MINGA MISSION HOSPITAL

2016 ANNUAL REPORT

MINGA MISSION HOSPITAL

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1/1/2016

ACKNOWLEDGEMENT

It is my privilege to introduce the 2016 Annual Report of the activities of Minga Mission Hospital. The Board acknowledges with admiration the dedication of staff at all levels to patient care, education and research; promoting the highest standards in the face increasing challenges. This annual report highlights the exceptional work that Minga Mission Hospital and staff accomplish on a daily basis and the successful initiatives that transform the quality of hospital care for our patients. It reflects on the achievements, limitations and challenges faced by various departments of the hospital during the reporting period.

It has been a busy and productive year. I will highlight some of the accomplishments and challenges but suggest that you review the entire report to fully understand all that has been accomplished.

Rehabilitation of Children's ward was accomplished and the ward is expected to resume its services providing enough and clean health environment for children who are unwell. Another achievement was creation of enough room for Dental department for it to provide better services to all clients. On the 4th of December 2016 we had heavy rains with wind that struck Minga causing damage on the ART clinic department building. Half of the roof was blown off which led to damage of files, registers, printers and computers (Laptop and a Desktop) as they were soaked.

Special thanks go to the Ministry of Health, Petauke District Health Office [PDHO), Ministry of Health, CHAZ, Diocese of Chipata and Stakeholders such as Mushin store, Kholowa store, Ibrahim, Mukakatala, Odi Kumawa and many others too numerous to mention. For their tireless efforts in helping this institution to try and reach the set goals despite the challenges in ensuring that all the clients receive quality health care services.

All of this work directly supports our mission and vision for Minga Mission Hospital. These accomplishments would not be possible without the commitment and personal dedication of Minga Mission Hospital leadership team and staff members.

I would like to thank each and every member of the staff for their commitment to the profession and dedication to the care of patients and I sincerely acknowledge and commend all staff for their dedication and contributions towards the report

May God richly reward all their efforts.

Sincerely,

Sr. Asperanza Massawe
Hospital Administrator

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LIST OF ABBREVIATIONS

- MOH Ministry of Health
- DHMT District Health Management Team
- DMO District Medical Officer
- CHAZ Churches Health Association of Zambia
- ABB Activity Based Budgeting
- ACT Artemis Based Combination Therapy
- AFB Acid-Fast Bacillus
- AFP Acute Flaccid Paralysis
- ANC Antenatal Care
- ART Anti-Retroviral Treatment
- ARVs Anti-Retroviral Drugs
- CBO Community Based Organization
- CTC Counseling, Testing and Care
- DHIS District Health Information System
- DHMT District Health Management Team
- DPT Diphtheria, Pertussis, Tetanus
- EHT Environmental Health Technologist/Technician
- EMONC Emergency Obstetric and Newborn Care
- EPI Expanded Programme of Immunization
- FBO Faith Based Organization
- GRZ Government of the Republic of Zambia
- HAART Highly Active Antiretroviral Therapy
- HAC Hospital Advisory Committee
- HAHC Hospital Affiliated Health Centre
- HB Hospital Board
- HC Health Centre
- HCC Health Centre Committee
- HIS Hospital Information System
- HMIS Health Management Information System
- HIV/AIDS Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
- HMT Hospital Management Team
- IRH Integrated Reproductive Health
- IRS Indoor Residual Spraying
- ITN Insecticide Treated Mosquito Net
- LFA Logical Framework Approach
- MBB Marginal Budgeting for Bottlenecks
- MCH Maternal Child Health
- MDGs Millennium Development Goals
- MOV Means of Verification
- MSL Medical Stores Limited
- MTEF Medium Term Expenditure Framework
- NGO Non-Governmental Organization

- NHC Neighborhood Health Committee
- OI Opportunistic Infection
- OPD Out-Patients Department
- OPV Oral Polio Vaccine
- PEP Post-Exposure Prophylaxies
- PHC Primary Health Care
- PMO Provincial Medical Office
- PMTCT Prevention of Mother-to-Child Transmission
- RN Registered Nurse
- RPR Rapid Plasma Reagent
- RTI Respiratory Tract Infection
- TB Tuberculosis
- TS Technical Support
- TSS Technical Support Supervision
- UCI Universal Child Immunization
- HTC Health Testing and Counseling
- ZDHS Zambia Demographic and Health Survey
- ZEM Zambia Enrolled Midwife
- BID Brought in Dead
- MVA Manual Vaccum Aspiration
- ZEN Zambia Enrolled Nurse

MISSION STATEMENT

To provide equity of access to cost-effective, quality health care as close to the family as possible and to promote healthy living by providing the community with quality health services.

VISION

A community where the disease burdens are markedly reduced to negligible levels and all people are happy, healthy and upholding Christian values.

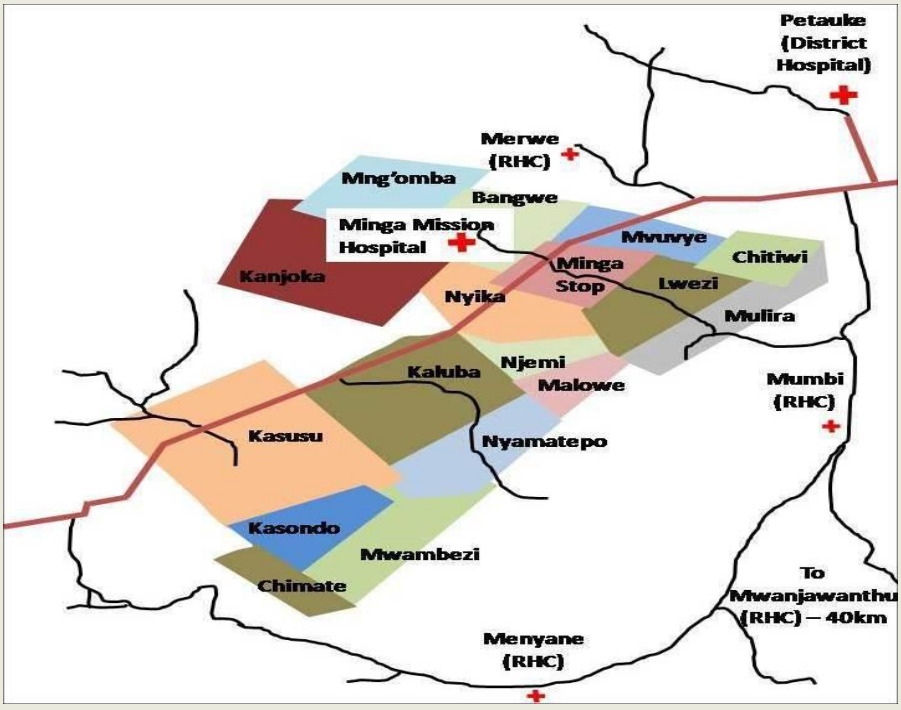
MOTTO

I have come so that they may have life.

The Hospital's fundamental purpose is the delivery of health treatment, care and diagnosis as well as health promotion and preventative services at catchment, regional and supra regional. Its service remits ranges in complexity from first to secondary or tertiary level.

OVERVIEW

THE LOCATION OF THE HOSPITAL AND SOME HEALTH CENTRES



INTRODUCTION

Minga Mission Hospital was founded by the White Missionary Sisters of Africa in 1933. It started as a small clinic which included a leprosarium.

The Leprosarium was closed in 1968, but the clinic continued to grow. In 1971 the management was taken over by the Assumption Sisters and was later handed over to Our Lady of Kilimanjaro Sisters in 1988; who are currently still running and administering the institution.

GEOGRAPHICAL LOCATION:

Minga Mission Hospital Hospice is in Petauke District, situated along the Great East Road about 400km east of the capital city Lusaka and 200km from Chipata the Provincial capital, 4 km off the Great East Road (an all-weather gravel road leads to the hospital). The Mission is situated in Chief Mumbi's area, it is approximately 35km from Petauke, and 70 km from Nyimba, both towns have Government run hospitals. Due to its proximity to Petauke, there are some overlaps with the catch Mission Hospital in Katete, which as about 110km towards the east.

POPULATION

Within its catchment area the Hospital served an estimated population of more than 105 200 people

HOSPITAL POPULATION AND KEY HEALTH INDICATORS TABLE

Category	2015		2014		2013	
	No.	%	No.	%	No.	%
Children 0 – 11 Months	4,118	4%	4,018	4%	3,918	4%
<5 Years	20,592	20%	20,090	20%	19,588	20%
5 – 14 Years	25,740	25%	25,112	25%	24,485	25%
Women 15 – 49 Years	22,651	22%	22,099	22%	21,546	22%
All Adults 15 Years+	52,716	51.2%	51,430	51.2%	50,144	51.2%
Total Male (All ages)	50,450	49%	49,220	49%	47,990	49%
Total Female (All ages)	52,510	51%	51,229	51%	49,948	51%
Total Population[\1]	**102,960**	**100%**	**100,449**	**100%**	**97,938**	**100%**
Population Growth Rate	2,574	2.5%	2,511	2.5%	2,448	2.50%
Expected Pregnancies	5,560	5.4%	5,424	5.4%	5,289	5.40%
Expected Delivers	5,354	5.2%	5,223	5.2%	5,093	5.20%
Expected Live Births	5,097	4.95%	4,972	4.95%	4,897	5%

SOCIO-ECONOMIC PROFILE

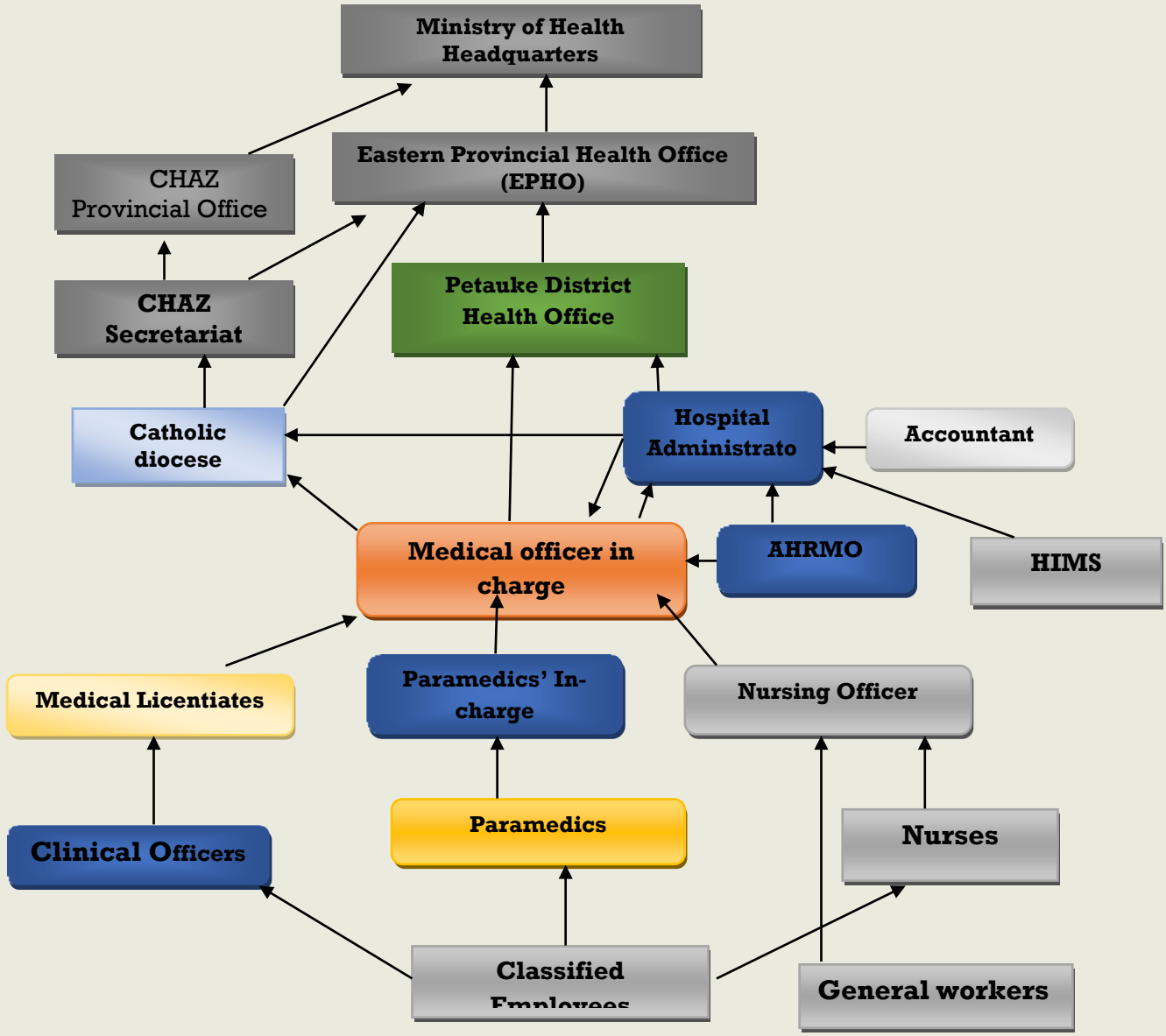
The majority are Nsenga speaking people and most are subsistence farmers. They grow crops such as maize, beans, cassava, soya beans, cotton, bananas, groundnuts, sorghum, sugar cane, onion and a variety of other vegetables.

Some are involved in livestock farming like cattle, chicken, pigs, goats, sheep, donkeys and pigeons.

The community has access to poverty alleviating programs through Government efforts. In addition the community has access to free education (primary education), improved health services (free medical services), safe water (sinking of boreholes).

Our community faces challenges in accessing secondary school and college education due to limited resources and this in turn causes high illiteracy levels.

HOSPITAL ORGANISATION STRUCTURE



HUMAN RESOURCE

The role of the human resource is vital in the recruitment and retention of clinical and non-clinical staff, maintaining staff morale, providing opportunities for professional development, and in the ability of a health care organization to deliver quality health care services and improve patient health outcomes

PRESENT HOSPITAL STAFFING

The hospital has a total of 72 staff out of 191 establishment requirement. Most of the essential medical staff such as Medical Officers, Licentiates, Clinical Officers, nurses (RN and ZEN) and Midwives (ZEM), while other departments don't even have staff at all. Below is summary.

STAFFING LEVELS BY CATEGORY OF STAFF

Category of Staff			Existing
	ESTABLI	SHORTFALL	ACTUAL 2016
Medical Officer in Change	1	0	1
Senior Resident Medical Officer	2	2	0
General Medical Officer	2	2	1
Medical Licentiate	3	2	1
Hospital Administration	1	1	1
Principal Clinical Officer	1	1	0
Clinical Officer	5	2	2
Clinical Officer Psychiatry	1	1	0
Senior. Nursing Officer	1	1	1
Clinical Officer Anaesthesia	2	2	0
Senior. Clinical Officer Dermatology	1	1	0
Senior Clinical Officer Anaesthesia	1	1	0
Office Orderly	1	1	0
Nursing Sister	7	7	0
Night Superintendent	2	2	0
Registered Midwives	4	3	1
Registered Nurses	10	5	5
ZEMs	7	2	5
ZENs	40	27	13
Theatre Superintendent	1	1	0
Enrolled Theatre Nurses	2	2	0
Registered Theatre Nurses	2	1	1
Theatre Attendant	2	2	0
Pharmacy Technologist	2	1	1
Senior Pharmacy Technologist	1	1	0

Category of Staff	ESTABLI	SHORTFALL	Existing ACTUAL 2016
Pharmacy Dispenser	4	2	2
Dental Surgeon	1	1	0
Dental Therapist	2	1	1
Dental Technologist	1	1	0
Physiotherapy Technologist	2	1	1
Physiotherapist	1	1	0
Radiography Technologist	2	1	1
Radiographer	1	1	0
Senior Radiographer	1	1	0
Darkroom Assistant	2	2	0
Nutritionist	1	0	1
Ass. Human Resource Manager	1	0	1
Registry Clerks	2	2	0
Purchasing and Supplies Officer	1	1	1
Purchasing and Supplies Assistant	1	1	0
Laboratory Technologist	3	3	0
Laboratory Technicians	1	0	1
Senior. Lab. Technologist	1	1	0
Environmental Health Technologist	1	0	1
Typist	2	2	0
Stenographer	1	1	0
Telephone Operator	1	1	0
Catering Officer	1	1	0
Cooks	2	1	1
Waiter	2	2	0
Cleaner	22	4	18
Drivers	2	1	1
Laundrymen	3	3	0
Tailor	1	1	0
Mortuary Attendant	2	2	0
Medical Records Clerk	4	4	0
Medical Records Officer	1	1	0
Security Guards	4	2	2
Medical Equipment Technologist	1	1	0
Electrical Technician	1	1	0
Refrigeration Electrician	1	1	0
Carpenter	1	1	0
Plumber	1	1	0
Outdoor Servants	1	1	0
Porter	2	0	2
Total	**189**	**121**	**67**

OUT-PATIENT CLINIC

INTRODUCTION

Out-Patient department (OPD) is a section of the hospital where patients are provided medical consultations and other allied services. It has the following parts:

- Consultations chambers
- Examination rooms
- Pharmacy

The importance of OPD is such that it is considered one of the most valuable departments of the hospital;

- It is a point of entry for more than 50% of IPD patients.
- It is a screening point (triage) for patients according to treatment need.
- It is a reflection of popularity of hospital as more popular hospitals wound have more patients coming to OPD by choice. Patients also get the first impression of the hospital by visiting OPD

Our OPD at Minga Mission Hospital is currently run by two clinical officers and one registered nurse and supported by one nurse who is employed under Centre for Disease Control (CDC). The registry department attached to OPD is run by CDE's and monitored by the OPD in-charge.

OPD services here at Minga Mission Hospital are rendered on week days from 08:00 hours to 12:30 hours and 14:00 hours to 16 hours and Saturdays from 08:00 hours to 12:00 hours then closed on Sundays.

Patients are seen by clinical officers and or a registered nurse. Referrals and special cases are seen by clinical officers, medical licentiate and the medical officer.

OPD services are mainly used for people living in a circle of 10-20 km around Minga. Patients are referred to our OPD by rural health Centres.

Registry Room with CDEs

Clinical officer with a patient in the screening room

Clinician performing a minor surgical operation in the treatment room

Treatment room showing sterile instruments packs, emergency tray etc

Image shows OPD screening rooms

ACHIEVEMENTS

1. We managed to offer OPD services to our clients' whole year without fail though facing poor staffing levels.
2. We also managed to offer the following services to our clients such as Sexually Transmitted Infections management and health education, Nutrition Assessment care and support, Provider initiated testing and counseling, and minor surgical operations.
3. All the officers had a chance to go for trainings (workshops) and oriented other officers on the knowledge they acquired.
4. The department received Two Clinical officers

CHALLENGES

1. We are facing a challenge with staffing, there's need for more clinical officers and nurses at the OPD department in order to deliver quality services.
2. The department is lacking a lot of important instruments e.g. height boards, BP machines, standing scales, examination lamps and quality stethoscopes.
3. The department is operating without a toilet; it's unusual for the staffs to use the same toilet with patients.
4. Patients come from outside Minga catchment area without referral letters making it very difficult for clinicians to ascertain the type of drugs the patient had taken prior to coming here at MMH. Hence compromising monitoring of patients.
5. Erratic supply of drugs leading to poor management of both chronic and acute conditions.
6. Screening rooms are too hot at times and therefore the department is in need of funds for air conditioners.

FOCUS AREAS

1. We are looking forward to introduce 24hours services for OPDs once we have more staffs.
2. Our highest focus is to continue delivering quality health care services to our clients and to make sure that clients are satisfied with the services rendered to them.
3. To intensify health education to our clients.
4. To offer technical support to our Rural Health Centers at a regular basis.

Overview

Hospital pharmacy is the health care service, which comprises the art, practice, and profession of choosing, preparing, storing, compounding, and dispensing medicines and medical devices, advising healthcare professionals and patients on their safe, effective and efficient use.

Main Objective

To promote human health through the provision of safe, efficacious and cost effective high class pharmaceutical interventions to all eligible clients.

Introduction

Minga mission hospital pharmacy department is divided into two parts;

1. **Main pharmacy**; which facilitates for the storage of all medical and surgical materials.
2. **Dispensary**; this is where drugs are administered to out-patients from the OPD as well as collection of medication for In-patients

The pharmacy also works as a distribution centres for kits to rural health centres doted around the catchment area which include Merwe (RHC), Mumbi (RHC), Manyane (RHC), Mwanjawantu (Zonal Clinic), Muthumbata (HP), Mankhungwe (RHC), Ongolwe (HP), Kaselo, Matonje (HP), (HP) Chisonso (HP) and Chaka (RHC).

Main Pharmacy

The main pharmacy is a sanitary sizeable room, furnished with multi layered shelves on which all received medical and surgical products from MSL, CHAZ and other stakeholders are stored. The products in the main pharmacy are organized in a FEFO standard and are monitored frequently through the use of stock control cards to ensure maximum utilization of all available stocks as well as reduce the incidence of stock outs and overstocking in accordance with pharmaceutical standards. The room is air conditioned to provide satisfactory storage conditions for thermal labile medications. The main pharmacy provides medicines and surgical supplies

Main pharmacy entrance

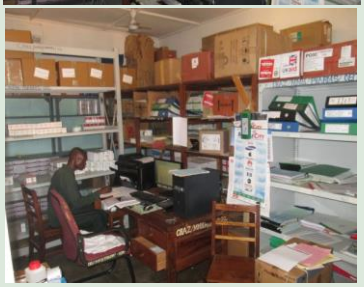


Image shows CDE packing and entering drugs in the main computer

Image shows a storage fridge for drugs

to the dispensary, wards (male, female and children's wards), ART, maternity, theatre, radiology, dental and OPD departments, through the use of supply vouchers, which help monitor distribution and provide reference for future purchases.

DISPENSARY PHARMACY

MAIN PHARMACY EQUIPMENT

1. One computer- for sending of monthly reports and requisitions of medicines and medical supplies to MSL (medical stores for life).
2. One printer
3. One desk
4. Three chairs
5. Nineteen (19) metal multi layered shelves and 1(one) wooden multi layered shelf.
6. One upright refrigerator- for storage of thermal sensitive medicines e.g. anti-rabies and insulin.
7. 0ne (1)thermometer – for the daily recording of temperature
8. One (1) fire extinguisher

The dispensary room is attached to the opposite end of the OPD providing for out-patients through the use of a prescription. It is a sanitary, sizeable and well ventilated room which provides temporal storage of essential medicines prior to dispensing through a window which facilitates two (2) patients at a given time; it also holds a waiting shelter where patients can sit before being attended to by our dedicated staff.

Dispensary Equipment

1. Two(2) tables- one table is for packing and counting medicines
2. Counting trays and sticks
3. Multi layered shelves

Achievements

- One air conditioner was installed in the main pharmacy. Reducing the risk of drug degradation from thermal labial Medications
- Distribution of all health centre kits to all rural health centres was successfully done.

Image showing the front view of dispensary pharmacy

CHALLENGES

- One air conditioner still out of service, compromising the storage conditions for thermo sensitive medicines, which will eventually lead to degradation.
- The storage area in the main pharmacy has become inadequate due to the increased population demands of the surrounding area and the district at large. This has led to ordering more supplies to accommodate the client influx.
- Internet access is limited reducing the efficiency of the electronic ordering system provided by MSL.
- Out dated system of stock control measures, leading to inefficiency in the validity of records.
- Erratic medical supply from the MSL

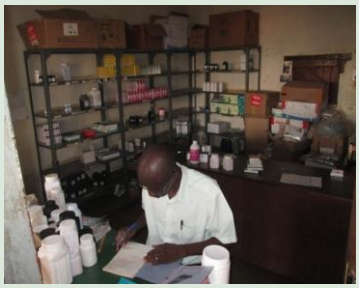


Image showing pharmacists dispensing drugs

RECOMMENDATIONS

- Update to an electronic mode of stock control measure to run parallel with the current system (bin card) to provide an efficient record keeping system and at the same time eliminate mismanagement of stocks.
- The provincial Medical Office through the District Health Office to provide funding for construction of an adequately spaced store room to suite current storage needs.

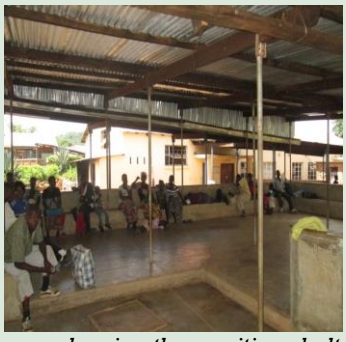


Image showing the awaiting shelter for dispensary pharmacy

The tables below shows the list of essential drugs, ARV's and mainly used medical supplies, their specific description, total issued to all hospital departments and received from all stakeholders for the year 2015, as compiled from the stock control cards.

Essential Medicines

No.	Item	Strength	Unit	Beginning Balance	Received	Issued	Days Out Of Stock
1.	Acetylsalicylic Acid	300mg	1000	17	45	46	13
2.	Acyclovir	400mg	100	50	181	40	0
3.	Atenolol	50mg	1000	15	35	11	0
4.	Amoxicillin	250mg	1000	4	170	136	0
5.	Amoxicillin suspension	125mg/5ml	each	240	950	1580	0
6.	Chloramphenicol	259mg	1000	2	2	2	0
7.	Co-Amilozide	55mg	1000	6	9	15	130
8.	Cotrimoxazole suspension	240mg/5ml	each	48	2862	1700	0
9.	Cotrimoxazole Tab	480mg	1000	76	395	258	0
10.	Digoxin	o.25mg	100	3	18	5	10
11.	Doxycycline	100mg	1000	10	61	32	0
12.	Enalapril	10mg	1000	2	27	29	95
13.	Erythromycin suspension	125mg/5ml	each	140	649	769	0
14.	Erythromycin Tab	250mg	1000	187	318	111	0
15.	Fluconazole	200mg	100	8	8	7	0
16.	Fluconazole Inj		each	70	10	70	0
17.	Glibenclamide	5mg	1000	4	23	18	43
18.	Hydralazine	25mg	1000	2	1	0	0
19.	Metformin	500mg	100	0	19	14	0
20.	Methyldopa	250mg	1000	5	0	3	0
21.	Metronidazole Tab	200mg	1000	5	30	79	0
22.	Metronidazole Suspension	200mg/5ml	each	20	26	24	0
23.	Nifedipine	20mg	100	6	70	73	15
24.	Paracetamol	500mg	1000	45	313	388	0
25.	Paracetamol suspension	125mg/5ml	2.5ltrs	10	18	17	0
26.	Ranitidine	150mg	1000	5	4	10	210
27.	Slow-K	600mg	1000	21	20	22	0
28.	Adrenaline Inj	1mg	each	50	50	64	0

29.	Aminophylline Inj	250mg/10ml	50	5	11	5	0
30.	Amitryptline	25mg	1000	2	0	2	0
31.	Albendazole	400mg	1000	10	10	0	0
32.	Carbamazepine	200mg	1000	2	27	23	0
33.	Chlorphenamine	4mg	100	8	12	12	0
34.	Cloxacillin	250mg	100	5	29	25	0
35.	Diclofenac Inj	75mg/3ml	each	100	200	157	0
36.	Diazepam	5mg	1000	5	0	1	0
37.	Diazepam Inj	5mg/ml	5	0	160	160	0
38.	Dextrose	50%	each	20	93	54	0
39.	Ferrous sulphate	200mg	1000	10	89	75	0
40.	Folic Acid	5mg	1000	1	53	52	0
41.	Frusemide	10mg/ml	each	100	120	100	0
42.	Hydrocortisone sodium succinate	5mg/ml	Each	130	0	130	0
43.	Ketamine Inj	50mg/10ml	50	0	63	58	0
44.	Mebendazole	100mg	100	22	6	10	0
45.	Multivitamin		1000	16	0	10	0
46.	Nalidixic Acid	500mg	1000	2	5	8	0
47.	Oxytocin	10U.I/ml	each	30	1024	1240	0
48.	Omeprazole cap	20mg	100	4	82	74	45
49.	Quinine	300mg	100	26	18	16	0
50.	Quinine	300mg	1000	15	15	6	0
51.	Salbutamol	4mg	1000	5	77	83	0
52.	Sulphadoxine-pyremithamine	525mg	1000	1	41	28	0
53.	Benzathinebenzyl penicillin	2.4mega	each	43	1200	44	0
54.	Benzyl penicillin	5mega	each	28	500	69	0
55.	Cotton wool	500g	each	28	242	322	0
56.	Dextrose	5%	12	4	29	28	0
57.	Examination gloves	M	100	38	214	138	0
58.	Examination gloves	L	100	14	61	120	0
59.	Gentamycin	80mg/2ml	each	0	3240	1640	0
60.	Normal saline	0.9%	12	15	133	112	0
61.	ORS	20.5g	100	13	21	13	0
62.	Ringers Lactate	500ml	12	1	5	33	0
63.	Strapping		each	2	71	102	0
64.	Surgical gloves	7.5	50	0	0	0	0
65.	Surgical gloves	8	50	0	0	0	0
66.	Artemether/Lumefantrine 24's	20mg/120mg	30	52	91	91	0
67.	Artemether/Lumefantrine 18's	20mg/120mg	30	27	60	38	0
68.	Artemether/Lu	20mg/120	30	19	52	32	0

	mefantrine 12's	mg					
69.	Artemether/Lumefantrine 6's	20mg/120 mg	30	11	120	49	0
70.	Chromic catgut	USP1(5met)		1	3	3	0
71.	Nylon suture			1	5	6	0
72.	Anti-rabies	0.5ml		6	10	8	0

ARVs

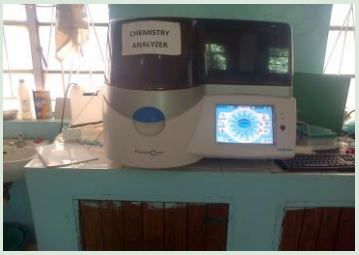
No.	Item	Strength	Unit	Beginning Balance	Received	Issued	Days Out Of Stock
1.	Efavirenz	600mg	30	421	6,605	6,528	0
2.	Efavirenz	200mg	90	16	9	0	0
3.	Nevirapine	200mg	60	303	1,374	1,240	0
4.	Ritonavir/Lopinavir	200mg/50mg		86	239	195	0
5.	Lamivudine			110	255	357	0
6.	Nevirapine suspension	50mg/5ml	each	18	152	148	0
7.	Abacavir	300mg	60	23	169	169	0
8.	Abacavir/Lamivudine	60mg/30mg	60	0	155	137	0
9.	Lamivudine/Zidovidine	30mg/60mg	60	60	693	693	0
10.	Tenofovir/Lamivudine/Efivarenz	300mg/300mg /600mg	30	324	11,152	8,586	0
11.	Emitrictabine/ Tenofovir	200mg/300mg		512	9,323	8,235	0

INTRODUCTION

A medical laboratory or clinical laboratory is a laboratory where tests are done on clinical specimens in order to get information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease. Diagnosis is an essential step to quality health care delivery though it is costly and involving. Some say a laboratory is proof based section of medicine.

Lab technologist

Laboratory personnel doing their daily activities



Chemistry analyzer

OBJECTIVES

1. To provide quality, efficient and cost effective laboratory services at all levels of care.
2. To expand the tests profiles by opening up medical microbiology by third quarter 2016.
3. To prioritize **Quality assurance programs** by promoting internal quality assurance and external quality assurance.

TARGETS/FOCUS FOR 2017

Activity	Task	Target

Microbiology section	Lobby for upright refrigerator, room, Bunsen burner, Gas cylinder and gas piping, Wire gauze, Anaerobic Jar and Triple stand	To be opened by 3rd quarter2016
MSL&CHAZ reports	Generate Usage reports, R&R for HIV tests, RDTs(for malaria), and CD4 reagents	To be generated and send to MSL&CHAZ by 5th of every month
Test summary reports	Compile tests summary reports	Compile tests summary reports by 5th of every month
Clinical presentations	Prepare clinical presentations	Conduct quarterly clinical presentation
Lab Self-assessment	Conduct self-assessment	Quarterly self-assessment

CHALLENGES

ACHIEVEMENTS

- Despite all the challenges faced during the year 2016, the department was able to provide service delivery to the community. This is evidenced by some of the tests done in the year 2016 as tabulated below.
- The laboratory participated in the EQA program
- The laboratory was able to send reports to MSL and CHAZ from Jan-Dec
- The department also managed to hold departmental monthly

- Lack of equipment for microbiology such as gas cylinder, Bunsen burner, triple stand, refrigerator, wire gauze, and Anaerobic Jar
- Stock outs of essential laboratory commodities due to limited supply from MSL
- Untimely maintenance of equipment by service engineers e.g. the air conditioner was non-operational for almost a year. This affected the operation of the chemistry analyzer.
- Lack of human resource (only one technologist was available
- Unstable power supply which contribute greatly to equipment breakdown
- Lack of internet facility which lead to delayed submission of reports to MSL and CHAZ

SITUATION ANALYSIS

	Haematology			Chemistry					parasitology			Microbiology						serology		B/Trans
	HB	CD4	FBC	CR	AST	AL	UREA	GLU	Urine	stool	B/S	RDTs	AF	CS	U/S	HVS	HCG	HIV	RPR	BT

					EA		T							B	F						
Jan	**POS**											28	91	11				24	50	14	
	NEG											16	533	39				26	249	123	
	TOTAL	73	24	231	0	0	0	0	0	46	3	44	624	50	1	2	1	50	299	137	31
Feb	**POS**											35	200	1				22	48	6	
	NEG											2	982	33				27	366	172	
	TOTAL	120	27	216	4	0	0	4	34	21	5	37	1182	34	0	2	1	49	414	178	
Mar	**POS**											15	320	6				20	57	4	
	NEG											35	1084	32				24	383	175	
	TOTAL	115	128	156	4	0	0	4	4	21	8	50	1404	38	0	2	1	44	440	179	42
April	**POS**											146	589	6				22	83	7	
	NEG											30	946	46				27	398	160	
	TOTAL	132	261	416	14	0	0	0	0	34	1	176	1535	52	1	0	0	49	481	167	55
May	**POS**											91	640	0				19	65	8	
	NEG											10	828	33				27	243	110	
	TOTAL	30	191	123	4	2	0	2	2	42	2	101	1468	33	1	5	3	46	308	308	32
June	**POS**											5	604	6				23	52	1	
	NEG											3	945	44				35	363	193	
	TOTAL	131	45	75	9	5	2	4	4	11	4	8	1349	50	0	7	0	58	416	194	31
July	**POS**											0	162	2				30	59	4	
	NEG											3	765	26				28	422	93	
	TOTAL	81	121	145	13	7	0	1	0	41	4	3	927	28	0	0	0	58	481	97	
Aug	**POS**											1	120	2				21	58	1	
	NEG											4	634	45				23	401	118	
	TOTAL	75	36	147	0	0	0	0	0	57	6	5	754	47	0	0	0	44	459	119	
Sept	**POS**											0	64	6				15	64	0	
	NEG											0	530	62				27	377	110	
	TOTAL	66	49	153	0	0	0	0	23	30	12	0	594	68		10	4	41	441	110	28
Oct	**POS**											1	42	2				30	78	6	
	NEG											3	472	26				42	252	147	
	TOTAL	47	0	59	0	0	0	0	0	47	7	4	415	28		16	6	153	330	153	33
Nov	**POS**											0	64	6				31	49	7	
	NEG											9	440	35				31	496	355	
	TOTAL	47	14	29	0	0	0	0	0	89	34	9	503	41		2	4	62	545	361	2
Dec	**POS**											0	97	7				23	43	2	
	NEG											7	450	23				31	381	253	
	TOTAL	20	18	41	21	2	1	0	0	64	7	7	547	30		4	5	54	424	255	12

ART DEPARTMENT

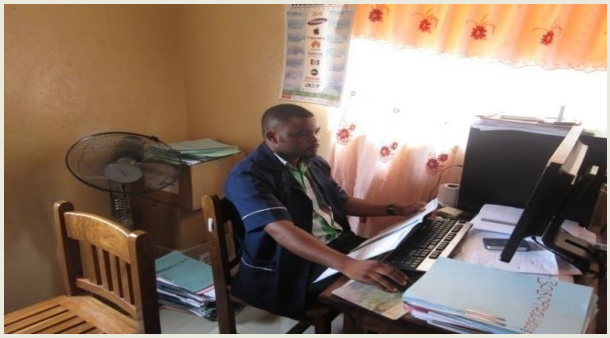
INTRODUCTION

The ART clinic at Minga enables the hospital to provide HIV/AIDS programs that are in line with the National Policy. It was opened in March, 2007 with 11 clients who were on HAART. The numbers of clients on HAART has increased to 1,966 excluding Transfers out, Lost to follow, and Deaths. However, the total number of clients under ART care is 3,398??.

The clinicians and nurses working in the clinic also make regular visits to some community health clinics around the Region. It consists of Dispensary, Data, VCT, Registry and Screening room.

DATA ROOM

The data room is manned by one staff that is trained in Smart care program. This room is where clients pass in order to have their records electronically kept and update their care cards by using E - Fast.



REGISTRY

This is where client files are kept and retrieved when clients come for clinics. There is one staff that is specifically based in this room.

SCREENING ROOM

This is where patients are screened and attended to their complaints. ARVs are also prescribed in this room. There is one trained Registered nurse

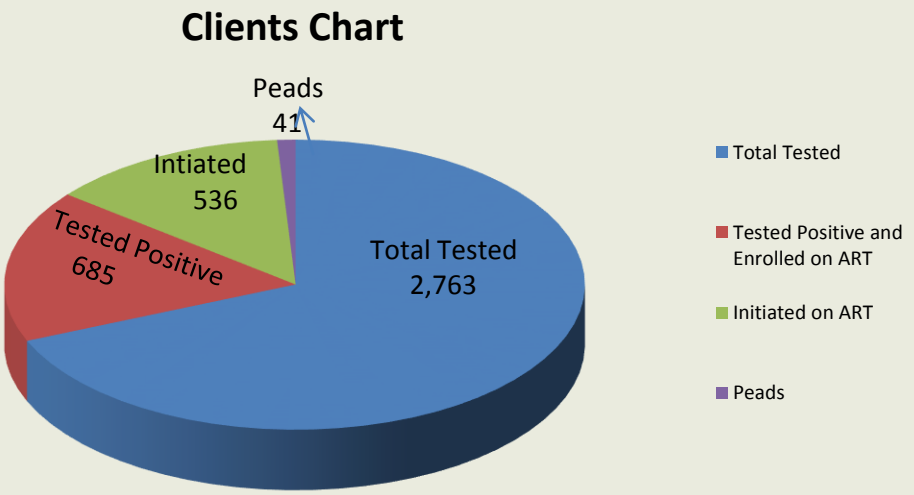
VCT ROOM

This is where counselling and testing of clients is done. There is one trained councillor who is based in this room. He attends clients who come from OPD, Inpatients and voluntary clients come for HIV test.

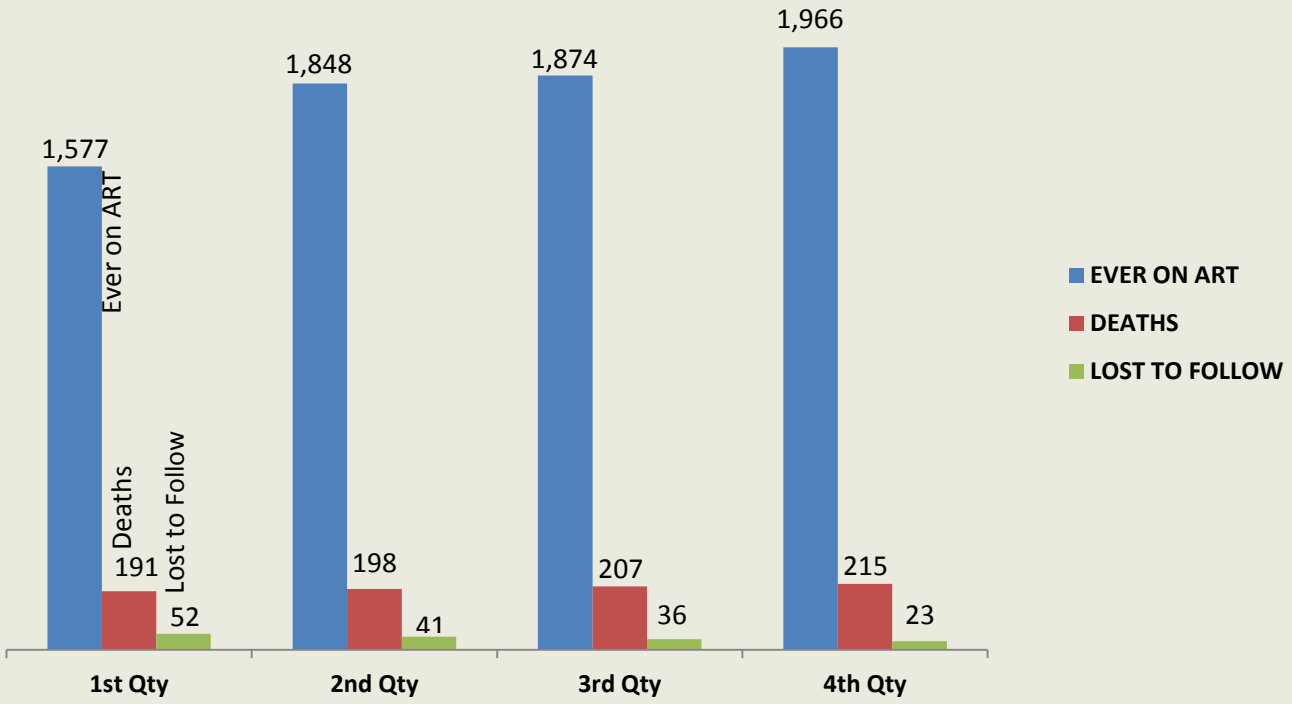
DISPENSARY ROOM

This is where medicines are kept after ordered from the main Pharmacy and dispensed to the clients. The dispensary is managed by the staff from the Pharmacy who is allocated to ART Clinic

ART ANNUAL STATISTICAL



ANALITICAL GRAPH SHOWING CLIENTS WHO ARE EVER ON ART, DEATH & LOST TO FOLLOW FOR 2016



ACHIEVEMENTS

1. Improved data quality.
2. Mobile ART was opened at Manyane Rural Health Center.
3. Pediatric day for children below 15 years was introduced which is on Thursday.
4. Nutrition assessment was introduced to all clients on ART.
5. The number of Lost to follow and Defaulters was reduced.

EQUIPMENT

1. Three computers - Two in the Data room and one in the VCT room.
2. Two printers.
3. One Digital Camera.
4. Five Tables.
5. Six chairs.
6. TV set.
7. Two Examination tables
8. Three back benches

CHALLENGES

1. No mobile ART to other Rural Health centers due to inadequate funding.
2. Clinic not accredited.
3. The number of clients tested for CD4 is inadequate on 6 months basis due to CD4 machine break down.
4. Chemistry tests are not done.
5. There is no registry room. However, one screening room is used as a registry.
6. Inadequate space for IEC and Nutrition assessment for all ART clients.
7. Shortage of staffs

INTRODUCTION

The Department of tuberculosis at Minga mission hospital is committed to protecting communities across Minga from the spread of TB by providing leadership, policy development to assure provision of coordinated care to persons with active TB disease, their close contacts and other persons at high risk for latent tuberculosis infection and by assuring a system of care is place to manage complicated TB patients.

Giving health education to mothers on the 3is at under five clinic

HIGH LIGHTS OF ACTIVITIES

- Case management
- TB/HIV activities
- Achievements
- Constraints
- Recommendations

Case Management

A total number of 290 suspects were screened for TB, 59 were diagnosed with TB, of which 24 were new smear positive, 13 new smear negative, 8 extra pulmonary, 3 relapse smear positives, 2relapse smear negative, 1relapse extra pulmonary and deaths were 8

Meeting on preventative measures on TB with the waiters at the mothers shelter

NOTIFICATION

		M	F	Total

1.	New smear positive	14	10	24
2.	New smear negative	7	6	13
3.	Extra pulmonary	4	4	8
4.	Relapse	4	2	6
5.	Deaths	4	4	8
	TOTAL	**33**	**26**	**59**

CLASSIFICATION

TYPE OF PATIENTS	**TOTAL**
New smear positives cases	24
New smear negative cases	13
Extra pulmonary Tb	8
Relapse smear positive cases	2
Others	4
Deaths	8

TB/HIV ACTIVITIE

	MALE	**FEMALE**	**TOTAL**
1.TB patients registered with HIV test results	33	26	59
2. TB patients tested HIV positive	17	18	35
3. TB patients on CPT	17	18	35
4. TB patients on ART	17	18	35

Achievements

- Consistent supply of TB drugs

- Follows – up were done quarterly
- May I appreciate the PHO and its partners for funding us in the following meetings we conducted in all the four quarters through the District
    - - Therapeutic meetings
    - - Intra-facility meetings
    - - Active Case Finding
    - - TB/HIV coordinating body meeting
    - - Conducting outreach activities for demand creation
    - - Conducting advocacy and communication activities
    - - Intensified case finding
    - - We also thank the PHO for the trainings and refresher courses done in the 2nd and 3rd quarters for Tb Treatment supporters.
    - – We also received the Motor Bike from the District, thank you so much.

Constraints

- Inadequate funds to most activities
- Treatment supporters are lacking transport
- For quite a long time we have not been commemorating world TB day at facility level.

Recommendations

- Lobby for more funding
- Need for transport
- Need to commemorate world TB day at facility level

We will continue fighting in orderto **STOP TB**

To reduce mortality, morbidity and socio economic burden associated with tuberculosis.

Acknowledgement

Our deepest appreciation and sincerest gratitude:

To all of our outstanding authors who have contributed extensive, newly updated, and authoritative text and images. We cannot thank them enough for their efforts on this project. To Mr. Zulu Joseph (Radiography technologist) and Mr. Banda Stephen (Darkroom assistant) whose outstanding secretarial and communication skills with author and editor have facilitated the review and final revision of the entire manuscript Their enthusiastic attention to detail and accuracy has made this our best edition ever. Minga mission hospital management, who has worked closely with us on this project from the very beginning of the first quarter. We also thank the enthusiastic participation of many other departments including Maternity, Theatre, Laboratory, Pharmacy, IPD, OPD and other unmentioned departments for their tireless work and support towards Radiology in guiding hand overseeing the project. It has been an intense year for everyone, and we are very proud of this superb edition of Diagnostic report.

X-Ray Imaging Room

Introduction

- Minga mission Hospital radiology department also known as St Athanasius has two imaging rooms x-ray imaging room and ultrasound imaging room. Both imaging rooms have Phillips machines donated by oret project.
- The department is currently staffed with a Radiographer, a radiography technologist and a darkroom assistant.

X-ray imaging room is also a Phillips planned room of about 6×4×4m and comprises of the following equipment:

- Optimus x-ray machine also known as(stand-alone) by Phillips
- Couch
- Practix 160 mobile x-ray machine
- Two lead apron
- Illuminator
- Curix 60 automatic processing unit
- Fire extinguisher

Current Examination Done For Ultrasound

Major

- Obstetric scan
- Gynaecologic scan
- Abdominal scan

Minor

- Thyroid scan
- Scrotal scan

Breast scan

The Radiographer attending to the patient

Radiography Examination Done

Plain radiography:

- Abdominal
- Skeletal
- Cardio-Respiratory

Special radiographic procedure (contrast enhance) by system:

- Alimentary canal
- Internal Reproductive female/male
- Urinary system

Radiology main department

The darkroom attendant showing the student on how to process the film

Darkroom

- Manual processing unit
- Automatic processor
- Drier
- Actinic marker
- Cassettes and hangers
- Air expeller
- Safelights

The officer and the radiography student having a tutorial

Ultrasound Imaging Room

Ultrasound imaging room approximately is about 3.5×2.5×4cm separate from the main x-ray room and it comprises of the following equipment:

- A sono-diagnostic ultrasound machine 100E by Phillips
- Mind ray DP-20 ultrasound machine
- A Mitsubishi Sono-printer
- Examination Bed

Department Achievement

The following were highlighted to be the major success for the period under discussion

- The department is now staffed since the coming of a Radiographer (Bsc).
- X-ray department license was renewed.
- Donation of Mindray DP-20 ultrasound machine.
- Able to take radiation budges for reading.
- The radiology department was inspected by the radiation protection authority team.

Constraints

- Inadequate consumables supply by medical stores.
- Darkroom door leakage (allows light to enter the darkroom)
- Air conditioner in the x-ray room not serviced
- Limitations in performing other ultrasound examination due to current machine specifications.
- The locality of filing cabin is not safe.
- Radiological equipment were not serviced by Phillips.

Recommendation

- Facilitate exchange visits among hospitals within the province so as to share and exchange knowledge.
- Procurement of medical supplies and consumables.
- Need to secure a separate room to be used for our filing

Focus

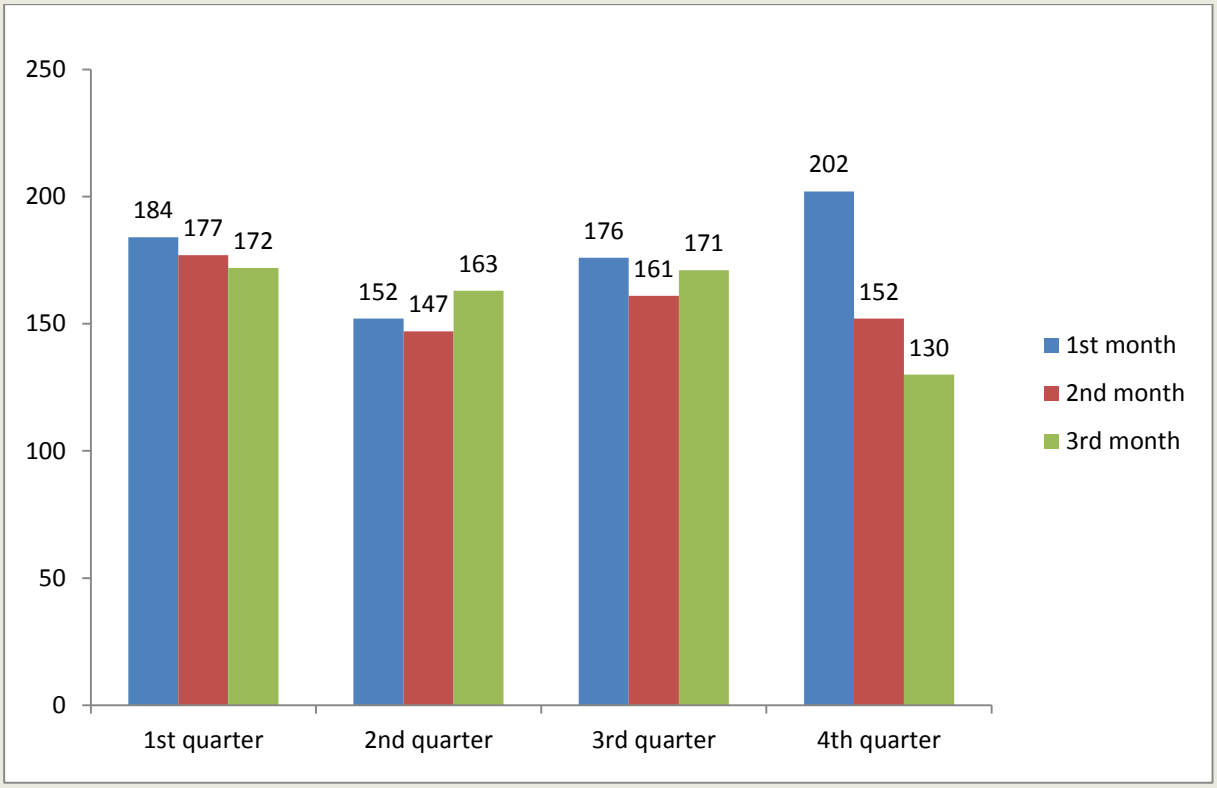
- Promote public awareness of medical uses and hazard of radiation.
- To porch the ultrasound machine which has a linear probe so that we can do at least all ultrasound examination.
  Upon lobbing for the ultrasound machine which has a linear probe the following examination can be undertaken:
  - Gastro-intestinal scans
  - Vascular scans

- Neonatal brain scan(intracranial scan)
- Thyroid scan
- Eye scan
- Salivary gland scan
- Scrotal scan
- Musculoskeletal scan
- Breast scan

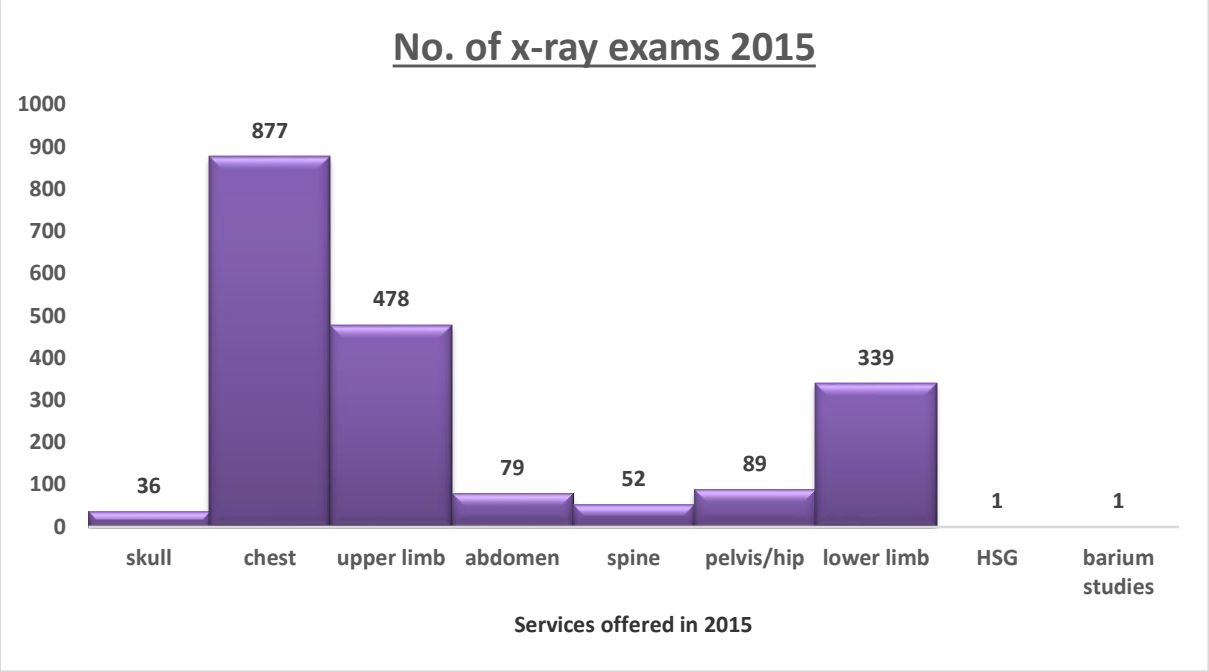
➢ Upgrade medical imaging equipment and infrastructure. The vision is to have a duo diagnostic machine/fluoroscopy by 2020.

➢ To have a 3D/4D ultrasound machine.

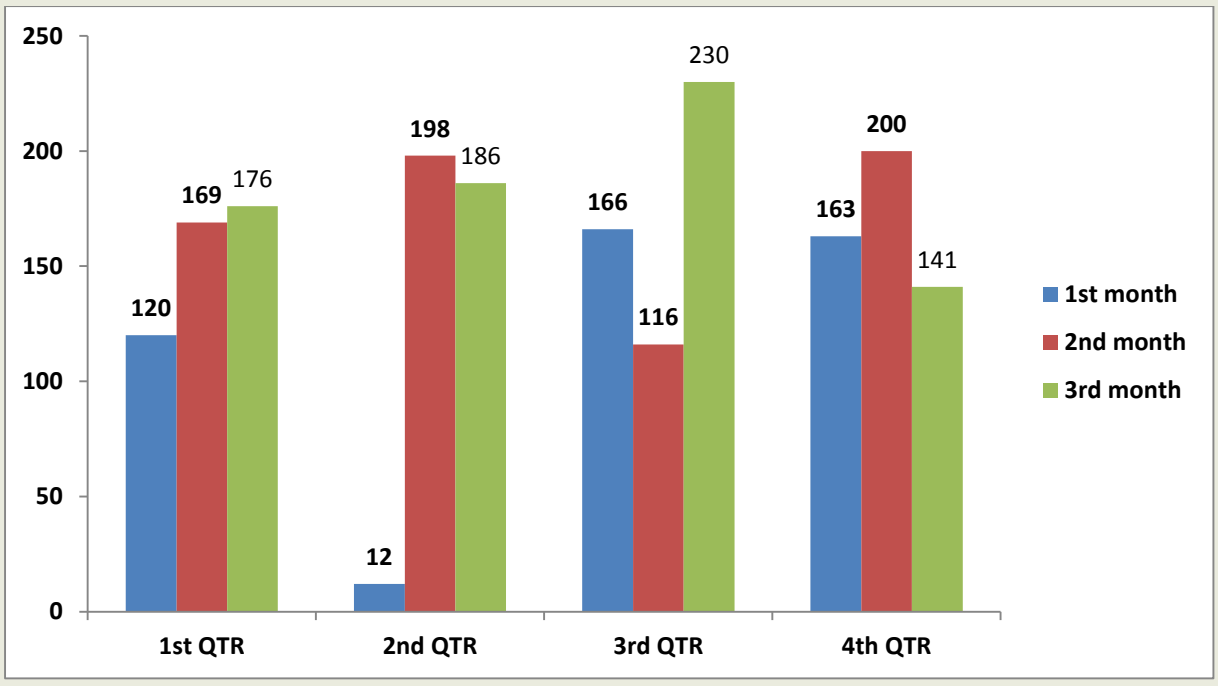
Radiological Data Analysis



Graph showing Quarterly X-Ray Examination For 2016



Graph Showing Quarterly Ultrasound Examination for 2016



Trauma Cases for 2016

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
No. Cases	63	54	67	76	65	56	65	58	74	72	80	74	804

PHYSIOTHERAPY DEPARTMENT

Introduction

Physiotherapy is a science that deals with the rehabilitation of a patient to near normal as possible. It is a part of all other health professions hence it is also dependent on other health teams for its work to be effective i.e. Clinical officers, Medical licentiates, Doctors, Nurses, Cleaners etc.

The main job purpose for physiotherapy is to undertake effectively assessments and treatment in order to provide quality rehabilitation services within the institution and community.

In doing this the areas that are more of concern to us includes;

1. Clinical care: Physiotherapist carry out physiotherapy services in order to ensure quality rehabilitation services.
2. Referral: physiotherapist prepares referral notes to other medical staff in order to provide appropriate management of clients.
3. Capacity building: physiotherapist carries out developmental and implementation of appropriate intervention in order to impact skills and knowledge.

In order to ensure that health ethics, human rights are in conformity with the laid down conventions the ministry of health has put in place evidence based effective health interventions guided by well-designed standards of practice of physiotherapy.

Some of the conditions that are managed by physiotherapy include :soft tissue injuries such as sprains and strains, muscle weakness and wasting, muscle tenderness and spasms, peripheral nerve lesion/injuries, fractures, exercises for bone and joint diseases, neurological cases i.e. hemiplegia, paraplegia, cerebral palsy and many more.

In the year 2016 we attended to 877 patients on first appointment of which the majority were patients with fractures, followed by soft tissue injuries, then osteoarthritis and some with neurological conditions such as cerebral palsy and hemiplegia.

Giving exercises to a CP patient

Application of back slab after fracture reduction

Giving exercises to a patient on skin traction

Physiotherapy department

Achievements

The department is now independent assuring privacy to our clients unlike the way it was in 2015.

- Just like in 2015, we have never run out of analgesics as the management through finance meeting made sure that we never run out of analgesics.
- One of us managed had attend the Zambia society for Physiotherapy (ZSP) annual scientific symposium with help from the hospital management.
- At least a number of patients come back to finish their sessions other than the 1st appointment.
- At least we have been considered to be attending workshops other than the ones for physiotherapy.
- The department is now clean as it is being swept regularly which never used to be the case.
- We are now being considered to go for further studies as one of us is currently in school.
- The number of patients attending physiotherapy has really grown from 721 in 2014 to 877 in 2016.
- In 2015 an assistant staff was allocated to the department, orientation was done and the staff is doing well.

Challenges

- More equipment is still needed especially the P.O.P cutter, because we use a razor blade which consumes a lot of time.
- The staffing is not enough as we are only two and one is at school leaving only one at the station

hence the department is inactive when the only staff present is sick or on leave.

- Having only one staff at the station has affected community outreach program because in 2014 we were doing well in the same area but then when the staff went on maternity leave, then later vacation leave no one was left to continue with Outreach programs hence in 2015 no physiotherapy outreach was conducted..
- As a department we still continue facing challenges of having worn out equipment which needs replacing.
- We had stock out of P.O.P, arm slings and crepe bandages

Way Forward/ Conclusion

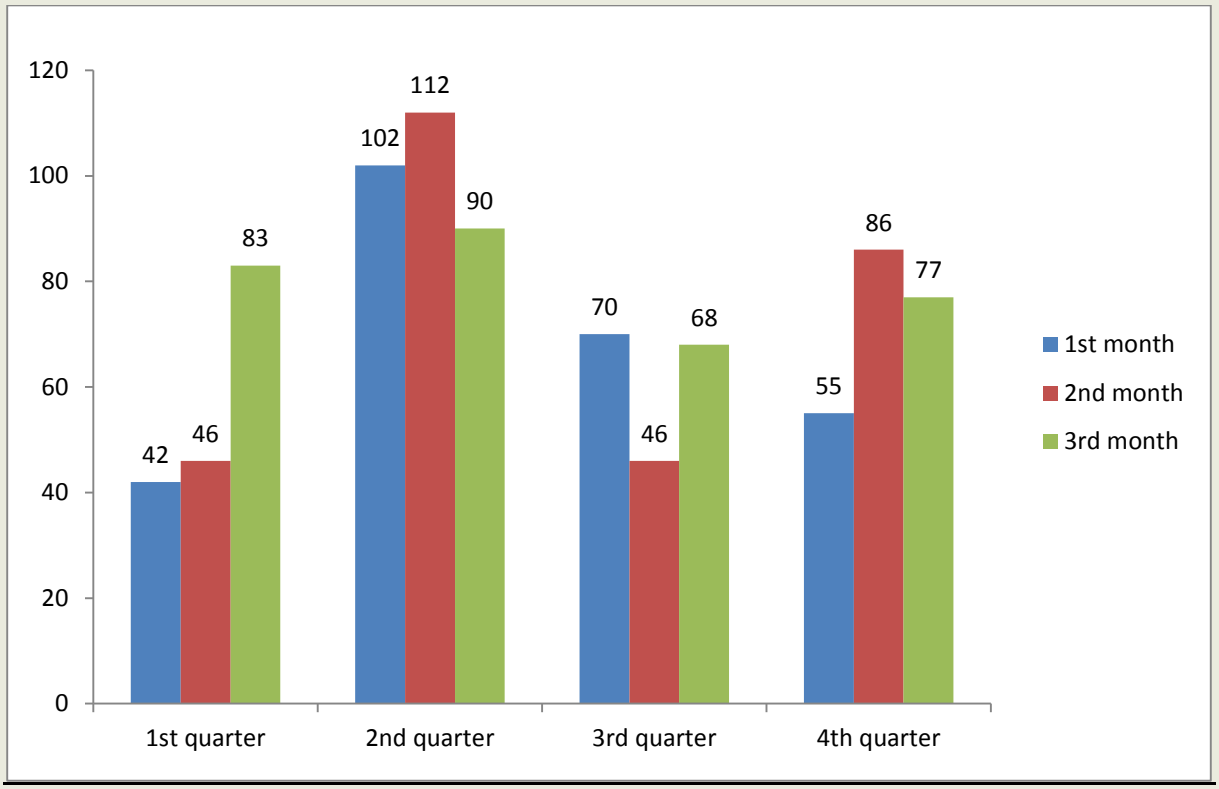
Despite a number of challenges we faced in 2016 we shall continue to do our best in offering our quality services to our clients. We also wish to appreciate the management for the help they rendered to us in the year 2016 as a department and also our fellow health workers for we worked as a team. Many thanks also go to the community at large especially those that encouraged their friends to attend physiotherapy when need be. We would like to ask the management to lobby for another physiotherapist as one of us is at school and it's not easy to work alone because the department will be closed on days when one is out.

We also hope we will acquire some new equipment in 2017 especially the P.O.P cutter with help from management. And we continue hoping that community outreach program will commerce in 2017.we also hope to improve in areas where we have failed. For all these and other issues that we have raised we hope that management will look into them and help where possible.

Last but not the least we thank the doctors and clinicians for sending us clients as our work is dependent on them. We hope that the spirit of team work among all the health teams will continue even in the years to come.

Statistics

Number of male and female attendance in the year 2016



Number of old and new cases per month in the year 2016

Cases/Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Old	12	10	24	18	28	22	12	16	11	12	20	13	198
New	30	36	59	84	84	68	58	30	57	43	66	64	679
Total	42	46	83	102	112	90	70	46	68	55	86	77	877

Number of Physiotherapy Diagnosis

Diagnosis/Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Neurological Cases	4	3	14	9	8	6	6	3	8	5	6	6	78
Orthopaedic Cases	22	40	64	37	38	31	26	20	27	31	43	36	415
Other Physio Cases	16	3	5	56	66	53	38	23	33	19	37	35	384
Total Cases	42	46	83	102	112	90	70	46	68	55	86	77	877

Patients' outcome

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Under rehabilitation	9	9	17	39	35	27	16	15	30	19	15	16	247
Managed	32	36	66	33	48	28	39	20	20	27	55	39	443
Dropped	1	1	0	30	29	35	15	11	18	9	16	22	187
Total	42	46	83	120	112	90	70	46	68	55	86	77	877

Maternity ward

Introduction

The Maternity ward is a specialized department of a hospital where obstetric care is provided by midwives. In many areas of practice, a woman who is at least 28 weeks pregnant is admitted to such a specialized ward.

SAMMURY OF ACHIEVEMENTS

1. The use of the partograph has greatly improved in 2015 as evidenced by 93% this last semester as opposed to 35 % 2014 same period.
2. Birth ashyxia has been reduced from 77 neonates last semester 2014 to 40 same period 2015.
3. Regular ward meetings done on mothly basis as evidenced by minutes.
4. MDR and FSB reviews done at local level for each case as evidenced by minutes.
5. We achieved to train 11 Remindmi agents corutesy of provincial health office and are currently using this feature.
6. We trained 84 SMAGs courtesy CHAZ and the shese SMAGs are actively involved in voluntary work at community level.
7. As a department,we managed to carry out the first ever reproductive health campaign in all 17 neighbourhoods as evidenced by the report and on spot random visitby CHAZ.
8. We received 1 Direct Entry Midwife courtesy District Health Office .
9. We received 1 radiant heater,1 incubator,1 suction machine and an oxygen concentrator under the courtesy of the DHO .
10. We achieved to have 0 post operative infections.
11. In the 10th month 2015,we hit record high numbers in male involvement as shown in the graphs below.
12. With no Medical doctor,no anesthetist ,but only a Medical licentiate,we managed to do C-sections

1.0 Background information

Minga's maternity ward was initially a teachers' college block. It was turned into a maternity ward due to urgency of need of obstetric services in an ever expanding population .It currently has a bed capacity of 20 allocated in the manner explained below:-

Labour room: - 2 beds + 1procedure bed making a total of 3 beds

Acute bay:-2 beds

Neonatal mothers room:-2 beds

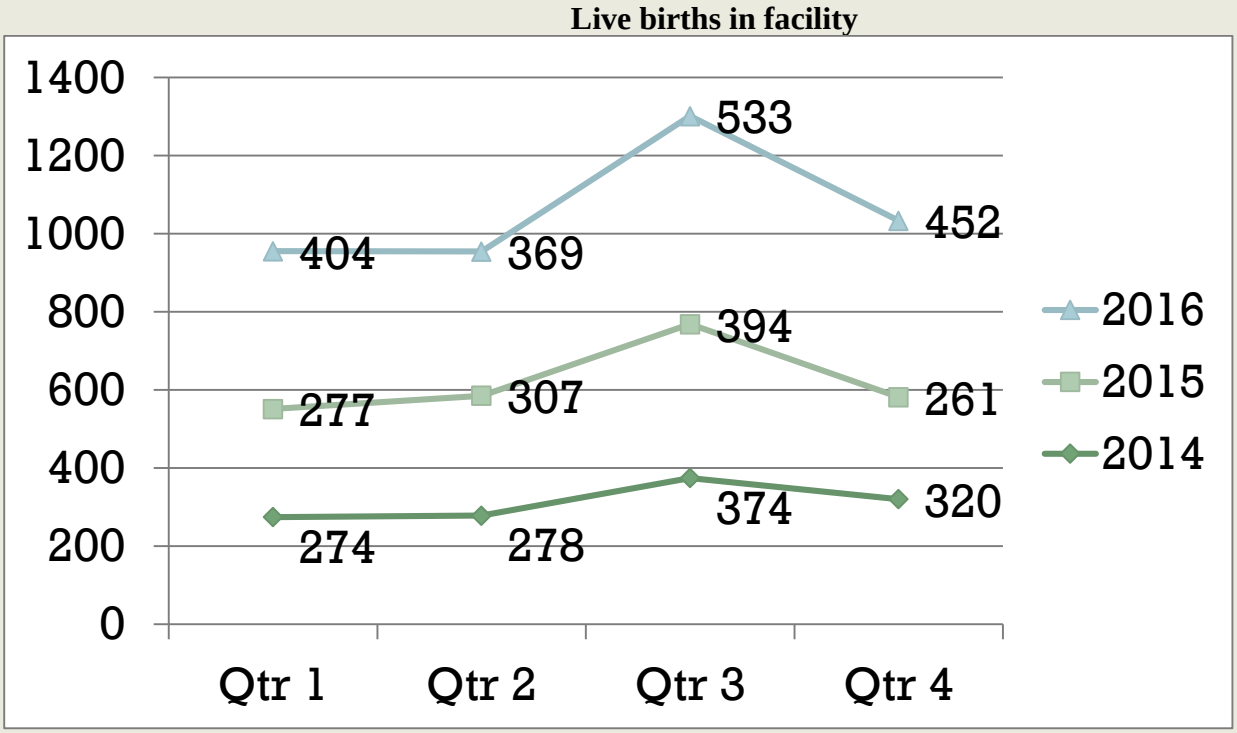
Premature babies room:-1 bed

Main ward: - 8 beds

This 20 bed capacity ward caters for a hospital catchment population of 102659 with 11 frontline health facilities,namely:- Chaka Health post,Manyane Rural health centre,Mwanjawanthu RHC,Mumbi RHC,Ongolwe HP,Chisonso HP,Kasero HP,Mtumbata HP,Matonje HP,Mankhungwe HP and Merwe RHC.Including Minga Hospital affiliated health centre ,the population of women of child bearing age is 26917 based on Central statistics office data.Thus the ward is a referral point for all the above facilities' obstetric emergencies. Besides that number, this ward also offers obstetric services to mothers and neonates from Mozambique, Nyimba district and in-deed from other catchment areas within Petauke.Below is the front view picture of maternity ward.

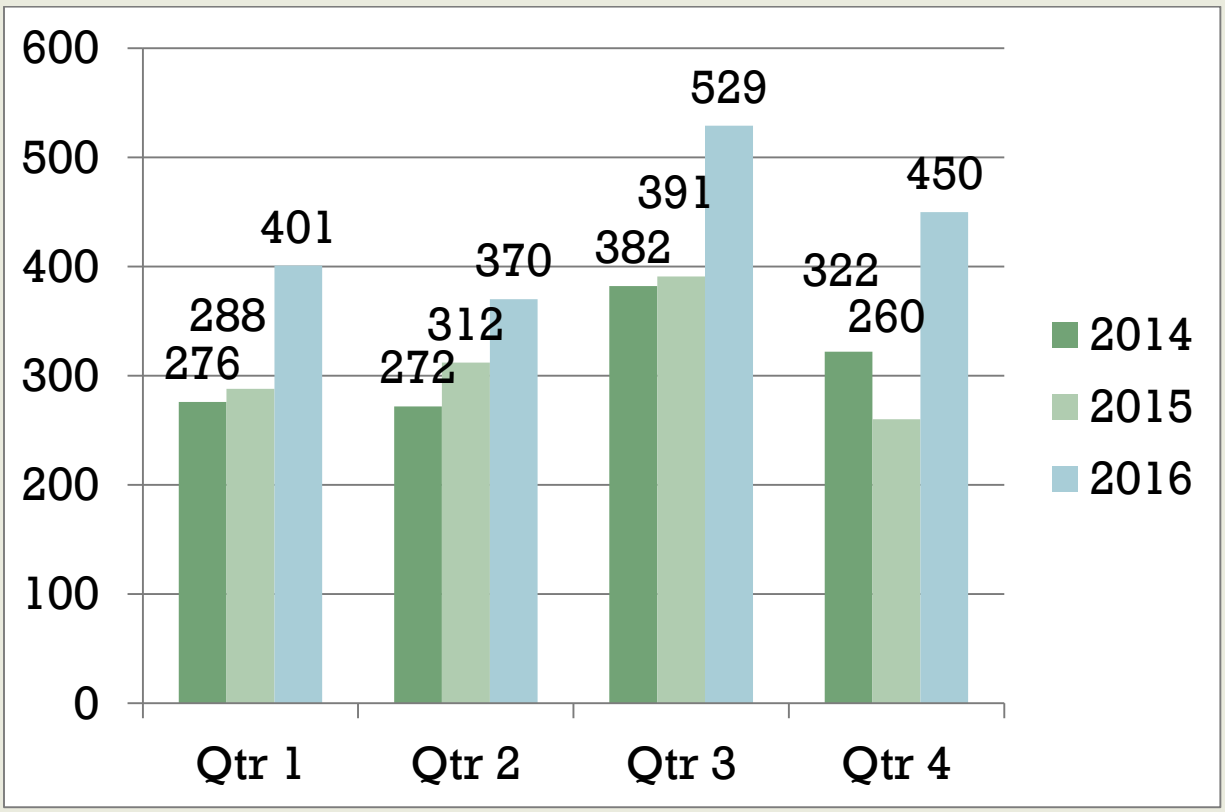
on 112 mothers and 110 were discharged and are fine.

13. Obstertric case referrals to higher level have been greatly reduced in the year 2015.
14. Every shift the ward had amidwife on duty in 2015.
15. We atleast improved and achieved to manage HIV exposed infants as evidenced by improved documentation in baby mothe follow up register.
16. With the introduction of a motor cyclie rider under CDC and introduction of PCR tests in Chipata,we ahived to reduce the turn-over time from 2-3 months to 2-3 weeks and that has motivated our clintele.



The above graphs shows variations of live births in facility as tabulated in a quarters for a period from 2014 to 2016.

Institutional Deliveries



Graph above shows variation of institutional deliveries from 2014 to 2016.Note that the deliveries were calculated based on Minga HAHC population target of expected deliveries i.e. 5.2 % of 26917 whose target was 1399 annually and 333 quarterly. There was a downward trend in comparison with the 2014 statistics due to:-

1. Reduction of our HAHC population because of the reason in 2.
2. Opening up of a new health facility within Minga hospital catchment, Muthumbata health post.

A worrisome trend showing reduction in the variation of male involvement. On probing further why? We did an introspection of our facility services as perceived by men. These were the reasons as to why this trend:-

1. Long waiting hours for the men.
2. At times expected tests not done such as the syphilis check-up due to erratic supply of RPR kits.
3. Lack of privacy as far as HIV rapid testing site is concerned.
4. Ignorance on the part of males on the importance of involvement I reproductive matters.
   From community level, these were the reasons given for this downward trend:-
   1. A good percentage of women who come for antenatal are singles as per observation by the community, but this was difficult to verify.
   2. A good number are underage primigravae.On verification with 2015 HMIS data on antenatal, 7.9 % were underage.
   3. Majority of men prefer taking care of their work as opposed to accompanying women in antenatal.

4. There is less traditional will to reinforce male involvement.

1ST ANC VISIT TESTED POSITVE TABLE

The table below shows statistics of mothers tested HIV positive in 1st ANC visit, but it was not possible to separate the figures for those from outside Minga.

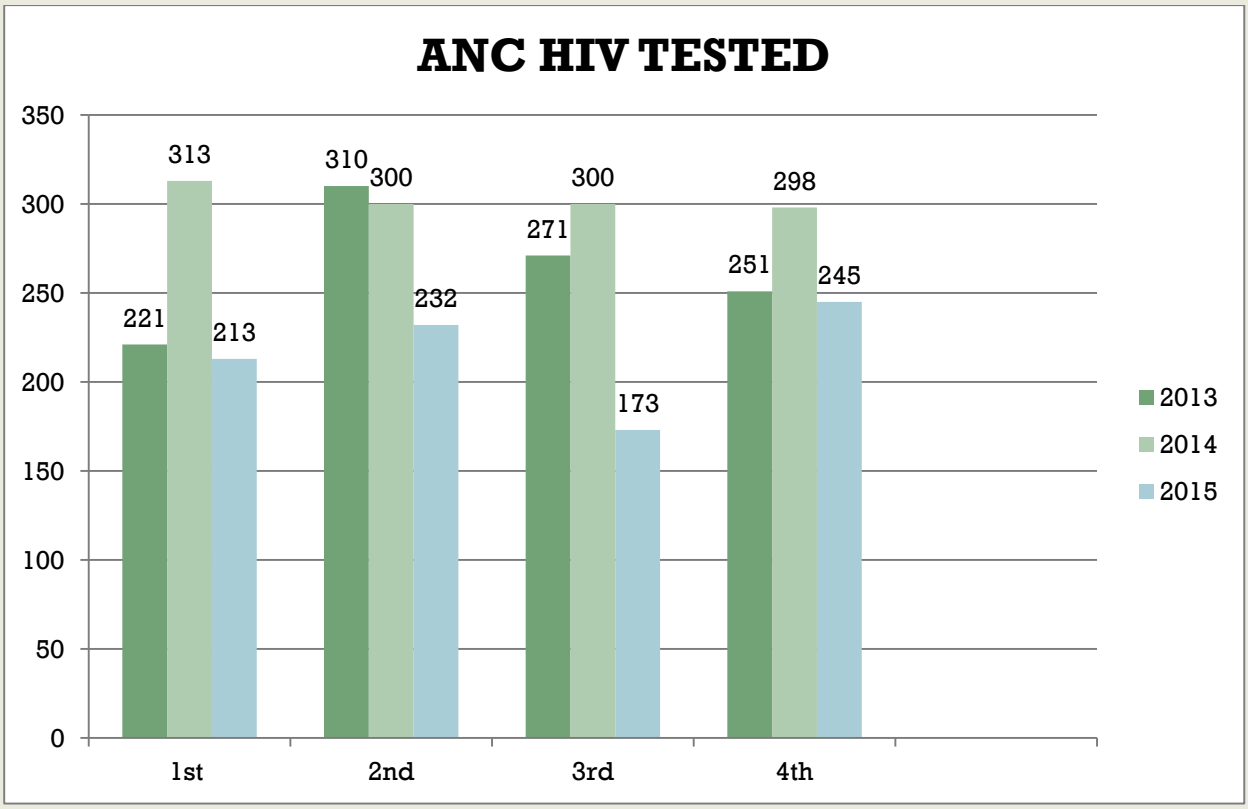
POSITIVITY RATE

YEAR	TOTAL TESTED IN 1ST ANC VISIT	POSITIVES	RATE (%)
2013	1047	35	3.3
2014	1204	49	4.1
2015	1040	78	7.2

Comparing the data in the table, there is an increase in the positivity rate. The reasons are:-

1. Women are now aware of the need to nave an HIV test in antenatal and so coverage in screening is now broadening, but not to the best coverage.
2. Do to incentives such as baby mama packs, there is an influx of mothers from outside Minga thus getting such a trend.

   All in all, the positivity rate is too high.



This is typically the whole number of women tested for HIV in their first ANC visit for the periods shown.

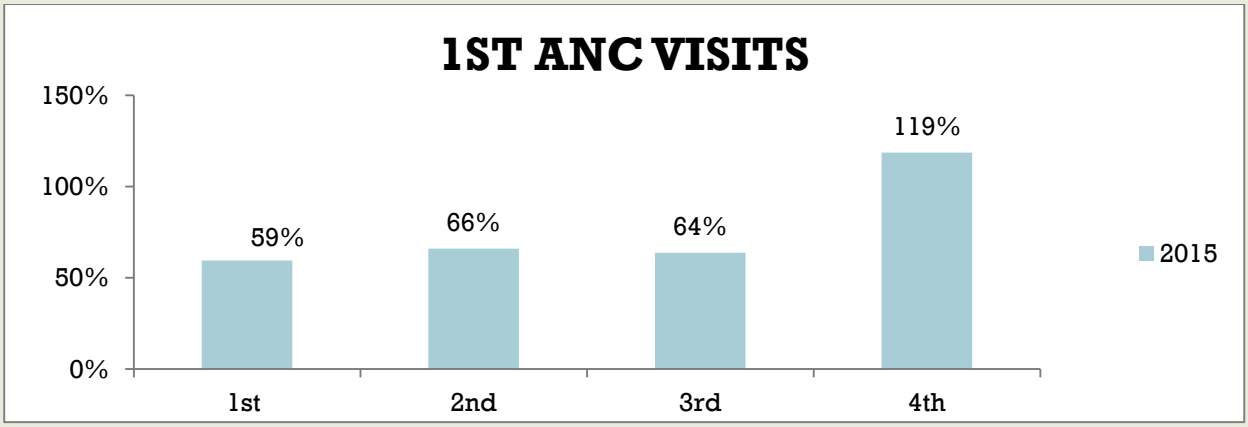
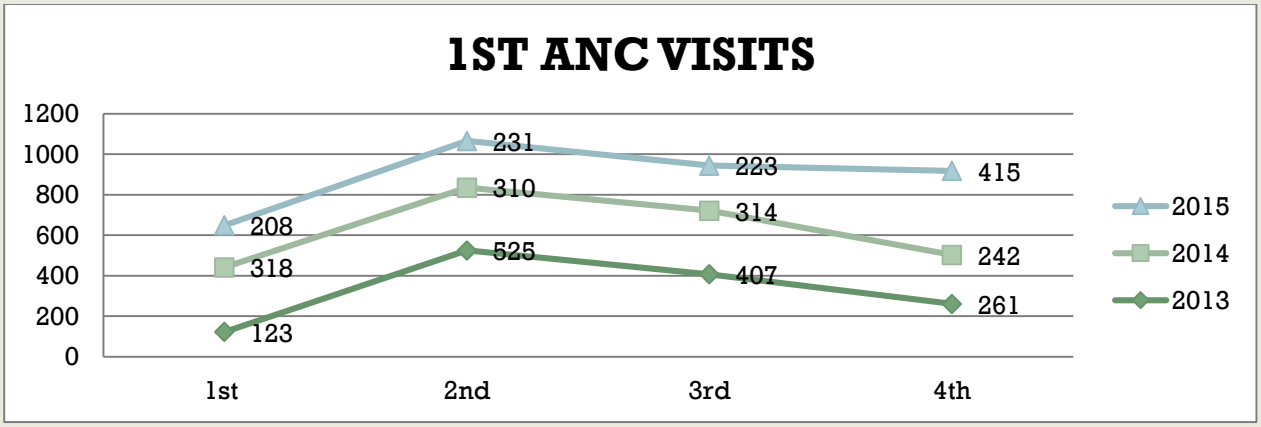


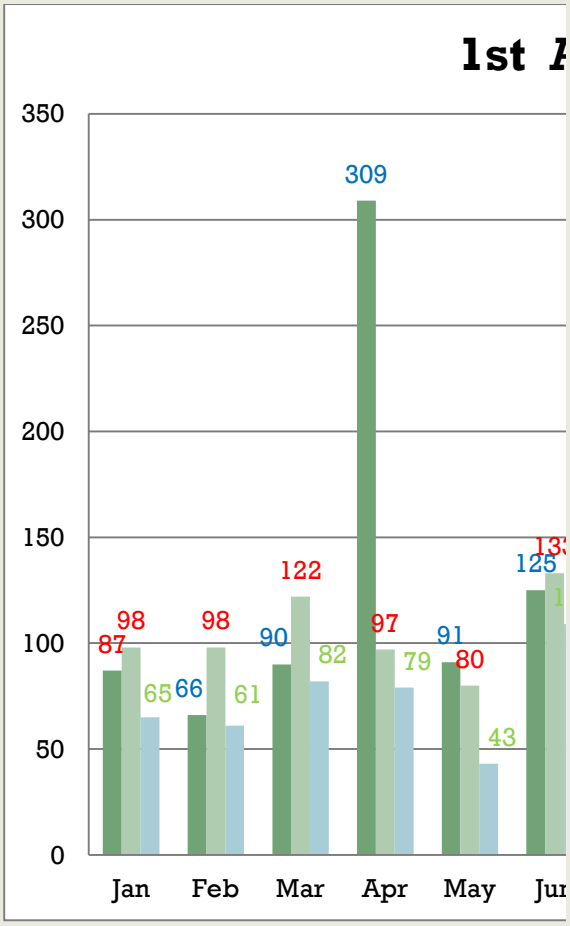
TABLE FOR 1ST ANC VISITS 2015

Period	1ST Qtr	2nd Qtr	3rd Qtr	4th Qtr	Annual
Target	**360**	**360**	**360**	**360**	**1399**
Achieved	**208**	**231**	**223**	**415**	**1077**

The typical factors seen here is a sudden upsurge in 4th quarter attributed to incentives. This means that attitude is still a problem because health benefits are not appreciated as much as material benefits.



The same data is displayed below ,showing a variation form 2013 to 2015.



Mothers coming to the maternity when they're in second stage of labour as evidenced by this baby delivered in the back seat of a car.

Maternity does not guarantee privacy of mothers as it easily communicates with the outside because it was not meant for such, but due to passion for the community, the diocese improvised. The point where basin is placed is a direct entry into the labour ward.

Worse still, this ward has no delivery suites (Cubicles) for privacy of a laboring mother from another laboring mother as evidenced by the picture above were cloth curtains are used to demarcate bed spaces. In an area where the youngest laboring client can be as young as 13 years, to deliver in the same room with a woman as old as 45+ years is taboo. This is why some women come late to reduce time of stay in this demeaning environment.

CHALLENGES

1. The greatest challenge is that of the community's own attitude towards health. The Minga community has a very poor health seeking behavior. This evidenced by :

   - Late antenatal booking.
   - Teenage pregnancies.
   - Low male involvement which is 572 out 0f the 1077 women HIV tested in ANC in 2015.
   - A migratory behavior in the farming season to the

farming areas in the forests making it difficult for them to come to the hospital in case of an emergency.

- Lost to follow up HIV infected babies.

2. At facility level, these are the challenges:-
    - Limited space in the maternity ward prompting midwives to conduct deliveries on the floor beds as shown in this picture on the left side.

- The ward has no sluice room as per standard even in the current age of HIV, Ebola, and hepatitis e.t.c.

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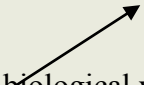


What follows next is a group of biological vectors such as dogs feasting on humans' debris such as blood, bits and pieces of products of conception and faeces.

The above is where mothers wash all their soiled material after labour which is challenging

The dog above is just one sad picture of the many dogs that have made maternity their home for a feast.

The sluice room is a great challenge as it leaves much to be desired for a ward where much sluicing is supposes to be done. It neither has a standard sink for socking linen in bleach, no drainage out for dirty water in case a staff takes a bath upon accidents of splashes with biohazardous material nor has it any drainage for sullage.This picture below is the reality of the sluice room.

- The main ward is too small for a population of 102659 whose deliveries for 2015 were 1352.More often than not, midwives are obliged to discharge postpartum mothers prematurely.

- The mothers' shelter has limited capacity in an area where the majority comes from more than 12 kilometers from the health facility. It has 17 beds; we keep 46 women on the average every 24 hours. This is a challenge in terms of sanitation, ventilation and bed space especially that some mothers come from as far as Nyimba, Mozambique and in-deed beyond or close to Petauke Boma.
- The worst challenge is of greater risk in service delivery as it is beyond facility level in mitigation. When ZESCO power fails, maternity has no power back up for emergency equipment and lighting. Several times midwives have delivered in the torch light which cannot be used in case of invasive procedures such as suturing, performing an episiotomy, examination of the birth canal in case of postpartum hemorrhage and many other challenges.
- The other challenge in 2016 was failure to meet FANC due to logistical challenges such as non viability of RPR and Hb results certain times.

- Staffing levels are still a challenge in maternity compounded by the demise of 1 DEM and the retirement of 1 ZEM as the minimum standard demands 2 midwives to be on duty in labour ward. The current situation is that often, 1 midwife will manage those women in labour, main ward admissions, discharges and emergencies.
- Medical supplies and non medical supplies such as Oxytocin and catheters have been in erratic supply.
- Delivery packs are not complete and are insufficient.
- In EMTCT, the examination room faces challenges of lack of space, examination bed, teaching aids, obstetric calculators, measuring tapes and timers.
- The labour ward serves a very great purpose at Minga where statistically deliveries passed through in 2015.Unfortunately; the ward has no bed for an eclamptic case which must be railed, wheeled and manipulatable.

FUTURE PLANS

1. To deliver every mother in Minga catchment area at the facility upon having been monitored by a skilled personnel in labour.This is feasible by way of continuing sensitization of the community.
2. To reduce incidence of teenage pregnancies by engaging school authorities, Churches, Traditional leadership and VSU of the Zambia police service to help reinforce positive change in behavior in the community whilst doing reproductive health advocacy as attempted in the period reported.
3. To advocate for a fence to the whole area of the hospital so as to eliminate the risk of biological vectors especially dogs getting in contact with human body fluids and excreta.
4. Strengthen referral system form community by involving community based agents (CBAs) using locally available resources in time in collaboration with frontline health facility staff.
5. To advocate for proportionate regular grants to the hospital so as to run generator in case of power failure as opposed to working in the dark or failing to run emergency equipment when there is always need to have such ready during all deliveries.
6. To lobby for the use of haemacules EMTCT and Technical support from lab. Staff to Midwives on use of such so that results can be given there and then.

Theater Nurse doing some operation

Client ready for VMMC

7. To create room in ANC examination room and place two beds to aid working pace.
8. To advocate for a steady supply of medical and non medical supplies such as Oxytocin, delivery and equipment.
9. Staff to be trained in smart care and implement the e-first system of data compilation.
10. To conduct in-house mentorship to Midwives in all competency areas of EmONC so as to make every midwife an independent reliable team member in service provision using scientifically proven approaches.
11. To change staff skills, knowledge and attitude for the better in obstetrics care.
12. To have a deliberate plan with DHO regarding Technical support to Health centers in Minga catchment area and possibly recommend for orientation of some staff in EMTCT and EmONC for at least 2 to 3 days in a working environment at the hospital.

OPERATING THEATRE DEPARTMENT

Operating theatre department is a place where measures of sterility are implemented at all cost. Therefore, this department has two operating rooms. There is one for procedures that are clean and the other one for dirty cases. The auxiliary rooms besides the sterile corridor are three namely male change room, female change room and lastly the sluice room. In all that is a brief introduction of this department.

Achievement

- In all the cases that were done in these two operating rooms recorded no nosocomial till the time of discharge from the wards.
- In the year 2015 CHAZ had trained two officers as male circumcision providers

Future Plans/Focus

- To have a big building as theatre because the one in use is small and is not ideal suite
- Theatre department has the boyes machine but it's never in use because there is no specialist (anesthetist) to operate it. However we request the Ministry train or send us a trained anesthetist so that we can be a full team.
- Male Circumcision is one of the sustainable procedures that will enhance the reduction of cervical cancer and HIV/AIDS by 60%. For this reason, an appeal that in future we need some consideration in mobile MC because those from distant areas will never access the free vital government program to fight this scourge.

- 67 youths in the age limit of 16 to 40 were circumcised at a static facility
- Despite having no trained anesthetist the department managed to operate the under listed procedures without experiencing any fatal on the table.

Challenges

- We did not participate in that campaign month for male circumcision due to inadequate funding.
- The numbers for male circumcision was down because we did not conduct voluntary mobile male circumcision to reach out to those in far places that needed to be circumcised.
- We also faced a challenge of high temperatures in theatre due to the faulty air con and because the CSSD is stationed in the theatre building.
- Sutures are a problem to source
- The department does not have a trained anesthetist
- The department had one theatre nurse and one ML with one porter who worked tirelessly the whole year minus resting. In short human resource is a challenge because working is day and night.

Tabulated Data for Year 2016

Name of procedures	Total number of cases

Caesarean sections	113
Laparotomy	11
Hernia Repair	23
BTL	22
Manipulation under anaesthesia	16
Incision and Drainage	10
	67
	5
	17

NUTRITION DEPARTMENT

INTRODUCTION

Acute malnutrition is a form of under-nutrition caused by a decrease in food consumption and/ illness resulting in sudden weight loss or bilateral pitting edema. It is defined by wasting (weight-for-height) that is Z-score below 2 SD of the median (WFH< -2 Z-score) of the world health organization (WHO) child growth standards, or by mid-upper arm circumference (MUAC) indicator of <12. 5cm, by the presence of bilateral pitting edema.

Acute malnutrition (under nutrition) is divided into 3 categories;

1. Kwashiorkor
2. Marasmus
3. Marasmic-kwashiokor

Minga mission hospital provides in-patient care for the management of (SAM) severe acute malnutrition with complications until the medical condition has stabilized and the complications have been resolved. Treatment then continues in out-patient care until weight recovery.

The treatment of SAM consists of F-75, F-100/ RUTF.

Achievements

- 85% OF the children admitted recovered and were discharged.

- Members of staff (inclusive of Nutritionist) were trained in IMAM (intergrated management of acute malnutrion)
- Supplied with SECA digital scales and salter scales from the province.
- Got 100% score in adult nutrition assessment in ART

Challenges

- Erratic supply of therapeutic feeds.
- Absence of trained health workers in OTP in surrounding clinics increase the work load burden at the hospital as OTP is done at the same facility as ITP.
- No proper area for making feeds.
- No kitchen sinks for cleaning utensils before and after making feeds.
- Health providers including the nutrition technologist are not trained in IMAM.
- No fridge for storing feeds.
- No wall clock to remind mothers and care givers on the exact time to give feeds.
- No family planning services nearby (most malnourished babies' mothers were pregnant.

Future Plans

- Nutrition report to include activities at the ART clinic, Ante-natal clinic and exposed babies' clinic.
- Orientation and mentoring in nutrition assessment on all members of staff and CHWs working in ART, ante-natal and exposed baby's clinics.

Statistics

	IST QUATER	2ND QUATER	3RD QUATER	4TH QUATER	TOTAL
ADM	31	16	06	12	65
DISCH	23	14	06	12	55
DEATH	05	02	00	00	07
ABSCOND	03	00	00	02	05
REFERED	00	00	00	00	00
KWASH	23	10	01	03	37
MARASMUS	5	00	02	05	12
MARASMIC KWASH	03	03	03	04	13
HIV POSITIVE	02	01	00	03	06
HIV NEGATIVE	28	13	03	01	45
FEMALE	12	07	03	06	28

CERVICAL CANCER SCREENING DEPERTMENT

EVERY WOMAN HAS RIGHT TO BE FREE FROM CERVICAL

INTRODUCTION

The cervical cancer Prevention Program in Zambia responds to women's need for cervical cancer services in Zambia, and the Africa region. Cervical cancer kills more women in Africa than any other cancer, and primarily strikes women aged 25 to 45 year. The sites for cervical cancer screening in Eastern province are;

1. Chipata General Hospital
2. Lundazi district hospital
3. St. Francis Mission Hospital
4. And Minga Mission Hospital.

ACHIEVEMENTS

- We managed to conduct 2 mobile outreach clinics, in May and October.
- Community sensitization through mass media, Radio and other gatherings.
- We were privileged one of joined the CDRZ group from Lusaka to do screening program m in Lundazi.
- From January to December we managed to screen 1598 clients, and out of these 65 had pre-cancer and were treated with crayotherapy.
- 23 found with polyp and were referred to ST. Francis Hospital
- 11 were referred for LEEP
- 40 With ICC Referred to St. Francis Hospital.
- The screening program went on well; we had enough Gas and other materials to run the program
- We received technical support from the provincial team on December 2016.

Giving the health education to the women under five the impotance of cervical cancer screening

Verifying of the pictures and compile the weekly report

Equipments in the department

CNSTRAINTS:

- We could not meet our intended target due to manpower shortage and logistics, camera, laptop, Internet gall pots, forceps, and speculum.
- Community sensitization and Mobile outreach visit were not adequate, there is need for more.
- Lack of important equipment like; Digital camera for outreach, No enough speculum and gall ports
- Lack of funding for transport to conduct our own mobile for cervical cancer screening

The y ear 2016 was quiet good and beneficial to all clients and this is to provide quality service in our institution

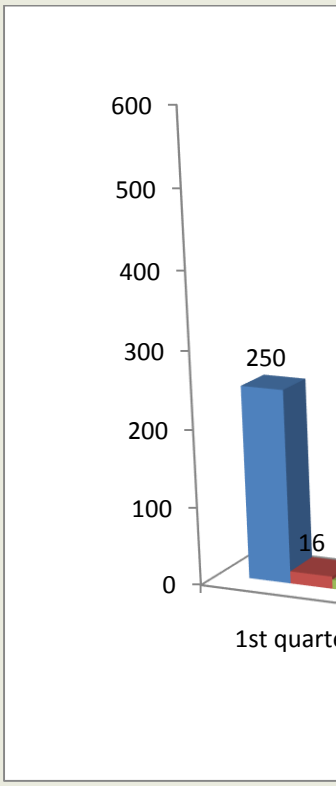
Mobile at mwanjawantu October 2016

Mobile Lundazi with CDC group from Lusaka

Sr. Mary screening a client in the screening room

RECOMMENDATION:

Continue lobby for fund and transport to reach all the women in far places.



EVERY WOMAN HAS RIGHT TO BE FREE FROM CERVICAL CANCER

The student CO performing an extraction

Dental therapist extracting a tooth

DENTAL CLINIC

INTRODUCTION

A dental clinic is technically any place where dental services are rendered. The dental clinic at Minga Mission Hospital is located at the Out-patient department and it operates from Monday to Friday

ACHIEVEMENTS

- The department had received a dental therapist on transfer from Petauke District Hospital.
- Expansion of the dental surgery
- Managed to conduct mobile dental outreach program once every quarter
- More of dental instruments we procured.

CONSTRAINTS

- No dental assistant
- Lack of sufficient funds to conduct regularly dental outreach program
- The dental chair is quite old and it cannot support other dental procedures like Scaling and polishing and filling procedures which require preparing the tooth cavity
- No dental cabinet were to store the dental instruments in their respective compartments, in trays after sterilization is done.
- No air-conditioning unit.

RECOMMENDATION

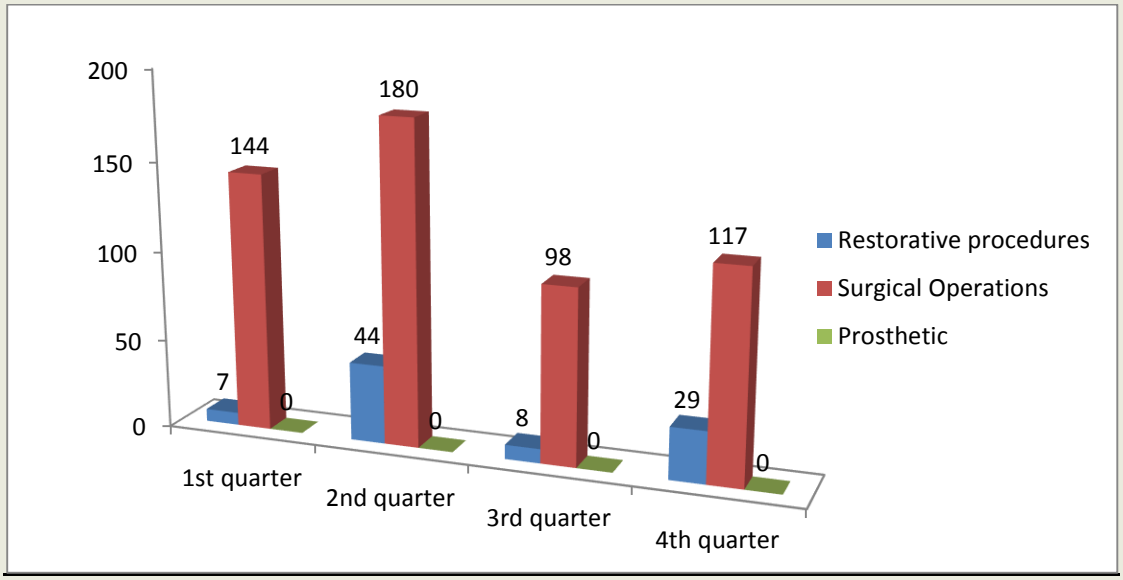
- There is need to purchase a modern dental chair, so as to enable other dental procedures like fillings and S/P as opposed to extraction procedures. This is extremely important because the primary function of dentistry is to preserve (prevent), restore the function and treat other oral related diseases.
- Procurement of dental instruments and filling materials.
- To acquire dental trays and cabinet, so as to make storage of dental instruments much easier and sterile.

- The need to purchase and install an air-conditioning unit, as soon as possible.

FOCUS

- To make oral health a valued asset of any community.
- To encourage the community to make full use of the available dental health services.
- To teach people on how best one can achieve his or her oral health.
- To encourage personal action or effort to achieve or improve their oral health.

Statistics for 2016 dental clinic



OPTHALMOLOGY CLINIC

Introduction

The department is managed by an ophthalmic Nurse who is currently out for further studies. Hence most of the cases which were received by the hospital which needed an ophthalmologist were referred to other institutions for further management (e.g. Petauke District Hospital) and others were seen during the mobile hospital conducted at the facility.

Objectives for 2015 were to:

- Help eliminate the main causes of all preventable and treatable blindness by early diagnosis and prompt treatment.
- Raise the profile, among the key audience, of the causes of avoidable blindness and the solutions that will help to eliminate the problem.
- Identify and secure the necessary resources within the district in order to provide an increased level of prevention and treatment of different eye conditions.

- Facilitate the planning ,development and implementation of the three core Vision of 2020 strategies by National Programs' disease control

Image shows clinicians doing a routine ward round

IN-PATIENT DEPARTMENT

CHILDREN'S WARD

INTRODUCTION

Children's ward is a vibrant, general paediatric unit caring for infants, children and adolescents with a variety of medical and surgical conditions. Within the ward we have other apartments such as malnutrition wing, isolation wing for infectious diseases as well as a general ward for non-infectious diseases. It is managed by four (4) qualified nurses, one (1) nutritionist and two (2) support staff.

Nurse on duty checking patient drug sheets

ACHIEVEMENTS

In 2015 the ward received;

- An oxygen concentrator
- A suction machine
- Qualified nutrition technologist

CHALLENGES

- Community sensitization on seeking early treatment was not done due to lack of funds.
- Patients comes for treatment late
- Less equipment for resuscitation such as oxygen concentrator, suction machine and nebulizers
- Lack of intensive care unit
- Under staffed as compared to the number of patients found in the wards which is so high

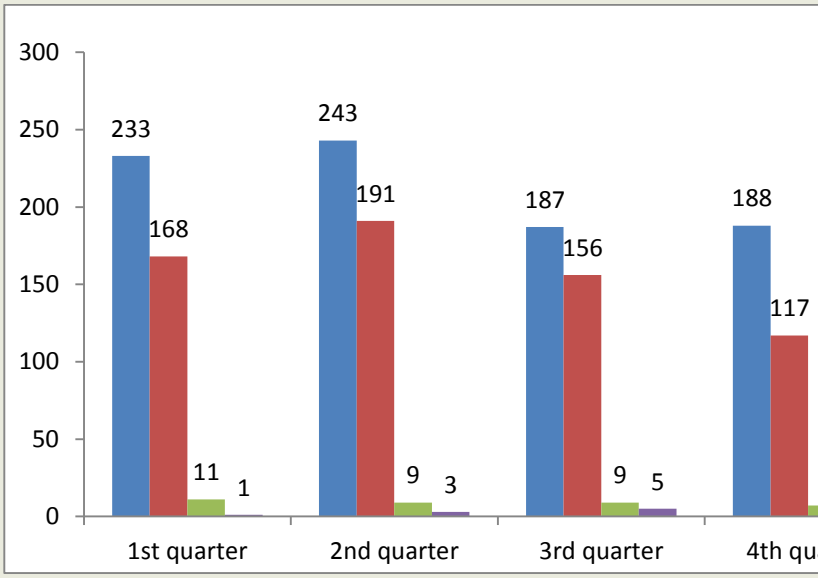
FUTURE PLANS

- To intensify on health education especially on the importance of seeking treatment early.
- To reduce number of deaths or BID by providing life serving equipment.
- To provide quality nursing care to every patient
- To ensure every sick child is reviewed by the Doctor
- To carry out orders at right time

FOCUS

- We are looking forward to work as a team in providing holistic care
- To have more staff and train one for pediatric nursing

Statistics for children's ward 2016



INTRODUCTION

The ward is comprised of two wings i.e. medical wing and gynae/surgical wing. The ward has the bed capacity of 32. The ward was officially opened by His Grace Rev. Bishop George Zumaile Lungu of Chipata on 2th March, 2012. The ward was built in real modern way which attracts people from many parts of Eastern Province.

FEMALE WARD

ACHIEVEMENTS

- Two nurses were trained to carry out MVA
- Reductions in Mortality rate
- Despite shortage of staff, 90% of nursing procedures were well conducted.

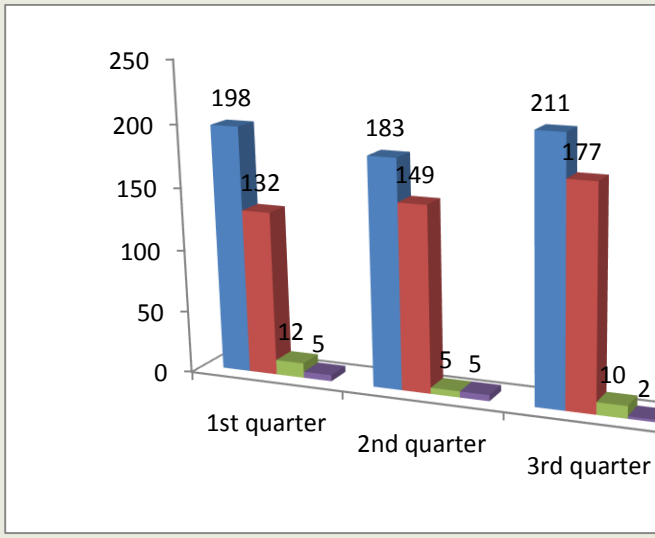
CHALLENGES

- The female ward is under staffed
- Staff side ward was poorly located at the patient's toilets.
- The ward has no sluice room, no treatment room.

FUTURE PLAN/FOCUS

- Our prayer is that the number of Nurses could be increased in female ward in order to improve the quality of nursing care.
- A staff side ward should be located away from patient's toilets.
- Sluice and treatment rooms be provided as they were a necessity to the ward.
- Television set be provided to the ward for patient's diversion therapy.

Statistics for female ward 2016



INTRODUCTION

The ward is comprised of two wings medical wing and surgical wing. The ward has the bed capacity of 20. The ward was officially opened by His Grace Rev. Bishop George Zumaile Lungu of Chipata on 2th March, 2012. The ward was built in real modern way which attracts people from many parts of Eastern Province.

MALE WARD

ACHIEVEMENTS

- Reductions in Mortality rate
- Despite shortage of staff, 90% of nursing procedures were well conducted.

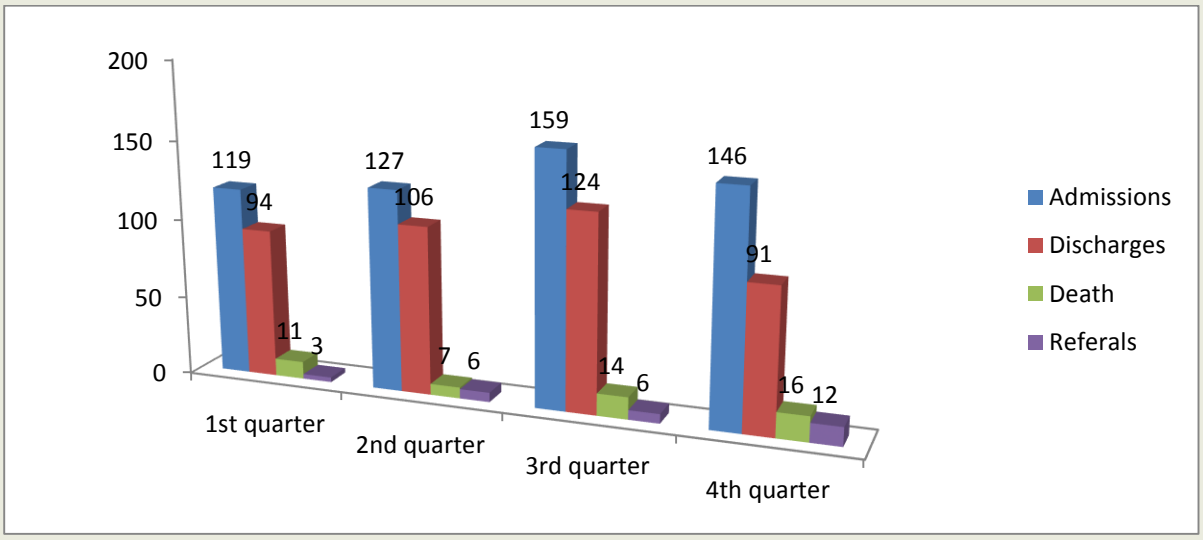
CHALLENGES

- The ward is under staffed,

FUTURE PLAN/FOCUS

- Our prayer is that the number of Nurses could be increased in order to improve the quality of nursing care.
- Television set be provided to the ward for patient's diversion therapy.

Statistics for male ward 2016



KITCHEN DEPARTMENT

INTRODUCTION

The hospital provides a great service to the public and patients. The foodservices facilities are a great way to satisfy patients and their relatives who are nursing them. The main kitchen in the hospital prepares a tremendous amount of food for distribution among the patients. The kitchen is staffed with three personnel.

The department uses fire wood for preparing food for patients and survives with one electric pot for relish.

Chef preparing a meal

ACHIEVEMENT

- The electric pot is repaired
- Nshima pot was repaired
- The food warmer was procured
- Daily food schedule plan is followed
- The medicals were done

CHALLENGES

- There is still shortage of manpower one person on duty doing the following activities;
    - Distribution of food in wards
    - Cooking
    - Sweeping and cleaning of pots
    - Maintaining the surroundings
- There is no toilet or bathing room in the department

FOCUS

- To construct a toilet for the department
- To have industrial stoves by 2020
- The management should look into milk supply to the department

MENU

Days	Breakfast	Lunch	Supper
Sunday	Porridge	Nshima/beans	Nshima/beans
Monday	Porridge	Nshima/meat	Nshima/vegetables
Tuesday	Porridge	Nshima/vegetables	Nshima/vegetables
Wednesday	Porridge	Rice/beans	Nshima/vegetables
Thursday	Porridge	Nshima/meat	Nshima/beans
Friday	Porridge	Rice/beans	Nshima/vegetables

Saturday	Porridge	Nshima/vegetables	Nshima/vegetables

LAUNDRY DEPARTMENT

The department is understaffed with two personnel

The laundry department keeps, washes and dries linen for the hospital, the washing of the linen is done on a daily basis as routine.

EQUIPMENT

- Washing machine (3) only 1 is in good working condition
- Drying machine (2),1 in good working condition
- Presser (1) not connected or fixed
- Geyser (1) not working

ACHIEVEMENTS

- They is good supply of consumables
- Line are washed and dried on time

CHALLENGES

- The department is too small for good operations due to many machines inside
- The lines for drying linen are not enough
- The other machine are not working as mentioned above

FOCUS

- To put more lines for drying linen
- To install the presser and repair the washing machine, dryer and presser
- To extend the laundry department by 2025 or alternative remove the machines which are not working hence creating space

STORES DEPARTMENT

Achievement

- No expiring goods were received
- Ordering was successful according to planned items
- stores man records stocks in control cards

Challenges

- Ordering days were not followed
- No working suit given

- There is no space in the department
- There is no trained staff
- There was lack of funds to reach the demand for the entire hospital
- Overload of work as only 1 personnel is assigned for all the duties in the department

Focus/future plan

- To procure a working suit
- To create space for equipment which is not in good working condition
- To increase on human resource
- To have/send one stores personnel for training
- To have medicals at least twice a year

Stores man arranging stock in order

Stores supplies from January to December 2015

DESCRIPTIONS	QUANTITY SUPPLIED
Surf	2,271
Jik	825
Reams of paper	115
Bar washing soap	84
Toners	9
Hard cover books	42
Brooms	128
Cement	321

ENVIRONMENTAL HEALTH AND CHILD HEALTH

INTRODUCTION

Environmental Health is a programme looking at control of diseases and promotion of good health through cost effective activities. It's a programme that promotes hygiene in order to safeguard people's lives. This programme involves the community and as such the community has been divided into clusters of villages that are grouped according to geographical position and how close they are to each other so that they can be able to work together in the direction of achieving good health. These clusters of villages are known as Neighbourhoods (NBHs).

These Neighbourhoods have Neighbourhood Health Committees (NHCs) that look into the affairs of the Neighbourhoods; we have 15 neighbourhood health committee under this catchment area. These NHCs are also assisted by Community Based Health Volunteers (CBHVs) staying in those NBHs. Centrally, all the NBHs are represented by their NHC chairpersons and secretaries at the hospital NHC.

The method involved in running this programme is associated to Disease trends and their related cost effective control measures. This implies that control should prevail even where there is no ill health for the sake of consistent good health as prevention is better than cure. This Department had one Environmental Health Officer but now he has been joined with 2 environmental technologists.

Although there are many activities involved in this programme, only the following were attended to during the year..

ACTIVITIES CARRIED OUT

- Inspections of Premise;
  There are 65premises. 40 were inspected with 25 in compliance
- Food inspections;
  31 meat inspections were done and passed for human consumption, although some parts such as liver were trimmed off due to liver flukes.
- Village inspections;
  95 out of 172 villages were inspected with help from community health workers as they carry out community health meetings.
- Water source inspections;
  47 out of 74 water sources were inspected and community advised accordingly.
- Water sampling;
  1 sample was tested for bacteriological examination and came out negative. No chemical and formal examination was done during the year
- Water chlorination;
  47 protected wells were chlorinated in the course of the year.

- Spraying against vector and vermin;

  The District Health Office Team conducted the exercise in Minga HAHC catchment area in 2016 . 82% of the house holds were covered though incidence of malaria has not reduced.
- ITNs distributions:

  1500 Insecticide Treated Nets (ITNs) were distributed to under five children and pregnant mothers.
- Neighbourhood Health Committee (NHC) meetings, and 2 HCC meetings were conducted..
- Cold chain monitoring was monitored and recorded within the stipulated standard
- 40 Food handles were examined and found fit to handle food.
- 8 cases that were seen as notifiable ,the district was notified
- No epidemic outbreak that was recorded in the catchment area

Malaria

This was during world malaria day 2016

During this day we had a number of activities such as drama, performance majorates from petauke catholic who performed on the malaria day. The District commissioner emphasized on the following key points.

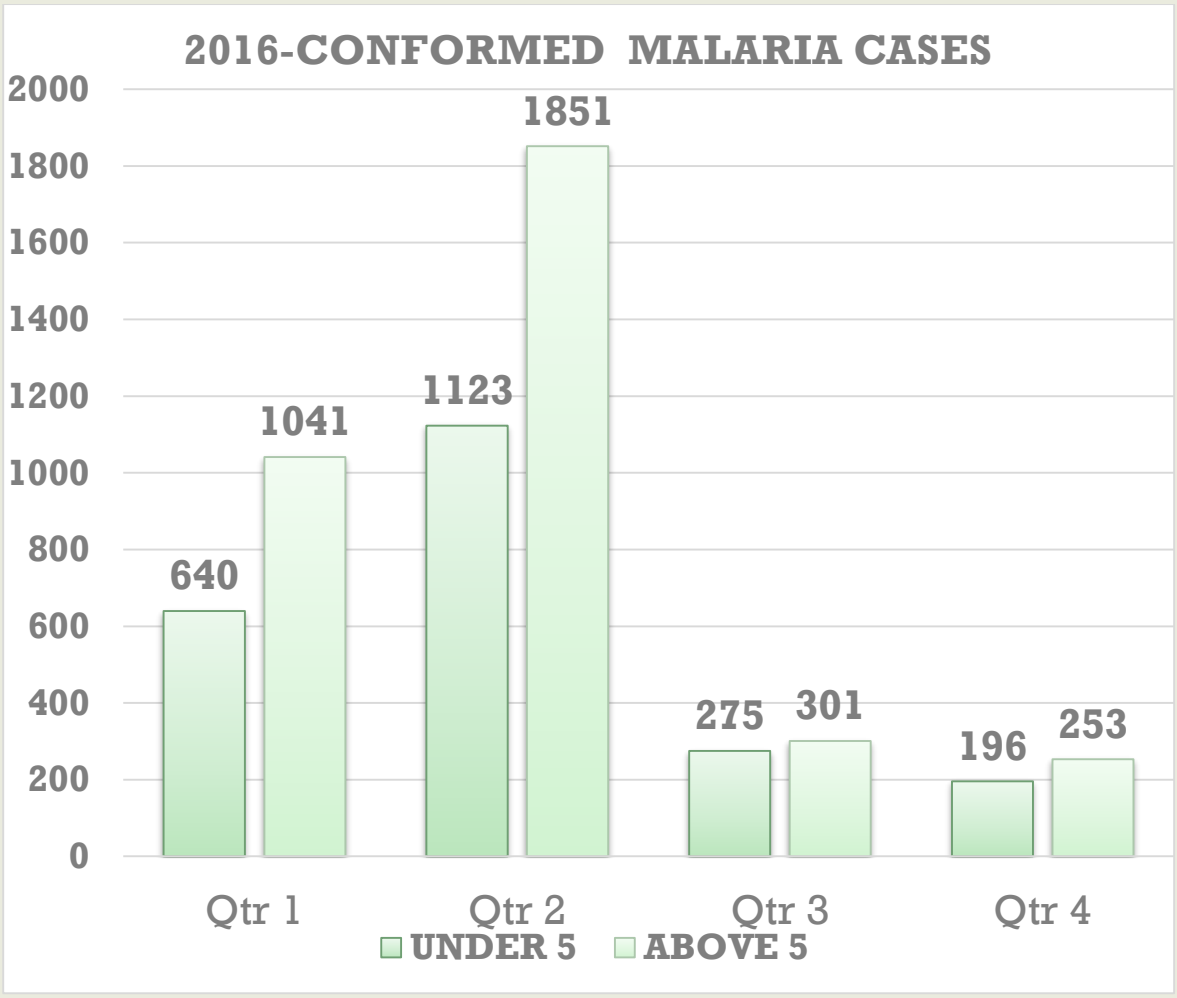
1. **Indoor residual spraying:** let's allow the spray operators to spray our houses.
2. **Distribution of long lasting insecticide treated nets:** ensure that you and all your children sleep under an insecticide treated mosquito net every night.
3. **Intermittent preventive treatment–** encourages all the pregnant mothers in our communities to go for antenatal clinics.
4. **Prompt diagnosis and case management:** visit the health facility whenever you have fever or history fever within 24 hours.
5. **Environmental management:** ensure slashing of tall grasses and elimination of mosquito breeding sites near our yards.

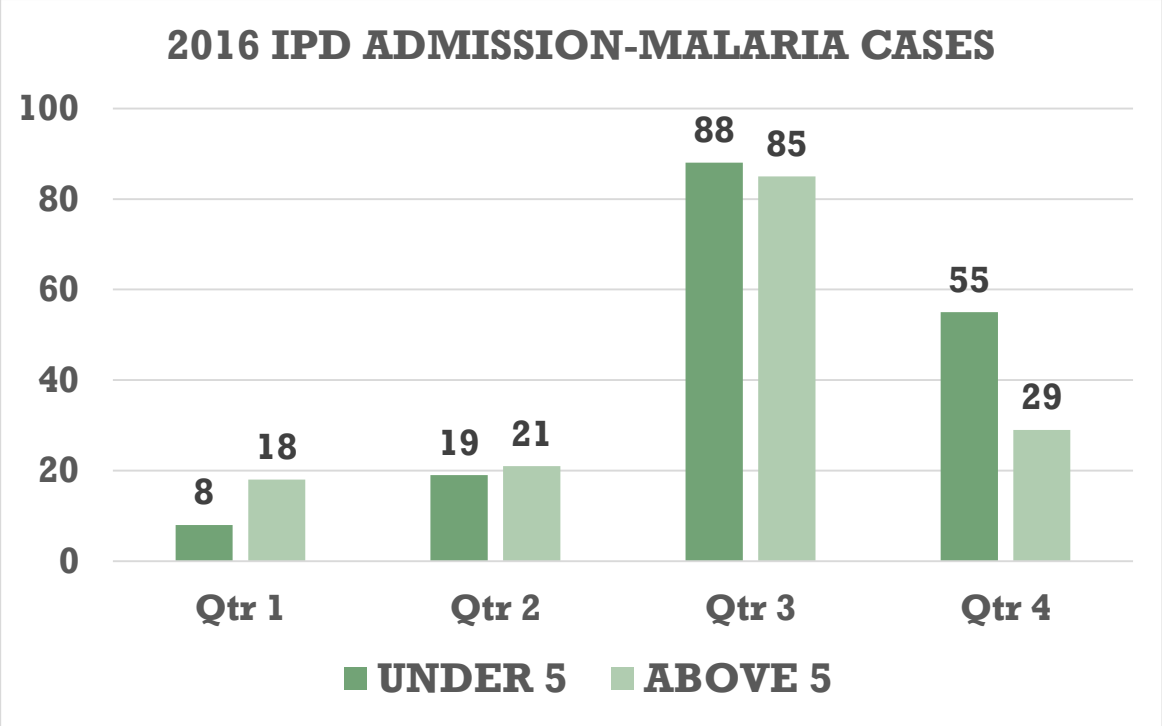
6. **Sensitization on malaria prevention:** let's inform all our communities to change their old behaviour of refusing their houses to be sprayed,

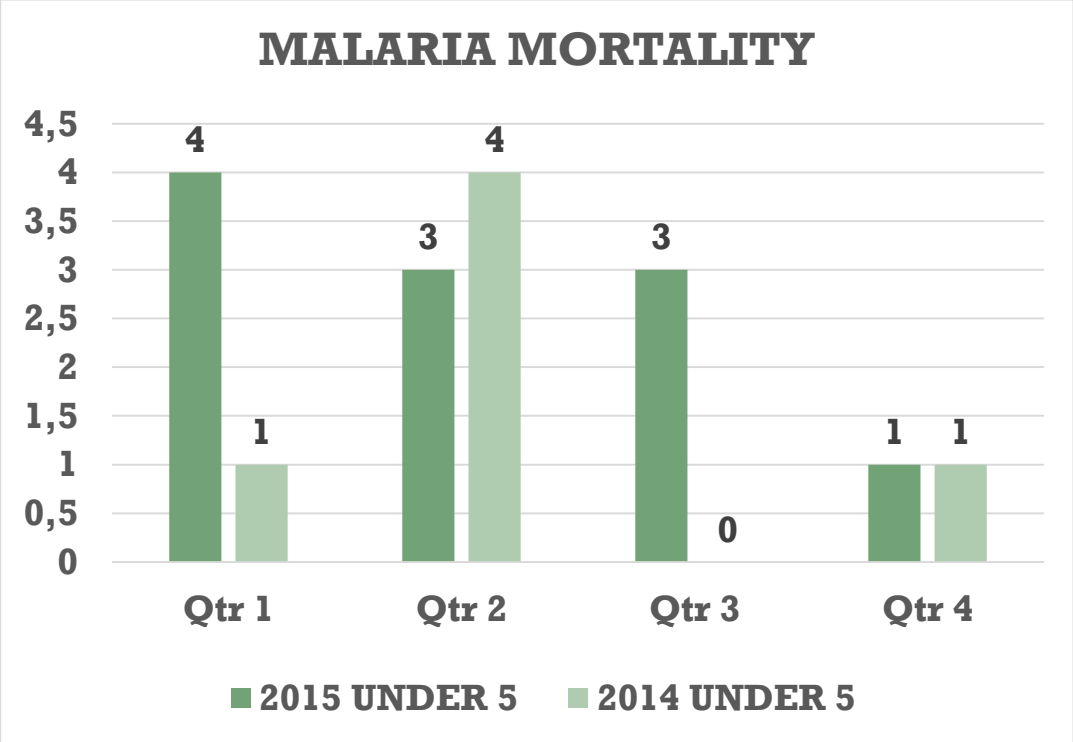
Majorates band performing during world malaria day.

Confirmed cases of malaria in 2015 and 2016

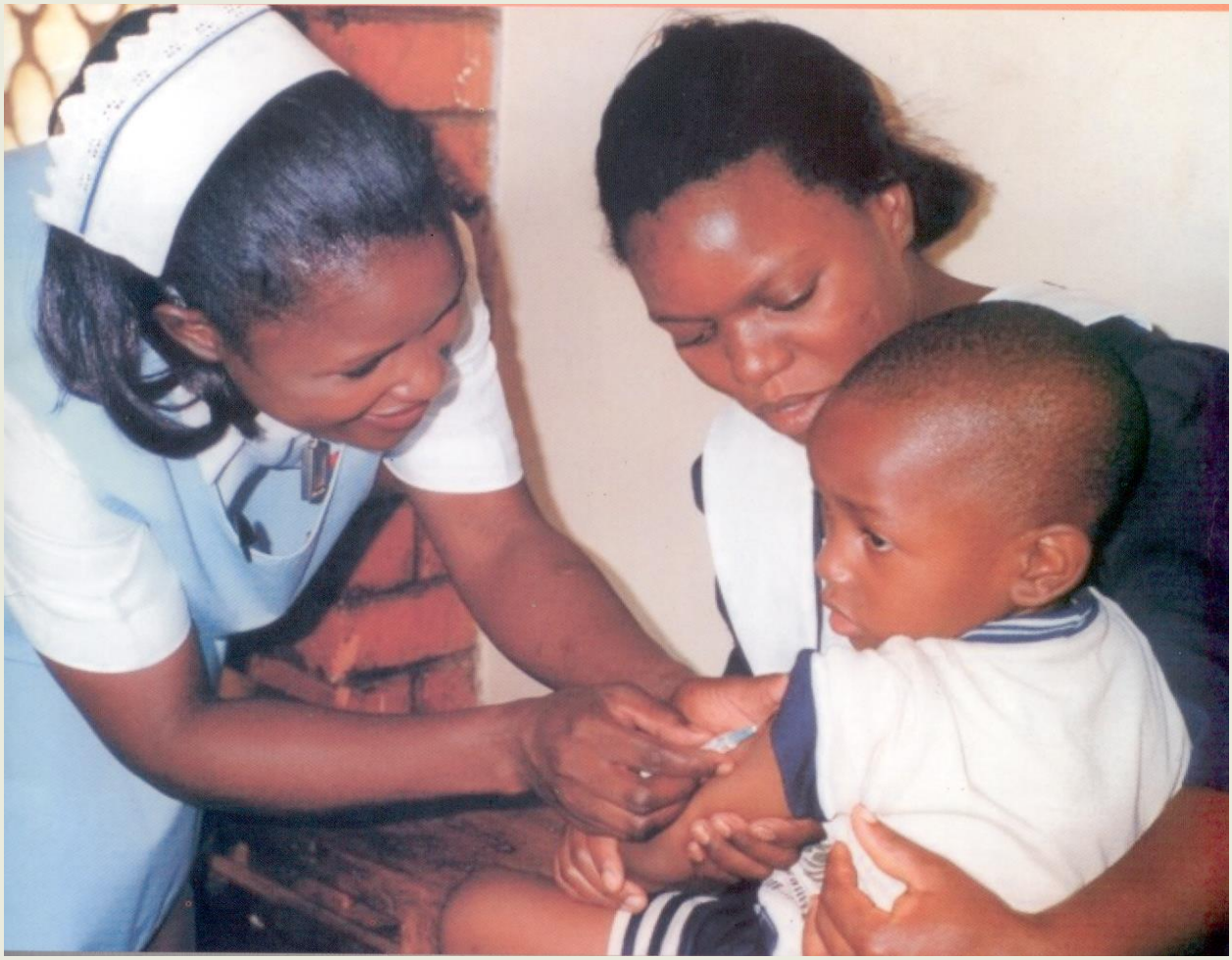
s/n	No of malaria cases all ages 2015	No of malaria cases all ages 2016
1	3683	5680


2016-CONFORMED MALARIA CASES
2000
1800
1600
1400
1200
1000
800
600
400
200
0
640
1041
1123
1851
275
301
196
253
Qtr 1
Qtr 2
Qtr 3
Qtr 4
UNDER 5
ABOVE 5





Child health



Immunization of measles vaccines

Fully Immunized 2016

Pop	Target 2015	Coverage	%	Target 2016	Coverage	%
CSO	897	1094	121	991	1032	104
HC	1122	1094	97	1077	1032	96

2016 ANNUAL DATA TABLE

DESCRIPTION	ESTABLISHMENT	NO. ATTENDED TO	NO. IN COMPLIANCE	REMARKS
Premise inspections	65	31	27	**Advised accordingly**
Meat inspections	N/A	8	8	**4Kg Liver disposed due to liver flukes**
Village Inspections	172	95	59	**Health Education have continued we hope villages will improve**
Sanitary facility inspections	2000	1500	1000	**People were advised accordingly**
Water chlorination	78	64	-	**Chlorinated three time each well in a year**
ITN distributions	25064	1500	-	**We distributed all what we received**
HCC	4	3	-	**Only 3 were conducted**
Cold Chain monitoring	**Daily**	**Daily**	**Daily**	**Done daily except Sundays and Saturdays**

ACHIEVEMENTS

- 100% inspections of all the animals that were slaughtered hence only wholesome meat was passed for consumption
- 65% chlorination of all protected wells
- 100% Daily Cold Chain monitoring
- No epidemic outbreak that was recorded
- 82% of house holds were sprayed though no significant reduction observed.
- Managed to reduce case fatality for under five from 3 to 2 per 1000
- Managed to conduct health education on the utilization of ITNs in both community and at the OPD
- No outbreak of measles that were recorded in year
- Most of the villages were sensitized for prevention of malaria

CHALLENGES

- Inadequate water testing kit
- No liquid Chlorine to carter for domestic usage of the small scale.
- Mother's shelter still remains in a deplorable state despite requesting for funds to renovate it
- We usually run out of under-five cards most of the time
- Some mothers do not bring their children for immunization on time
- low utilization of ITNs
- Misuse of the ITNs such as using them to tie bags of charcoal etc.
- Some people refuse to have their houses sprayed during IRS campaign.
- Little resources allocated to events such as malaria day hence T-shirts were not provided.

Recommendations

- Continuous sensitization on the importance of bringing children for immunization through financing sensitization programs that can either be done through the radio
- Continuous sensitization on the importance of sleeping under ITNs
- By providing regulations that punish people who usually refuse their houses to be sprayed.
- The district health office to help us with chlorine both granular and liquid

- The district health office or any other well-wishers to help us with funds we renovate or build structure for mother's shelter.
- The district health to help us with enough water testing kit.
- Stakeholders to came in by helping financing events like malaria day

TRANSPORT DEPARTMENT

Transport department had a total of 74 trips for referrals or patients that were taken to St Francis Mission General Hospital and one (1) to Chipata General Hospital in the year 2015. However we never experience any death in transit or any breakdown on our way for referrals and the total fuel used for the referrals and other hospital programs are as follows:

Number of trips/program	**Annual fuel used**
Referrals	2210ltrs
Blood collection	962ltrs
EPI/under five	525ltrs
Mobile ART	450ltrs
Hospital generator	560ltrs
Other hospital activities	2073.6ltrs
Total balance in stock	1020ltrs
Total fuel received annually	7800.6ltrs

Minga mission hospital has six (6) utility vehicles and one ambulance in total, they are seven (7) vehicles. The most used vehicles are the ambulances GRZ 536CK, GRZ 831CB land cruise, hillux ABP 1775 and CRS ABE 9129. Pick up AAN 3747 is most used in material deliveries and fuel procurement. Some of these vehicles are serviced locally, and some in Lusaka at Toyota Zambia and Avic international. All the vehicles were serviced as follows:

REG NUMBER	**LAST SERVICE**	**NEXT SERVICE**	**NO. OF SERVICE**	**REMARKS**
GRZ 536CK	25/09/15	MILEAGE	ONCE	NO FUNDS

AMBULANCE	MILEAGE 23010KM	29111KM		
GRZ 831CB	6/08/15 MILEAGE 162000KM	MILEAGE 167000KM	TWICE	NEW TYRES WERE FITTED
ABP 1774 HILUX CHAZ	20/11/15 MILEAGE 90859KM	MILEAGE 95859KM	ONCE	NO FUNDS
ABE 9129 CRS	3/10/12 MILEAGE 72864KM	MILEAGE 77864KM	NOT SERVICED	NEW TYRES WERE FITTED
AAP 4737 SIMAVI	21/07/14 MILEAGE 136534KM	MILEAGE 141534KM	NOT SERVICED	NO FUNDS
AAN 3760 PICK UP	13/01/10 MILEAGE 151509	MILEAGE 156509	NOT SERVICED	NO FUNDS

Ambulance driver with some Student COs during an emergence

The department has always been proactive to any emergency that may occur, however we had experienced one road traffic accident at Mtilizi deport, fortunately we managed to be part of the rescue team among others like Petauke and Nyimba hospitals respectively. Minga hospital was represented by Mr. Makungu Philip (RN), Mr. Ching`andu Gift (EN) and Mr. Banda Chrispin (Head driver). Among the casualties at scene (victims) was a hospital Radiographer Mr Silavwe Mwalimu.

A Radiology staff during accident

Furthermore as department we believe working in a clean environment and that has made us keep our garages and vehicles clean at all time.

Achievement

- Attended mobile hospital at Sinda district
- Attended a training with Chinese in mobile hospital utility
- Managed to fulfill referrals on time

Sinda mobile hospital

Challenges

- The department has no horde pipe to clean the garage at large
- There are no work suits and safety boots
- There is insufficient lighting system in the garage

Focus

- To provide horse pipe for easy cleaning
- To put lighting system as we work during night, it becomes difficult to remove the car.
-

2016 DATA SUMMARY

OPD AND IPD WORKLOAD BY QUARTER

OPD	QTR. 1	QTR. 2	QTR. 3	QTR. 4	ANNUAL TOTAL
TOTAL FIRST ATTENDANCES	4399	4203	4906	3512	17020
TOTAL REVISITS	4058	4443	4608	3533	16642

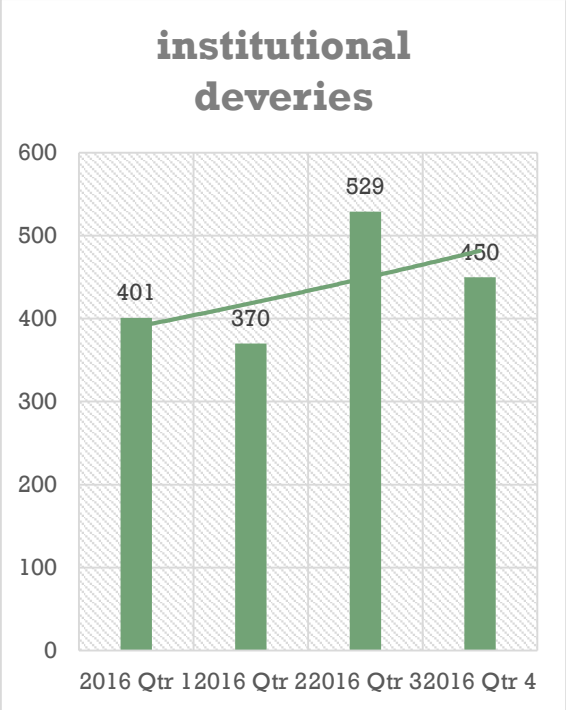
TOTAL PTS. SEEN	8457	8646	9514	7045	33662
BY PASSERS SEEN	358	575	367	343	1643
REFERRAL FROM LOWER FACILITIES	38	108	101	130	377
IPD					
ADMISSIONS	859	825	885	713	3282
DEATHS	31	35	42	31	139
TRANSFER TO HIGH LEVEL	0	6	0	1	7

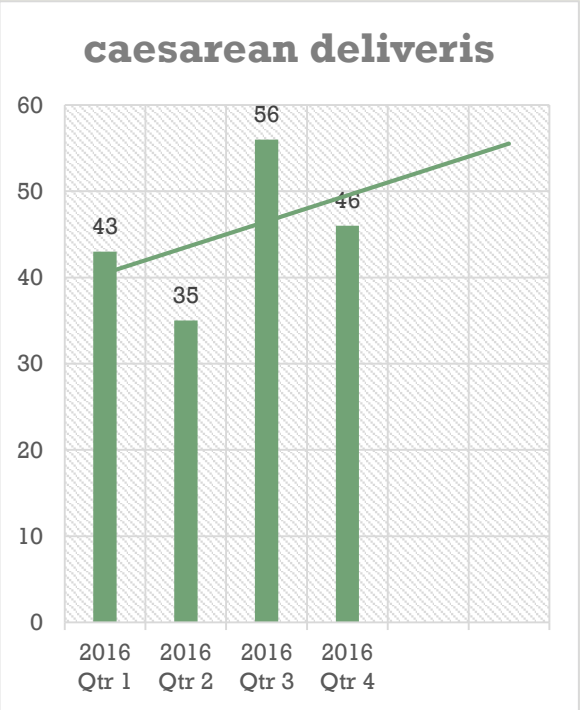
HIV COUNSELLING &TESTING AND ART ELIGIBILITY

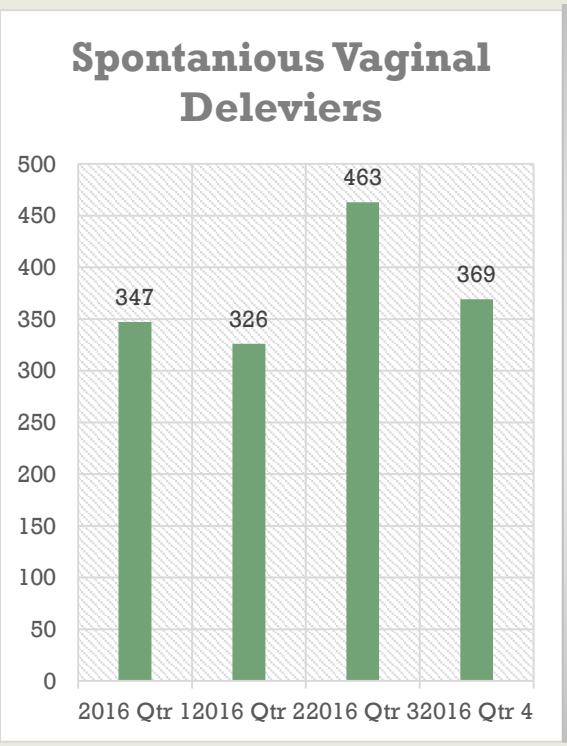
	QTR. 1	QTR. 2	QTR. 3	QTR. 4	ANNUAL TOTAL
HCT					
TOTAL TESTED	369	928	534	534	9578
TOTAL HIV+	76	97	103	194	470
REFERRED FROM HCT TO ART	53	97	77	193	420
ART					
ENROLMENT IN HIV CARE	132	162	178	177	649
ELIGIBLE FOR ART	80	137	117	135	469
STARTED ON ART	80	137	117	135	469
CURRENT ON ART	1435	1332	1400	1724	1724
PMTCT					
TESTED 1ST ANC VISIT	300	319	307	248	1174
TESTED SUBSEQUENT ANC	13	14	16	60	103
TESTED LABOUR& DELIVERY	3	1	1	1	6
TOTAL TESTED	316	334	324	309	1283
KNOWN STATUS					
KNOWN +VE AT 1ST ANC	6	16	6	10	38
DURING ANTENATAL	9	26	14	8	57
LABOUR & DELIVERY	2	1	1	0	4
TOTAL KNOWN STATUS	15	43	21	18	97

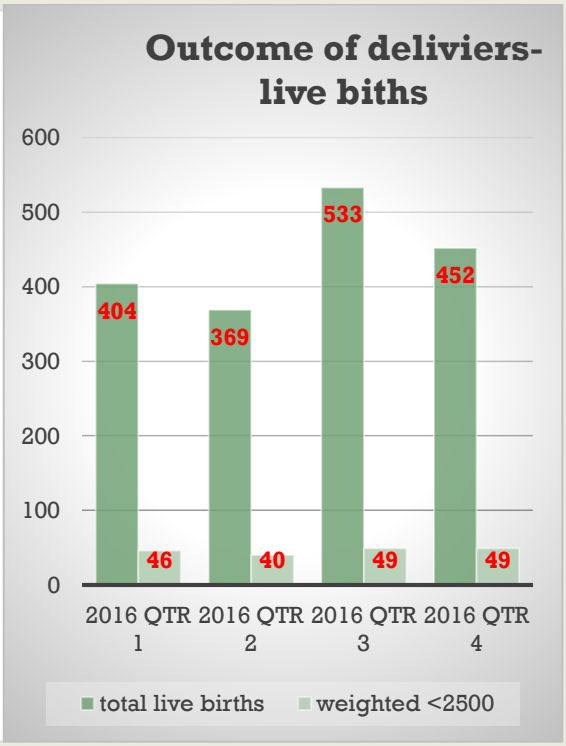
HOSPITAL DISEASE TREND AND DELIVERIES

OBSTETRIC AND DELIVERY

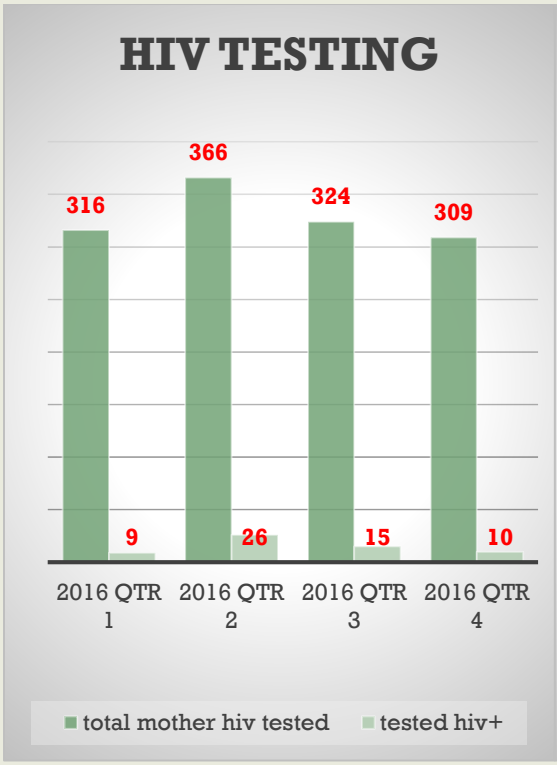


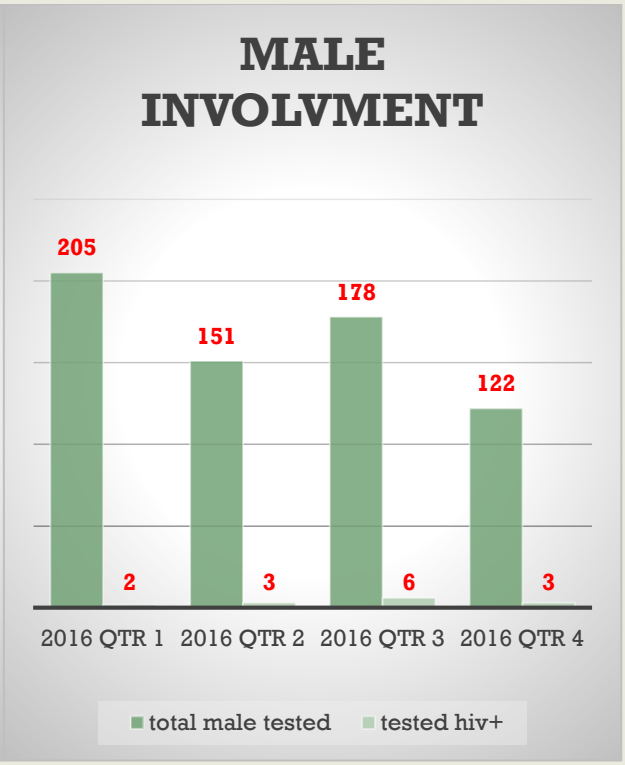




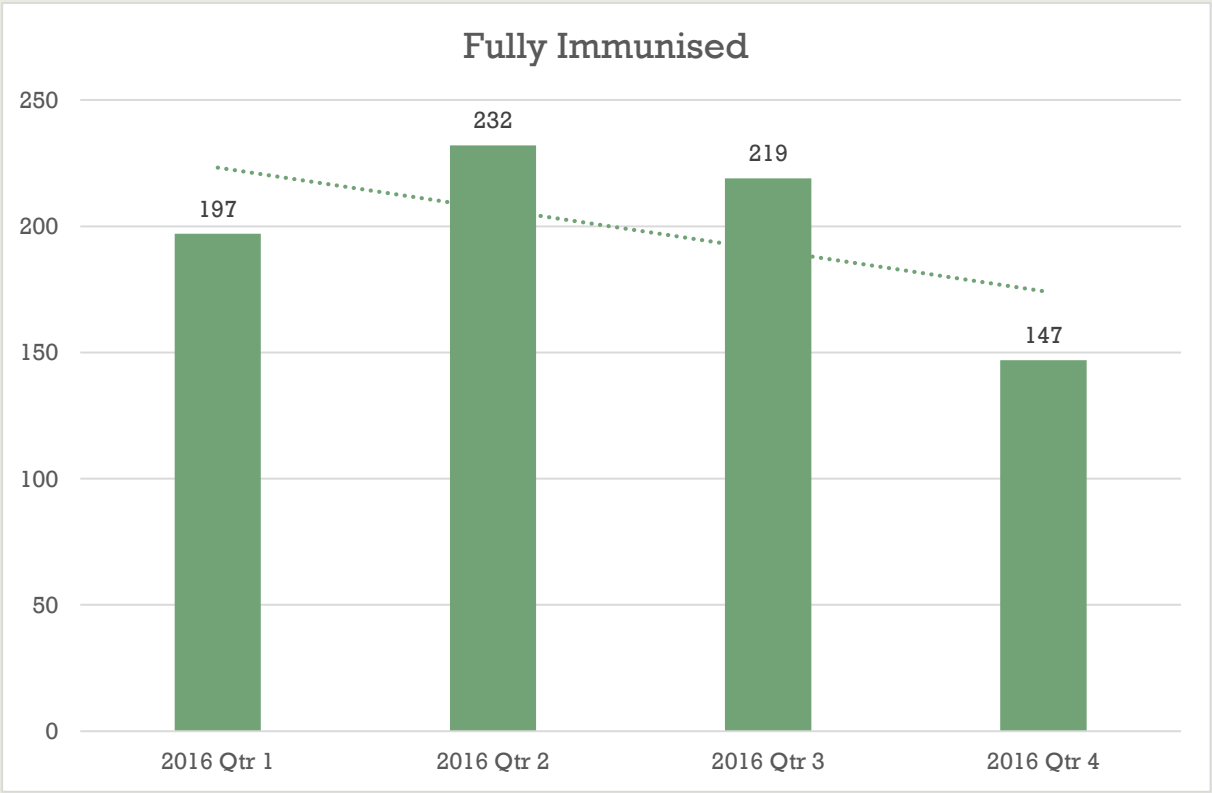


HIV TESTING IN PMTCT

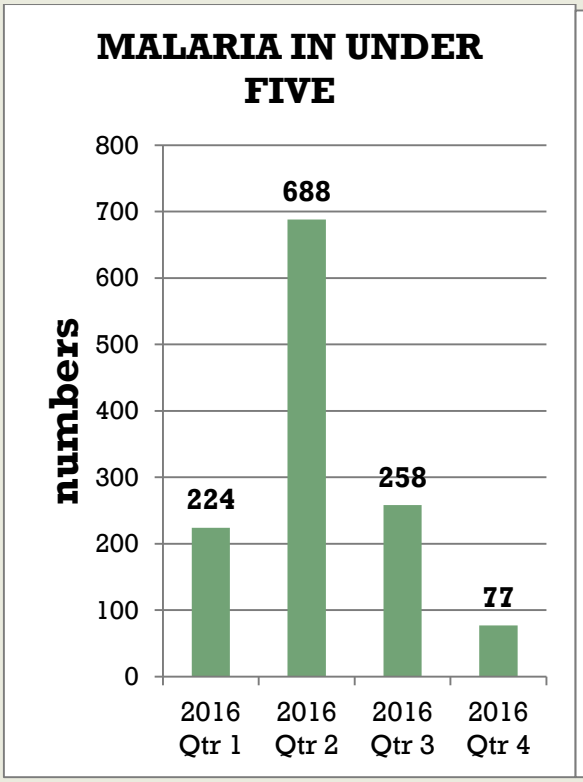


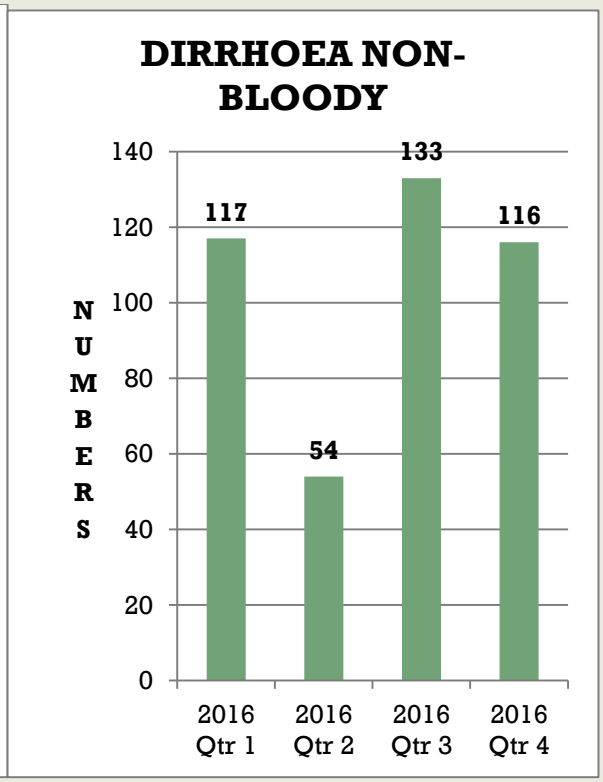


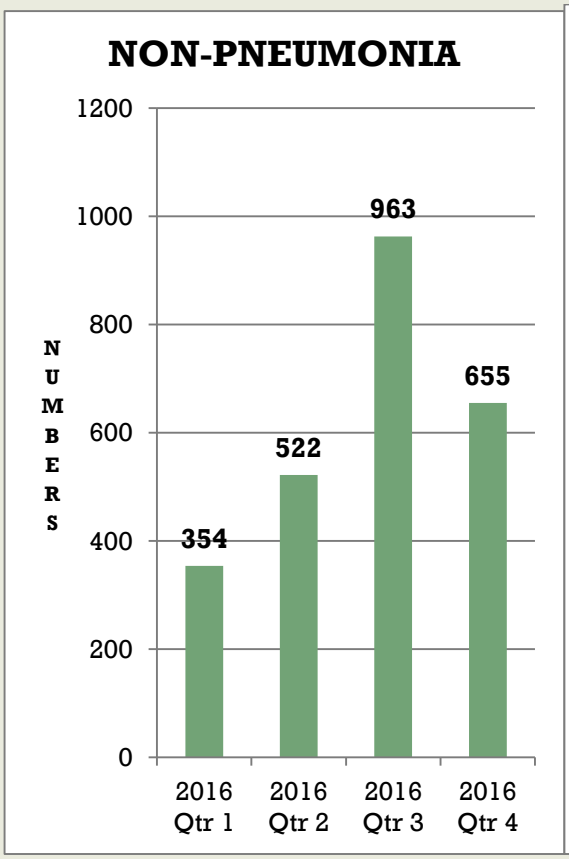
IMMUNISITIONS

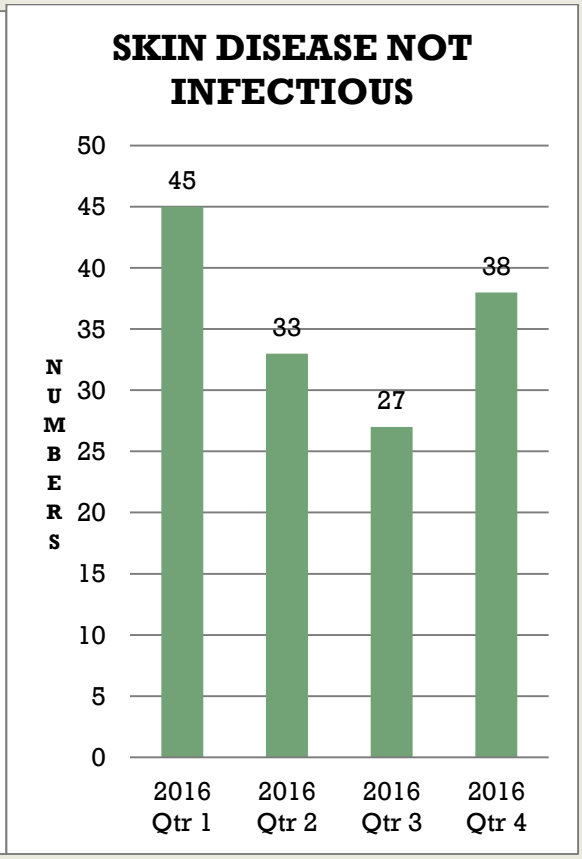


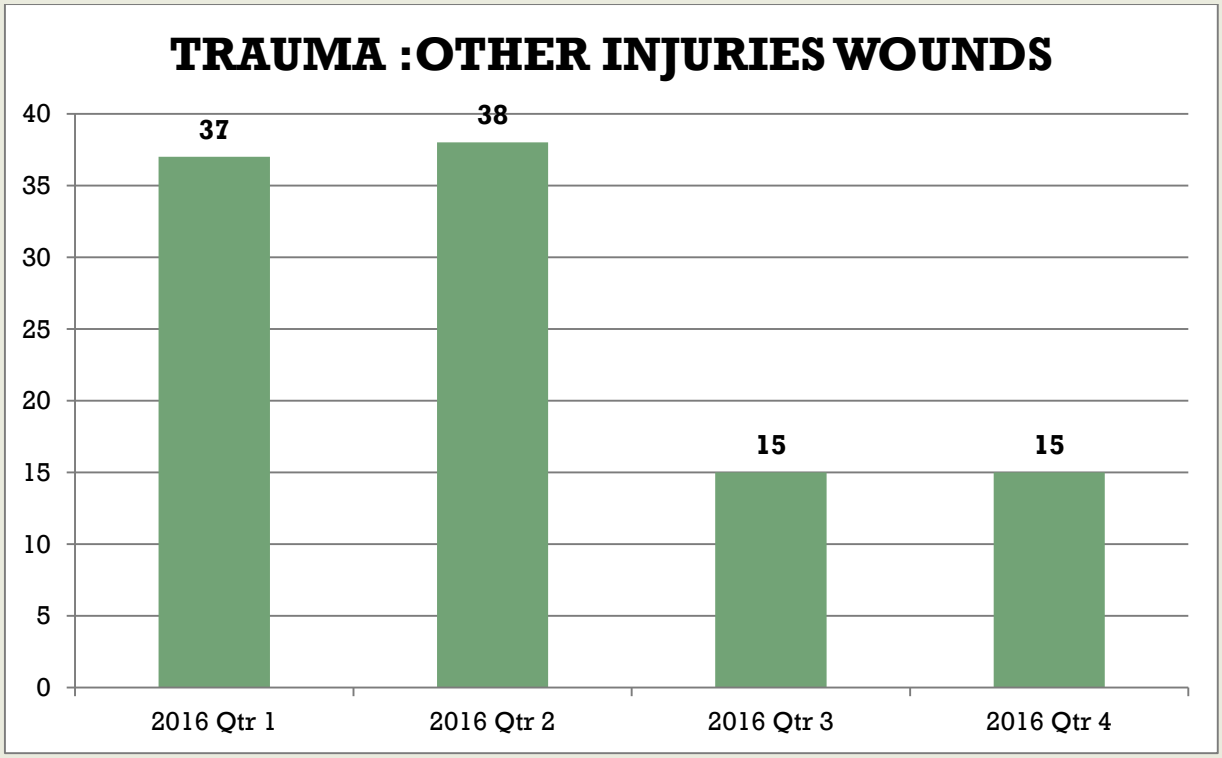
OPD TOP FIVE CASES IN UNDER FIVE (<5) YRS


MALARIA IN UNDER FIVE
numbers
800
700
600
500
400
300
200
100
0
224
688
258
77
2016 Qtr 1
2016 Qtr 2
2016 Qtr 3
2016 Qtr 4

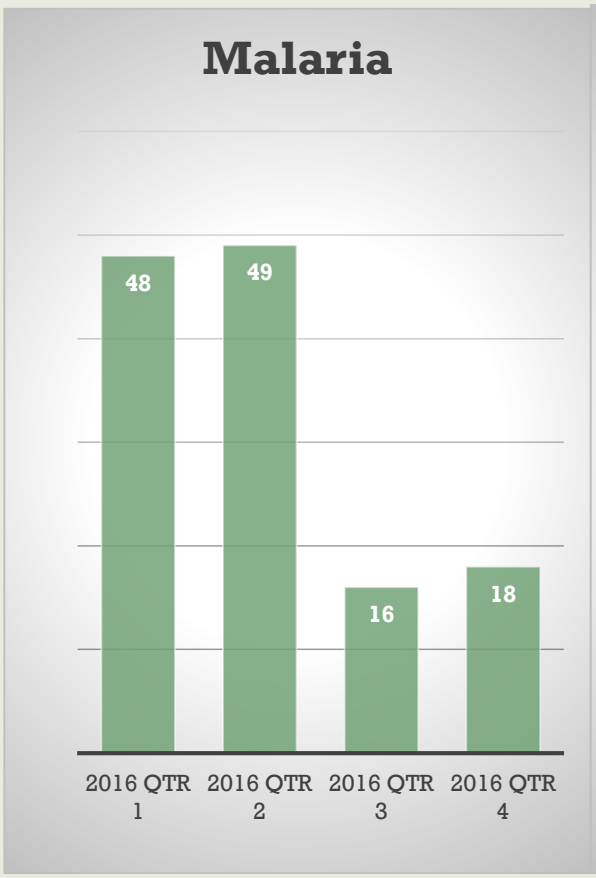

DIRRHOEA NON-BLOODY
NUMBERS
140
120
100
80
60
40
20
0
117
54
133
116
2016 Qtr 1
2016 Qtr 2
2016 Qtr 3
2016 Qtr 4

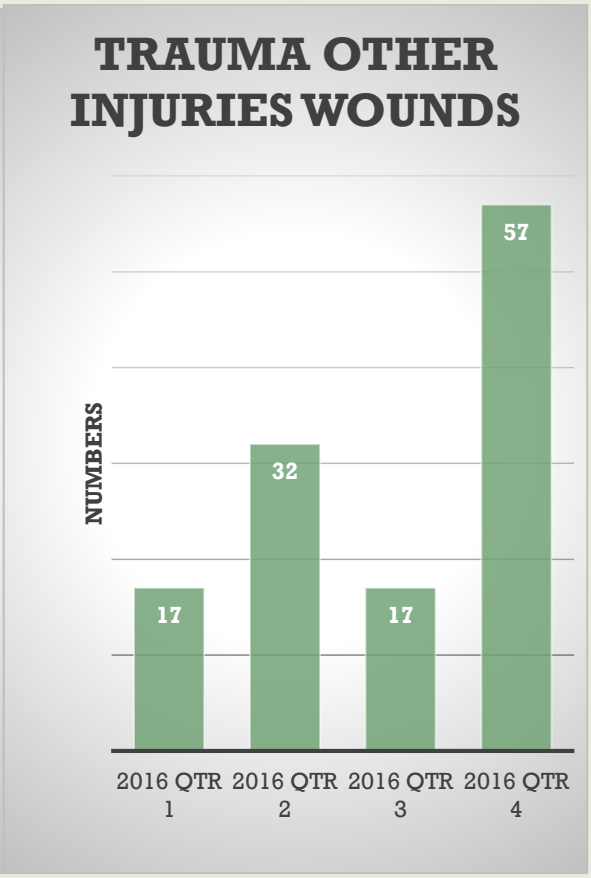

NON-PNEUMONIA
NUMBERS
1200
1000
800
600
400
200
0
354
522
963
655
2016 Qtr 1
2016 Qtr 2
2016 Qtr 3
2016 Qtr 4

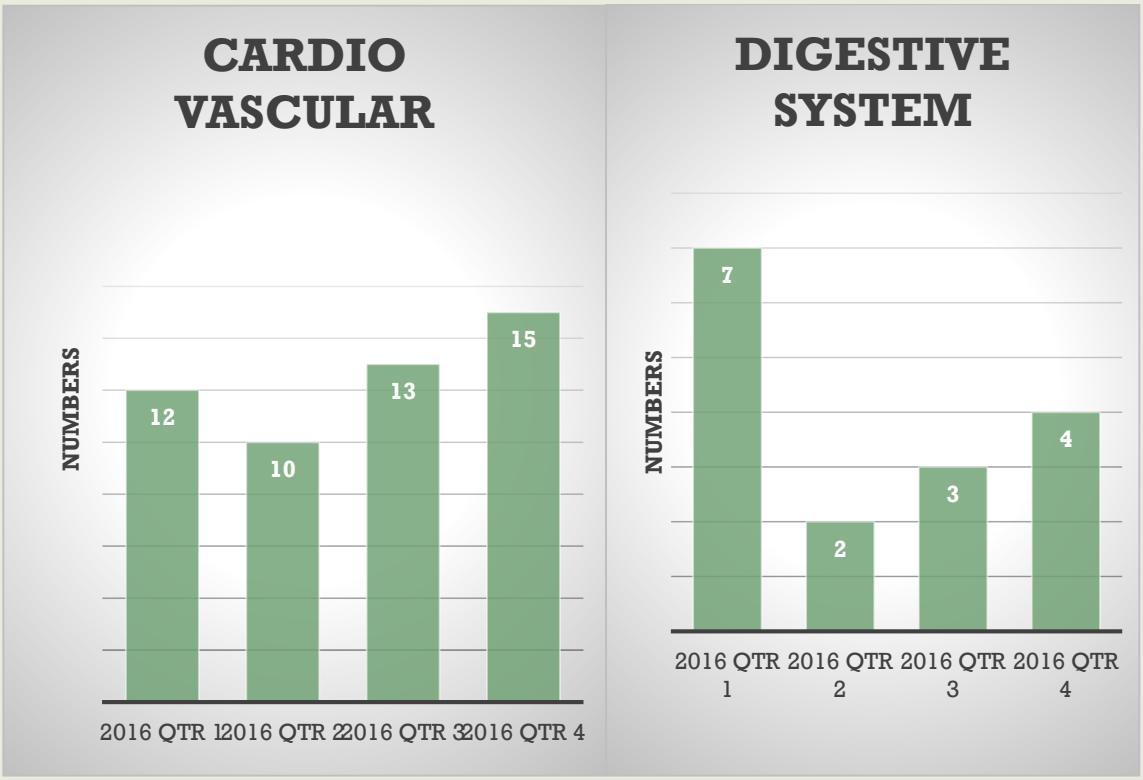

SKIN DISEASE NOT INFECTIOUS
NUMBERS
50
45
40
35
30
25
20
15
10
5
0
45
33
27
38
2016 Qtr 1
2016 Qtr 2
2016 Qtr 3
2016 Qtr 4

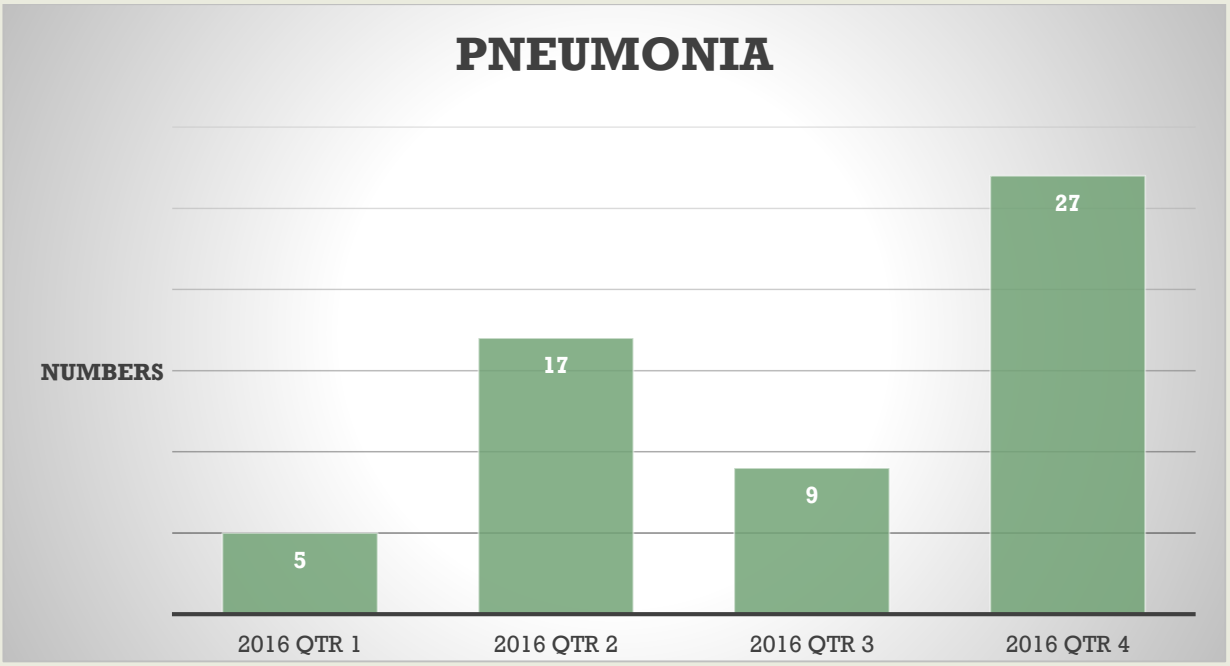


TOP FIVE ADMISSIONS ABOVE 5 (5+) YRS









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