and frequently breakdown. This has increased the maintenance costs for the hospital.

Figure 2: List of vehicles

Make	Type	Vehicle Number	Runner/Non-Runner	Year Acquired
Toyota	Land cruiser	ABD 4984	Runner	2004
Massey Ferguson	Tractor MF 240	BAE	Runner	2005
Toyota	Land cruiser	GRZ 384 CA	Runner	2007
Mitsubishi Fuso	10 Ton truck	ABR 6607	Runner	2008
Toyota	Land cruiser	GRZ 793 CB	Runner	2011
Nissan	Navara	GRZ 780 CJ	Runner	2013
IVECO	Ambulance	GRZ 937 CK	Runner	2016
Toyota	Land cruiser	ABA 7532	Runner	2003
Toyota	Land cruiser	ABG 1178	Runner	2006
Toyota	Land cruiser	ABV 6969	Runner	2010
Toyota	Hilux	ABF 3010	Runner	2005
Toyota	Land cruiser	GRZ 196 CM	Runner	2016
Toyota	Land cruiser	BAE 3005	Runner	2017

6.0. HEALTH SERVICE DELIVERY

6.1. Out Patient Department

The total OPD attendance increased from 103,340 in 2018 to 111,512 in 2019. This was due to the increase in the number ART revisits from 47,298 in 2018 to 65,354 in 2019. The significant drop in the number of bypass (self-referrals) from 15,069 in 2018 to 8,240 in 2019 led to a decrease in the OPD first attendance from 33,654 in 2018 to 24,335 and consequently the number of admissions reduced from 16,723 in 2018 to 15,264 in 2019. The reduced number of bypass patients was attributed to the levying of K150.00 for coming to the hospital without a referral letter.

Over the past 3 years, Respiratory Infection - Non-Pneumonia accounted for over half of all OPD attendances in children. The incidence has however reduced from 1530 in 2017 to 916 in 2019. (Appendix 1)

Hypertension continued to be the major reason for Filter Clinic attendance over the three years. However, there was a reduction in Hypertension cases in 2019 compared to 2017. (Appendix 2)

Figure 3: OPD attendance

OPD attendances			
Indicator	2017	2018	2019
First attendances	32826	33654	24 335
Re attendances	83526	69736	87243
Total attendances	116352	103390	111,578

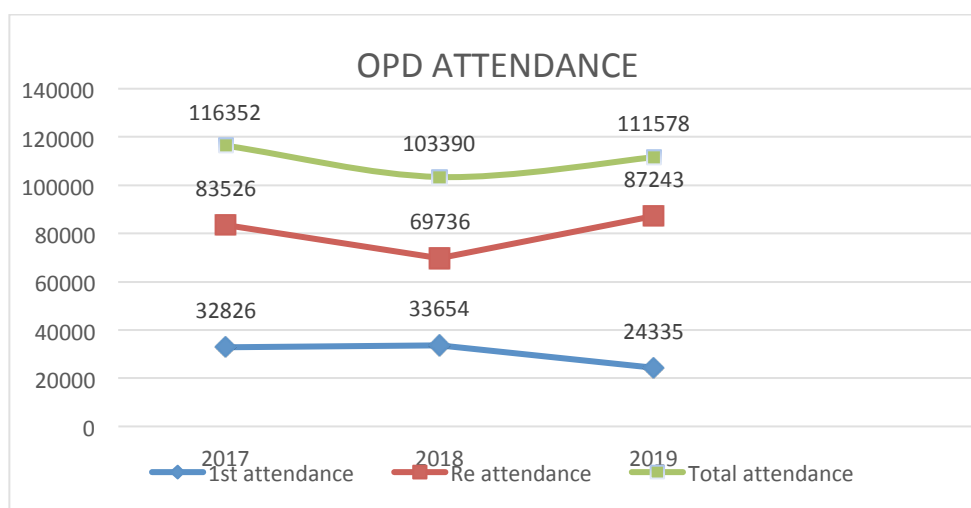


Figure 4: OPD attendance graph

6.2.In Patients

The number of admissions has remained around 15,000 in the last three years. Pneumonia was the major cause of admission in 2019 followed by Prematurity Then Malaria. Asphyxia, though reduced in number, is still a major cause of admission to the Neonatal Unit. This is mainly due to delayed referrals of mothers from health centers.

Caesarian Section and Abortion have been the major reasons for admission in females while Malaria was the major reason in males.

6.3.Obstetrics and Gynaecology

The hospital recorded a decline in the number of normal in 2019, probably due to efforts of encouraging normal deliveries to be conducted at Health Centres. However, the number of Caesarean Sections increased in 2019 due to improved referral system in the Districts. The number of Maternal Deaths and Stillbirths remained high.

Figure 5: Maternity data

Indicator			Year		
			2017	2018	2019
Total Deliveries in Facility			3626	3774	3588
Mode of Deliveries	Spontaneous Vaginal	#	2543	2593	2154
		%	70%	69%	60%
	Instrumental Vaginal (Vacuum/Forceps)	#	155	110	76
		%	4%	3%	2%
	Caesarean Section	#	928	1071	1358
		%	26%	28%	38%
Maternal Deaths in Facility		#	13	18	17
		%	0%	0%	0%
Outcome of Deliveries	Total Live Births <2500g	#	581	509	560
	Live Births >=2500g	#	3061	3260	3030
	Total Live Births	#	3642	3769	890
	Macerated still birth in facility	#	67	58	58
	Fresh still birth in facility	#	51	54	60
	Total Still Births	#	118	112	118

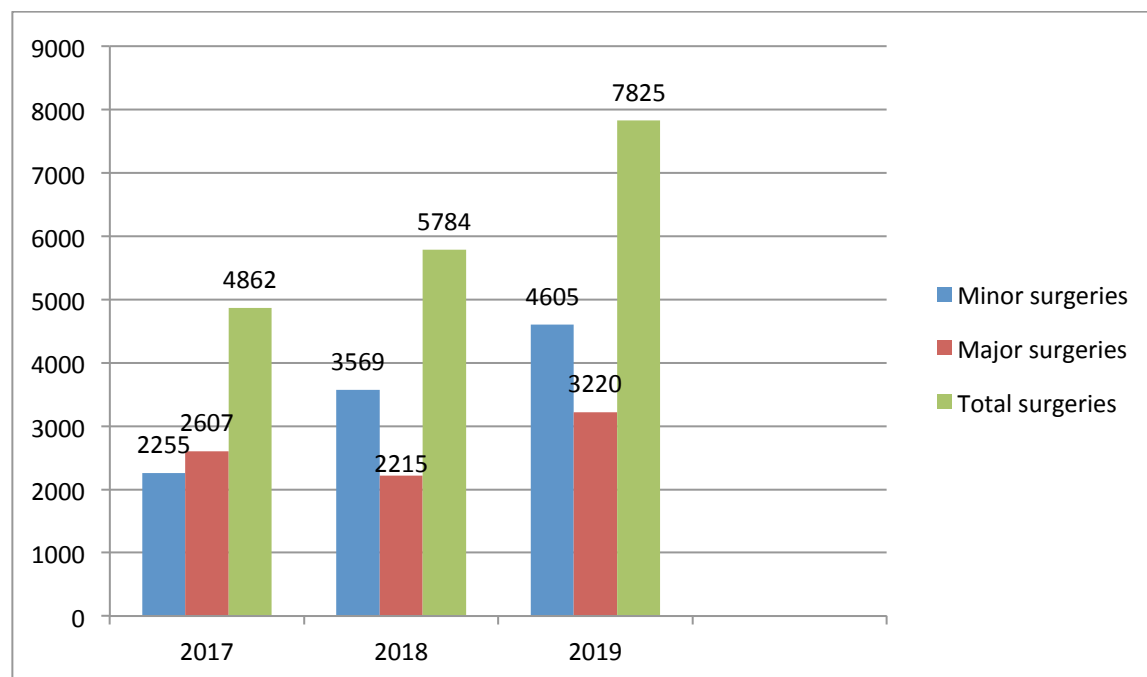
Figure 6: Neonatology data

Indicator		2017	2018	2019
Birth Asphyxia	#	40/263	42/214	43/189
	CFR	15%	20%	23%
Still birth recorded in a facility/Total of Institutional deliveries	#	118/3626	112/3774	118/3588
	%	3%	3%	3%
Fresh Still Births	#	51	54	60
Macerated Still Births	#	67	58	58
Prematurity	#	54/125	66/251	81/345
	CFR	43%	26%	23%
Neonatal Sepsis	#	21/153	12/117	14/91
	CFR	14%	10%	15%
Neonatal deaths in facility	#	118	127	122

6.4. Surgery

The number of surgeries conducted at the hospital has increasing over the past three years as shown below:

Figure 7: Operations conducted at the hospital



7.0.SUPPORT SERVICES

7.1.Pharmacy

The year 2019 was a very difficult time for the hospital because of the serious stock out of drugs and medical supplies that the hospital experienced. This was mainly due to inadequate supply from Medical Stores Limited. The availability of tracer items was around 45% with a fill rate of about 25% from Medical Stores Limited.

7.2.Laboratory Department

The laboratory department has the following sections:

- Immunology (CD4),
- Clinical Chemistry,
- Microbiology & Parasitology,
- Serology
- Hematology

The department is headed by the Biomedical Scientist. The number of laboratory investigations has increased over the past three years.

The department has been facing a number of challenges which include inadequate supplies of reagents and frequent breakdown of equipment due to power fluctuations. The laboratory needs to be expanded in order to respond to the demands of a 2nd level hospital.

The department has not been able to meet the blood requirements of the hospital due to inadequate supply from the Provincial Blood Bank. There is need to establish the Blood Bank hub at the institution as a way of addressing this problem.

Figure 7: Laboratory Service

Tests Carried Out	Number of Tests		
	2017	2018	2019
Haematology	22866	27262	28579
Parasitology	9365	8722	2481
Malaria Parasitology	3676	2991	4382
Microbiology	5795	2195	5055
Biochemistry	38006	39681	38748
Blood Bank	1481	2299	1981
HIV test	8424	14488	9021
TB Sputum	2196	1988	1417
Serology	5445	5792	6154

7.3. Radiology

The department offers plain x-ray, ultrasound services and contrast studies which include Barium Swallow, Barium meal, Barium enema, Intravenous Urography/Cystography, Urethrography and Hysterosalpingography.

Figure 8: Radiology services

Radiology	Number of Examinations		
	2017	2018	2019
X-ray (Radiology)			
Skull X- Ray	310	410	446
Chest X-Ray	4698	5630	4281
Pelvic X-Ray	445	455	378
Abdominal X-Ray	430	443	422
Upper Limbs X-Ray	2071	2385	2285
Lower Limbs X- Ray	1871	2480	2151
V ertebral Column	516	545	472
Other X-Ray	0	0	1
Total	10341	12348	10436
Ultrasound			
Gynae Ultrasound	2946	3410	3017
Abdominal Ultrasound	3280	3373	3298
Obstetrics Ultrasound	2860	3738	3588
Small Parts Ultrasound	500	678	652
Doppler Ultrasound	0	0	45
Echo-Cardiography ultrasound	36	17	5
Total	9622	11216	10605
Special investigations			
ECG special investigations			
HSG special investigations	33	17	38
IVU special investigations	8	4	10
Mammography special investigations	0	0	0
MRI special investigations	0	0	0
Urethrogram special investigations	10	6	6
Barium studies special investigations	64	37	33

7.4. Physiotherapy

The department has been providing prosthesis and orthotics to the community with support the partner 500miles.

Physiotherapy provides promotive, therapeutic and rehabilitative services to inpatients and outpatients which includes prosthetics and orthotics. Staffing includes: 1 Senior Physiotherapist, 3 Physiotherapists, 4 Physiotherapy Technologists and 1 Prosthetics and Orthotics Technician who is sponsored by a UK based charity called '500 Miles'

The establishment of Community Based Rehabilitation centres to support the rehabilitation services in the community has been hindered by the non-availability of funds to support the project.

Figure 9: Physiotherapy services

Indicator		Number of Clients		
		2017	2018	2019
Patients Under Rehabilitation	Number of cases: New	1514	1467	1157
	Number of cases: Old	994	1043	1134
	Total number of cases_	2508	2510	2291
Number of Physiotherapy diagnosis	Neurological Cases	750	819	781
	Orthopaedic cases	1340	1360	1233
	Other Physiotherapy cases	436	342	275
	Total cases	2526	2521	2289
Patients Outcome	Under rehabilitation	1235	1132	1075
	Managed	1260	1358	1206
	Dropped	5	11	2
	Deaths	8	10	3
	Number on rehabilitation during the month	2508	2511	2286

7.5. Dental

It caters for inpatients and outpatients. This includes dental conservation surgeries (e.g. dental filling), gum diseases, dental extractions, root canal treatment and maxillofacial surgeries. The posting of a Dental Surgeon to the hospital has increased the profile dental services being provided to the community. However, erratic supply of dental supplies like dental filling materials continues to impede the provision of services. Hence, implementing primary health care activities to promote oral health in the community have been difficult due to inadequate funds

Figure 10: Dental services

Dental Services	2017	2018	2019
Restorative procedures	118	97	53
Tooth Extractions	4503	4271	3416
Incision & Drainage	4	6	10
Mandibular Fixation	13	21	19
TMJ Dislocation Correction	3	3	3
Dentures	0	1	1
Correction of Mal alignment	1	0	0
Scaling & Polishing	66	68	54
Oral facial Cancers	15	11	0
Oral facial fractures	1	0	0
Total number of dental procedures	4724	4478	3556

7.6.Catering Services

The provision of food to patients is critical to the healing process of patients. The patients are provided with three meals per day. High protein diet and milk is provided to malnourished children and adults with special needs like burns patients. The pregnant women in the waiters' shelter are provided with one meal per day.

7.7.Nutrition

Nutrition deals with measures that prevent the occurrence of illnesses as a result of poor nutrition. The Department is run by four Nutrition Technologists. The department is involved in the active management of patients admitted in the hospital with nutrition deficits by providing rightful and correct nutritional diets.

The department also provides nutritional guidance on the procurement and preparation of food for all the patients. The challenges faced by the department include the inconsistent supply of specific nutritional foodstuffs and lack of nutritional demonstration room/laboratory,

7.8.Laundry

The laundry department washes all beddings and theatre linen. There are two big washing machines which were installed by the Government and two small ones. However, one washing machine has not worked since the installation in 2016.

The supply of detergents and disinfectants continues to be an impediment to the provision of an effective service at the hospital and this poses a risk with regard to infection control.

7.9.Mortuary

The Hospital has two mortuary units which are functional with a capacity of 6 bodies per unit.

8.0.HIV/AIDS Services

The ART services are now supported by CHAZ and Centre for Diseases Control (CDC). The CDC supports the ART services through recruitment of additional professional staff, procurement of Opportunistic Infection medicines and laboratory supplies to effectively implement the programme. This has been a relief to the hospital in some way by bridging the gap of inadequate and inconsistent grant to the institution. The services offered include VMMC, PMTCT, HTC and TB.

Figure 11: HIV data

Proportion of Clients Counselling for HIV Who Took an HIV Test									
Facility	Number of CT Clients								
	2017			2018			2019		
	Counselled	Testing	%	Counselled	Testing	%	Counselled	Testing	%
St Francis' Hospital	8,424	8,424	100%	14,488	14,488	100%	9,021	9,021	100%
All clients who were counselled for HIV agreed to be tested									
Table 2.12: Proportion of Clients Taking an HIV Test and Tested Positive									
Facility	2017			2018			2019		
	Tested	Positive	%	Tested	Positive	%	Tested	Positive	%
St Francis' Hospital	8,424	530	10%	14,488	459	3%	9,021	355	4%
The number of people tested decreased from 14,488 in 2018 to 9,021 in 2019 because of targeted testing. The positivity rate increased from 3% to 4% over the same period.									

9.0.Maintenance of Buildings and Equipment

The hospital is going through a period of transformation in terms of infrastructure thanks to the commitment of Government and other supporting partners.

The Government has procured and distributed various pieces of Medical Equipment while the hospital has been able to procure medical equipment with support from SIDA funds specially to improve the management of emergencies and critical patients.

10.0. Projects

A number of projects were undertaken from 2019 with support from various partners.

- Renovation and equipping of the Intensive Care Unit completed in October 2019 in order to improve the management of critically ill patients. The ICU was officially opened by the Minister of Health Dr. Chitalu Chilufya on 20th September, 2020
- Renovation and equipping of a Caesarean Section theatre – The funds for the renovation and procurement of a dedicated Caesarean Theatre was provided by SIDA. The objective was to provide timely surgical interventions for obstetric emergencies
- Rehabilitation of female surgical ward (Mukasa) - The project was started in 2018 and funded by MSG and was completed in 2019.
- Rehabilitation of children isolation ward -The project was started in 2018 and was only completed in 2019 and was funded by MSG.
- Rehabilitation and a staff house (Abraham's house) -The project was funded by MSG in 2018 and completed in 2019.
- Renovation of walkways.
- Construction mothers' shelter – The project was funded by SIDA in order to increase accommodation space for pregnant women who come to wait for delivery from the hospital. The project also involved the renovation of the old shelter and the ablution block. World Vision International contributed materials for the renovation of the ablution block.
- Completed the construction of the perimeter wall fence at the Medical Superintendent's residence. The project was funded by MSG.



Construction of perimeter wall fence at the Medical Superintendent's residence



Intensive Care Unit opened by the Minister of Health, Dr. Chitalu Chilufya



Roofing of walkways in progress



Part of the roofed walkways

11.0 Partners

The various partners have continued to support the hospital in various ways and this has made it possible for the institution to provide the services in the manner it has done.

Flyspeck mobile program

The Flyspeck continued providing specialized services to the patients. The programme supported the provision of orthopaedic services by an orthopaedic surgeon, plastic surgery by a plastic surgeon.

Fistula foundation

The Fistula foundation supported the VVF camps by conducting VVF camps at least twice a year by a VVF specialist from Kenya.

Churches Health Association of Zambia (CHAZ)

CHAZ has maintained its support for Tuberculosis, Voluntary Male Medical Circumcision; and ART services.

CDC- EPHO

The Eastern Province Provincial Health Office (EPHO) with support from CDC took over the support of HIV Services from Catholic Relief Services (CRS).

Christian Blind Mission (CBM)- BMZ

CBM has for the past 30 years provided support for eye services at the hospital and the province. This partnership unfortunately was in 2019 coming to an end unless a new funding opportunity comes on board.

Medical Support Group (Netherlands)

The Medical Support Group has continued to support the hospital in infrastructure development

Friends of St Francis'

The Friend of St. Francis supported the retention of Senior Staff, recruitment, support of volunteer doctors and OVC support.

Tergooziekenhuizen (Hospital in Netherlands)

The hospital has been processing the pathology samples.

Borders General Hospital

The “water for life project” was successfully completed in the first quarter of 2019. The project was meant to improve the supply of water to the hospital and residential areas.

The partner also Supports TB program through the procurement and maintenance of bicycles for TB treatment supporters.

SIDA

The institution continued to benefit from the support of SIDA funds under the Reproductive, Neonatal, Maternal, Children, and Adolescents Health & Nutrition (RNMCAH& N)programmes.

Hope and Healing International-

The partner has been supporting the hospital with Non Cash Resources (NCR) such as medical and non-medical equipment and supplies.



Posing for a photo with Chris Faldon (above) and with midwifery students from Belgium

Figure 12: Summary Partners

Organisation/Department	Type of Service/Activities
Ministry of health	Human resource, financial, equipment and technical support
Chipata Central Hospital	Patient referrals for Cardiac Ultrasound, CT Scan and Renal Dialysis Services
University Teaching Hospital	Patient referral for treatment
Beit Cure	Patient referral for treatment
Chainama Hospital/Levy Mwanawasa Medical University (LMMU)	Nursing Students – From St Francis to Chainama for Psychiatry
	Medical Licentiates, Clinical Anaesthesia and COG-From LMMU to St Francis
	Psychiatry Referrals- From St Francis to Chainama
	for Mental health patients
Eastern Province Health Office	Technical Supervisory and advisory support
CHAZ	Global Funds for preventive programs for Malaria and Tuberculosis
CDC	Support for ART, VMMC, and PMTCT
Medical Support Group (Netherlands)	Infrastructure development
	Purchase of medicines and equipment, collaborating with other donors, technical support and infrastructure development
Friends of St Francis' Hospital	Senior Staff Retention, Staff Recruitment (volunteer doctors), Purchase of Medicines and Medical Supplies, Orphan Support
Tergooziekenhuizen (Hospital in Netherlands)	Pathology and other technical support
The Logie Legacy	Skills sharing, STI Programme & Pharmacy support
	Supporting “Water for Life project”
	Support TB program and procured and maintains bicycles for TB treatment supporters.
Guernsey – Friends of Katete	Building Projects
Christian Blind Mission	Eye Programme
BMZ-CBM	Construction of eye OPD at SFMH and Eye Hospital at Chipata Central Hospital
SIDA	RMNCAH&N
Hope and Healing International	Donation of used Medical Non -Medical Equipment and supplies
BEIT Trust	Staff Housing Development

12.0. Tour of Duty

The Medical Superintendent and the acting Senior Hospital Administrator Mr Fred Paison Ntongwe travelled to the United Kingdom at the invitation of the Scottish Government between 24th October and 12th November, 2019.

The objectives of the trip were:

1. To attend a Global Health Conference in Edinburgh, Scotland
2. Renew our relationship with NHS through Logie Legacy
3. Foster networking of those involved in supporting St. Francis Hospital
4. To participate in the fundraising ventures for the Oxygen plant for the hospital



During the conference meeting in Edinburgh Scotland

The trip was a great success as a number of landmark events were attained and a number of resolutions were made which included”

1. Attending a Global Health Conference in Edinburg Scotland.

This was the second national event in the Scottish Health Calendar and it aims to bring together NHS healthcare workers, Partners and Stakeholders to share in development and best practice in global health work.

The NHS Scotland has been supporting International development in partner countries for three decades.

2. Holding a consultative meeting with all the Partners.

The meeting was held with all the partners of St. Francis Hospital at Border Hospital in Scotland in order to establish clear understanding of Partners expectation, outputs and outcomes in the implementation of programmes.

The meeting resolved that there was need mutual identification and planning of projects between the hospital and the partners.



During the partners meeting at Border Hospital, Scotland

3. Holding a consultative meeting with Dundee University

The team also held consultative meetings with Dundee University, Dental School and the Scottish Government. The team agreed on the areas of mutual collaboration including educational exchange programmes.

4. Meeting Border General Hospital Management Executive Team

The team held consultative meeting with Border General Hospital Management Executive Team over the areas collaboration.

5. Oxygen plant fundraising

The team participation made presentation at Friends of St. Francis Hospital (FoSF) fundraising event in Poole, England.

6. Held meeting with the Government of Scotland

The team held a meeting with the Scottish Government through the Minister of International Development. The meeting was held firstly to thank the Government for funding the Water for Life Project and consolidates the proposal for the sanitation project. The Minister was assured the team that the Scottish Government was committed to the financing of the sanitation project at the hospital.



With the Minister of International Development (middle) during the Global Conference in Scotland.

Appendix 1: Income and Expenditure Report

1. INCOME 2019

CODE	DETAILS	AMOUNT
	B/F	2,842,843.00
123000	Medical Fees	1,130,806.00
123006	Referral fees-1st level Health care	(20,718.00)
129000	Other Revenue	2,545,954.65
145000	Other Grants and Donations	3,721,774.40
161000	Releases for Government Treasury	1,253,309.10
TOTAL		11,473,969.15

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31ST DECEMBER 2019

	2019 ZMW	2018 ZMW
TOTAL INCOME	1 11,473,969.15	11,578,044.39
LESS EXPENSES;	2	
ADMINISTRATIVE EXPENSES	4,237,855.13	4,799,858.90
DISTRIBUTION EXPENSES	574,541.04	684,838.79
OPERATING EXPENSES	3,812,659.24	895,233.99
OPERATING INCOME	2,848,913.75	5,198,112.71
LESS:		

FINANCE CHARGES		27,351.21	31,164.01
TAX		120,001.44	26,259.37
NET SURPLUS/(DEFICIT)		2,701,561.10	5,140,689.33
REVALUATION			
TOTAL COMPREHENSIVE INCOME		2,701,561.10	5,140,689.33
B/F	85,725,463.00	5,140,689.33	90,866,152.33
DONOR FUNDED CAPITAL INVESTMENT IN LAND			-
CHANGE FOR THE YEAR		(2,439,128.23)	
RETAINED INCOME			-
TOTAL	85,725,463.00	2,701,561.10	88,427,024.10



There is always a way!