

Activiteiten verslag

FCMH

2024



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Activiteiten 2024

Reguliere activiteiten

- Periodieke fondsenwerving onder de Nederlandse donateurs
- Periodieke bestuursvergaderingen in 2024
- Regulier support aan de missie, ook wel bekend als beddenadoptie. Zie ook de website www.fcmh.nl. hiermee ondersteunen we de medische activiteiten van het missieziekenhuis.
- In april 2024 is Wout Kleine naar de missiepost geweest. Dit bezoek stond in het licht van zijn komend afscheid als voorzitter, waarbij hij, naast diverse meetings met betrokken rond en op de missiepost ook veel oude bekenden heeft opgezocht en afscheid heeft genomen.
- In juli 2024 is er een periodiek bezoek geweest aan de missiepost in Zambia door Maarten Baaij. Tijdens dit bezoek zijn onder andere de volgende werkzaamheden uitgevoerd:
 - De installatie van de zonnepanelen geïnspecteerd
 - De jeugdreis voorbereid
 - Meetings met het management team van de missie
 - Financiële controle van de administratie van de missie
 - Lokale bestuurlijke contacten aangehaald

Bestuurswisselingen

- Per 31/12/2024 is Wout Kleine gestopt als voorzitter en heeft hij afscheid genomen van het bestuur FCMH
- Per 31/12/2024 is Maarten Baaij benoemd als voorzitter FCMH
- Per 31/12/2024 is Arjan van der Blom benoemd als penningmeester FCMH

Projectmatige activiteiten

- Jeugdreis 2024; In 2024 is een jeugdreis in 2024 naar de missie toe geweest. Hierbij hebben jongeren zich ingezet op de missiepost en diverse activiteiten uitgevoerd.
- Starlink; de missiepost is voorzien van een starlink installatie waardoor er betrouwbaar internet op de missiepost is. Dit is onder andere nodig om de solar installatie online door de leverancier te laten benaderen om onderhoud te doen. Daarnaast kunnen we nu makkelijker online vergaderen. De installatie is door jongeren van de jeugdreis uitgevoerd.
- Voedselprogramma; door de slechte oogst en de toenemende hongersnood rondom de missie zijn we een voedselprogramma gestart. Hierbij krijgen de meest arme en behoeftige (ouderen, zieken) periodiek een voedselpakket. We hebben hier ook een sponsorprogramma voor ontwikkeld en geld opgehaald voor dit programma.
- Gestart met voorbereidingen voor de verbouwing van het weeshuis, en ook de afbouw van 2 woningen op de missie.

Activiteiten Missiepost Zambia (FICM)

In de bijlagen hieronder zijn de activiteiten van de Missiepost in 2024 uitgewerkt. Hiermee komen de primaire taken van missie naar die we vanuit de stichting in Nederland ondersteunen.

Bijlagen:

1. Family In Christ Zambia Report 2024

FAMILY IN CHRIST MISSION MBAYAMUSUMA RURAL HEALTH CENTRE ANNUAL GENERAL REPORT 2024



Executive summary

Mbayamusuma rural health centre is approximately 45 km south east of Mazabuka district Health Office. It is about 22km off Livingstone road. It's a Zonal health centre in Mazabuka District, its serves Musuma, Kangila, Hanjalika and Mweemba clinic. The health centre has a total bed capacity of 55 beds and offers services in 5 departments.

Namely; In-patient department (IPD) and outpatient department (OPD), Mother and Child Health (MCH), HIV/ AIDS department. Among others includes the Tuberculosis department (TB), Voluntary Medical male circumcision (VMMC), Environmental Health (EH) and Pharmacy department.

The clinic has a bed capacity of more than 55 bed spaces.

The Outpatient department (OPD) was busy with a total number of 7534 numbers of patients seen the whole year.

The facility did not record any death among the patients admitted.

The clinic recorded a number of successes in 2024, these include: Scaling up of coverage under early infant HIV diagnosis, Zero maternal death, no outbreak of communicable diseases.

However, the institution faced a number of difficulties that includes:

- ❖ Low number of institutional Deliveries.
- ❖ Low immunisation Coverage.
- ❖ Low number of children fully immunised.
- ❖ Dilapidated incinerator.

Short and Long term targets include:

- ❖ Increase immunisation coverage to 95 %.
- ❖ Increase number of fully immunised children.
- ❖ Increase institutional deliveries to 80%.
- ❖ Finish up the long awaited mothers shelter.
- ❖ Build or renovate the incinerator.

To work on our problems, the priority areas are human resource, capital costs, clinical care and support services.

STAFFING

Clinical Officer	3, 2 (GRZ) 1 SPHO
Registered Nurse	5 (GRZ)
Enrolled Midwife	2 (GRZ)
Registered HIV nurse practitioner	1 (GRZ)
Environmental Health Technologist	2(GRZ)
Laboratory Technologist	1 (GRZ)
Pastor	1 Mission
Pharmacy	1 GRZ
Drivers	1 MISSION
Security Guards	3 GRZ
General Workers	8 GRZ
Mission workers	7
TOTAL	38

There is need for increased staffing levels in all clinical care areas to enhance service delivery to our patients/ clients.

On behalf of my colleagues, Family in Christ board of trustees, am delighted to present to our numerous stakeholders the 2024 FICM Annual Report. The report highlights some positive developments that were posted during the year and some challenges that we encountered along the way.

I am happy to report that family in Christ Mission Zambia performed extremely well in implementing the different health programs and projects much to the delight of the Government of the republic of Zambia, Family in Christ mission Holland and our Cooperating partners.

I wish to express my profound gratitude to The Board of Directors FICM Holland, Churches health association of Zambia (CHAZ),Bright star Education, Ministry of Health Zambia, Ministry of finance, social welfare for the generous financial and material support rendered to FICM, Mbayamusuma RHC during the 2024 year without which we could not have achieved as much as we did .I wish to thank all the members of the FICM organization, Management and staff for all their efforts towards achieving our vision *A community where all people are healthy and live productive lives, to the glory of God*

In the proceeding pages, we present in details our performance for the year in health service delivery, OPD, MCH, ART, PHARMACY, LABORATORY, ENVIRONMENTAL HEALTH, , Education, orphanage, church activities and the financial report for CHAZ, Ministry of Health, Family in Christ mission Holland, Social welfare, Projects as well as the income we generated for the year 2024.

OUT PATIENT DEPARTMENT (OPD)

The outpatient department was busy throughout the year with a total number of 8045 patients being seen both as first attendance and re attendances.

The common co morbidities were:

1. respiratory tract infections=1789
2. Diarrhea=267
3. sexually transmitted diseases=72
4. dental carries=31
5. musculoskeletal disorders=67
6. eye infection=71
7. reproductive health abnormalities=23
8. injuries= 18
9. Ear infections=31
10. Hernias 0

Challenges

- ❖ No feedback from the referrals made

- ❖ Lack of some essential drugs making it difficult to manage some conditions which we would have managed and many are the times we told patients to buy their own drugs for them to get better.
- ❖ Lack of basic medical equipment's for some procedures such as otoscope

Achievements

- ❖ Availability of qualified clinical staff.
- ❖ Availability of transport to refer patients.
- ❖ Consistent technical support assistance provided by DHO.

MOTHER AND CHILD HEALTH

Catchment population = 6379

Expected pregnancies = 267

Expected deliveries = 258

Mothers that were seen or attended to during Ant- Natal clinic for 1ST booking were 199

1st Ant- Natal booking before 14 weeks we achieved 145. We have continued to intensify our health education on the importance of coming before 14 weeks of gestation for 1st Ant- Natal booking.

Deliveries we had 162, out of 258

Under one-year measles we achieved 273 out of 292 expected, giving us a percentage of 93%.

Those children who received measles 2nd dose at 18 months were 234.

Home deliveries we had 5. As a result, the safe mother hood Action group was sent to visit these families to ascertain what could be the reasons of their actions, and Health Education was given accordingly, including dangers of delivering at home.

Post- Natal clinic at 48hrs we had 159 mothers with their children, of which we had all 159 deliveries attended to Post Nataly which means we attained 100%.

Early infant diagnosis we had 13. These are babies which were born from HIV positive mothers, of which all the babies were put on prophylaxis.

HIV Testing, we tested 194 clients out 194 women who came for 1st ANC booking. Out of 196 women 17 were KP meaning women who were HIV positive already before coming for Ant-Natal. All 196 attending ANC women were tested for syphilis and those diagnosed positive were all treated.

BCG we had 187 children who were Vaccinated out of 292 under 1 year, our coverage was 64%.

Family planning.

New- clients we saw 201

Restart we had 154 and revisits we had 1614.

Achievements

- We had no maternal death.
- Most of the Anti – gens were in stock.
- We had enough Human resource.
- Safe mother hood action group was active.
- Growth monitoring equipment was available.
- 99% of option B+ mothers had their viral load suppressed.
- All those eligible for syphilis and HIV testing were tested according.

Challenges

- Erratic supply of Antibiotics and Ant- hypertensive.
- We have No spot- lights, Suction machine, oxygen machine, delivery bed and resustaire.
- Poor – road network.
- Percentage coverage in Ant-Natal 1st booking, deliveries was low hence Quality Improvement projects in these areas are underway.

Conclusion

We appreciate the support you rendered to us as a facility, which enabled us to carry out these activities successfully for the betterment of the community.

May you continue with this good spirit.

ENVIRONMENTAL HEALTH

Inspection of meat and other foods

1. Total number of food inspections done was 200 out of 200 which was planned, giving a percentage of 100% food inspections done.
2. Number of foods inspections resulting in seizure were 23, Major reasons for seizure of food include adulterations due to poor storage and expiring foods.

Health inspection of premises

3. Total number of premises inspected 185
4. Total number of premises 185
5. Premises not compliant 15
6. Premises closed 0

Legal matters

7. Written warning letters 58

Health center inspections

8. There are no toilets for staffs and outpatient department

Water supply

9. Samples of water taken and analyzed 50.
10. Water samples meeting world health standards of portable water 45, Water safety is at 88%, this is one of the major reasons contributing to high diarrheal and skin infections.

Sanitation

Total number of houses in catchment area	Number of households with latrines	%
1651	VIP latrines	420 27
	Refuse pits	1500 96
	Water borne toilets	352 23
	Ordinary latrines	733 37
	Temporarily latrines	398 26
	Bathrooms	1321 80
	Dish racks	1489 92

Sanitation status in terms of latrine has remained steady at an average of 92 % this due to increased sensitization using a participatory methodology of community led total sanitation.

The EHT and the community champions have continued sensitizations and the response is overwhelming there is steady progress being made i.e. Ventilated improved latrines have been constructed in the community from 87% last year to 90% this year. The major reason to this cause is the new boreholes which were drilled in this community with the help of Rotary club Bottleck and rotary club kinderdijk who funded us to drill 18 boreholes in this community that includes two health facilities and two schools. Before the water project was implemented only about 25 % of the general population was drinking safe water in this community. This was one of the major reasons contributing to high diarrheal and skin infection diseases making water and sanitation the number one major public health problem in this catchment area of Mbayamusuma.

Health care waste management

The incinerator is still in a bad state posing a greater risk to the health care providers and the community at large to pollution and biological infections.



Defective incinerator used for health care waste disposal.

Community and school health services

School health was done in 5 schools and a total of 1823 pupils were screened for cholera, immunized and dewormed from intestinal worms, sensitization was also done in all the 47 villages and 10 commercial farms and 1100 IEC materials were distributed.

Sensitization meetings during universal child immunization were done and during school health services.



ART DEPARTMENT

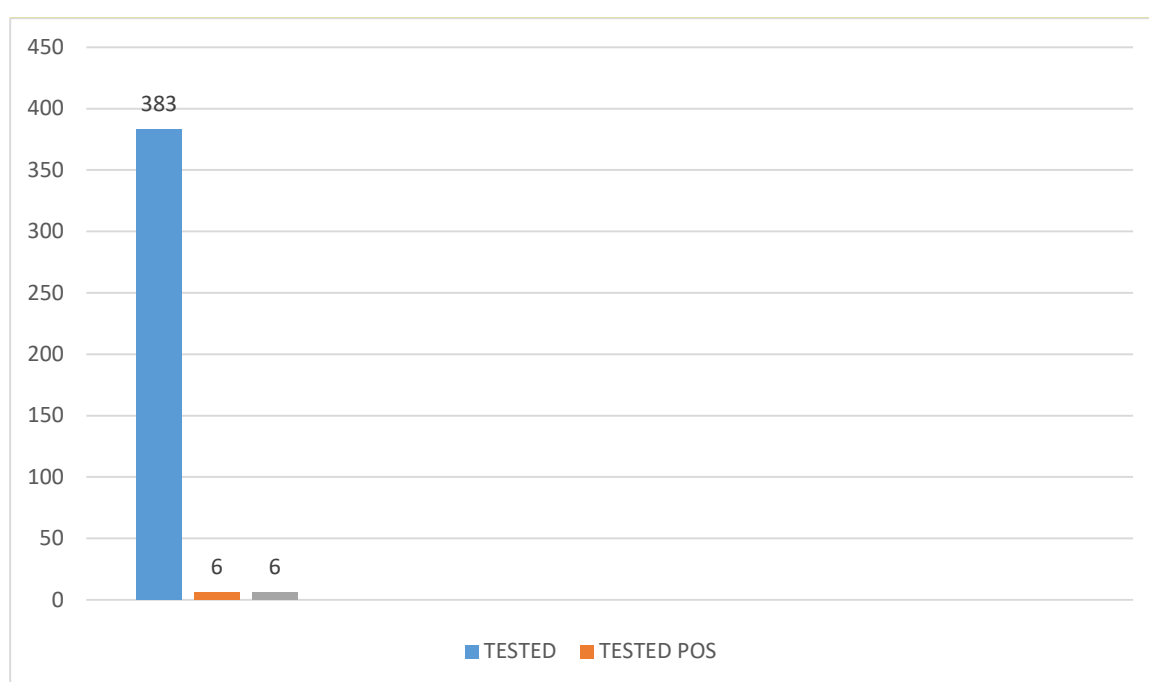
ART department is one of the key departments at Mbayamusuma RHC, this is where all the HIV positive clients receive their care and treatment. As of January 2024, the facility had a total of **697** recipients of Care (ROCS) on treatment of which **502** were women and **339** were men. By December 2024, we had a total of **709** recipient of care on treatment with **404** being women and **295** being men.

The attrition of 132 was mainly attributed to transfers as many clients opted to get transfers especially those whose contracts in the farms had come to an end. We also had experienced 2 deaths among the recipients of care as a result of cancer and natural cause.

The facility had 17 new clients in the year 2024 who were all linked to treatment

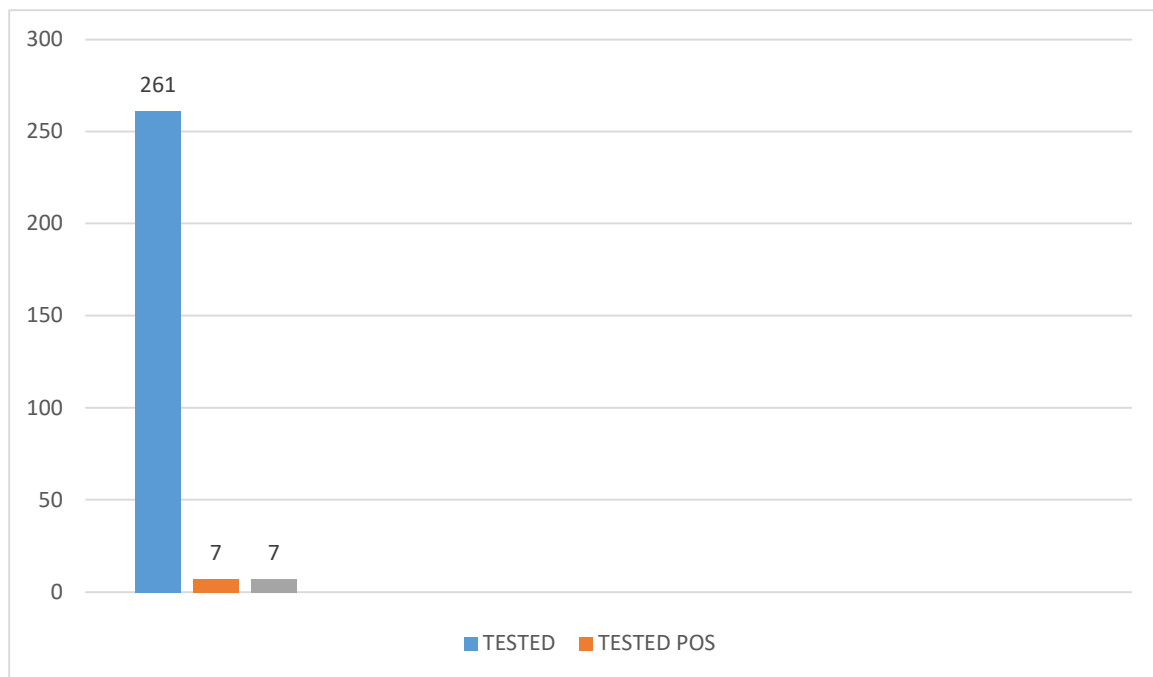
Case Identification Quarter one (1)

The figure below shows the number of individuals who were tested, found positive and initiated on treatment in the first quarter of 2024



Case Identification Quarter two (2)

The figure below shows the number of individuals who were tested, found positive and initiated on treatment in the second quarter of 2024.



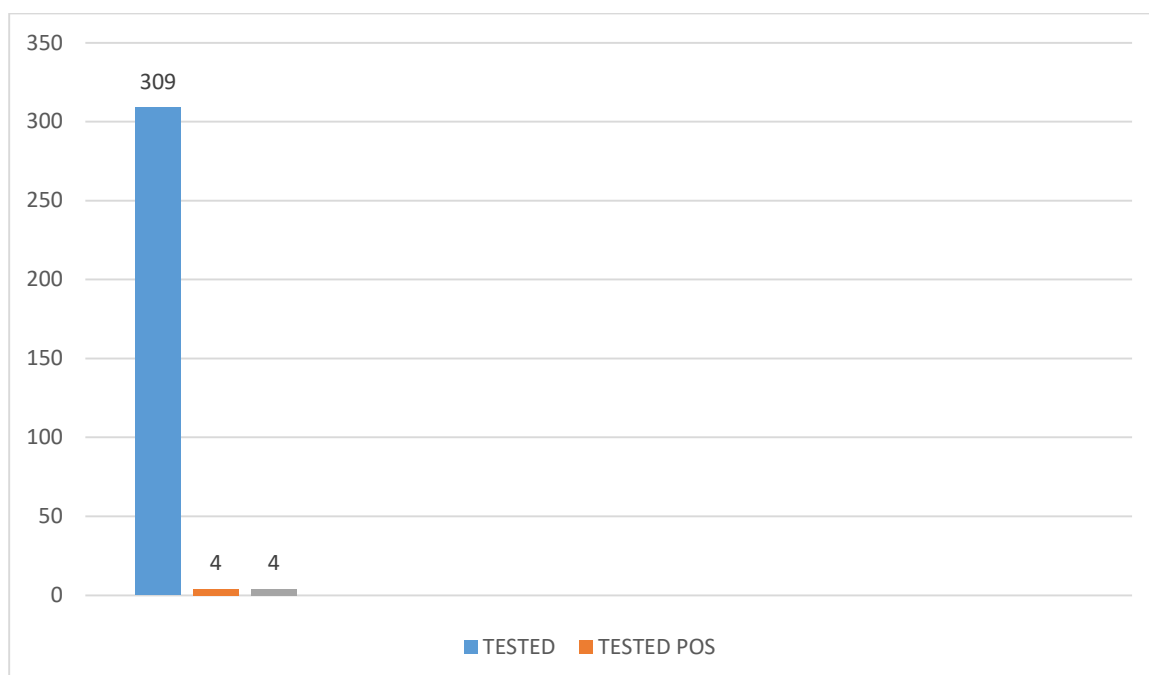
Case Identification Quarter 3

The figure below shows the number of individuals who were tested, found positive and initiated on treatment in the Third quarter of 2024



Case Identification Quarter 4

The figure below shows the number of individuals who were tested, found positive and initiated on treatment in the four quarter of 2024.



Successes

- ❖ HIV testing increased for the facility enhancing case finding and case identification.
- ❖ Enhanced counselling and testing skills among HTS counsellors

- ❖ Community based volunteers were being supported by CHAZ and SPHO
- ❖ Increased Smart care utilization among Staff
- ❖ A number of staff were trained in smart care utilization by SPHO
- ❖ Power supply challenges were minimal especially after installation of solar

Challenges

- ❖ The department lacks sufficient work space as services are provided in one room.
- ❖ Not enough office chairs in the department.
- ❖ Insufficient filing cabinets.
- ❖ The department has no designated toilets which is inconveniencing because staff and clients must use the toilets in other departments.
- ❖ Stopping of ART treatment by 2 adolescents posing a challenge to their health
- ❖ Low uptake of Prep in the general population
- ❖ Lack of a functional male clinic at the facility

Recommendations

- ❖ More filing cabinets should be provided.
- ❖ There is need to create more working space at the Art department.
- ❖ Office chairs should be provided to easy service delivery.
- ❖ Toilets should be worked on for convenience purposes.
- ❖ Need to engage community in Prep uptake benefits
- ❖ Need for the facility to have a functional male clinic

PHARMACY

The pharmacy department was well stocked in the first quarter of 2024 due to the essential health kits received from Zambia Medicines and Medical Supplies Agency (ZAMSA). In the second and third quarter of 2024 the pharmacy run out of most essential drugs and therefore patients were being sent with prescriptions to buy drugs in Mazabuka town which is far away from the facility. In the fourth quarter we received the facility health kit for the district pharmacy and purchased some drugs that were needed, the pharmacy was not fully stocked, because we did not receive enough antibiotic drugs. Nevertheless, through the continued help of family in Christ mission we managed to work optimally.



LABORATORY DEPARTMENT.

The Laboratory department at Mbayamusuma rural health center is designed to provide basic diagnostic services under the primary healthcare package. Below is the testing profile listing tests done in the department.

1. Full Blood Count: This test assesses the quantity of blood and its various cellular components. It enables health practitioners to ascertain the general health state of patients/clients. The test facilitates decision making in ailments such as anemia, bacterial infections, blood cell disorders etc.
2. CD 4 analysis: This is a key test in the assessment of the severity of HIV infection in people living with HIV. It entails the counting (estimation) of the CD4 T lymphocytes which are essential cellular components of the immune system and are attacked by the HIV.

3. **Urinalysis:** Urinalysis is a test that helps health practitioners to use patient's urine to investigate the presence of urinary infections, disorders of kidney function and general urine chemistry. It is done using a strip made up of ten cards each used to qualitatively ascertain the presence of specific urine components.
4. **Rapid Plasma Reagin:** This test is used to test for syphilis. It detects the presence of reagins, which are key antibodies produced by the body when someone is infected with syphilis.
5. **Rapid test for malaria (RDT):** This test is performed to find out if an individual has malaria.
6. **Gravindex test (pregnancy test):** This test is used to investigate whether an individual is pregnant.
7. **Sputum Analysis for AFB:** The test helps diagnose the presence of TB infection and to monitor treatment for patients on TB treatment.
8. **Urine Microscopy:** This test involves the collection of urine, subsequent processing and viewing it on a microscope. This helps to investigate the presence of infections involving the urinary system.
9. **Stool Microscopy:** This investigation helps to discover infections of the gastrointestinal tract.
10. **Blood Slides for MPs:** This test is used to test an individual if an individual has malaria.
11. **Random Blood Sugar:** These tests help clinical staff estimate the amount of sugar (glucose) in patient's/ client's blood to aid decision making in conditions such as diabetes.
12. **Blood Grouping Reagents:** This test is used to ascertain an individual's blood group.

The table below gives a breakdown of the availability and usage of reagents and consumables for the tests above.

TEST	REAGENTS RECEIVED	QUANTITY USED/ WITHDRAWN	QUANTITY IN STOCK	QUANTITY CURRENTLY NEEDED	TEST STATUS
Full Blood Count	*Miniclean=2 *Minidil=0 *Minilyse=2	*Miniclean=1 *Minidil=1 *Minilyse=1	*Miniclean=3 *Minidil=0 *Minilyse=3	*Miniclean=0 *Minidil=2 *Minilyse=0	Frequent machine breakdown
CD4 Count	*CD4 Cartilage=0	0	0	800	Reagent stockout
Urinalysis	Urine sticks pack of 100=400	350	105	0	Reagent readily available

RPR/RST	400	350	20	100	Reagent readily available
Malaria RDT	700	475	225	0	Reagent readily available
Gravindex test	200	170	30	0	Erratic supply of reagents
Sputum for AFB	Aura mine O=20 Alcohol=4 Acid=0 Potassium permanganate=4	1 1 1 1	20 4 0 3	0 0 1 0	Reagent readily available
Urine microscopy	Slides=0	9	43	43	Reagent readily available
Stool microscopy	Slides=0	“	“	“	Reagent readily available
Slide MPs	Slides=0	“	“	5 frosted	Erratic Supply
Random blood sugar	Accucheck strips=50	50	0	50	Breakdown of glucometer
Blood grouping	0	0	0	3	Inavailability of reagents
HIV Testing	Determine=3000 SD Bioline=50 Oraquick= 700	2700 25 600	300 25 100	300 25 00	Reagents readily available

Achievements

The laboratory department had a relatively good year with various tests being done.

Challenges

Erratic supply of some reagents and unavailability of a chemistry machine has been detrimental to overall patient's care. It is hoped that this would be looked into in the near future.

CHILD CARE FACILITY (ORPHANAGE)

The goal of our childcare facility is to nurture our vulnerable children physically, spiritually and mentally until they are able to fend for themselves.

The facility had a busy and interesting year in which a lot of activities were conducted. Our child care facility has a total number of thirteen children, seven are boys and six are girls. The youngest child is one year six months and the oldest is thirteen years. Two of the children are in grade three, four are in grade two and six are doing pre-school.

During the month of July we received visitors from America, they conducted various activities such as painting at the child care facility, playing with the children including those from the community and they also worked at the clinic attending to patients. In August we also received the youths from Holland, during their stay at the mission they distributed clothes and food to the needy in the community. They also helped the mission with the general cleaning and maintenance of the surrounding.

The children generally are faring well despite minor illnesses that are manageable. Towards the end of the year Blessed Ashley developed a cyst in the right below eye lid and was taken to a specialised hospital for treatment and management. The facility managed to enrol Viim Patrick and Emmanuel Njooma into grade one at Mbayamusuma primary school.

Achievements.

- Availability of good modernized playground.
- Good shelter.
- Availability of clothing, cooking utensils, cleaning materials, beddings and food.
- Enough and well-motivated Human resource

Conclusion.

We give appreciation for the untiring, continued support you continue to render to us for the day-to-day care to these children.

We commend your continued support to these under privileged children, so that they will be raised well during their early tender age, preparing them for a better future. Thank you so much.



PRE-SCHOOL

The school has two classes which are in two age groups. The first group consists of pupils ageing from 3 to 4 years old whilst the second group is consisting of 5 to 6 years old. The attendance for all the quarters has been encouraging. Group A aged 3 to 4 years are 35 and

group B for pupils aged 5 to 6 years was 13. Generally, most things were in place and all the children have uniforms.

The main challenge is low number of pupils being enrolled due to families failing to bring them for learning and also due to long distances to come to school and also money problems despite the charges being so low.

The most contributing factor is that parents in the community don't value learning very much.



CHURCH ANNUAL ACTIVITIES REPORT – 2024.

Below are the ministry activities which were successfully carried out in the year 2024.

Sunday services.

Despite countrywide dry spell, the church was able to fellowship with good response for fellowship. The number of congregants has increased to above hundred.

The current church building is becoming to be small. We are thinking of building a big one to accommodate many people.



Evangelism.

The church conducted door to door witnessing encouraging people to worship, serve God and attend church meetings.



Water baptism.

Fifteen people went through water baptism after accepting Christ Jesus as their lord and personal savior.



Revival meetings.

All planned yearly activities were successfully held with good turnout. The Youth teams from Holland and America visited the church to encourage local youths develop interest to worship God.



Relief food Programme.

The country wide dry spell which hit the country was so bad in the year 2024. With the help of partners from Holland, hundreds of people were fed with food stuffs bought and supplied by our partners.



The drought was too bad. The coming in of our partners to help the people was excellent move.

FACILITY GENERAL MAINTENANCE

To ensure that the facility structures are habitable, usable and strong, maintenance routine was observed throughout the year.



The staff house.

The building of the house is on roofing level. It was scheduled to be completed late last year but could not due to circumstance beyond our control. Once completed, we will be able to accommodate two members of staff thus lessen accommodation challenges. After a consultant was engaged and works began in December 2024 and to be completed in the first quarter of 2025.



The tree planting

The trees which have been planted are growing well. Other plants have died but will continue with the project where spaces are available within mission premise.



Income Generating Activities (IGAs) - Our Income Generating Activities that's the shop, garden, workshop and hammer mill and poultry are in operational. Our maize field had a good yield. Varieties of vegetables were grown in the garden. Also banana field is progressing well.





TRANSPORT

We did not have major transport challenges in the year 2024 as both motorbikes and the two vehicles were readily available.



FINANCIAL REPORT 2024

Income

The financial department incomes were as follows; Ministry of health grant we received K16,254. Mission general income we had K144,4423.50. From FICM-HOLLAND we received a sum of USD 47092.30 as in total for the whole year that included salaries, Administration, general maintenance of the Mission and food programme. We also received a sum of USD 8184.53 from Wilde Ganzen Ikon for the solar project. From Chinkakanta School of Nursing we received K66,520.00, Eden University K20,600.00 and K56,660.00 from Namwianga School of Nursing. workshop. Housing and Rentals K54,550.00. and Churches Health Association of Zambia (CHAZ) K405,571.71

Expenditure

Ministry of health grant used was K16,254. Mission general expenditure, Salaries, allowances and wages K175,842.92, Fuel, stationary, electricity unit, maintenance, shop, grinding mills, Casual workers K145,345.11 Orphanage K47,345.00. Transport and vehicle Maintaince K118,639.95. General building K349,981.40 Renovation of staff houses, maintenance and Zesco units K8,375.00. USD 8184.53 was utilized for the solar project. CHAZ K257,666.52 for Administration activities and clinical programs.

We received a good sum of money from FICM-HOLLAND, CHAZ, Chinkakanta students, Eden University, Rentals and Namwianga School of Nursing.

However, our major expenditure was on smooth running of mission activities.

GOOD PRACTICE

1. We have guest houses for income generating.
2. We also have a garage doing welding and mechanical services
3. Our facility offers a good site for rural experience for students.

CHALLENGES

- Lack of radiology department (x-ray machine)
- We had major stock out in the pharmacy.
- Long distances and poor road network.
- Dilapidated facility incinerator.
- Professional and CEs staff houses in bad state, there is need to rehabilitate/renovate them. Most of the houses have leaking roofs and cracked walls.

RECOMMENDATIONS

We strongly recommend the x-ray machine be lobbied through our partners, our community is covering long distances just to access the radiological services from Monze. Once the x-ray machine is brought these long distances will be cut short.

Acknowledgement

In conclusion, I Wish to express my profound gratitude to the government of the Republic of Zambia, Mazabuka District Health Office, The Board Family in Christ mission Holland, The Board Family Mission Zambia, Ministry of Social Welfare, Churches Health association of Zambia, Bright star Education Health Centre Staff and Cooperating Partners for the support

they rendered during the 2024 year without which we could not have achieved as much as we did.

This massive work was as a result of full participation of the health Centre staff.

Special thanks to God for the good Health of our Partners, all the staff and their families.

Wishing you a Happy 2025....

Febby .L. Phiri

Mission Administrator/ Centre in charge