



Mtendere Mission Hospital



Annual Report 2009

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti Retroviral
CeLIM	Centro Laici Italiani per le Missioni
CHAZ	Churches Health Association of Zambia
CRS	Catholic Relief Services
CSO	Central Statistical Office
DCA	DanChurchAid
COH	Corridors Of Hope
GRZ	Government of the Republic of Zambia
HAART	Highly Active Antiretroviral Treatment
HIV	Human Immunodeficiency Virus
IPD	In-Patients Department
I.S.I	Intervento Sanitario Italiano
MCH	Mother and Child Health
MoH	Ministry of Health
NGO	Non Governmental Organisation
NMCC	National Malaria Control Centre
OVC	Orphans and Vulnerable Children
OPD	Out Patients Department
PMTCT	Prevention of Mother to Child Transmission of HIV
POP	Plaster Of Paris
STI	Sexually Transmitted Infection
UCI	Universal Child Immunisations
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Confidential Testing
VTPP	Vertical Transmission Prevention Programme
ZIHP	Zambia Integrated Health Programme
ZMK	Zambian Kwacha

INTRODUCTION

Welcome to Mtendere Mission Hospital 2009 Annual Report. This report reflects activities of the hospital during the year under review by bringing out the major achievements and constraints of the hospital drawn from different departments, namely: Administration, Medical and Support Departments. The report also has a Preamble, which provides a brief historical background of the hospital. Apart from merely being an official requirement, the report also aims at being an interactive tool between the hospital and various institutions and individuals. We therefore welcome and value your feedback as we strive to give the much-needed best quality health care.

PREAMBLE

Mtendere Mission Hospital started in 1964 as a small rural health centre. It has grown over the years up to the current covered area of 5,460 square meters. The hospital has a bed capacity of 130, allocated as follows: Surgical 20, Obstetrics and Gynaecology 21, High cost 4, Paediatrics 33, Neonatology 4, Isolation 8, and Medical 40.

The services offered include Mother and Child Health, Public Health Department, HIV/AIDS Department, Eye Clinic, Dental Care, Radiology, Ultrasonography, Endoscopy, Cervical Cancer Prevention Clinic, Laboratory, Operating Theatre, Pharmacy, Laundry, Kitchen and Mortuary.

The Catholic Diocese of Monze owns the hospital and the administration is done in collaboration with the Mission Office of the Catholic Archdiocese of Milan in Italy and the Sisters of Charity of Saint Bartolomea Capitanio and Vincenza Gerosa. Like many other mission institutions in Zambia, Mtendere is affiliated to the Churches Health Association of Zambia (CHAZ).

The hospital has a catchment population of about 22,642 (CSO). It is located on the northern edge of Chirundu, about 150 Km from Lusaka. Being in a rural area the hospital is surrounded by the usual problems of poverty, characterized by poor road infrastructure, hunger, disease and unemployment. The situation in Chirundu is worsened by the harsh climatic conditions of extreme hot weather and little rainfall.

Given the above background, the hospital has a lot of challenges that lie both within and beyond its means. We value and appreciate the support that we receive from the community, government and benefactors.

ORGANISATION STRUCTURE

The management of the hospital is made up of the following components:

THE HOSPITAL BOARD

The Board is made up of the Representative of the Bishop of Monze, the Regional Superior of the Sisters of Charity, the Superior of St. Ambrose Mission Priests, the Sister in Charge, the Hospital Administrator, the Medical Officer in Charge and other members who carry specific knowledge and skills.

MTENDERE HOSPITAL COMMISSION OF THE ARCHDIOCESE OF MILAN

The commission is chaired by the Episcopal Vicar, assisted by the Director of the Missionary Office as well as representatives of CeLIM, Sisters of Charity, Doctors and the I.S.I. (a non profit making organisation that co-ordinates the procurement and supply of drugs and non medical equipment to the hospital).

HOSPITAL MANAGEMENT TEAM

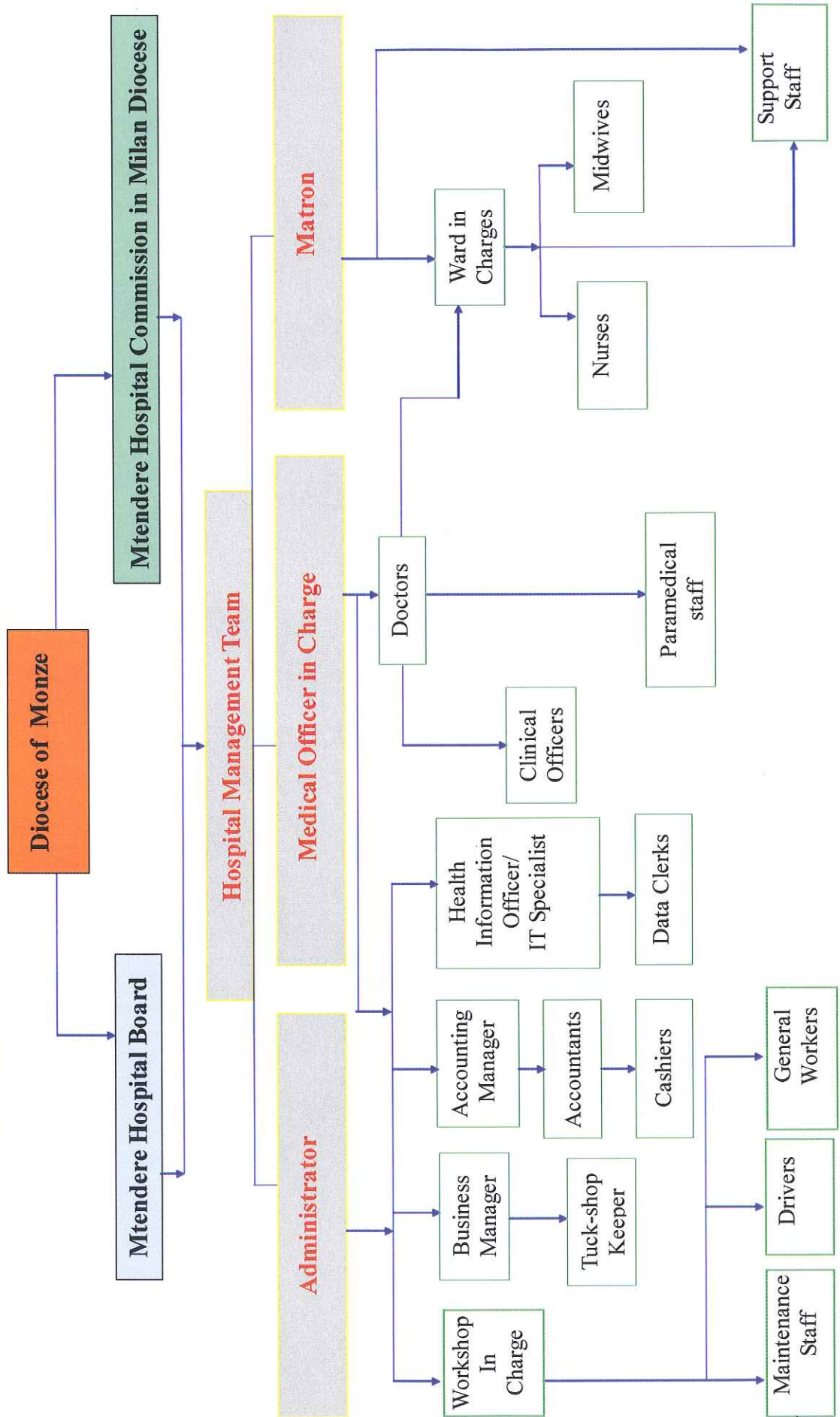
The daily management of the hospital comprises the Sister in Charge, the Hospital Administrator and the Medical Officer in Charge with the assistance of the Departmental Heads.

SUPPORT COMMITTEES

At Mtendere we also have several staff committees to allow the staff to express their needs as well as the needs of the hospital as they see them. These committees include, but are not limited to, the following:

- Therapeutic Committee**-Reviews protocols for treatment of diseases and use of drugs in the hospital .
- Ward in Charge Committee**-Reviews protocols and organization of the individual wards and determines how all the wards can function best together.
- Staff Compound Committee**-Addresses issues within the staff compound and relays any serious problems or concerns to the upper management.
- User Fees Committee**-Evaluates the appropriateness of, and changes the user fees as necessary
- Ward Committes**-Discuss problems in the single wards aiming to improve the relationship among the staff working in the same ward

MTENDERE MISSION HOSPITAL ORGANOGRAM



HUMAN RESOURCE

The component of staff in all areas, especially medical, remains central to the delivery of quality health care services.

During the year 2009 the hospital saw the departure of Dr. Paolo Marelli who left after 12 years of tireless service.

He worked as a General Surgeon, Digestive Endoscopy Specialist and was Medical Officer in Charge from 1998 to 2003. But his skills and experience covered many other sectors and made possible for Mtendere hospital to expand, renovate and improve its reputation of high standard quality institution.

By the end of the year 2009 the hospital had a total of 140 staff categorised as follows:

ADMINISTRATIVE STAFF:

Administrator	1
Matron	1
Business Manager	1
Accounting Manager	1
Accountant	1
Statistician	1
Cashier	1
Data Entry/Clerks	7

MEDICAL STAFF:

Medical Officer	4
Clinical Officer	7
Registered Nurse	6
Registered Midwife	3
Registered Theatre Nurse	1
Enrolled Nurse	15
Enrolled Midwife	7
Enrolled Family Health Nurse	1
Enrolled Theatre Nurse	1

Laboratory Technologist	1
Laboratory Technician	2
Environmental Health Technologist	3
Nutritionist	1
Radiographer	2
Physiotherapy Technologist	1
Pharmacy Dispenser	2
Dental Therapist	1
Cytologist/Hystology Technician	2

MAINTENANCE AND DOMESTIC DEPARTMENT:

Workshop Supervisor	1
Assistant Workshop Supervisor	1
Stores man	1
Plumber	1
Mechanic	1
Electrician	1
Driver	2
Carpenter	2
Bricklayer	3
Painter	1
Cook	2
Laundry Attendant	1
Mortuary Attendant	1
Security Guard	4
Watchman	4
General Worker/Cleaner	40

FINANCIAL ANALYSIS

This section highlights the financial situation of the hospital during the year 2009.

The total local expenditure was K 4,123, 935, 112.22 (about K398 million more than 2008).

The total income was K 4,137,849,858.04 (about K792 million more than 2008) in which K 679,865,190 was the local income and K 3,457,984,668.04 the donations. K 13,914,746 was brought forward from the previous year.

DONATIONS

As in the previous years the donations came from the **AIDSRelief project**, the **Diocese of Milan, CHAZ** (that manages the Global Fund and other international programmes), private donors and the **Italian NGO Pathologists Beyond Borders (POF)**.

The Diocese of Milan is the main partner for Mtendere Mission Hospital not only for the important financial support but also for the contribution of personnel and technical assistance, supply of equipment, drugs and material not available in Zambia.

AIDSRelief is the project created to implement the PEPFAR, the United States President's Emergency Plan for AIDS Relief. It started in Zambia in 2004 and assists the hospital with funds, supply of drugs and laboratory reagents and very high level clinical training of staff.

AUTO-FINANCING ACTIVITIES

As usual the hospital raises money from activities and services offered to external customers: workshop, tuck shop, transport hire, photocopying, graphic works with computers, fax and telephone. The staff contribute to the expenses for houses and water consumption in the staff compound.

USER FEES

The total amount raised in 2009 was K 347,774,050.

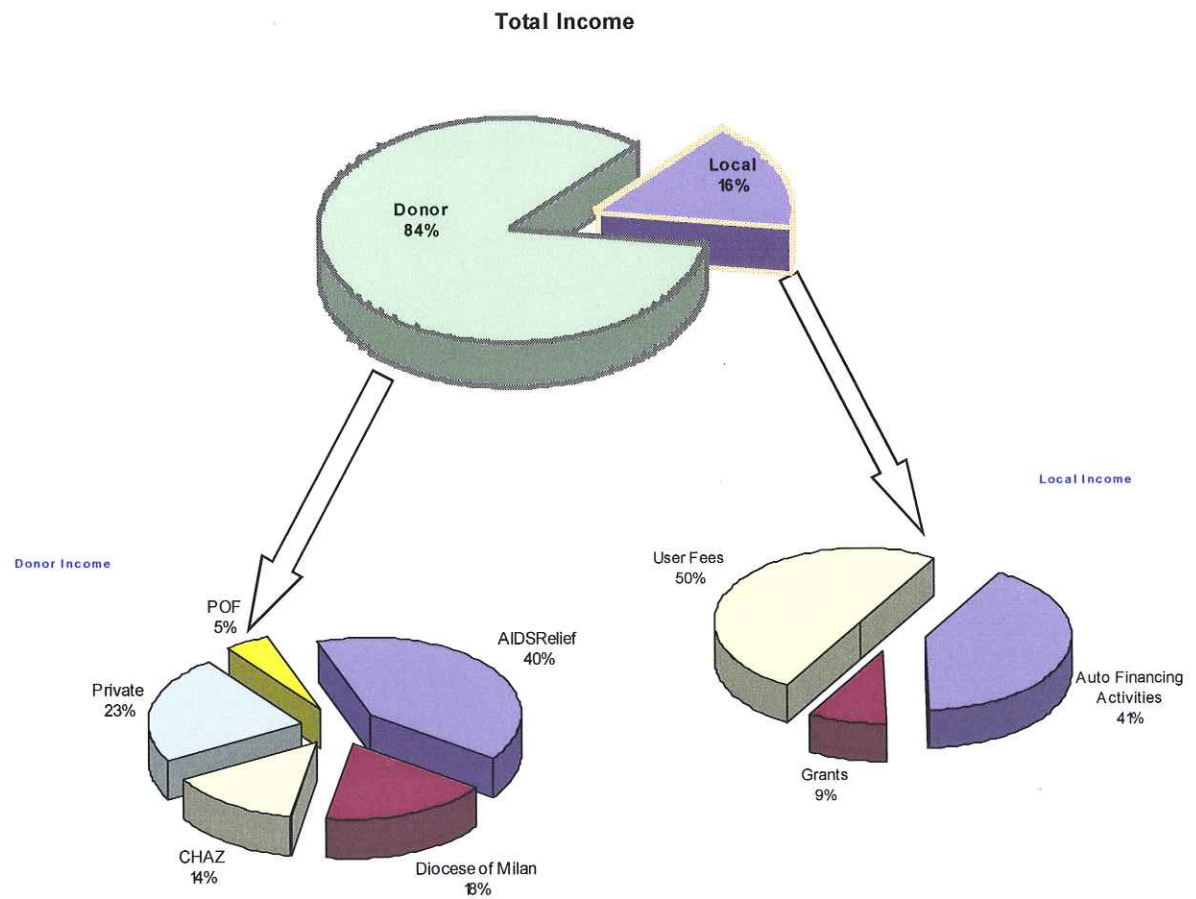
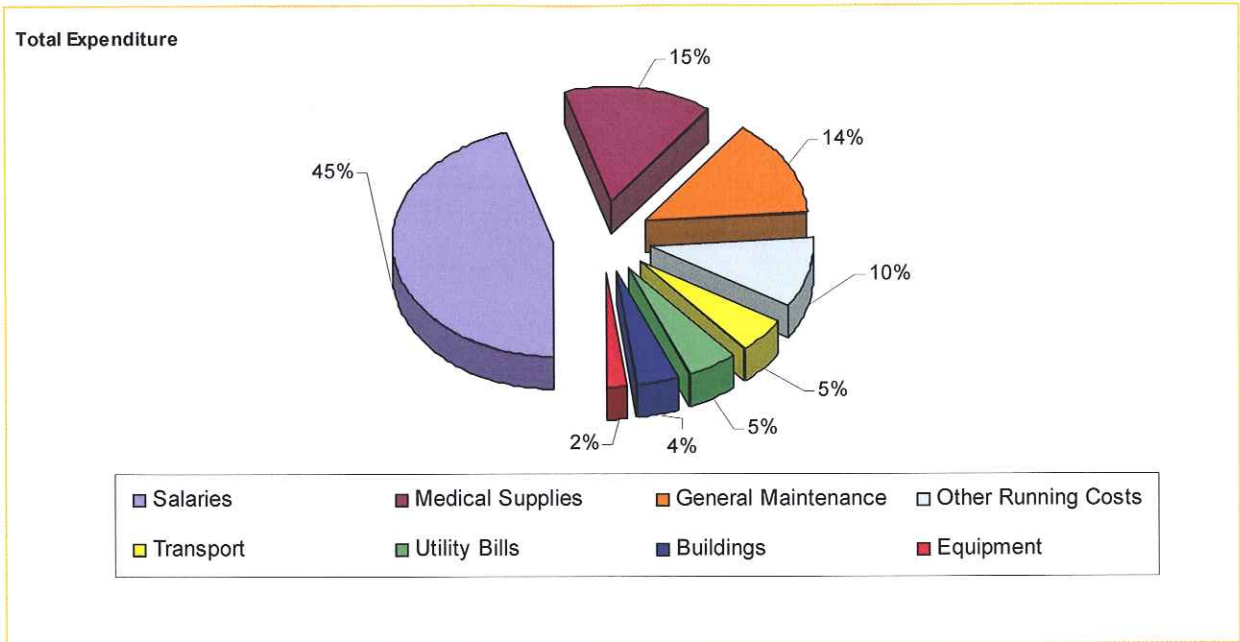
The hospital provides free service for residents, under-5 children and over-65 following the national policy on free primary health care in rural areas.

The hospital is also continuing to operate the medical scheme, an insurance to the public to provide affordable health care. The schemes were issued as follows: 159 for individuals, 29 for families and 11 for companies.

GRZ GRANTS

During 2009 the hospital only received K5.9 million as grant from Siavonga District.

Below are some graphics with the details of the financial situation in 2009.



MEDICAL SERVICES

PUBLIC HEALTH DEPARTMENT

PREVENTIVE AND HEALTH PROMOTING SERVICES

A lot of effort is put on preventive health services especially for mothers and children, through Universal Child Immunization (UCI) and Mother and Child Health (MCH) programmes. Others are environmental health services, control of outbreaks of communicable diseases including Malaria Control and Prevention Programme.

In 2009 the Environmental Health Technicians, Nutritionist and a Family Health Nurse made weekly visits to 6 Health Posts within the catchment area in which ante-natal and under-5 clinics, health talks and child immunisation were done.

Maternal Health

Antenatal Visits.....	3,798
Postnatal visits.....	942
Pregnancies protected against tetanus.....	798

Family Planning

Clients Seen.....	896
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Immunisations

Fully Immunized Children.....	940
Total Vaccinations done.....	6,470

Child Growth Monitoring

Under Fives Weighed.....	17,877
Children below lower line.....	4,270

Environmental Health

Food handlers exams.....	152
Food inspections performed.....	36
Vector Control by spraying insecticides.....	48

MALARIA CONTROL AND PREVENTION PROGRAMME

This year malaria ranked second on the top ten diseases for both in and out-patient departments.

A total of 4,894 malaria cases were recorded in the year 2009.

15% of the cases screened in OPD, 25% of the admissions and 22% of the deaths at the hospital were due to malaria.

Health education through the Community Based Malaria Prevention and Control Strategy is still very effective. The programme has also intensified the regular re-treatment of mosquito-nets in the community at no cash cost, but with full community involvement and participation.

However, the programme faced many challenges which include the following;

- Lack of support fund
- Lack of vital resources like mosquito nets, insecticides and transport (bicycles) for community malaria agents
- Lack of comprehensive indoor residual spray (IRS) strategy
- Lack of Rapid Diagnostic Test kits and community health workers drug kits, which must include Anti Malarial Drugs at the community level.

With the help of 15 active trained malaria agents and the health workers, the hospital distributed Insecticide Treated Nets (ITNs) and conducted Public Health Education on malaria prevention and care.

Distribution of ITNs was as follows:

- Under-5 children:	389
- Pregnant women:	194
- Other population:	97
- Total ITNs Distributed:	680
- Total nets re-treated:	2,451

The Intermittent Presumptive Treatment (IPT) to pregnant women was done adequately as a DOT (Directly Observed Treatment) to every pregnant mother as per prescribed schedule.

AIDS CARE AND PREVENTION PROGRAMME

HIV and AIDS has for a long time continued to cause multiple problems to individuals, families, communities and the nation as a whole. It targets the most productive age groups that in turn infect even the unborn children.

Mtendere Mission hospital has put in place many interventions in an effort to halt further spread of HIV infection and reduce the effects of the scourge in the community.

A multisectoral approach was put in place and the following components were instituted:

AIDS EDUCATION

A system of communication between the hospital and the community has been developed. The community health volunteers have been trained so as to empower them with knowledge to run activities in the community. Capacity building has been a continuous process and cadres are delivering specific information according to groups they deal with.

Anti AIDS groups have been formed in schools and in communities. Specific officers in the communities are in charge of different groups.

VOLUNTARY COUNSELING AND CONFIDENTIAL TESTING

This is the starting point of AIDS Care and Support. At the hospital testing is done at all levels in OPD, MCH, AIDS Department and In-patients wards. Mobile clinics are conducted in the community with the help of trained volunteers.

HOME BASED CARE

With advent of AIDS, the care of the sick cannot be left to the families and relatives alone. The communities have been mobilised and trained to look after the sick people in their respective areas. The health centers have no bed capacity to keep all the sick people. The Community Based Treatment Supporters refer patients they cannot manage to the hospital. The hospital in turn would send them back to the community when they get better. The care givers work hand in hand with patients' relatives in caring for the sick.

ORPHANS AND VULNERABLE CHILDREN

One of the impacts of AIDS in the society is the creation of orphans and vulnerable children whose numbers keep increasing. The selection of OVCs is done through the local leadership including the teachers, church leaders and community based volunteers. The hospital with the help of collaborating partner CHAZ, is able to assist these children with school requirements, clothing, food, medical services and other basic needs.

INCOME GENERATING ACTIVITIES

As the number of AIDS patients increases the effects of AIDS on people also increase. To reduce the social economic impact of HIV/AIDS on individuals and families particularly in rural households, 200 orphans and vulnerable children were assisted with school requirements and household materials.

Four CPTs are implementing Income Generating Activities. These avenues supported 70 TB patients, 25 PLWHAs and 68 Orphans.

HIGHLY ACTIVE ANTI RETROVIRAL TREATMENT

The number of people accessing VCT is on the increase. This in turn increases the number of clients being recruited for HAART. At the end of 2009, 1528 patients were on HAART.

They are followed at the hospital ART clinic that operates at full time with nurses, clinicians, support staff and pharmacy dispensers.

The clinic is linked to the laboratory for regular checks of patients, and works in strict collaboration with In-Patients Department, OPD, MCH and the TB clinic.

The hospital through the Trained Community Based Treatment support is linked to the patients in the community. The patients' adherence through the above network is monitored by both the hospital staff and the community based volunteers. Every month the CBTs meet to share the challenges encountered in pursuit of their duties in the community. At the same time they are being updated with new information to strengthen adherence and quality and care.

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

This is a very important component of the AIDS Care and Prevention programme at the hospital. It started in 1999 and is now very active with involvement of the whole family in the prevention of HIV.

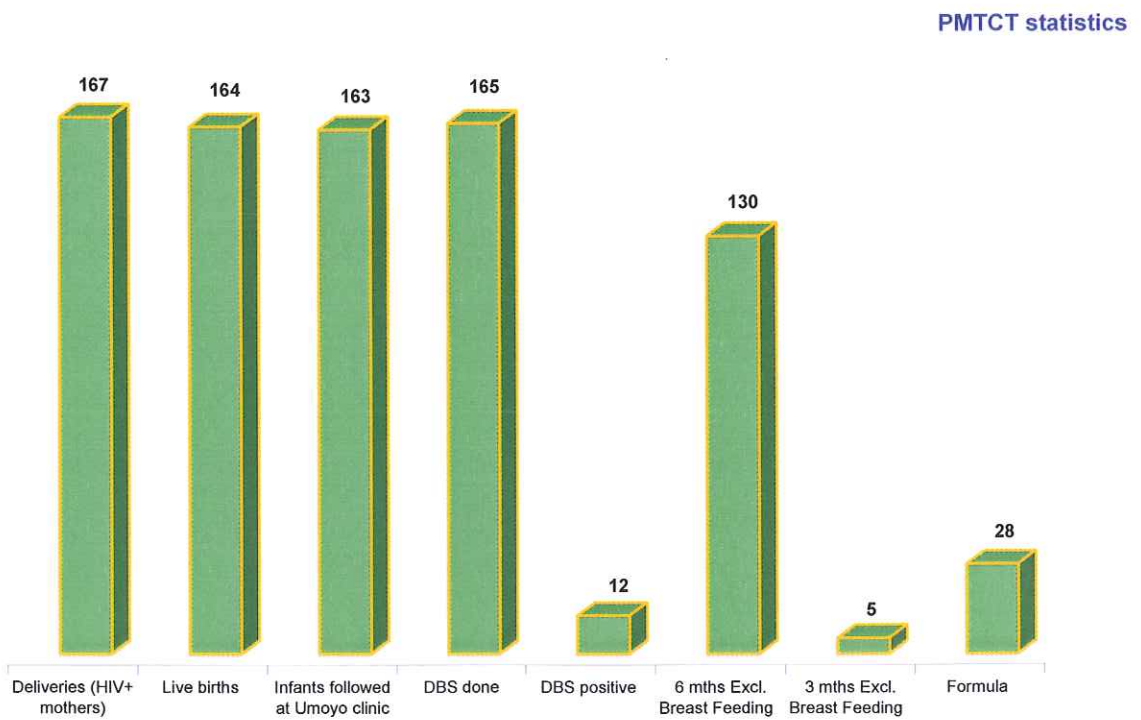
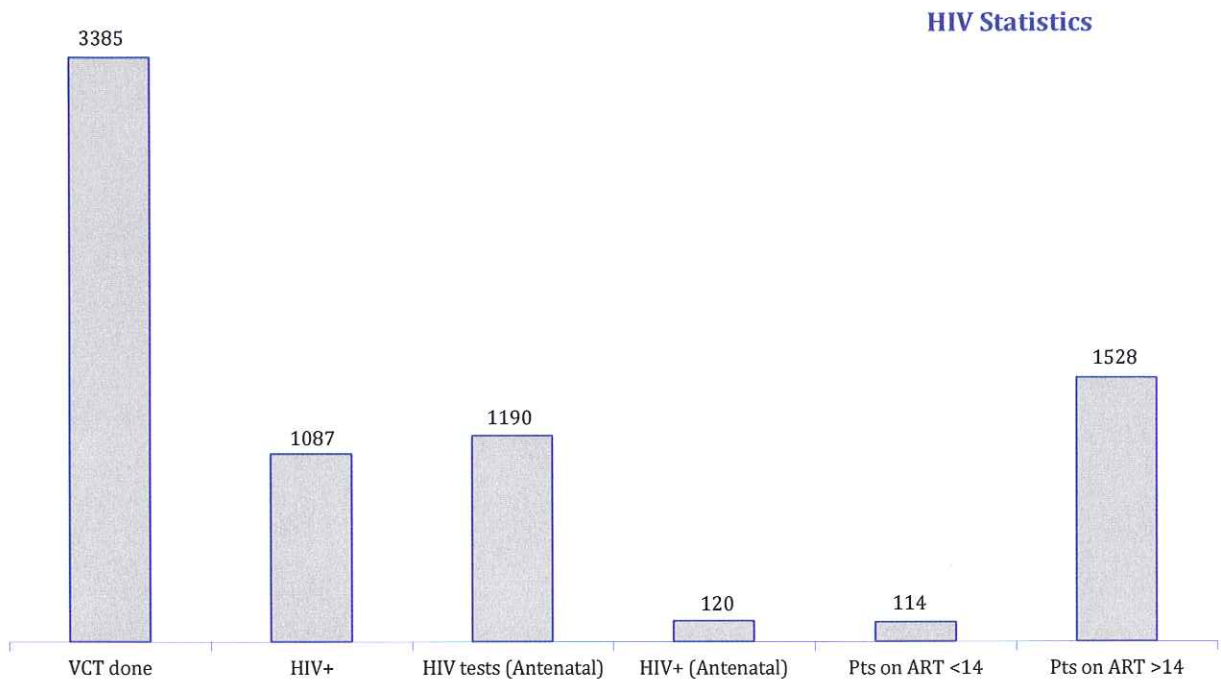
The care starts at the Ante-natal clinic where every woman is given the chance to be tested for HIV, together with her partner who is formally involved in the process. If a woman, together or not with her partner, is found HIV positive, she is counseled and sent to the ART clinic, where the proper treatment is proposed together with health education. From this time the pregnant mother is followed by the ART clinic in conjunction with the ante-natal clinic, she is encouraged to bring the partner and other children in the view of the so-called “family-centered approach” of the HIV care. Every HIV positive woman is advised to come to the hospital for delivery, in order to have the best care.

After delivery the baby is followed in our PMTCT clinic, called “Umoyo clinic”.

In the Umoyo clinic the children are reviewed on monthly basis for:

- monitoring of clinical signs of HIV infection
- counseling of the mother on the best feeding option, monitoring adherence to the chosen feeding practice and provision of necessary support
- dispensing drugs to prevent opportunistic infections
- testing the children for early detection of HIV infection
- referring all positive children to ART clinic, while still being seen at the clinic up to 2 years
- link with community volunteers who provide on-going counseling for mothers and follow-up of defaulters.

Here are some statistics related to 2009.



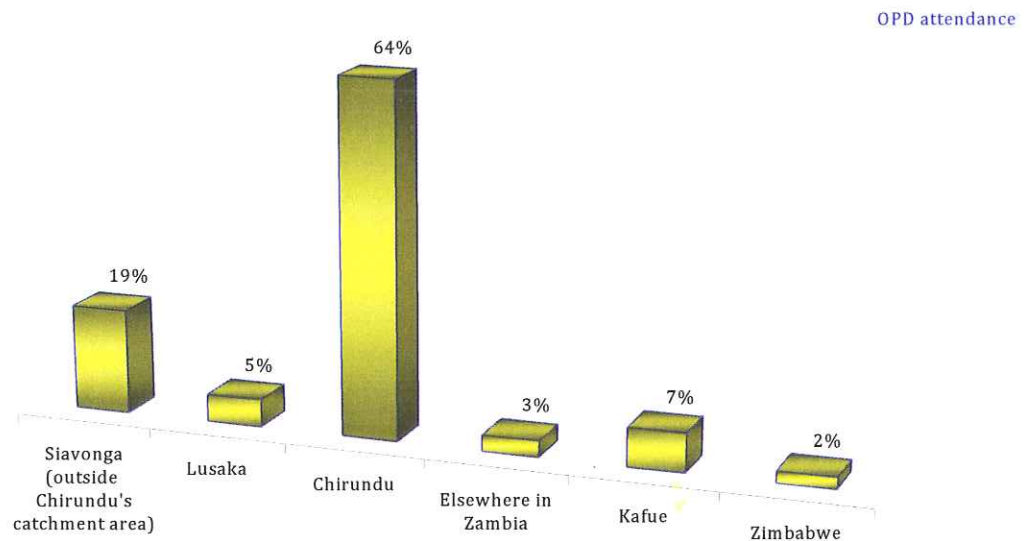
OUT-PATIENT DEPARTMENT

This Department operates as the initial screening and treatment mechanism of the hospital. The Clinical Officers attend to all minor and common ailments in this department while other cases are referred to Medical Officers.

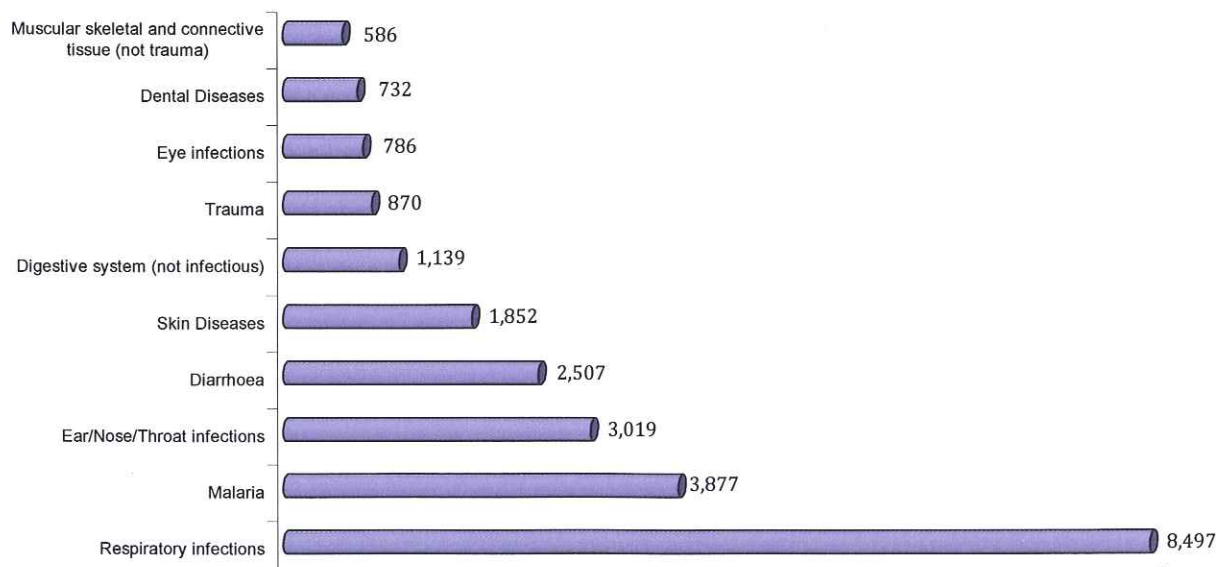
All those referred for admission pass through the Casualty for evaluation before finally going to the wards.

The OPD had a total of 48,741 visits in 2009. Of these 34% were children of less than 5 years, and 66% were 5 years and above.

64% of the attendances were from within the hospital catchment area, while 36% come from outside the catchment area of the hospital.

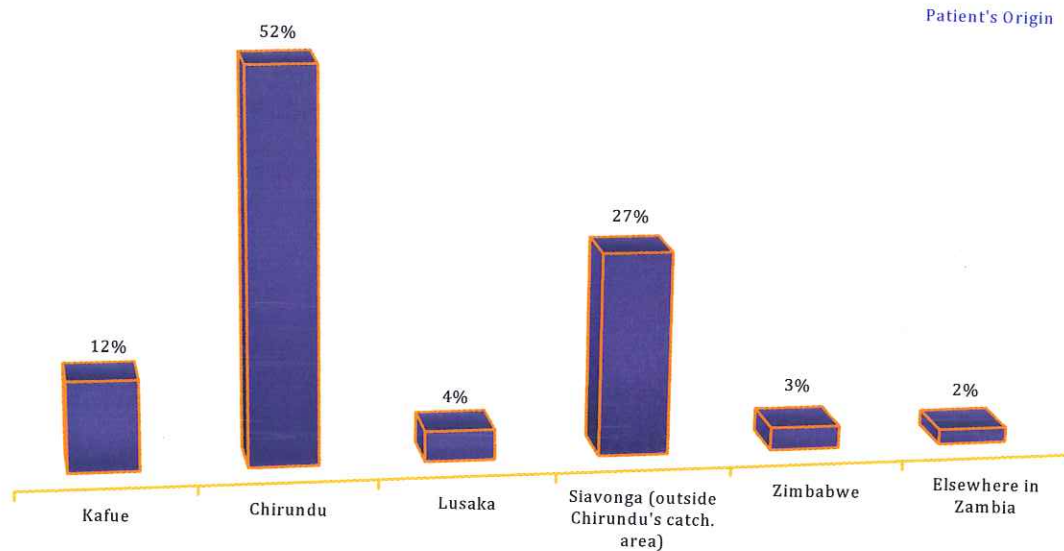


The Top 10 Diseases at OPD are shown in the graph below;



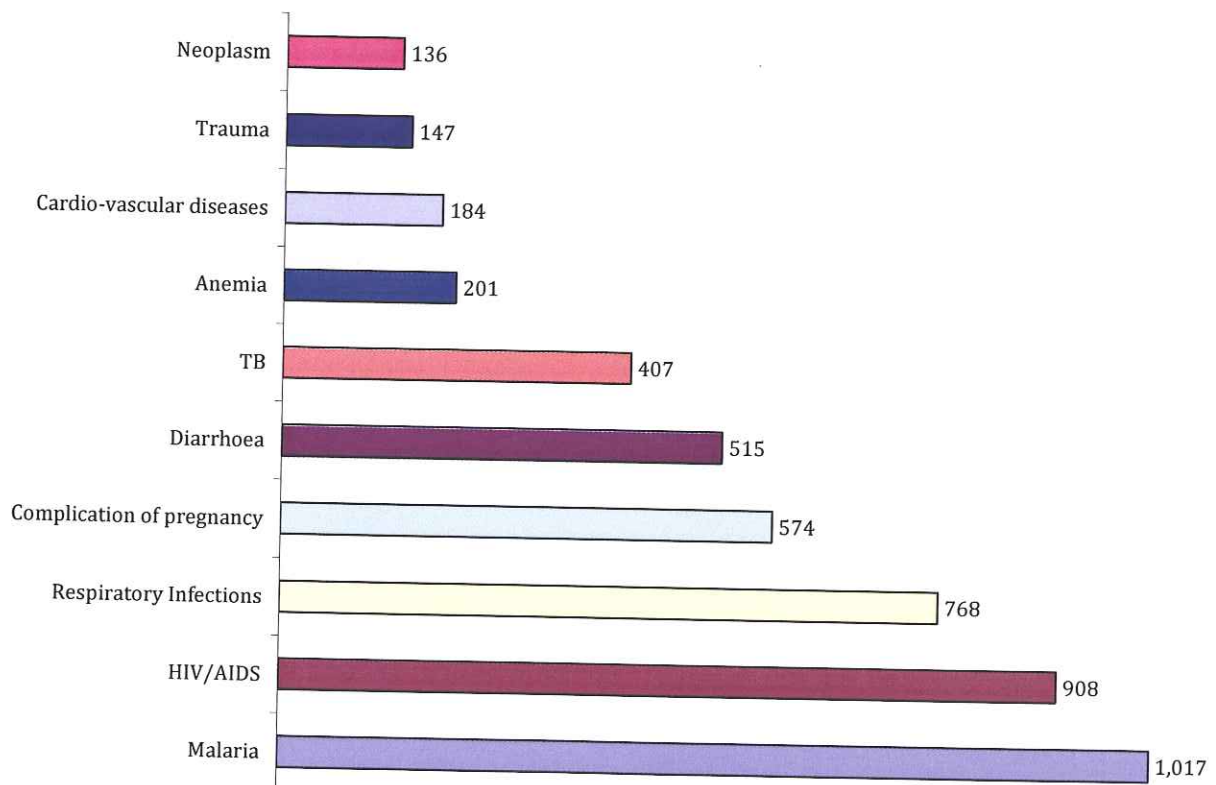
IN-PATIENT DEPARTMENT

A total of 5,080 patients were received at the In Patients Department accounting for 28,316 admission days. Of these 48% were from outside the hospital catchment area, and 52% from within catchment area.



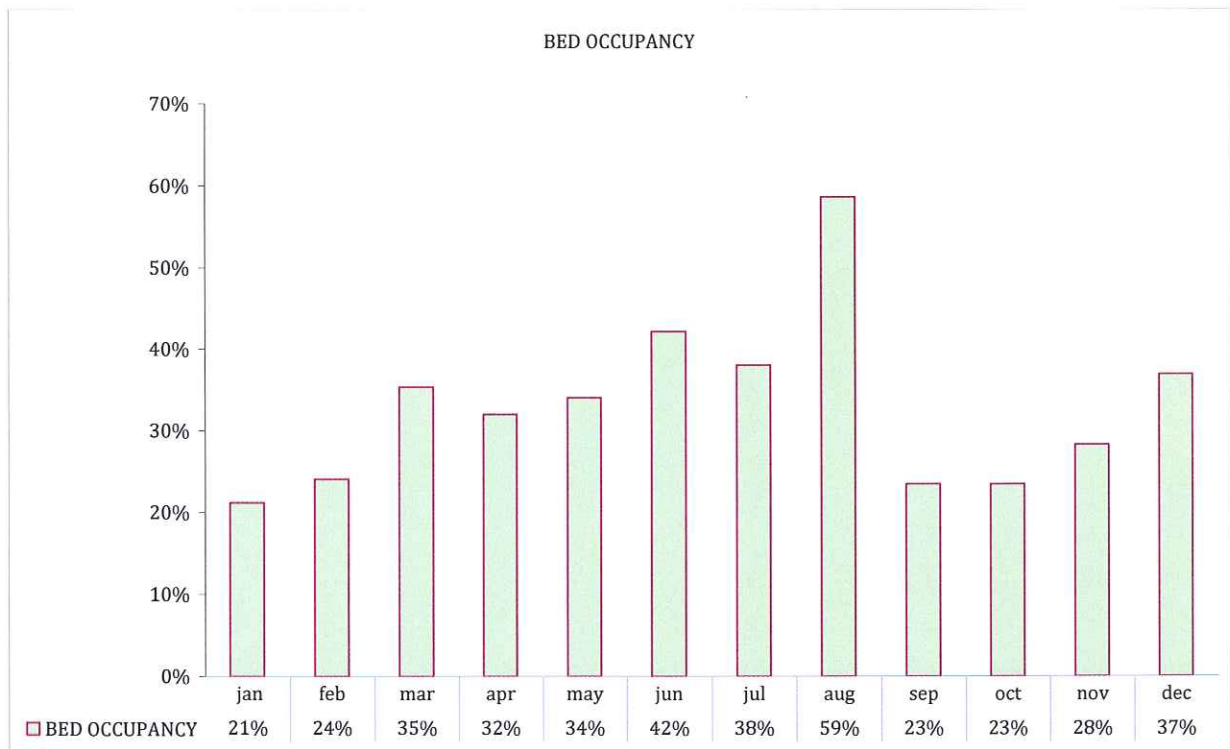
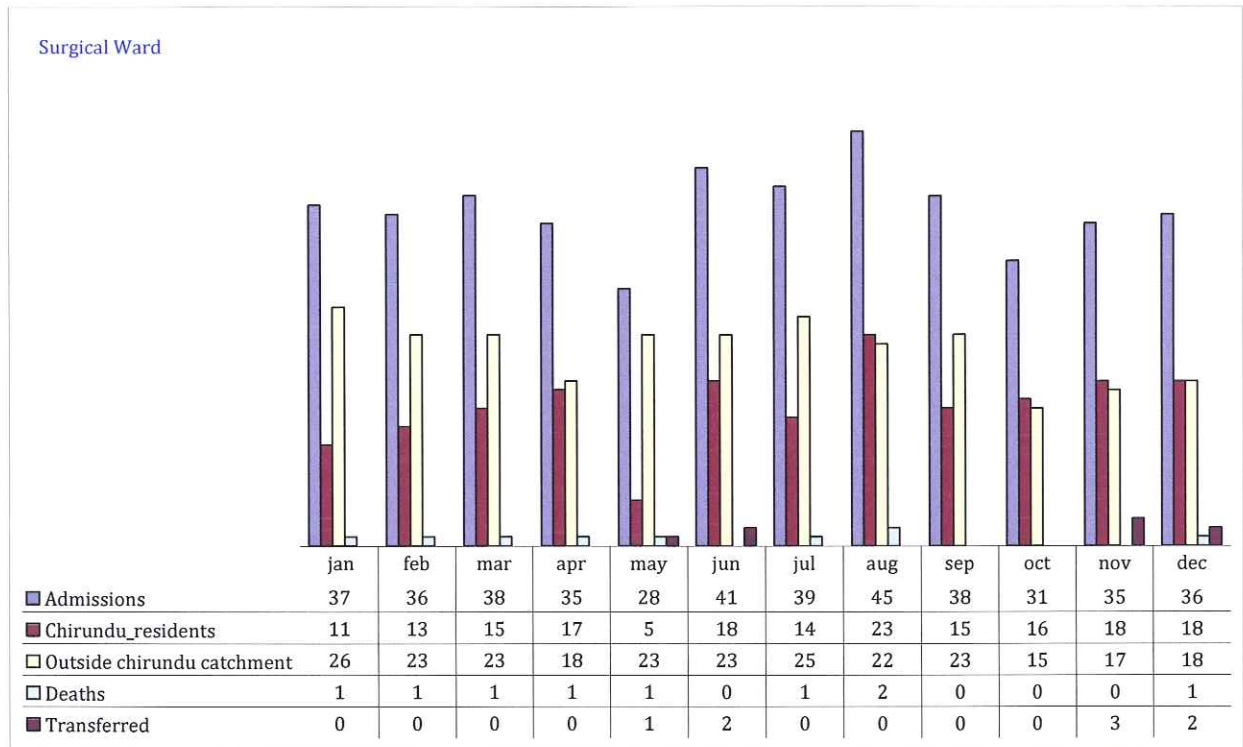
190 deaths, of which 31% were children, were recorded in the year under review.

Top 10 Diseases of the In Patients Department is shown in the graph below



SURGICAL WARD

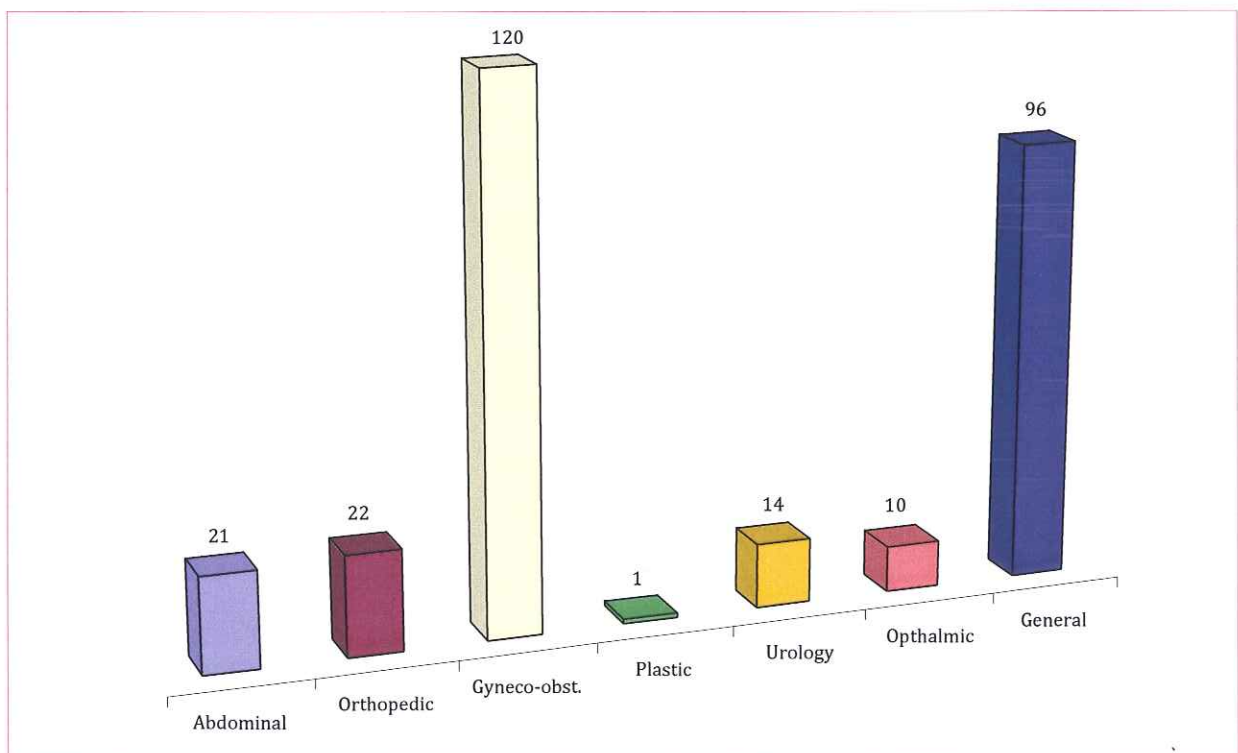
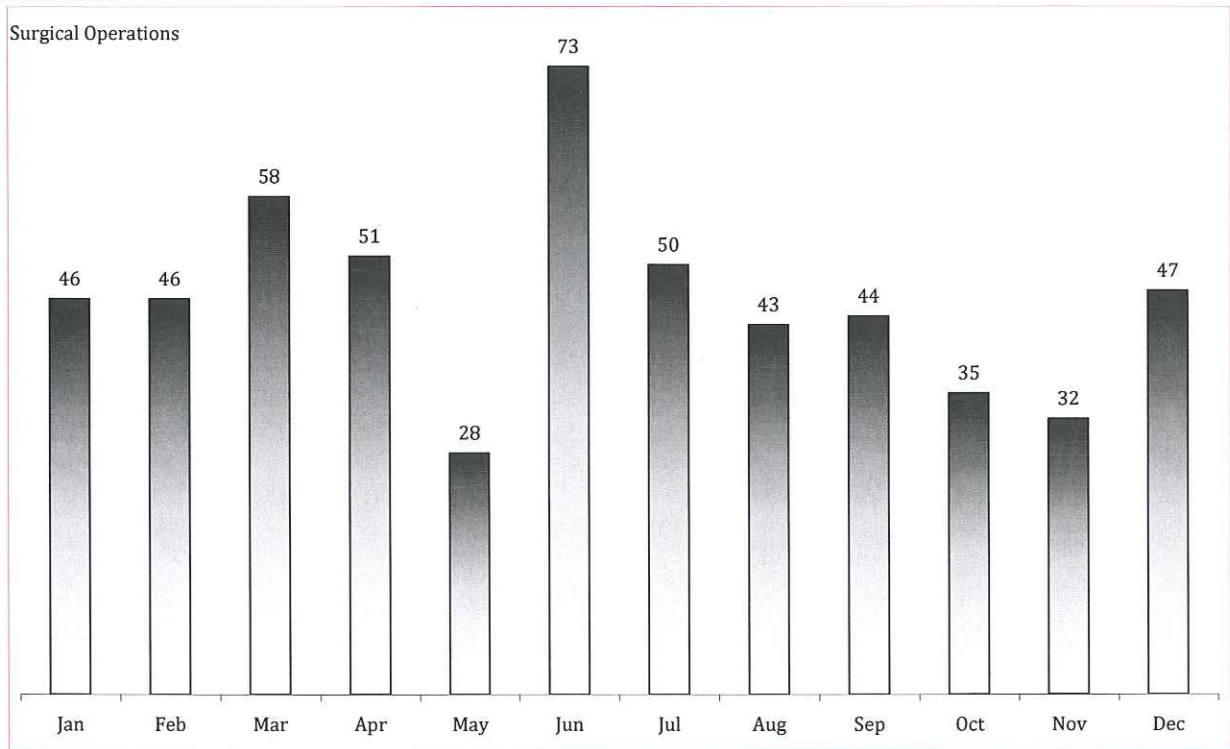
This ward attended to 439 patients, accounting for 4,976 days of admission. 58% of these patients came from outside our catchment area. 9 deaths were recorded.



OPERATING THEATRE AND ANAESTHESIA

About 50% of the major operations carried out in our theatre were of patients from outside Chirundu's Catchment area. 533 operations were carried out in 2009.

Twice weekly, planned major operations were held, 26% of the major operations were emergencies. 1,015 anaesthesiae were performed by our anaesthetists, 527 general and 488 spinal and local.

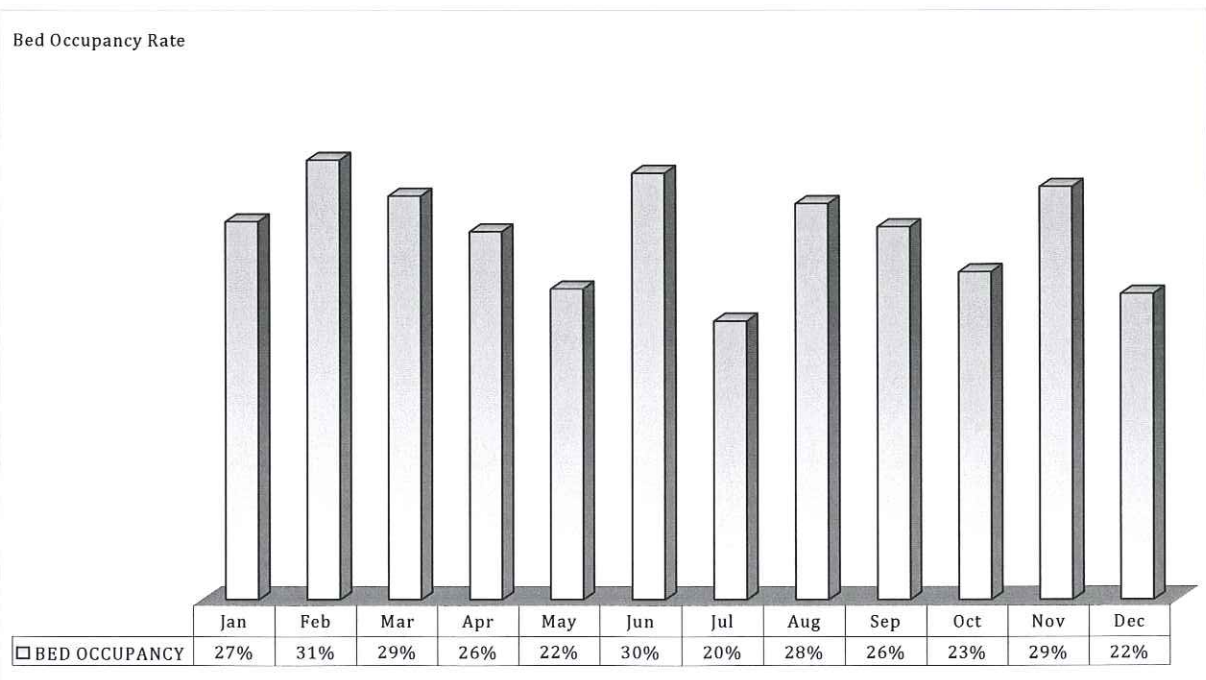
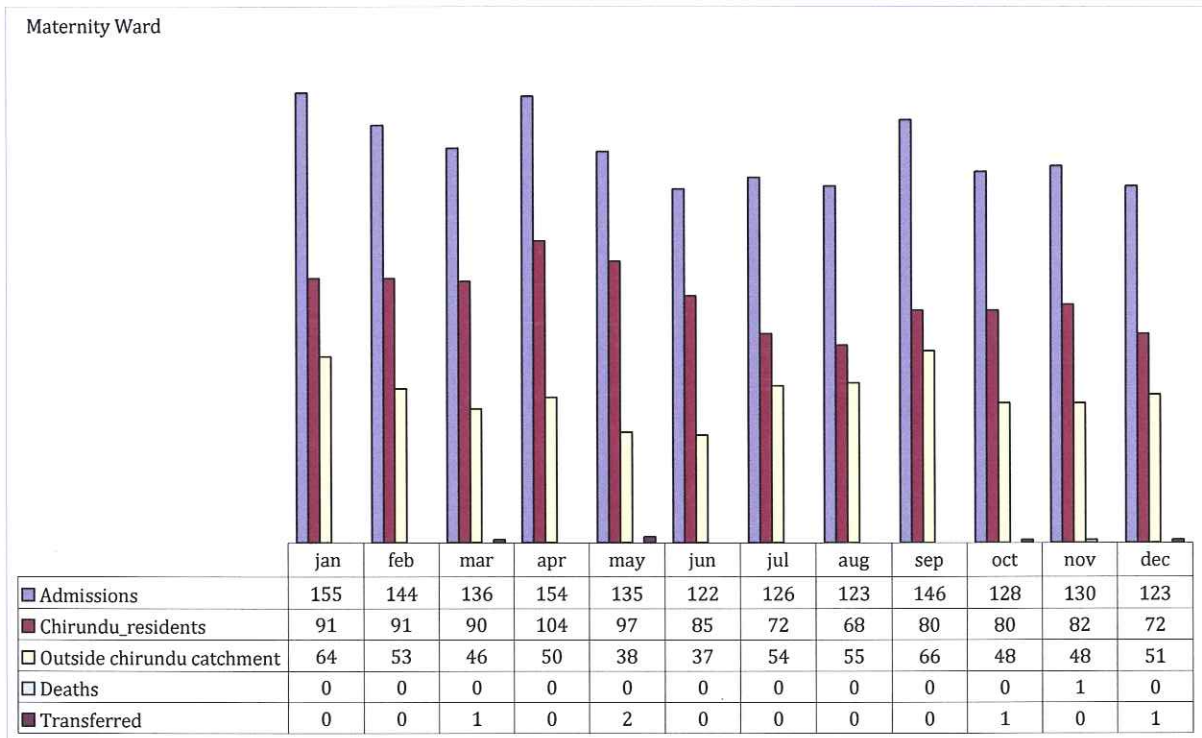


MATERNITY WARD

The Obstetric/Gynaecological ward received a total of 1,622 women, accounting for 3,899 admission days.

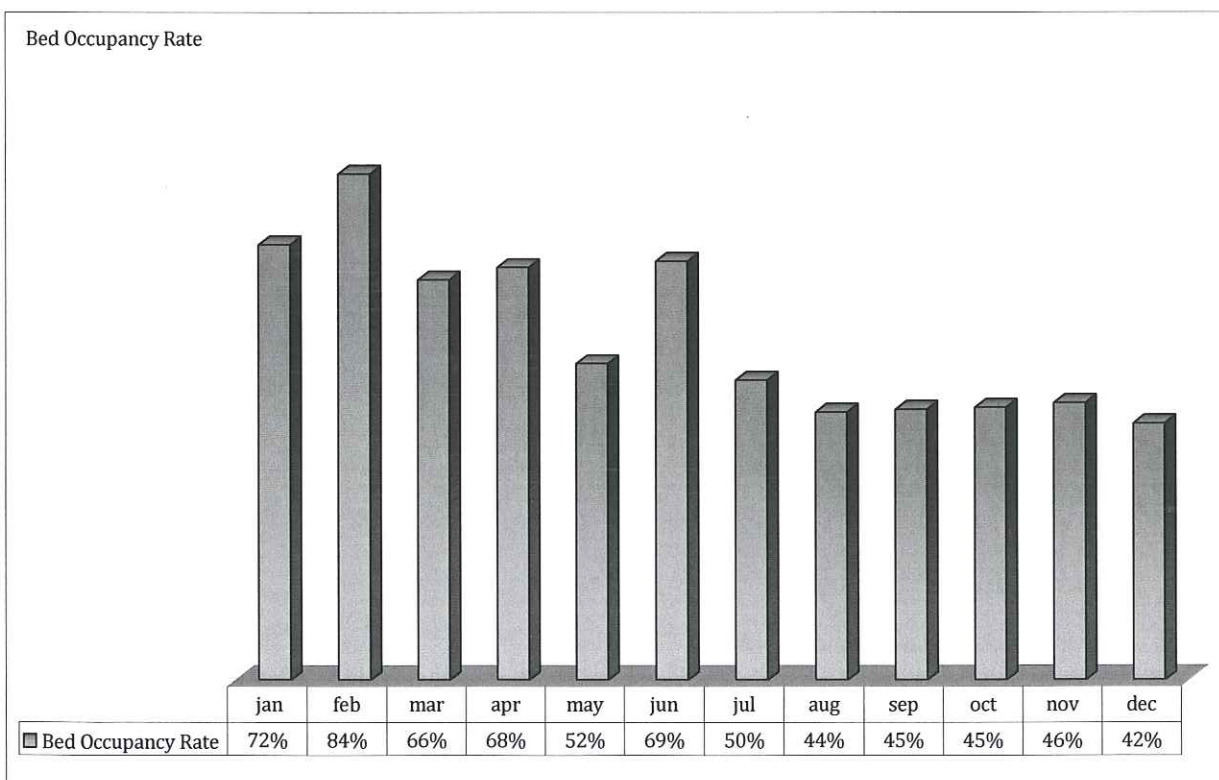
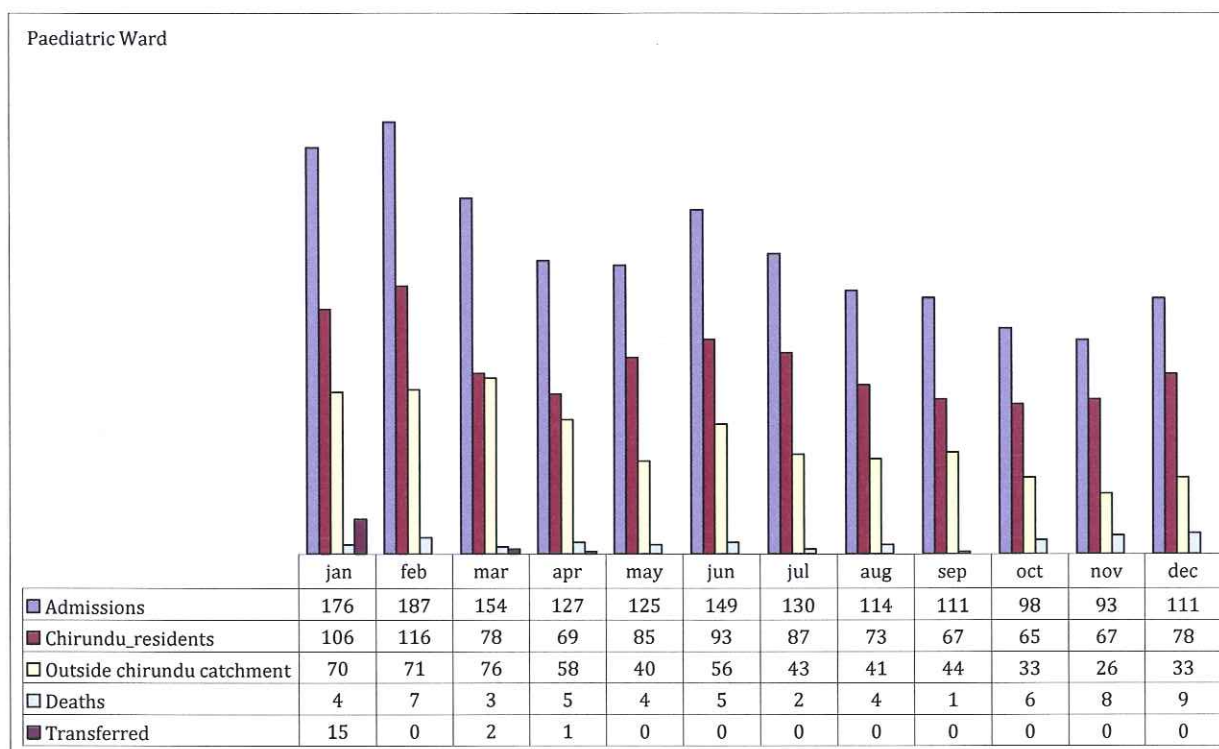
1,110 deliveries were recorded: some of them were abnormal and needed special interventions, like Caesarean section (69, that is 6.2% of the total deliveries), Vacuum Application, Artificial Induction of Labour, Internal Version and Symphysiotomy.

We also had 24 multiple deliveries and 39 premature deliveries. 158 Curettages were performed.



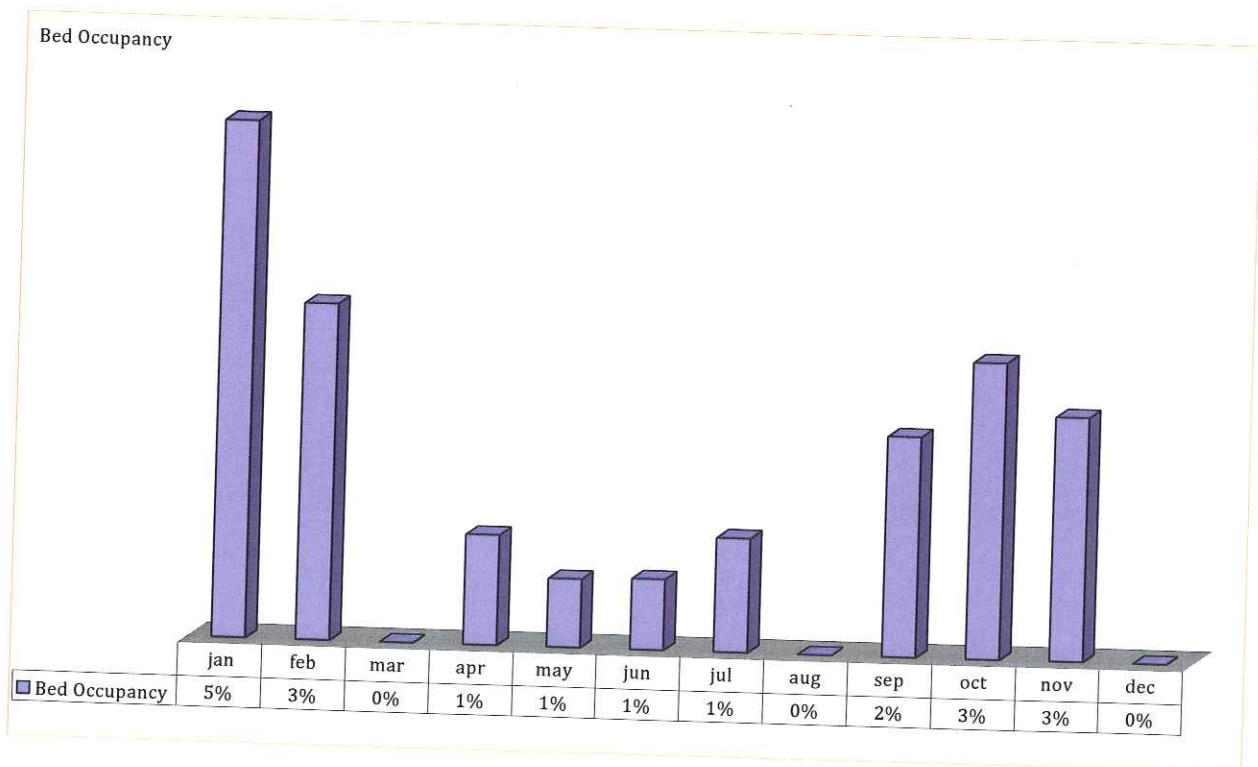
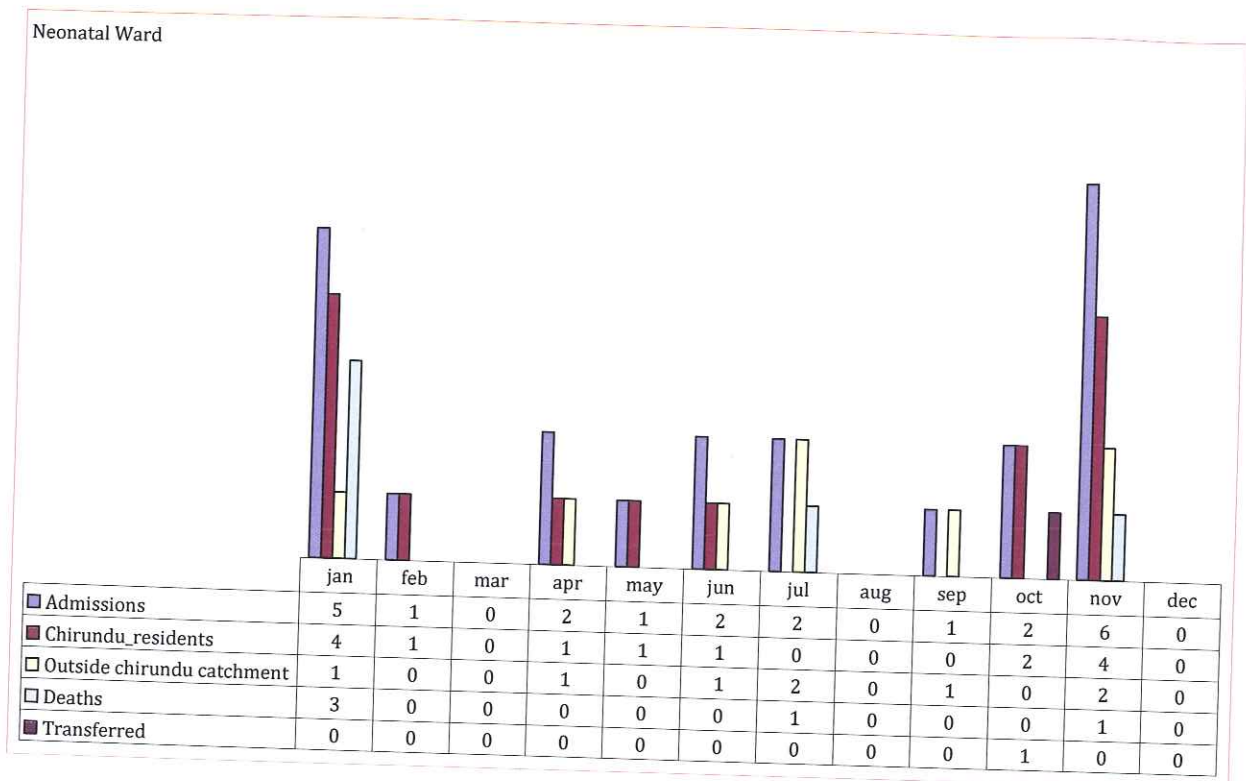
PAEDIATRIC WARD

The Paediatric ward recorded 1,575 admissions, accounting for 8,489 days of admission. There were 58 deaths over the course of the year.



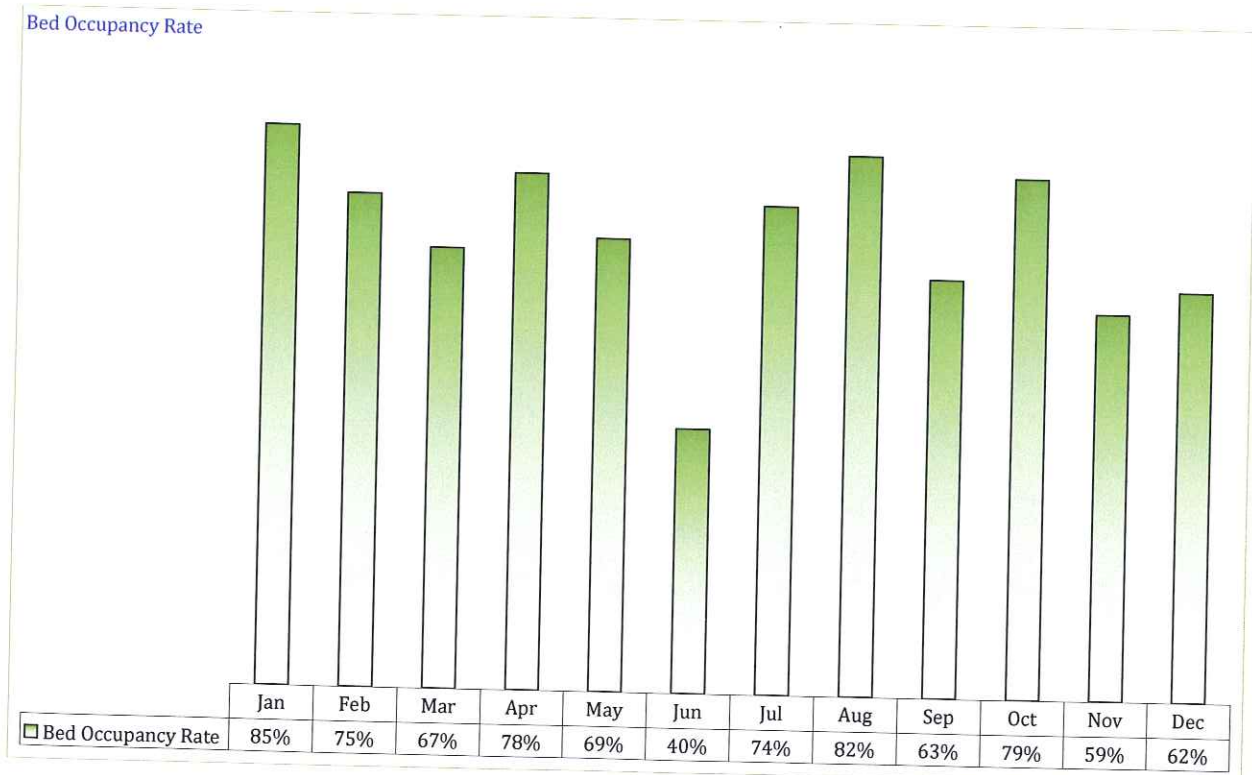
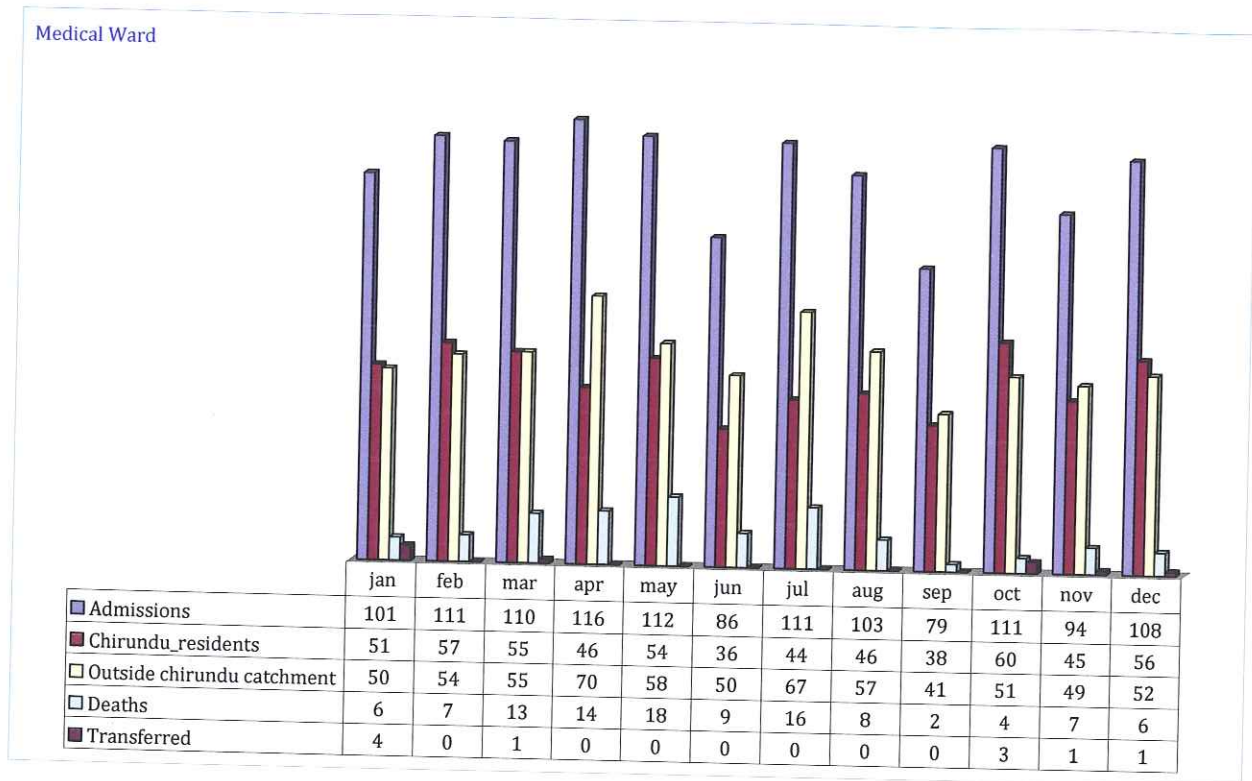
NEONATAL WARD

Located within the Paediatric ward is a Neonatal Ward which during the year under review had 22 admissions, accounting for 253 days of admission and recorded 5 deaths.



MEDICAL WARD

With its two wings housing both male and female medical cases received a total of 1,242 patients with 10,409 days of admission. Majority of the cases admitted were chronic conditions mainly HIV related. Of the total admissions 110 deaths were recorded in this ward.



MEDICAL SUPPORT SERVICES

LABORATORY

Mtendere Mission Hospital has a well equipped Laboratory with the following departments:

Haematology, Serology, Microbiology/Parasitology, Chemistry and Pathology.

A total of 20,955 examinations were carried out in these departments of which 7,135 were Haematology, 5,845 Serology, 6,149 Chemistry and 1,828 Microbiology/Parasitology.

HISTOLOGY / CYTOLOGY

The Histology-Cytology service is a very important component of the hospital laboratory.

It works on daily basis for samples collected at Mtendere hospital and also from other hospitals, especially Katondwe and Chikuni Mission hospitals.

The service is provided through the telemedicine technology, that uses internet to send microscopic images which can be examined by the specialist doctor of the team of the NGO "Pathologists Beyond Borders" wherever he or she is.

Any positive result is confirmed by a second specialist before the final diagnosis is released.

The results are given in about one week, unless special techniques are needed for difficult cases.

The Immuno-histochemistry technique is a special one, used for some cases of neoplasms. The technicians underwent specific training for it during a period of stage with the "Pathologists Beyond Borders" in Italy.

The PAP smears are read by our Technicians who seek for second opinion from the specialist for positive cases. 1,482 PAP smears, 364 Histology and 37 Cytology exams were done in the year under review.

BLOOD BANK

This is a section in the Laboratory Department that stores blood and blood products for transfusion to patients with different conditions.

The hospital stopped recruiting blood donors from churches and surrounding schools in February 2007, following the instructions of Zambia National Blood Transfusion Service (ZNBTS).

The government gave ZNBTS the mandate to recruit and screen blood donors on behalf of the hospitals, and supply the needed units.

Therefore blood donors are recruited and screened at the ZNBTS for transfusion transmissible infections (TTIs) such as HIV, syphilis, hepatitis B and C.

In order to improve the safety of the blood recipient, ZNBTS procured laboratory equipment which detects TTIs at their earliest stage (ELISA) unlike the test method used in most laboratories with lower sensitivity and put the recipient of blood and blood products at risk of contracting infections.

University Teaching Hospital (UTH) is one of the institutions with such facilities, and Mtendere Mission Hospital gets the blood from there.

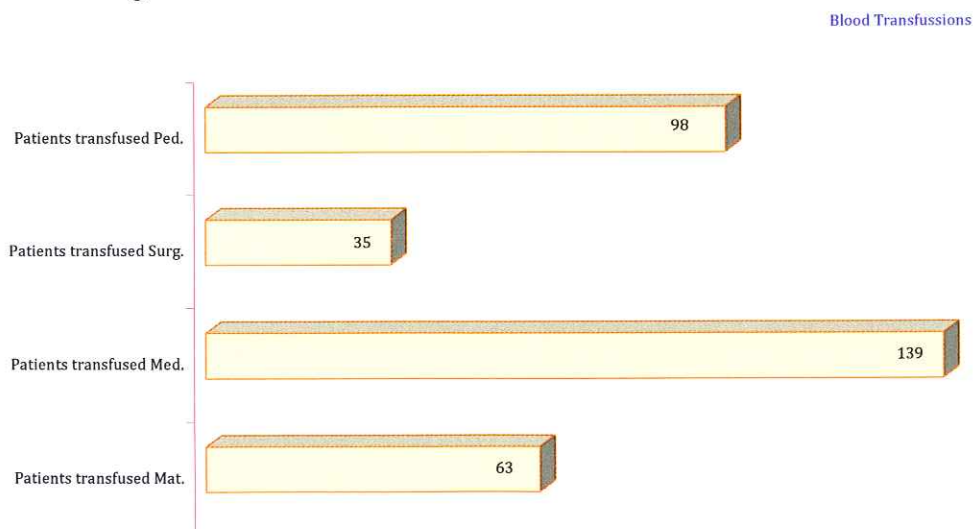
The system has advantages and disadvantages.

The advantages are:

1. there is assurance of safety for the patient because of the sensitivity of the TTIs screening test methods for donor's blood
2. the hospital saves human and financial resources as it does not need to recruit and screen blood donors
3. the ZNBTS is answerable to any suspected infection due to blood transfusion

The disadvantages are:

1. the supply of blood units is not consistent
2. the hospital has to meet the cost for transport to collect blood units and return them if they about to expire.
3. there is still the risk of shortage of blood from ZNBTS, not able to meet emergencies



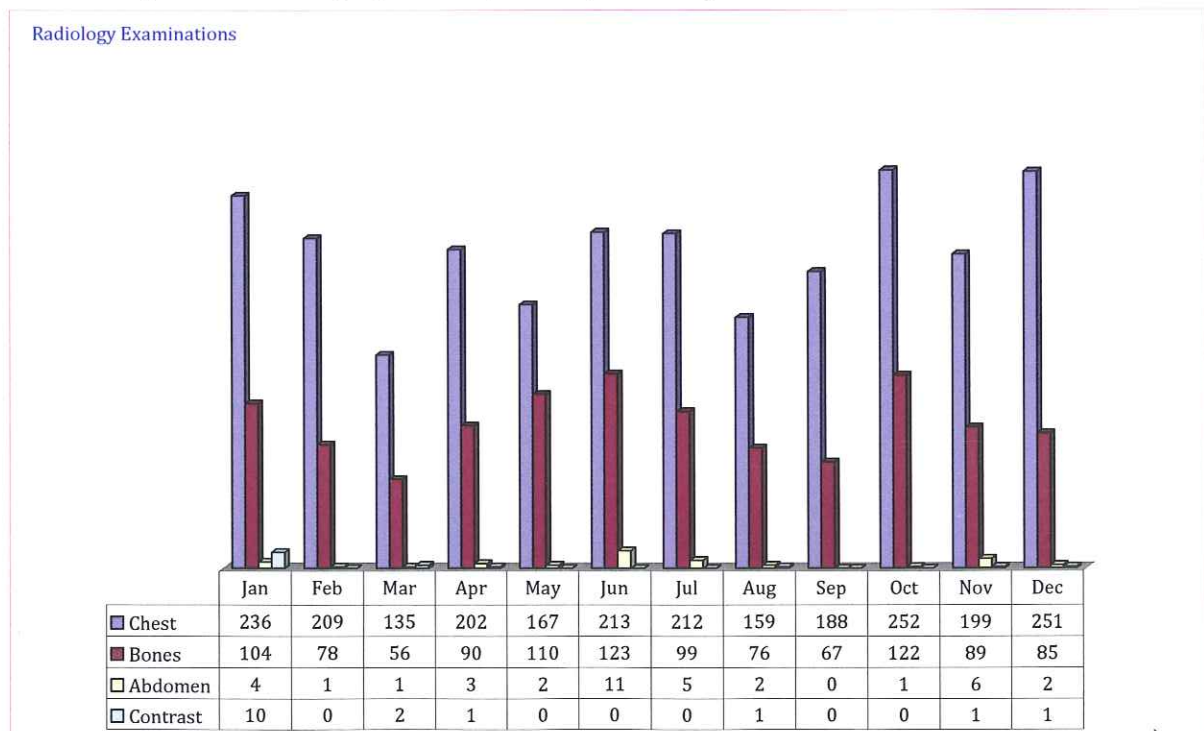
CERVICAL CANCER PREVENTION PROGRAMME

The cervical cancer prevention programme has continued running with new clients being enrolled as well as old one doing their 2nd and 3rd Pap smears. Sensitization has also continued in with help of the community leaders and volunteers. Although the operation of the clinic has basically remained the same, that is collecting PAP smears twice a week and issuing out of results once per week, colposcopy sessions are no longer done weekly due to lack of a qualified colposcopist. This is a great challenge for the clinic because it means that those with positive results have to wait for about three to four months for a visiting colposcopist to examine them. The clinic has so far enrolled 390 new clients for 2009, coming for their first PAP smear. The old ones have also done their second and third PAP smears though there are a number of defaulters which calls for further sensitization. Of the 477 who had abnormal results (some from the previous year) 379 were seen by the colposcopist and 116 had small operations. So as a total the clinic has enrolled 2,289 clients since it's initiation in November 2007 up to December 2009.

RADIOLOGY

The X-ray department is provided with high frequency X-Ray system with two cathodic tubes and 2 C-Arm mobile intensifiers for fluoroscopy and radiography during specialist surgical procedures.

As clearly shown in the graph below, this department performed a total of 3,577 examinations.



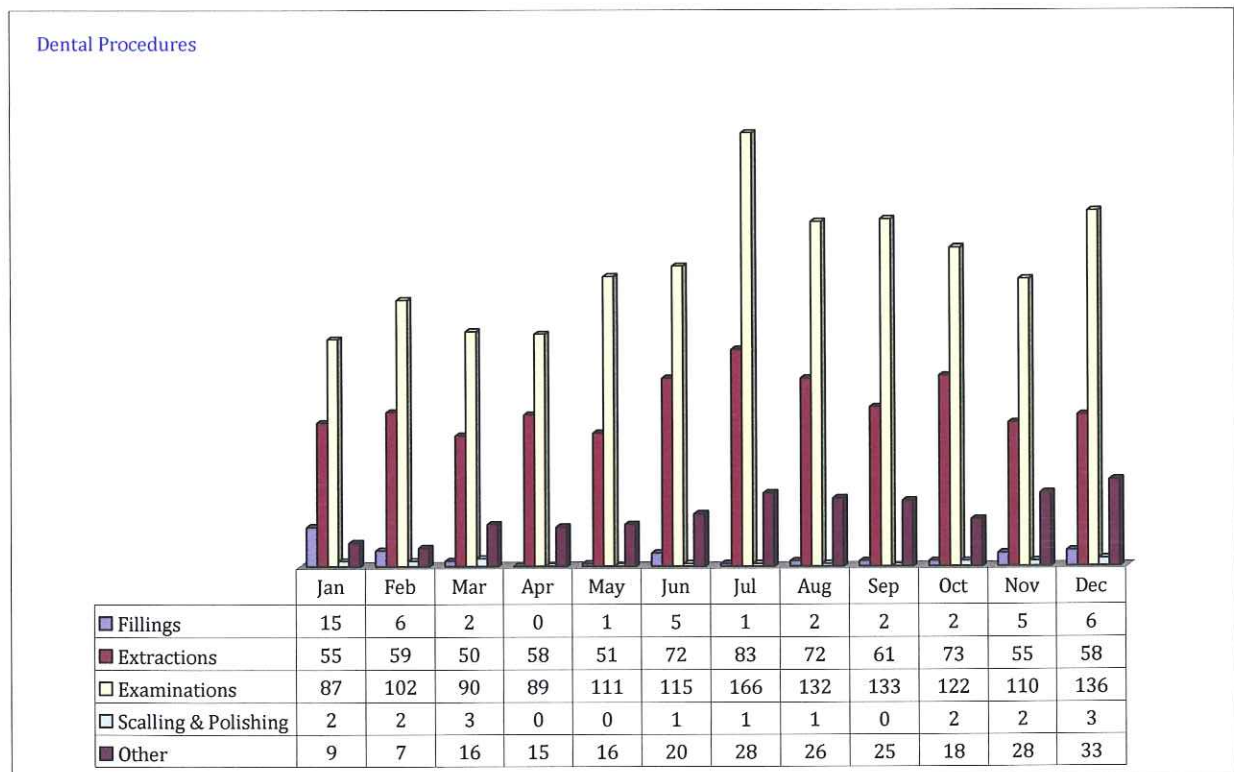
DENTAL

Dentistry can appear quite dry and intimidating yet it is a very important component of health. One of the reasons this might be true is that without teeth or their proper function, the health of humans is greatly affected. Knowledge of good oral hygiene is one of the keys to good health.

It is for this reason that Mtendere Mission Hospital restlessly offers dental health care in bid to contribute to human life thereby promoting shiny long lasting smiles of hope. The dental clinic is an out patient department that has been at the hospital for some time.

Among the services provided are; Tooth extraction, Filling, Scaling and Polishing, Root planning, Tongue tie, Excision, Dressing and Gum treatment, Dental check up, Oral health education, Outreach programme and Intra-oral x-ray filming.

Below is a table to tabulate how much was done in the year under review.



Oral health education was mainly done on one to one basis, that is dental therapist to patients at the dental clinic during the treatment process.

Outreach programmes were not conducted in 2009 due to increase in the flow of patients at the clinic and reduced human resource.

The highest number of patients was recorded in July probably due to the cold that initiates toothaches.

The dental clinic attends to patients from within and outside the hospital catchment area. The number of attendants from the catchment was 1,091 and 302 were from the outside catchment area.

The clinic experienced challenges such as frequent breakdown of the dental unit and lack of electronic equipment such as ultrasonic scaler to quicken the treatment process.

The clinic plans to improve on outreach programme so as to sensitize the community on the importance of oral health and preventive measures as prevention is better than cure.

PHYSIOTHERAPY

The physiotherapy unit attended to a total number of 211 new patients in 2009 which is about 36% more when compared to last year. This excludes those patients that continued to attend physiotherapy from the previous year (2008). Of these, 54% came from OPD, 81% were from within the hospital's catchment area.

The top five conditions for the year in review were as follows;

1. Fractures	37
2. Neuropathies	26
3. Cerebral palsy	23
4. Hemiplegia	22
5. Muscle Strains and ligamentous sprains	20

Other conditions attended to include; lumbago, burns, amputation and 'Saturday night' palsy.

Due to the increase in the number of the patients/clients the unit was partitioned to create a small compartment for massage and other procedures that require privacy.

ULTRASOUND AND ENDOSCOPY

A total of 2,150 exams were performed at the Ultrasound department: 1,549 were obstetrical cases (72%) and 499 for other reasons (23%).

Once per week, the Endoscopy unit performed oesophago-gastro-duodenoscopies, colonoscopies and bronchoscopies. 99 endoscopies were done in 2009.

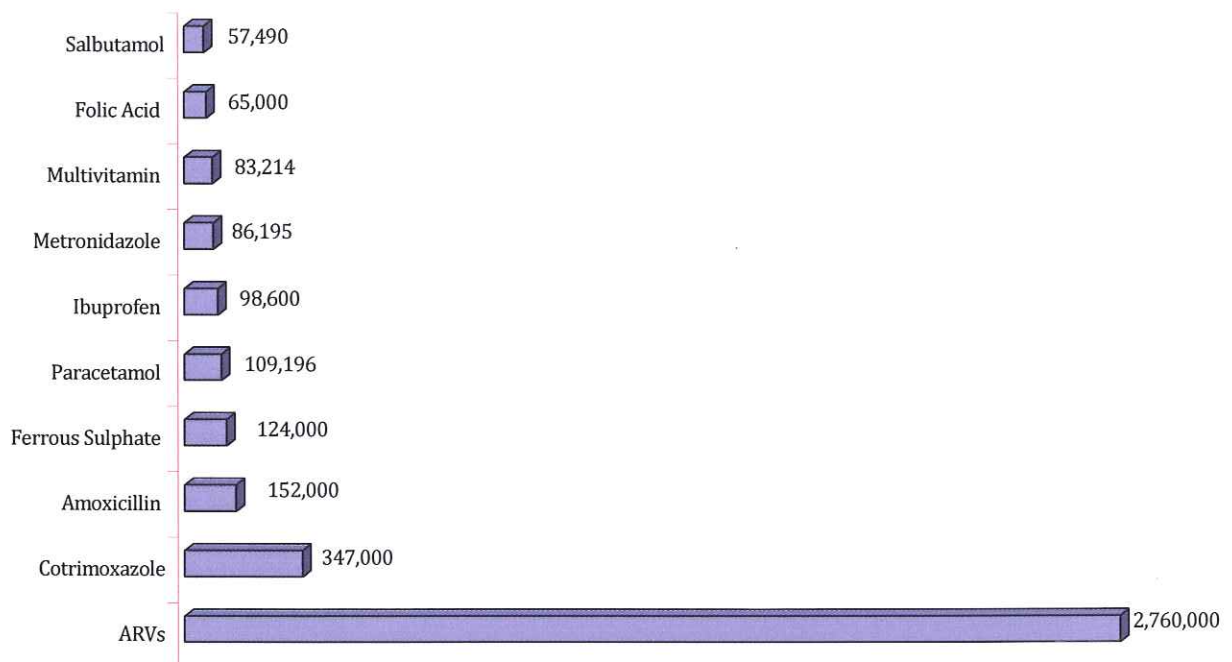
PHARMACY

The hospital has a main pharmacy that serves the whole hospital, supplying drugs, fluids and disposable materials to both In and Out Patients Departments. Each ward also has a small pharmacy where weekly stocks of commonly used drugs are stored.

Majority of the pharmaceuticals are purchased abroad, primarily Italy, as availability of many drugs within Zambia remains irregular and costly.

Below are the top ten drugs used at the hospital.

Top Ten Dispensed Drugs



GENERAL SUPPORT SERVICE

DOMESTIC DEPARTMENT

This department is responsible for the procurement and storage of food. The hospital also has a garden, which supplies the kitchen with fresh vegetables to help supplement the food requirements of the patients.

The Department also takes care of the Kitchen, Laundry, Sewing, Mortuary non-medical stocking of wards and cleaning duties as well as the general maintenance of the hospital.

The Kitchen provides 3 meals per day for the adults and 5 meals per day for the children.

Below is a breakdown of all food supplied to patients by in 2009.

SUPPLIES	UNITS	
Fish	kg	24
Kapenta	kg	227
Meat	kg	293
Sausages	kg	139
Chicken	kg	449
Eggs	N	2,816
Beans	kg	323
Rape	kg	461
Cabbages	kg	648
Tomatoes	kg	568
Onions	kg	235
Salt	kg	100
Oil	ltr	456
Sugar	kg	1,262
Rice	kg	47
Bread	N	2,430
Mealie Meal	kg	7,350

TECHNICAL DEPARTMENT

The Technical Department is committed to perform as far as possible all the necessary maintenance of the hospital which is the main goal for this department.

The daily maintenance interventions involve Plumbing, Carpentry, Garage, General maintenance team and new constructions section.

In addition, the department works for external customers in order to generate an income.

Carpentry: making of different types of furniture (family beds, tables, cupboards, massive doors, mirror frames, shelves, stools, libraries, window frames, pupil desks and seats, benches) for the hospital and external customers, roof repairs at the hospital premises, making of coffins, planning, cutting and grooving planks

Plumbing: daily maintenance works of the water and sanitation systems of the hospital and annexed compounds and gardens, like repairs of the pumps, voiding of septic tanks, installation/maintenance of geysers, sand filters maintenance; voiding of septic tanks and threading and cutting of G.I. pipes for external customers

Maintenance and Construction works: construction of new buildings like two staff



houses and a new Isolation ward with an underground store, casted foundation for the C band antenna, construction of a roundabout at the hospital entrance, assistance to the drilling of a borehole, making of trench for the laying of borehole

water pipes, general maintenance of existing buildings, bush cleaning, beginning of survey for a global sewing system for the hospital and staff compound.



Garage: maintenance and repair of vehicles, air conditioners, washing machines, medical machines, generator set, telephones, electrical implant, making of cantilevers for shuttering, assembling by welding of reinforcement spiders for the pre-cast of ceiling beams for the new buildings

FUTURE PLANS

To maintain the present level of performance is certainly a challenge and a not easy achievement. Nevertheless we are committed to improve the service offered through the following actions:

- “ To scale up HIV/AIDS activities
- To expand the screening programme of the Cervical Cancer Prevention Clinic.
- To improve taskshifting in order to overcome the staff shortage.
- “ To enhance Laboratory performance.
- To complete the two new staff houses.
- “ To complete the Medical ward isolation wing.
- “ To scale up in Telemedicine.



Vision of the Institution

To see that people enjoy happy, dignified and healthy life by offering the best possible quality Health care services to all through the combination of Christian values and scientific technology

Mission of the Institution

To prevent, cure and promote health and well-being of people irrespective of age, sex, ethnicity, religion and political view, with special attention to the poorest;

To sensitize members of staff to Christian values of compassion, love and sympathy:

To offer continuous professional education to members of staff:

To implement auto-sustainability plan for the continuation of service.

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