Murambinda Mission Hospital

P.O. Box 20, Murambinda

Zimbabwe

Annual Report 2004

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Contents

Introduction

Murambinda Mission Hospital is the Designated District Hospital for Buhera District in Manicaland Province, Zimbabwe. The Hospital was founded in 1968 by the Sisters of the Little Company of Mary, under the Catholic Church, Archdisiocese of Harare, to care for the poor. The Hospital serves a population of almost 300.000 people in an area with a diameter of 200 kilometres.

The year 2004 was a year of challenges, as most years at Murambinda are. The viability of Murambinda Mission Hospital remained under threat as economic hardships, illness, and rampant inflation caused severe difficulties in every part of its operations.

Despite the above challenges, we at Murambinda continue to manage, not least due to the efforts of all staff and other stakeholders. In particular the hospital is grateful for the ongoing support of donors and partners.

Major developments at Murambinda in 2004 have been as follows:

- Increase in allocated staff posts from the Ministry of health - 10 nursing posts, 3 general hand posts and 1 clerk post
- Opening of the Nurse training school which currently teaches 16 senior students and 24 junior student. Thanks to Donors, major structural improvements were made to the training school, including construction of a demonstration room and two additional offices
- Start of special Opportunistic Infection clinic (OI Clinic), where HIV infected clients are registered and receive free opportunistic infection and HIV treatment (ARV drugs), thanks to our partnership with MSF.
- Increase in the entry points for ARVs via the OI clinic
- Training of four additional Counsellors (Primary Care Counsellors) thanks to the ZACH/CHAPPL program
- A new anaesthetic machine has been installed, thanks to Donors.
- Definite moves have been made towards obtaining Title for the land (58,000 square metres) the hospital stands on (currently leased). The Council/Local authority has given the Hospital a price and the LCM together with the Archdiocese of Harare, are considering the matter.

This year has seen unprecedented turnover of staff: 5 nurses, the Statistics clerk, 2 clerks, and one radiographer have left the hospital, usually for greener pastures. The two local doctors also left citing personal reasons and no doubt greener pastures.

Eight nurses were recruited and hired, but vacant posts still exist (nine nursing posts and two doctor posts). The problem is filling the professional posts, as Zimbabweans with this level of training are in high demand both within and outside of Zimbabwe, a demand Murambinda cannot compete against.

Background

The adverse macro-economic and health circumstances drain the population of Buhera District from the little they have. Thus, the hospital's mission - to care for the poor - is as relevant in 2004 as it was in 1968. This mission continues to be pursued with energy and dedication.

Geography

Buhera District consists mainly of 'Communal Land'. This means there exists no title ownership of land, (except within designated growth points, Murambinda and Birchenough Bridge). Its use is governed through a system of traditional leaders and elected councilors.

Buhera covers an area of 5,364 km^2. The area can be designated 'poor' in many ways:

- Agriculturally; 50% of the area is at low altitude with very low rainfall. Very little area is under irrigation.
- Commercially; Two 'growth points' exist, which are centers that have been subsidized by government to develop urban type residential areas, commercial enterprise and small industry. There are no major urban towns.
- Industrially; Dorowa Minerals - a phosphate mine – is the only sizable industry in the area, employing 300 persons.

Through hard work, and experience gained from previous periods of hardship, the population of Buhera has developed a remarkable survival capacity. However, poverty remains a great hindrance to the development of Buhera and its people. Murambinda Mission Hospital, among others, aims to assist the community to overcome these hurdles.

Economic circumstances

Macro-economic indicators continue to worsen. Inflation was pegged at over 350% by the end of 2004. However, if one has the financial capability, most commodities (from milk to petrol!) can be brought at highly inflated (often way above 350%) prices.

The prices of Pharmaceuticals are exceptionally high, especially theatre consumables, and this has meant that the Murambinda short list of available medications has shrunk with consequent impact on quality of care offered to individual patients, e.g. patients who need daily insulin have to buy their own supply.

Fair to good rains late 2003 early 2004 meant that the harvest of staples was reasonable, and there was no supplementary feeding in the district. This does not mean that people did not go hungry, but frank starvation most probably did not occur. The World Food Program (WFP) and Christian Care were told by the government of Zimbabwe that their services were no longer needed on a general scale. The World Food program will continue to help disadvantaged groups, e.g. HIV/AIDS patients, TB patients Orphans, via registered organizations.

The small feeding scheme, 'one meal on the spot' at the hospital, supported by SVMH continued and was well appreciated.

Hospital Organization

Operations of the hospital take place in a number of Departments. Each department operates according to a specific procedures manual, available for consultation at any time. The different departments are as follows:

- Doctors, with three grant supported Government Medical Officer posts, with the most senior Medical Doctor being in charge and acting as District Medical Officer.
- Nursing Services, currently comprising the Matron and two Senior Nurses, twenty three qualified Nurses, and fifteen Nurse Aids. Given the 'hands on' availability of nursing students, Nurse aids have now been reassigned to proper Nurse aid duties and the hospital has been able to dispense with 'voluntaries'.
- Administration, supervised by the Executive Officer Health assisted by four Clerks (one assigned to the training school), the Telephone/Receptionist, Drivers, Maintenances Person, and an Adminstrative secretary to handle donor projects and funds.
- Outpatients Department. This Department operates with the staff as mentioned under Nursing Services.
- Theatre. A specialist Nurse Anesthetist is assisted by two dedicated Nurse Aids.
- Maternity Department. One Senior Nurse and fifteen Midwives (inclusive of the 23 nurses) run this department.
- Pharmacy Department, with the Pharmacy Technician in charge supported by two Nurse Aids.
- Laboratory. Here one Laboratory Technician and one Laboratory Scientist operate with one Laboratory assistant.
- X-ray Department. The single post for a Radiographer is vacant.
- Dental Department. One Dental Technician runs this department.

Partner Organisations

1. The Ministry of Health and Child Welfare

Besides the work at Murambinda Mission Hospital, an on-site establishment of the Ministry of Health and Child Welfare provides the following services:

- District Administration: one Executive Officer Health and two General Hands.
- The District Nursing Officer (DNO), two Community Sisters, and one Nurse. Supervise all nursing services (MoH&CW, Mission, and Council) in the district and have a special portfolio regarding MCH services.
- District Environmental Health Services, through the District Environmental Health Officer (DEHO) and fifteen Environmental Health Technicians (EHTs), based throughout the district, including the TB-Officer at Murambinda Hospital.

- Rehabilitation Department (currently closed as Rehabilitation posts are vacant)

2. Buhera District Council

As the owner and manager of the majority (22 out of 27) of the peripheral clinics in the district, Council works in close partnership with Murambinda as the designated district hospital. In addition the District AIDS Action Committee (DAAC), also managed by Council, works in close association with the hospital.

3. ISPED/EGPAF PMTCT program

Starting up in the year 2001, the Prevention of Mother to Child Transmission of HIV (PMTCT) operations are now fully integrated into the Mother and Child Health services of the hospital. Due to the operational research component in PMTCT, this activity is still run as a separate entity with dedicated personnel, for which the district is very grateful.

4. Dananai AIDS Service Organistion

This is an independent organization based at the hospital premises. Its clearly defined activities comprise, among many others, Home Based Care, Orphan Support, and Peer Education [Adults and Youth].

5. Newstart/PSI

The Voluntary Counselling and Testing Centre (VCT) continues to function and has the four new Counsellors integrated into it's function. The VCT centre therefore sees pregnant women seeking VCT, the worried well, and the chronically sick.

6. MSF/OI Clinic, ARV program, Therapeutic feeding program, and emergency preparedness

MSF fully support the OI clinic, with currently 1800 registered clients, and MSF will support the ARV program, which is hoping to enrol 500 patients by the end of 2005. MSF continues to support the TFC program, which has since been integrated into the Children's ward.

7. ZACH/CHAPPL

Through this partnership, Murambinda benefits overall from the liaison commitment of ZACH has with the MoH&CW, and more specifcally as belonging to the CHAPPL group of hospitals, [10 hospital chosen and receiving HIV/AIDS related support] from within the ZACH Church hospital group.

8. Friends of Murambinda Hospital (FMH)

A Trust organisation based in England, with the specific purpose of supporting Murambinda hospital. In the main staff support and Pharmacy support

9. Stighting Vrienden Murambinda Hospital (SVMH)

A trust organisation based in The Netherlands with the specific purpose of assisting Murambinda hospital, in the main hospital equipment, and Nursing school improvements.

10. TB Alert

Supports the TB program by funding a TB clerk and support for the Laboratory.

11. Individuals

Several individuals offer regular support by way of one-off donations of varying amounts

Human Resources and Staff Development

As mentioned in the introduction, there have been many staff changes in 2004.

Table 1: Staff situation Murambinda hospital 2004

	Allotment	2004	Need
Administrator	0	0	1
Clerks	3	5*	5
Cook	1	1	4
Dental Technician	1	1	1
Domestic supervisor	0	0	1
Driver	1	2	2
Executive Officer Health	1	1	2
General Hand	16	17*	23
Hosp. Food Services Sup.	1	1	2
Laboratory Assistant	0	1	1
Laboratory Technician	1	1	2
Laboratory Scientist	0	1*	1
Matron	1	1	1
Medical Doctors	3	3	4
Nurse Aids	13	14*	13
Nurses	32	24	55
Nursing Tutor	1	1	2
Pharmacy Technician	1	1	2
Rehabilitation technician	0	0	2
Sisters in Charge	2	2	3
Radiographer	1	0	2
Total	***79***	***77***	***128***

NOTES

Allotment is the number of paid positions according to the government grant for salaries. Donors fund personnel above allotment e.g

* one lab scientist, two clerks, one nurse aid. one general hand.

Needed staff numbers are based on Ministry of Health & Child Welfare recommendations 1989.

Staff Development

The following training opportunities were availed of:

- Training in treatment of Opportunistic Infections (one nurse, three doctors)
- Training in the use of ARVs (one nurse)
- Attendance at ZACH meeting to explain the legal implications Medical and nursing practice in Zimbabwe (one nurse, one doctor)
- Attendance at DAC meetings 2 monthly (one nurse)
- Therapeutic feeding training (three nurse aides)
- Attendance at workshop about Child friendly Courts (one nurse)
- CHAPPL meetings x3, two participants per meeting (usually a nurse and a doctor)
- Representatives of the hospital attended various provincial and national meetings, including:
    - meetings of the Provincial Health Team
    - Zimbabwean Association of Church related Hospitals (ZACH)
    - Zimbabwean Nursing Association (ZINA)
    - Annual conference of the Zimbabwean Medical Association (ZIMA)
    - First Annual National HIV and AIDS Conference, Zimbabwe (1 doctor, 2 nurses)

Out Patients Department

Outpatients dept remains busy as is shown by the figures for 2004. People are being increasingly referred to the OI clinic, which although a separate free service remains an integral part of the OPD services regarding consultations. The dept is grateful to have the additional personnel supported by MSF to run the OI clinic, namely one Nurse, two nurse aids, and a dispensing assistant.

Patient numbers remained more or less constant, the hospital fee for consultation remained within affordable rates, fees for other services (Theatre. X-rays, Lab, Pharmacy) have been increased by necessity, but remain well below the National average.

Mrs Mudiwa ran the dept single-handedly for most of the year, with rotating help from the inpatient dept, but has been joined recently by Sr Chipamauyga who will work in OPD on a full time basis. Once again Nursing student hands on help has been a great assistance.

The MoH&CW has introduced new disease Tally sheets, (Oct 2004) which give more detailed information related to chronic illnesses. This change in the way data was collected will lead to some difficulties in the presentation of OPD data, but an attempt has been made to combine the data as collected as collected on different tools.

Health Education to waiting patients was carried out through showing videos to waiting patients, and through talks by Dananai's Home Based Care Team.

Table 2: Diseases/Conditions in OPD 2003-2004

Disease	2003	2004
STD	1362	1856
ARI	5291	5135
Skin Disease	2173	1617
Schistosomiasis	290	581
Eye Disease	538	568
Dental	191	277
Malaria	1385	1423
Diarrhoea	1257	1135
Scabies	138	549
Injuries including Burns	1467	1471
Other Disease*	2488	3692
AIDS	72	359
TB	665	783
	2133	***1590***
Total OPD Patients	***4***	***2***
	3156	***8522***
Total Attendances	***5***	***4***
OI		
New consultations		1400
Follow up visits		1500
Total consultations		***2900***

* Other includes e.g. U.T.I, C.C.F., abortion etc.

OPD-meetings are scheduled to assure consistent record keeping.

Inpatient Care

General Side (Male, Female, and Children's Wards)

TB, HIV/AIDS, and malnutrition were among the major health problems encountered in the Inpatient Department during the year.

Cutaneous anthrax continues to be a problem with many serious cases being admitted, but fortunately no deaths. Veterinary control of Anthrax seems to have broken down, with a result there is a high infection and death rate amongst cattle in the district. Rabies was also a problem with two deaths in the hospital, the major problem being lack of both human and animal vaccine.

Fortunately most other medical and surgical cases could be treated or transferred as required, and we are grateful for the good ambulance service the hospital is able to provide.

Staff shortages remain as always, but having the extra hands provided by nursing students is proving very helpful, and of course as the students progress through their course and became more skilled, their contribution to care of patients improves and is greatly appreciated.

Supervision of Nursing students is an extra duty for the qualified staff, especially helping the tutors with clinical assessments, but the task has been taken on in the spirit of "going the extra mile".

Once again the hospital had two visits (June and September) from the eye team based at Morgenster Hospital, Masvingo. These are busy times for the inpatient dept as it means not only do the eye patients have to be accommodated but a relative as well. In total 100 cataracts were removed in 2004

Table 3: Inpatients statistics Murambinda Mission Hospital 2003 and 2004

	2003	2004
Total number of admissions	6951	6050
- maternity	2791	2295
- general	4160	3755
Total in-patients days	26794	29207
Average lengths of stay (days)	3.9	4.8
Occupancy Rate (%)	73.4	73%

Table 4: Admission conditions 2004

Admission Diagnosis	2003	2004
Normal vertex delivery	1416	1502
Tuberculosis-pulmonary/pleural	558	542
Pneumonia	466	421
Observation/investigation	236	353
HIV / AIDS	229	319
Malaria	142	235
Gastroenteritis	301	221
Kwashiokor /marasmus	224	122
Menengitis	74	80
Upper respiratory tract infections	63	108
Asthma	60	79
Cataract	155	100
T b investigations	72	53
Prematurity	49	52
Burns	75	52
CCF	64	47
Fracture femur	26	37
Cerebrovascular accidents	41	33
Other TB-abdominal/peritonitis/bones	49	30
Psychosis	27	25
Epilepsy	14	19
Birth asphyxia	12	18
Diabetes	25	14
Septicaemia	2	7
Liver Disease	11	6
Neonatal sepsis	70	1
TOTAL	***4762***	***4475***

Table 5: TB statistics for 2003-2004

Category	2003	2004
Patients 0-5 years with TB	86	89
Patients >5 years with TB	1253	954
Total patients with TB	1339	1042
Patients with pulmonary TB	1142	895
Patients with extrapulmonary TB	125	147

?dropped due to caution in requesting CXR (expense and availability)

The assistance given by TB Alert in the form of a permanent TB clerk at Murambinda has greatly assisted the accuracy with which TB records are kept, making the finding of patients notes etc much easier.

Table 6: Data for Therapeutic Feeding Centre

	2003	2004
Admissions:		
1/W/H <70 % MUAC <11 cm	74	67
2/Oedema	144	95
Readmissions:		
Marasmus	6	3
Kwashiokor	2	2
Total admissions		
Cured	115	74
Deaths	26	58
Defaulter	25	27
Transfer	48	3
Total discharges	***214***	***162***

Table 7: Inpatient deaths Murambinda Mission Hospital 2003 and 2004

Disease	2003	2004
HIV/AIDS	39	83
Tuberculosis	35	68
Kwashiokor/marasmus	29	56
Pneumonia	28	36
Gastroenteritis	26	29
Malaria	12	28
Prematurity	11	22
Menengitis	11	18
Birth asphyxia	4	13
CCF	6	13
Septicaemia	0	8
CVA	8	7
Liver disease	3	4
Burns	2	2
Head injury	0	2
Neonatal tetanus	0	1
Others (<2 death each)	26	16
Total	***240***	***406***
% death rate	***6.1***	***9.9***

Increase due to enhanced diagnosis of cryptococcal meningitis

Increase due to change/enhanced counting procedures (using BD12 – actual death records – instead of T7)

Maternity Department

During 2004, the Maternity Department provided quality care to all clients and patients, including antenatal care, PMTCT, FHC, and family planning services. Morale was high, even in face of shortage in human and material resources.

Hospital fees and the ever increasing costs of transport have meant a decrease in the demand for Maternity services, as shown by the decreasing number of deliveries over the last years.

Monthly Maternal and Perinatal Mortality meetings were held to discuss selected cases. Perinatal morbidity and mortality remained fairly constant and increasingly we see neonates born sick from sick mothers. The fairly low maternal mortality rate could again be due to women dying at home rather than in the hospital, as they cannot afford to get to the hospital.

Table 8: Antenatal and postnatal care 2003-2004.

		2003	**2004**
First antenatal visits	<16 weeks	216	213
	16-27 weeks	401	442
	>28 weeks	309	262
	Total	***926***	***917***
Repeat Antenatal visits			
	2nd -5th visits		1392
	6th +		1805
	Total		***3197***
Postnatal check up		625	392

Table 9: Labour and delivery 2003 and 2004

Category	2003	2004
Total deliveries	1609	1750
Total births	1652	1790
Live births	1602	1741
Breech	36	28
Twins (pairs)	38	33
Triplets (sets)	3	0
Caesarian sections	138	149
Caesarean rate (%)	8.60%	8.50%
Vacuum extraction	26	23
Forceps	8	4
Still births	36	48
Neonatal deaths	32	33
Perinatal mortality rate	41/100	42/100
Maternal deaths	6	5
Maternal mortality rate	373/100 000	286/100 000
deaths of BBAs	5	6

Table 10: PMTCT Uptake comparative analysis 2003 and 2004

	2003	2004
New bookings	940	1136
Counseled	1242 (132% of new bookings)	1584 (139% of new bookings)
Tested	1076 (87% of those counseled)	1334 (84% of those counseled)
Positive	188 (17.5% of those tested)	236 (17.7% of those tested)
Post test counseling	674 (63% of those tested)	1071 (80% of those tested)

Theatre

The department was fairly busy throughout the year. During the outreach visits of the Masvingo Province Eye Care Programme in June and October, patients crowded theatre corridors during times of cataract operations. A total of 100 cataract operations were performed, and some additional eye-surgery.

The arrival of a new anaesthetic machine in Oct was highly appreciated. It is easy to operate and has the basic monitoring aids.

The Nurse Anaesthetist managed the theatre with the help of two nurse aids, and at times of great demand, assistance was provided from the General Wards.

Over 3000 cases passed through theatre. Most cases were handled in minor theatre. In these cases anaesthesia were regional blocks and Ketamine. In this theatre only a limited number of cases were done under general anaesthesia.

In main theatre most cases involved general anaesthesia with Sodium Thiopentone or Ketamine as the induction agents. Ideally more induction agents and muscle relaxants would be used, however the hospital only had limited agents available for general anaesthesia. Spinal anaesthesia is performed only when the trained Nurse Anaesthetist is on duty for observation of the patient.

The efforts to keep standards up were blessed with the absence of theatre or anaesthetic related deaths throughout the year.

Table 11: Theatre statistics 2003-2004

Catergory	2003	2004
Caesarean sections	143	146
Tubal Ligation	12	21
Ectopic pregnancy	1	1
Herniorraphy Hernia	5	1
Uterine rupture	1	2
Laparotomy	13	4
Skin grafting	9	7
Bone drilling	4	3
Hydrocelectomy	13	6
Appendicetomy	0	0
Testicular torsion	3	3
Total major operations	239	186

Table 12: Small Theatre statistics 2003-2004

Category	2003	2004
D&C	158	188
Incision and drainage	604	697
POP/MUA	216	209
Suturing	204	199
Other	1506	1806

Total Minor operations	2688	3099

Table 13: Anaesthesia statistics 2003-2004

Anaesthesia	**2003**	**2004**
Spinal anaesthesia	4	0
Ketamine	779	638
Spinal & Ketamine	1	0
Pethidine & Diazepam	4	2
Lacal Anaesthesia	636	2597
Inhalation anaesthesia	85	101

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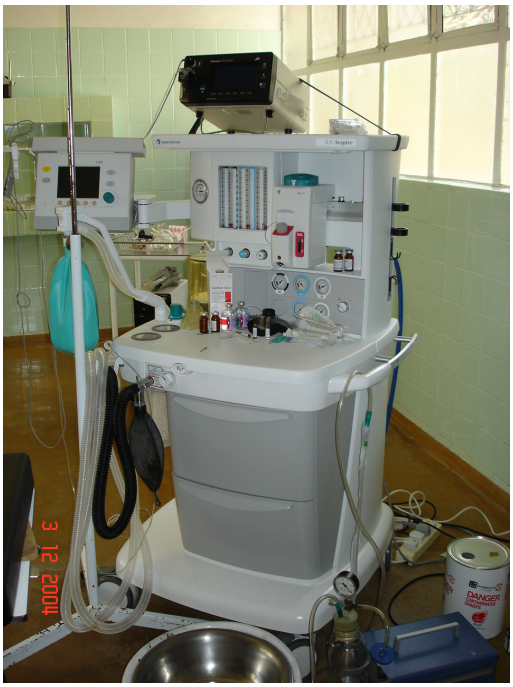

The new anaesthetic machine

Laboratory

During 2004, the bulk of the work at the laboratory was assessment of malaria slides, sputum for AFBs (Acid Fast Bacillus) to detect Tuberculosis, stool and urine micro examinations, and HIV tests. The laboratory once again participated as a Sentinel site in the National HIV prevalence surveillance study, gathering and testing over 300 anonymous samples

The laboratory was fortunate to be assisted by Pascal Foret and Mr Mutsaka seconded from MSF, on regular visits (every two months) to help streamline the operations of the laboratory, and to ensure quality control (MSF funding the external aspect of Quality control).

Both the Laboratory Scientist and the Laboratory technician were trained in Manual counting of CD4 cells, enabling the start of the HAART program. The laboratory can now do Biochemistry on blood and CSF, also as a support to the HAART program.

TB Alert, an English based NGO, have contributed much needed funding to the Laboratory diagnosis of TB.

The laboratory continues to be affected by macro-economic developments, and severe strains remain on the budget.

Table 14: Laboratory statistics 2003-2004

Test	2003	2004
Sputum for AFB	1008	1295
Positive for AFBs	161	347
Malaria slide	1222	883
Positive for plasmodium	5	71
RPR	2162	2233
Positive for RPR	6	29
FBC	491	408
ESR	0	0
Blood sugar	1036	759
Pregnancy test	265	142
X match	75	42
Urine micro	834	1073
Stool micro	339	334
CSF	203	330
Histology	54	62
Pap Smear	0	0
CD4	0	33
Blood Biochemistry (ALT, creatinine, amylase, glucose)	0	50

Increase as Improved quality control (bimonthly visits from Provincial Medical Laboratory/other

Decrease due to expense of test

Introduced in 2004 in context of OI/ARV clinic with support of MSF

X-Ray Department

Both X-ray machines have been working well during the year.

The radiographer left for greener pastures in May 2004, and despite advertising the post it has not been filled. The department is therefore being run very ably by a general hand, many thanks to him.

Like other medical consumables, X-ray film and reagents are extremely expensive and as result high caution is exercised when ordering X-rays. Clients being seen in the OI clinic can receive free X-rays, the film and reagent for these clients being funded by MSF.

Table 15: X-Ray statistics for 2003-2004

Activity	**2003**	**2004**
CXR	2005	1313
Upper extremity	587	391
Lower extremity	394	197
Pelvis & hip	50	42
Lumbar spine	46	4
Thoracic spine	18	1
Cervical spine	2	1
Skull	51	50
Abdomen	44	20
Number of patients	3055	2131
Total examinations	***3669***	***2251***

Decrease due to expense of CXR

Pharmacy

The year 2004 has been an increasingly difficult year for the Pharmacy Department. Sustainability of adequate stocks – adhering to minimum stock levels – continues to be impossible as the macro economic situation continues to decline.

Natpharm, the Pharmaceutical parastatal, has greatly improved in the range of its stocks and still offers them on competitive basis, due in the main to technical and financial assistance from the EU. However limitations still exist, and buying on the private market has become exorbitant. As explained in the introduction, this means the Murambinda essential list is now extremely short.

Generous donations from FMH (English friends of Murambinda) and SVMH (Dutch friends of Murambinda) have enabled the pharmacy to continue to supply 'very essential' drugs and pharmaceuticals

The future remains bleak especially due to the economic hardships countrywide and is likely to worsen before getting better.

Dental Department

In 2004 the amount of patients visiting the Dental Department increased slightly 819 as compared to 810 during the year 2003.

This is a remarkable service, given the expense of the dental local anaesthetic, the purchase of which was completely supported by donor funds and therefore proves relatively unsustainable.

The dental dept held a very successful community program involving the community schools around Munyanyi Clinic. A total of 303 were reached, and of these 298 had teeth removed.

The department was grateful to receive much needed dental equipment via the efforts of SVMH.

Table 16: Dental statistics for 2003-2004

Activity	**2003**	**2004**
Extractions	810	819
Fillings	6	5
Scaling	33	6
Total consultations	***842***	***922***

Finance

Managing finances in the current situation in Zimbabwe is a major challenge, and without donor and partner support the hospital may have had to run operations on more of a "clinic type" scale.

Although the grant aid from the MoH&CW increases at the beginning of the year it is quickly overtaken by inflation. At the end of 2004, the Z$ 10million/month the hospital gets for running costs (excluding salaries), could only pay for water, phone and electricity and some pharmaceuticals. Provisions, domestic materials, transport, general maintenance and the remainder of the pharmaceutical bill have to be paid for by donor funds.

Note: Income = outgoings for 2004

Budget Line	Zimbabwe Dollars	US Dollars (@6000 ZD: 1 USD)
GOVERNMENT GRANT		
Salaries	941 million	156 833
Running Costs	112 million	18 666
Capital Grant	10 million	1 667
User fees	99 million	16 500
TOTAL	**1.1 billion**	**193 666**
DONOR SUPPORT		
Staff Support	94 million	15 667
Hospital & Training School	345 million	57 500
District	100 million	16 667
TOTAL	**539 million**	**89 834**

Other services

Dananai Aids service organisation

Dananai continues it's excellent work for the community of Buhera north, as related to Home Based care [HBC], support for Orphans and Vulnerable children [OVC], and peer education targeting Commercial sex workers and Work places.

The figures speak for themselves – see below:

Table 17: Murambinda Home Based Care (DANANAI)

STATISTICS	2003	2004
Home Based Care		
Total number of Home visits	44600	47123
No of visits by community Volunteers	38957	39949
No of support visits by Dananai Team	5643	7174
Deaths	572	2283
No of Community Volunteers	351	350 (300 female, 50 male)
Training workshops for com.Volunteers	5	6
Meetings held by community carers	1209	1502
Patients received food	4184	3851
Patients received soap	1694	2358
Patients received clothing	144	582
Patients received kits	217	110
Orphans and vulnerable children		
Individual visits	1960	2210
School fees	2450	1825
Exam fees	210	302
Uniforms	1850	847
Blankets	80	60
Food	600	10
Community income generating activities		
Gardens	9	14
Mushroom	0	1
Goat project	0	1
Guinea Fowl	0	1
Tradition Chicken keeping	0	3
Sewing project	0	1
Turkey keeping project	0	1
Community workshops	10	10

Decrease due to absence of supplementary feeding programme in light of good rains previous year

Table 18: Peer education programme data

		2003	2004
Meetings		12624	15189
Male reached		482454	747946
Female reached		314732	498344
Condoms Distributed	male	1205086	1091063
	female	143470	238978
STI Reported		6255	8634
RPR`s Done	positive	6	27
	Negative	2151	1955

Newstart

The VCT center, has greatly increased its coverage as the figures show, increasingly seeing more and more chronically ill clients/patients.

The centre is planning to extend their outreach service to include the whole of the district and areas of neighbouring districts in 2005, with the help of PSI (who will supply a vehicle, driver allowance, the running cost and good outreach per diems).

Table 19: VCT DATA

	2003	2004
Counselled only	75	312
Counselled and Tested	1281	4083
Negative	891	2622
Positive	390	1461
Seen at Murambinda	1356	4083
Seen at Outreach		830
Total	***1356***	***5225***

Conclusion

2004 has undoubtedly been a difficult year for Murambinda Mission Hospital. It is hoped that the staff turnover situation has now settled, and will remain so for 2005. Finance remains a great worry, and the current reliance on donor support for running costs is not sustainable. However the hospital cannot make further savings without cutting back drastically on the scale and scope of services offered.

The hospital, its staff and the people of Buhera express extreme gratitude to those who support us, and the partners who give both 'hands on' and financial support.

What the future may hold is uncertain. However one aspect of future planning that requires concerted effort is securing the Management of the hospital, i.e. a broader form of management possibly involving trusteeship, meaning that responsibilities for management will be taken beyond those of employees. It is hoped that 2005 will allow exploration and implementation of enhanced management structures in order to position the hospital as well as possible for the future.