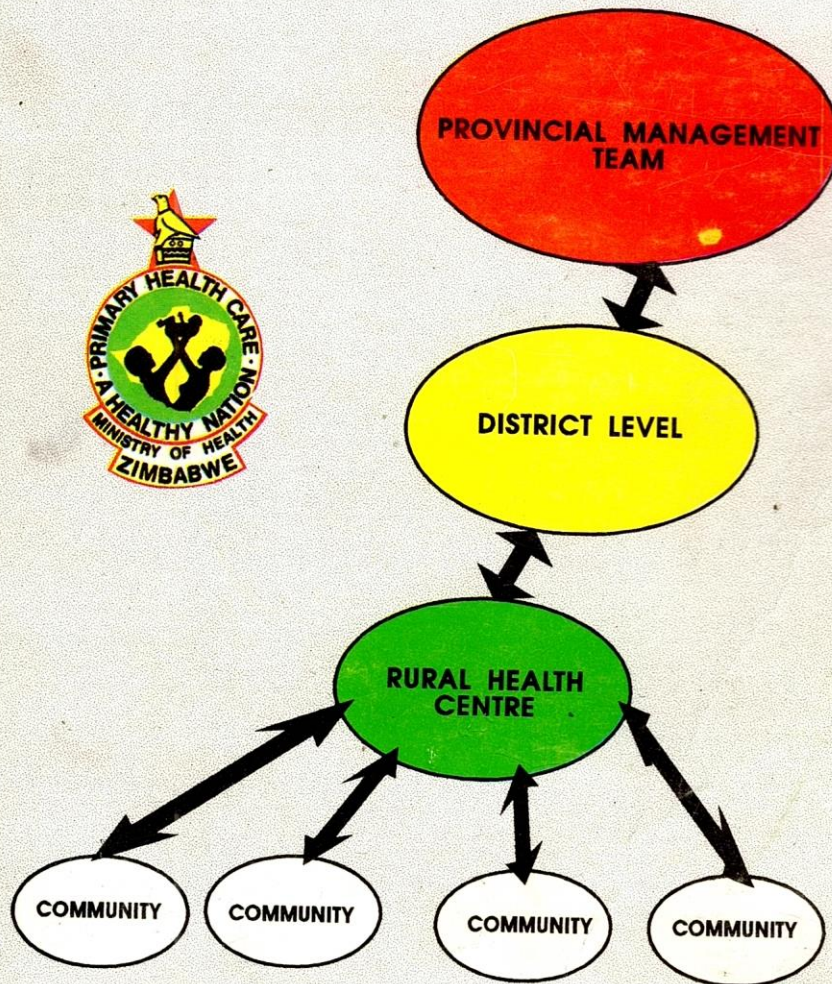
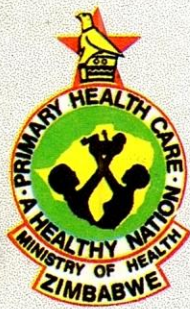


MINISTRY OF HEALTH AND CHILD WELFARE



DISTRICT CORE HEALTH SERVICES FOR ZIMBABWE

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QUALITY IS BECOMING THE MINIMUM STANDARD REQUIRED TO COMPETE.

WHAT MATTERS MOST PERSONALLY TO PEOPLE WHEN BUYING A PRODUCT OR A SERVICE ARE SMALL THINGS THAT IRRITATE OR DELIGHT THEM.

THE MINISTRY OF HEALTH AND CHILD WELFARE IS MAKING THAT EXTRA PERSONAL EFFORT TO EXCEED THE CLIENTS'/PATIENTS' EXPECTATIONS BY PACKAGING HEALTH SERVICES TO MEET THOSE EXPECTATIONS.

MANY THANKS GO TO THE MINISTRY OF HEALTH AND CHILD WELFARE TEAM THAT CONTRIBUTED TO THE PRODUCTION OF THIS PUBLICATION. NOT TO FORGET THE TECHNICAL AND MATERIAL SUPPORT FROM THE WORLD HEALTH ORGANISATION COUNTRY OFFICES.

PRINCIPAL MEDICAL DIRECTOR

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Appendix A

Standard RHC list for Equipment, Furniture,
Stationery and Supplies and linen

Appendix B

Standard Staffing Patterns (District and Hospital)

Appendix C

Standard Equipment list for a District Hospital

1.0 INTRODUCTION

Zimbabwe has embarked on the development of Core Health Services for the various levels of its health delivery system.

This document outlines in detail the core health services at the Rural Health Centre (RHC) and Community level and the District level with the details of support expected from the Provincial Management Team.

The core health package is the minimum defined combination of health services to be provided at a defined level of the health care delivery system.

The broad criteria applied to define the core package include:

- Relative cost-effectiveness of interventions.
- Size and distribution of the health problems affecting the population at greatest risk. (Demographic and epidemiological profile).
- The resources available for health care.

The rationale for this course of action is to provide well defined essential services in a cost effective manner.

There is increasing evidence that single purpose interventions are mainly effective in reducing a particular cause of mortality, but not in reducing overall mortality.

By integrating health activities, providers can take the opportunity to link each contact with the client to provide less demanded, but

needed services.

Furthermore, health care technology is such that not all procedures can be grouped into one package available in each small community. Other procedures require costly equipment which could be under utilized if located at the lower tiers of the health delivery system.

At community levels a lay person selected by the community can assist in the provision of services for "self care" or treatment of minor ailments within the community.

On the other hand at the Rural Health Centre level the services provided are those that normally would not require sophisticated equipment but need a critical mass of a catchment population to operate efficiently.

The referral health service package calls for a concentration of cases to maintain competence of the health staff and justify investments and related operating costs as would be found at a District Hospital.

The whole concept provides a detailed costing framework for the health sector.

2.0 THE OBJECTIVES IN DEVELOPING CORE SERVICES

This document formalises the services provided at the stated levels of care in Zimbabwe into "core services". This is a result of several reviews of workshop documents, reports and studies on the subject culminating in a consensus workshop held in June 1994. Specifically:

- 2.1 To develop a minimum of core services that must be offered at all times at the stated levels of care.
- 2.2 To define the minimum standard requirements for physical infrastructure, staffing, equipment and supplies for the PARTICULAR LEVEL.
- 2.3 To develop a core package that is both essential and affordable to the consumer and within available financial resources for the health sector.
- 2.4 To develop indicators that can be used to monitor the effectiveness of the core package in altering the health status of the population.
- 2.5 To explore and define areas of responsibility within the core package that could be shared with the community and other sectors.

3.0 ORGANISATION OF HEALTH SERVICE DELIVERY

The organisation of the Public Health Services in Zimbabwe is based on a 4 tier structure consisting of:-

- 3.1 The Primary level which provides the first level of contact between the community and the formal health system.
- 3.2 The Secondary level which is the first referral level supporting the Rural Health Centre and other primary care level facilities.
- 3.3 The Tertiary level consisting of Provincial Hospitals providing the first level of specialist referral medical support to the district hospital.
- 3.4 The Quaternary level consisting of 5 National referral hospitals which are also teaching hospitals.

SERVICE

services in Zimbabwe is

first level of contact
primary health system.

first referral level
and other primary

Provincial Hospitals
referral medical

National referral
centres.

4.0 RURAL HEALTH CENTRE AND COMMUNITY CORE HEALTH SERVICES

4.1.0 PROMOTIVE AND PREVENTIVE SERVICES

4.1.1 Promotive Services

Organisation of information, education and communication strategies in partnership with patients, clients and the local community.

This includes dialogue during consultation and outreach visits to villages including campaigns to groups served by the rural health centre.

4.2.0 Preventive Services

4.2.1 Maternal and Child Health Services

To provide these services on a daily basis through the supermarket approach.

- a) Antenatal Care
- b) Post natal Care
- c) Family Planning advice and provision of contraceptives
- oral contraceptives, spermicides, condoms.
- d) Growth monitoring and nutrition surveillance
- e) Expanded Programme of Immunisation

f) Supplementary Feeding Programme

g) Promotion of Breast-feeding.

Procurement of vaccines and supplies on a monthly basis as well as monitoring and maintaining the cold chain.

Through a stock control system to maintain a 3 month supply of drugs at any one time.

Referral of all at risk pregnancies.

Compilation, analysis and interpretation of statistics on a monthly basis.

Supervision and training of Traditional Midwives and other community workers.

4.2.2 Disease Surveillance

To notify any cases of notifiable diseases occurring in the locality.

To monitor disease incidence graphically, plot spot maps and investigate local outbreaks of disease.

4.2.3 Environmental Health Services

a) The siting and construction of Blair toilets.

b) The construction, protection and up keep of small rural water supplies.

c) Food Safety:

- Inspection of food handling premises.
- Investigation of outbreaks of food poisoning

d) Siting and supervision of waste disposal dumps.

4.2.4 Outreach Services

The services are provided by Rural Health Centre staff on their outreach points.

The services include:-

- Domiciliary visits for EPI, IEC campaigns, FP services.
- Supervision of Traditional midwives and Village Community Workers.

5.0 CURATIVE SERVICES

5.1 DELIVERY SERVICES

- a) Conduct normal deliveries with the use of the partogram.
- b) Early referral of at risk pregnancies and abnormal labour to the District Hospital.
- c) Micronutrient supplementation for pregnant women.

5.2 TREATMENT SERVICES

Performance of a physical examination and the establishment of presumptive diagnoses.

5.2.1 Management of childhood diseases:

- Acute Respiratory Infections
- Presumptive treatment of Malaria
- Control and treatment of Diarrhoeal Diseases - the demonstration of the preparation of Oral Rehydration Solution (SSS) and its administration.

5.2.2 Nutritional Rehabilitation.

5.2.3 Treatment of local infections.

5.2.4 Treatment of minor injuries.

5.2.5 Treatment of various pains and complaints.

To apply a
charts/EDI

5.3 SEXUAL RELATIONS

5.3.1 Establishm
syndromic

5.3.2 Managem
protocols.

5.3.3 Treatment
complicate

5.3.4 Provision o
and their re

5.3.5 Advice on a
patients an

5.3.6 Provision
prevention

5.4 CHRONIC

5.4.1 To keep a
catchment

5.4.2 Resupply r

5.4.3 Contact tra

To apply and follow the management/treatment protocol charts/EDLIZ.

5.3 **SEXUALLY TRANSMITTED INFECTIONS/HIV RELATED DISEASES**

5.3.1 Establishment of presumptive diagnosis on the basis of the syndromic approach.

5.3.2 Management of patients according to the prescribed STD protocols.

5.3.3 Treatment of HIV related infections and referral of complicated cases.

5.3.4 Provision of supportive counselling to HIV/AIDS patients and their relatives.

5.3.5 Advice on and the promotion of home-based care for AIDS patients and provision of symptomatic treatment.

5.3.6 Provision of condoms and health education on the prevention of HIV/STD.

5.4 **CHRONIC DISEASES**

5.4.1 To keep a register of all chronic disease patients in the catchment area.

5.4.2 Resupply medication for the chronically ill patients.

5.4.3 Contact tracing for TB and other communicable diseases

5.5 MINOR PROCEDURES

5.5.1 Suturing of minor lacerations and perform episiotomy under local anaesthesia.

5.5.2 Appropriate assessment, incision and drainage of small abscesses.

5.5.3 Extraction of teeth where an exodontist is available or referral to next level.

5.5.4 Performance of RPR tests, urinalysis and Haemoglobin estimation.

5.5.5 Where there is a specially trained nurse, insertion of IUDs.

6.0 REH

6.1

6.2

6.3

6.4

6.5



6.0 REHABILITATION SERVICES

- 6.1 Identification of at risk babies post delivery - before discharge or at first contact if delivered at home.
- 6.2 Application of the "at risk" sticker on the child growth card.
- 6.3 Education of mothers on the importance of the "at risk" sticker.
- 6.4 Assessment of milestones using the developmental screening chart and referral to the nearest rehabilitation centre.
- 6.5 To keep a register of permanently disabled people in the catchment area.

7.0 COMMUNITY BASED HEALTH CARE ACTIVITIES
(Mainly incremental activities)

7.1 Village Community Worker/Farm Health Worker

7.1.1 Health Education and health promotion.

7.1.2 Community based growth monitoring.

7.1.3 Community mobilisation and involvement in health related projects.

7.1.4 Data collection of village/community based information on diseases.

7.1.5 Follow-up of chronically ill patients.

7.1.6 Supervision of Child Supplementary Feeding points.

7.1.7 Treatment of minor ailments / first aid.

7.1.8 Support to home based carers.

7.2 Community Based Distributor (CBD)

7.2.1 Initiation of contraceptive methods and supply of contraceptives within the community setting.

7.2.2 Provision of Health Education activities on FP/MCH and prevention of Sexually Transmitted infections.

HEALTH CARE

(ies)

Community Health Worker

promotion.

ring.

involvement in health related

community based information on

primary Feeding points.

aid.

Community (CBD)

methods and supply of
community setting.

activities on FP/MCH and
infections.

7.3 Traditional Midwife

7.3.1 (Emergency) Delivery of normal pregnancies.

7.3.2 Identification of at risk pregnant mothers and referral to the Rural Health Centre.

7.3.3 Health promotion of:-

- Breast feeding
- Family Planning
- Immunization
- STI/HIV prevention
- Baby care and hygiene
- Any other interventions as may be necessary.

7.4 Traditional Healer

7.4.1 Health promotion and traditional treatment of some ailments.

7.4.2 Referral of cases to the Rural Health Centre.

7.5 Nutrition co-ordinator

7.5.1 Assistance to the community to establish food and nutrition projects.

7.5.2 The monitoring of community food and nutrition projects including data collection and compilation.

8.0 **STRUCTURES FOR A RURAL HEALTH CENTRE**

8.1 **Physical Structures**

Specifications for a standard RHC as per FHP I.

Must be accessible by all modes of transport throughout the year.

Land size ideally should be 10 000 sqm.

Supply of running water is essential.

Must ideally have electricity, solar or gas lighting for the labour ward, consulting room and the refrigerator.

3 x F14 (Rural) staff houses and 3 Blair toilets

2 Blair toilets for the patients

1 autoway pit

1 Refuse pit

Perimeter fence

8.2 **Communication System**

Radio communication with the receiving centre at the District Hospital. Ambulance to be connected to this radio for 24 hours, or telephone communication. A postal bag where possible.

8.3 **Management Services**

Health Centre Team (All staff working at that RHC).

RURAL HEALTH

RHC as per FHP I.

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000 sqm.

ential.

lar or gas lighting for the

nd the refrigerator.

d 3 Blair toilets

iving centre at the District

ected to this radio for 24

ion. A postal bag where

working at that RHC).

Health Centre Committee - Ward Councillor as Chairperson, with EHT/Nurse as Secretary. This is a subcommittee of the Ward Development Committee.

Meetings - Health Centre Team Meeting, at least once a month and as necessary.

- To attend District Health Team meeting (representation of RHC is mandatory).
- To attend Health Centre Committee meeting once every month.

8.4 Supervision

Directly supervised by the Community Health Nurse/DNO and the Principal Environmental Health Technician. These should use the supervisory check list and provide feedback on performance.

Support from the District Health Executive Team at least once a month.

Support from the ZNFPC and other relevant ministries as appropriate.

8.5 Staffing Requirements

8.5.1 Nurses:

Ideal is: 1 nurse for 28 patients contacts daily

A less busy clinic seeing 52 new patients daily requires 2 nurses minimum at least 1 with midwifery and MCH/FP training.

A very busy clinic seeing 120 new patients daily requires 4 nurses, 2 with Midwifery and MCH/FP training.

8.5.21 EHT per ward.

8.5.3 Nurse Aides: It is essential to have a Nurse Aide at the RHC to perform non technical activities - damp dusting, sluicing, observations, laundry.

8.5.4 General Hand: A general hand is essential at the health centre to keep the grounds clean and to perform various errands.

9.0 MONIT

Vaccination
Incidence o

A.N.C.

P.N.C.

Deliveries

A.R.I.

S.T.I.s

T.B.

TMs

Toilets

Drug Supply

9.0 MONITORING INDICATORS

Vaccinations Coverage of BCG, Polio 1, Polio 3 and Measles.
Incidence of measles.

- A.N.C. 1st visits as a proportion of total visits.
- P.N.C. P.N.C. visits as a proportion of 1st ANC attendances.
- Deliveries Maternity referrals in labour. Deliveries as a proportion of 1st ANC attendances.
- A.R.I. Mild ARI as a proportion of total ARI cases.
- S.T.I.s S.T.I. cases as a proportion of new O.P.D. attendances for patients above 15 years of age.
- T.B. Defaulters
- TMs Percentage of Traditional Midwives deliveries in relation to reported catchment deliveries.
- Toilets Number of toilets completed.
- Drug Supply Percentage Nil supplied or percentage supplied on a monthly basis.

10.0 RURAL HEALTH CENTRE COSTS

10.1 Buildings - construction/renovation

10.2 Equipment - imported/local

10.3 Training costs - initial/in-service

10.4 Operation costs- personnel salaries

- incentives: per diem/outreach
- drugs and other supplies
- energy, water, gas etc.
- maintenance and repairs building/ equipment
- transport

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11.0 DISTRICT CORE HEALTH SERVICES

11.1 The District Health Service is the secondary level and its main function is to provide:

11.1.0 The Secondary level of care and among its major functions and responsibilities are:

11.1.1 The management of all public and private sector health facilities and activities.

11.1.2 Provision of promotive and preventive health care.

11.1.3 Provision of secondary level curative care at the District Hospital.

11.1.4 Co-ordination and monitoring of the implementation of community based health programmes.

12.0 PROMOTIVE AND PREVENTIVE SERVICES

12.1 Maternal and Child Health Services

Provision and organisation of integrated maternal and child health care services:

- a) Antenatal care
- b) Postnatal care
- c) Family Planning
- d) Growth Monitoring
- e) Immunization

These services are provided:-

- a) At the district hospital
- b) As outreach work by hospital team
- c) As mobile services.

Co-ordination, guidance, monitoring and supervision of MCH activities carried out by the Primary Care level.

Analyzing service data relating to MCH, interpreting and application of the data.

Investigation of outbreaks of immunizable and other diseases and taking remedial action.

Procurement
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Training Prin

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VENTIVE SERVICES

Procurement, storage, distribution and maintenance of supplies and equipment needed for MCH work.

Training Primary Health Care workers.

12.2 Nutrition

The co-ordination and organisation of:-

a) Community Based Nutrition Programmes

Improving household food security through training in food production, processing, storage and preparation.

Community Based Growth Monitoring activities.

Supplementary Feeding Programmes.

Therapeutic Feeding Programmes.

b) Infant and Young Child Nutrition

Improving infant feeding through promotion and protection of breastfeeding.

Encouraging hospitals and clinics to take up and adopt the WHO/UNICEF baby friendly hospital initiative.

c) Control of Micronutrient Disorders

Surveillance of micronutrient disorders in the district:

Iodine deficiency

Vitamin A deficiency

Iron deficiency

Institution of appropriate control measures.

12.3 Environmental Health Programmes and Services

a) Technical support to communities on:-

- Construction, protection and up-keep of small rural water supplies (springs and shallow wells)
- Siting and construction of Blair toilets.

b) Water quality control:-

- Sampling of drinking water supplies in the district on a regular basis (both bacteriological and chemical).
- Advise responsible authority on remedial action.

c) Food Safety:-

- Inspection of food handling premises for :-
 - Food storage and preservation
 - Preparation and handling of food
 - Personal hygiene for food handlers
 - Cockroach, rodent and other vermin infestation inspection.
 - Ensuring all food handlers have current medical examinations.

measures.

Services and Services

on:-

up-keep of small rural
(shallow wells)

air toilets.

supplies in the district on
(biological and chemical).

remedial action.

premises for :-

ation

of food

handlers

vermin infestation

current medical

- Investigation of outbreaks of food poisoning.

- Inspection of tinned food

- Food sampling

d) Inspection of Premises

- Interpretation of minimum requirements for various premises.

- Routine and licensing inspections.

- Inspections of schools, health institutions and other public places.

e) Waste Disposal

- Siting of refuse dumps.

- Supervision of waste disposal.

f) Meat Inspection

- Inspection of meat at rural slaughter poles in the absence of veterinary officers.

- Inspection of meat at butcheries.

12.4 Prevention and Control of Communicable Diseases

- Plan for and control disease outbreaks

- Surveillance of reportable and notifiable diseases.

12.4.1 Notifiable Diseases

Cholera
Plague
Yellow fever
Typhus
Typhoid
Viral haemorrhagic fever
Rabies
Anthrax
Diphtheria
Poliomyelitis
Hepatitis
Meningococcal meningitis
Tuberculosis
Leprosy

12.4.2 Reportable Diseases

HIV/AIDS
Diarrhoeal Diseases (Sentinel)
Dysentery (Sentinel)
Malaria “
Measles “
Neonatal Tetanus

12.5 Health Information Management

- Implement the National Health Information System.
- Institute sentinel and other types of surveillance systems.

notifiable diseases.

- Consolidate, analyse and use health information from the various healthunits within the district and ensure feedback to the reporting units.

12.6 Information Education and communication

As part of all preventive, promotive, curative and rehabilitative services and programmes.

Production of locally relevant and appropriate health education messages.

12.7 Oral Health Care Services

- Services for periodic dental check-up at district hospital.
- Collect water samples from new drinking water sources for analysis of fluorine levels by the Government Analyst Laboratory.
- Information, education and communication (preventive dentistry)

12.8 Outreach Services

- Rehabilitation services.
- Psychiatric services.
- Home based care for HIV/AIDS and the chronically ill
- School Health programmes

formation System.

f surveillance systems.

- Disease Surveillance activities
- Oral health services.
- EPI, FP, ANC and PNC.
- Environmental Health services.

13.0 CURATIVE CARE SERVICES

A more comprehensive and sophisticated curative care service than that at primary level (Clinics, Rural Health Centres, Rural Hospital) is offered at the District Hospital.

13.1 Patients

The types of patients to receive treatment at the district hospital are:-

- Referrals from clinics, health centres and rural hospitals.
- Referrals back from Provincial and Central Hospitals.
- Patients suffering from chronic diseases who require periodic reviews.
- Accident and emergency cases.

13.2 Clinical Services

Outpatient and inpatient care is offered.

13.2.1 Within the outpatient department, patients are screened by an appropriate Nursing Officer, and those requiring further examination, investigation and treatment are referred to a Government Medical Officer.

(a) Internal Medicine and Paediatrics

- Diagnosis and treatment of the majority of acute and chronic medical conditions in children and adults.

- These include treatment of acute and chronic mental problems.

i) Common causes of admission to Paediatric Ward (Not in order of priority) at District level include:-

- Pneumonia
- Diarrhoea
- Marasmus
- Kwashiorkor
- AIDS definite/probable
- Septicaemia
- Meningitis
- Malaria
- Tuberculosis
- Cardiac failure
- Burns
- Muti-Intoxication
- Failure to thrive
- Measles

of acute and chronic mental

mission to Paediatric Ward
at District level include:-

ii) **Common causes of admission to Adult Ward (Not in order of priority) include:**

- Malaria
- Congestive Cardiac failure
- Pneumonia
- Cerebral Vascular accident
- Malnutrition
- Parasuicide
- Pulmonary Tuberculosis
- Extra Pulmonary Tuberculosis
- Liver disease
- Bronchial Asthma
- Renal failure
- Diabetes mellitus
- Gastroenteritis
- Arthritis
- Malignancy

- Retroveraemia (AIDS/HIV Infection)
- Hypertension
- Epilepsy
- Meningitis
- Nephrotic Syndrome
- Deep Vein Thrombosis
- Typhoid
- Pyelonephritis

iii) Common Mental Conditions include:

- Schizophrenia
- Depressive illness
- Mental Handicap
- Anxiety and/or hypochondriasis

iv) Medical Procedures to be performed at this level include:

- Lumbar puncture
- Skin biopsy e.g. in Leprosy
- Blood Transfusion

- Liver Biopsy
- Breast Biopsy
- Barium meal
- Laryngoscopy
- Proctoscopy
- Sigmoidoscopy
- E C G

13.2.2 Surgery

Minor and major surgical procedures:-

i) Minor Surgical Operations

- Incision and drainage of abscesses
- Debridement of wounds/burns
- Suturing of wounds, primary and secondary
- Excision of superficial lumps i.e. Keloids, Lipomas, lumps and plantar warts.
- Lymph node biopsy
- Venous cut down

- Skin grafting
- Cautery of warts.
- Circumcision
- Supra-pubic catheterization
- Chest drainage
- Removal of foreign bodies from ear/nose.
- Removal of other superficial foreign bodies
- Removal of nasal polyp
- Nasal packing

ii) Major Surgical Operations

- Laparotomy as an emergency for acute abdomen
- Skin graft
- Release of burn contractures
- Haemorrhoidectomy
- Appendicectomy
- Herniorrhaphy

iii) Orthopaedic Procedures

Minor procedures:-

- Reduction of fractures
- Application of P.O.P. with or without manipulation under anaesthesia.
- Minor amputations.
- Insertion of steinman pin or K wire for skeletal traction.

Major procedures are:-

- Major amputation in emergency
- External fixation of fractures
- Sequestrectomy
- Bone drilling
- Tendon repair

13.2.3 Obstetric and Gynaecology/Family Planning

i) Obstetric Care

- Antenatal care.
- Deliveries

- Post natal care

* These services are mainly provided to referred or at risk pregnancies.

Categories of deliveries

- Normal deliveries
- Delivery of multiple pregnancies
- Breach deliveries
- Deliveries with episiotomy
- Vacuum extraction
- Caesarian section
- Induction of labour
- Destructive operation for obstructive labour

ii) Special Care Baby Unit

- Phototherapy
- Care of preterm and other new born babies.

iii) Gynaecological Services

General examination and treatment of common gynaecological conditions is performed.

Minor procedures

- Dilatation and curettage
- Marsupialisation of Bartholin's cyst
- Application of Shirodkar sutures
- Evacuation of uterus for incomplete abortion
- Pap smear
- Cervical Biopsy

Major procedures

- Laparotomy for ruptured ectopic pregnancy
- Repair of ruptured uterus
- Laparoscopy - for tubal ligation, dye studies
- Ovarian cystectomy

iv) Family Planning Services

Short Term Methods

- Oral contraceptives
- Spermicides
- Condoms

Long Term Methods

- Insertion of intra-uterine devices
- Injectables (Depo provera)
- Implants (Norplant)

Permanent Methods

Voluntary Surgical contraception for males and females.

13.2.5 Dental Services

- Tooth extraction
- Fillings
- Scaling

13.2.6 Rehabilitation Services

- Assessment and physiotherapy treatment for clients in the hospital and at home.
- Provision of appropriate aids, equipment and appliances.
- Liaison and referral to other professionals and organisations involved in rehabilitation.
- Rehabilitation of psychiatric conditions and counselling services.

- Social Welfare counselling of patients.

13.2.7 Eye Services

- Treatment of common eye diseases such as
 - conjunctivitis
 - trachoma

14.0 **DIAGNOSTIC SERVICES**

A basic range of:-

- (a) Laboratory Services
- (b) Radiological Services are provided.

14.1 **LABORATORY SERVICES**

- Haematological investigations:-
 - Haemoglobin
 - White cell count
 - Differential
 - E S R
- Biochemistry
 - Urine Chemistry
 - Glucose
 - Protein
 - Blood Chemistry
 - Glucose
 - Potassium
 - Urea
 - Cerebrospinal fluid
 - Glucose
 - Protein
- Bacteriology and Parasitology
 - Sputum for A A F B
 - Stool microscopy for parasites
 - Occult blood in stool

- Blood and C.S.F Cultures Subcultures at district and sent to provincial laboratory.
- Urine for Schistosoma haematobium.
- Blood slides for malaria parasite examination.
- Blood Bank:-
 - A.B.O. and Rhesus grouping
 - Cross matching of blood
- Serological
 - R P R test for syphilis
 - HIV testing
 - Pregnancy testing

14.2 Radiological Services

- Basic radiological examination of :-
 - Chest
 - Lungs
 - Abdomen
 - Spine (Lumbar and cervical)
 - Skull
 - Pelvis and hip
- Ultra Sound Scan
- Barium meal

14.3 Pharmaceutical Services

- Procure, store, stock control and dispense "C" and "B"

list of essential drugs for the hospital.

- Preparation of some galenicals.
- Monitoring and controlling the above activities at clinics, health centres and rural hospitals.
- Training of staff at above institutions.
- Support to peripheral centres to avoid stockout of drugs.

15.0 FORENSIC SERVICES

To assist the police:-

- Post mortem examinations.
- Collect blood specimens for blood alcohol examination at the forensic laboratory.

16.0 **TECHNICAL AND ADMINISTRATIVE STRUCTURES**

16.1 **Management Structures and Functions**

16.1.1 **The District Health Executive** consisting of:-

1. District Medical Officer/District Health Manager
2. District Nursing Officer
3. District Environmental Health Officer
4. District Health Services Administrator
5. District Pharmacist
6. The Matron
7. Co-opted members as necessary

Functions

1. Identify priority health problems
2. Planning for the district health services.
3. Allocate and monitor resource utilisation within the district.
4. Ensure district objectives conform to Ministry of Health and Child Welfare policies and objectives.

5. Ensure efficiency and cost effectiveness in resource utilisation.

6. Ensure the District Health Team is an effective implementation body within the District.

16.1.2 The District Health Team consists of:-

1. District Health Executive Members
2. Representatives from Rural Health Centres.
3. The Hospital Matron
4. Health Information Clerk/Officer
5. Executive Officer (Health) at Rural District Council.
6. Representative from the Ministry of Local Government.
7. Representatives from other relevant Ministries.
8. Zimbabwe National Family Planning Council representatives.
9. Chairperson of the Rural/District Council.
10. Representative from health related NGOs.

Functions

1. Planning, developing and evaluating the district health services.

2. Maintaining the links between the local community, Government and other agencies.
3. Making joint decisions in the running of District Health Services.
4. Making decisions on the need and location of new health facilities within the district.
5. The establishment of management norms within the District.
6. Implementation of government policies relating to health and development.

16.1.3 The District Hospital Management Structure

1. Hospital Executive

Day to day running of the hospital.

- The District Medical Officer
- The Hospital Matron
- The Health Services Administrator
- The Pharmacist.

2. Heads of Departments Meetings

Meets on a monthly basis to co-ordinate departmental activities within the hospital.

Composition

X-Ray Operator/Radiographer
Laboratory Technologist

Rehabilitation Technician
Training School Tutor
Institutional Domestic Supervisor (IDS)
Dental Therapist
Transport Officer
Matron
Community Sister
Sister-in-charge
Pharmacist
Government Medical Officer
Any other co-opted members

3. Hospital Advisory Board at District Level

Consists of 6 members:

- A General practitioner
- A Councillor of the local authority
- A local businessman
- A representative of the churches
- 2 appointees of the Minister of Health

The District Medical Officer and the Hospital Matron are ex-officio members of the Advisory Board with no right to vote.

The Health Services Administrator of the Hospital is the secretary to the Board.

In addition to its advisory capacity to the Hospital Executive, the Board can raise funds for the general development of the hospital.

4. General Staff Meetings

5. Departmental Meetings - intradepartmental issues are discussed.

Major Functions

1. The day to day running of the hospital as an institution.
2. Formulation of the hospital budget and institution of financial and other management rules.
3. Formulation of hospital policies.
4. Setting standards for staffing, staff development and performance standards for the hospital.
5. Hospital public relations.

16.1.4 District Development Committee (DDC)

This is a meeting of all District Heads of Ministries and other developmental agencies.

This committee is chaired by the Ministry of Local Government.

Functions

1. To consider ward development plans presented to it in terms of Section 59 of the Rural District Act of 1988.
2. To recommend to Council on matters to be considered

in the annual and other long term plans for the district.

3. To prepare the annual district development plan for approval by the Council

16.2 Support Services

Laundry Services

Catering

Administrative functions

- Personnel
- Revenue collection
- Accounting
- Assets Control

Equipment maintenance

Facility maintenance

Transport

Supplies

Mortuary

16.3 District Monitoring

Indicators of Health Services provision

- i) Child Survival: Percentage

The number of infant (under one year) deaths (I M R) reported to the health centre divided by the estimated number of births during the last 12 months. Information on this indicator should also include data from VCWs, FHWs and TMs.

ii) Maternal Mortality : Percentage

The number of maternal deaths reported to the health centre divided by the estimated total number of births during the last 12 months. Information on this indicator should also include data from VCWs, FHWs, and TMs.

iii) Adult Mortality : Percentage

The number of adults deaths (15+) reported to the health centre divided by the estimated adult population (15+). Information on this indicator should also include data from VCWs, FHWs and TMs.

iv) Immunization coverage: Percentage

The number of children fully vaccinated before their first birthday divided by the estimated number of births during the last 12 months.

v) Family Planning Coverage: Percentage

The number of women (15-49) using one of the modern Family Planning methods during the 12 months divided by the estimated number of women in this age category.

vi) Essential drug coverage : Percentage

The number of essential drugs that are not maintained at the minimum stock levels divided by the total number of essential drugs which should be in stock.

vii) Household food security: percentage

The number of children under five years who were reported as under the 3rd centile line divided by the total number of children weighted during the past 12 months.

viii) Community water supplies: percentage

The number of families with access to clean drinking water within 15 minute walk (to water supply and back) divided by the total number of families.

ix) Resource management

Ability to provide health services within levels of budget allocation e.g. status of budget at the end of financial year.

Management Tools for Monitoring

- In Service training programmes
- Health Information Collection, interpretation and use.
- Report writing and feedback
- Health Systems Research
- Attending Intersectoral meetings
- Check lists
- Self Appraisal Programme (RAP) questionnaires

- District and Clinic profiles
- Inventory of assets and equipment
- Competition and awards programmes.

16.4 District Resources Standards

16.4.1 Staffing

The staffing standards for district and rural hospitals are detailed in the document 'Health Human Resources Master Plan 1993 - 1997' Appendix B

16.4.2 Transport

Standards for transport requirements at district level are detailed in the document "Transport Action Plan" May 1991.

- a) Two (2) 4 wheel drive ambulances
- b) One (1) 2 wheel drive ambulance
- c) One (1) minibus ambulance at selected district hospitals (larger)
- d) 4 light four wheel drive vehicles for:-
 - outreach services
 - supervision
 - disease control
 - general purpose
- e) One (1) trailer

- f) One (1) motor cycle.

16.4.3 Equipment and Supplies

- a) Communications:

A radio or telephone links between all Rural Health Centres and the District Hospital.

- b) Equipment/Supplies:

The standard Inventory Schedule for the upgrading of district hospitals is available and outlines the requirements for a district hospital. Appendix C.

- c) Drugs:

Minimum stock levels equivalent to 3 months requirements for the health facility will be maintained through a rigorous stock control system.

16.4.4 Budget

The budgeting process starts with the district level submitting detailed estimates and justification of requirements at the beginning of the budget planning cycle.

These submissions are analyzed and consolidated at the provincial level and on the basis of these submissions a national health budget estimate is submitted to government for consideration.

At the beginning of each financial year the total Ministry (Health) budget is allocated to the 8 provinces on the basis

of an objective formula. The provinces in consultation with the provincial health team then allocate these resources to the various districts in their provinces on the basis of a formula. Some of the resources are allocated to the 5 Central Hospitals.

The DHE monitors and is accountable for the expenditure of the resources allocated for the provision of quality health services in the particular district.

16.4.5 Infrastructure

The standard district hospital in Zimbabwe has a capacity of up to 140 beds. This many vary depending on the catchment population and availability of other health facilities in the same district or contiguous area.

The design is available in the FAMILY HEALTH PROJECT Document "Upgrading District Hospitals" April 1994.

The following departments are essential at a district hospital:-

1. Administration Block
2. Outpatient department
3. Emergency department
4. Pharmacy
5. Maternal and Child Health Department

6. Stand
7. Mater
8. Labou
9. Opera
10. X-Ray
11. Rehab
12. Kitch
13. Launc
14. Centra
15. Incine
16. Mortu
17. Waitin
18. Labora
19. MCH/I
20. Dental

in consultation with
locate these resources to
on the basis of a
are allocated to the 5

able for the expenditure
provision of quality health

Zimbabwe has a capacity
very depending on the
of other health facilities

HEALTH PROJECT
April 1994.

essential at a district

Department

6. Standard Acute wards: Male, Female, Paediatric
7. Maternity Ward
8. Labour Ward
9. Operating Theatre
10. X-Ray Department
11. Rehabilitation Department
12. Kitchen and Dining Hall
13. Laundry
14. Central Supplies Stores/Department
15. Incinerator
16. Mortuary
17. Waiting Mothers Shelter
18. Laboratory
19. MCH/FP Training Unit
20. Dental Unit

17.0 **ROLE OF THE PROVINCIAL LEVEL IN SUPPORT OF THE DISTRICT HEALTH SERVICES**

17.1 **INTRODUCTION**

The Provincial Office fulfils the major supportive role of facilitating and supervising the provision of an efficient and effective health delivery system within the province.

17.2 **Responsibilities of the Provincial level**

- * Planning, monitoring and evaluation of the health delivery system within the province.,
- * Compilation of the provincial health budget in consultation with the District Health Teams and monitoring the expenditure of allocated resources.
- * Supervision of the District Health Teams.
- * Co-ordinate health related activities of other sectors including NGOs.
- * Provision of adequate logistical and technical support to the district health teams.

PROVINCIAL LEVEL IN DISTRICT HEALTH

the major supportive role of the provision of an efficient and system within the province.

Provincial level

evaluation of the health delivery

health budget in consultation teams and monitoring the

Teams.

activities of other sectors

technical support to

17.3 Support to the District Level

17.3.1 Clinical Support

a) Referral

The provincial hospital acts as the referral hospital for all hospitals and other appropriate health facilities within the province.

Referral of emergencies outside the existing referral system.

b) Support

Provides professional support, guidance and training to the district level by clinical specialists based at the provincial hospital:

- Surgeons
- Physicians
- Paediatricians
- Obstetricians/Gynaecologists
- Anaesthetists
- Psychiatrists
- Ophthalmologists

- Dentists

Support services from other specialists:

- Pharmacists
- Laboratory technologists
- Radiographers
- Physiotherapists
- Dieticians

17.3.2 Supervision

The Provincial Medical Director and/or members of the PHE will conduct supervisory visits to address issues at district level and to:

- Give feedback to the DHEs within two weeks after the visit.
- To draft and provide a calendar of major activities/events by June of every year e.g. annual reports, meetings, workshops, campaigns etc.
- To give timely feedback on health information, surveys, meetings and national workshops.
- Organise management and other courses for key district health personnel.

17.3.3 Communication/Co-ordination of Activities

- Ensure every district has an effective District Medical Officer/District Health Manager.
- That every member of the PHE undertakes a supervisory/support visit to each district at least twice a year. (Minimalist requirement).
- That PHT meetings are held at least twice a year. (Minimalist requirement).
- That every official communication to the District is always sent through the District Medical Officer and copied to the implementor.
- Problems/communications from the Districts are responded to within two weeks of receipt.
- That there is consensus within the PHE on policy and other matters communicated to the Districts.

17.3.4 Support

- To provide and ensure provision of relief/additional staff as and when required.
- Facilitate availability of resources to the District level.
- Facilitate interdistrict exchange/transfer of health personnel as and when required.

- Disseminate widely information on staff development opportunities.
- Assist in the planning, implementation and evaluation of district programmes.
- Interpret circulars and National health policies to the District level.

17.4 **Management Structures at Provincial Level**

- Provincial Health Executive
- Provincial MCH Committee
- Provincial Epidemiology and Disease Control Committee
- Multisectoral IEC and Health Promotion Committee.
- Provincial Health Team

17.5 **Management of Resources**

17.5.1 The province will ensure the equitable distribution of available human resources according to the "Health Human Resources Master Plan 1993 - 1997" Appendix B.

17.5.2 Ensure equitable allocation of recurrent expenditures using appropriate indicators.

17.5 To assist in the definition of role clarity of district health personnel.

ABBRE

AAFB

AIDS

ANC

ARI

BCG

BP

CBD

CHN

CSF

DHE

DHT

DMO

DNO

DVT

ECG

EDLIZ

ABBREVIATIONS

AAFB	-	Alcohol Acid Fast Bacillus
AIDS	-	Acquired Immuno Deficiency Syndrome
ANC	-	Antenatal Care
ARI	-	Acute Respiratory Infection
BCG	-	Bacillu Calinett Guerin
BP	-	Blood Pressure
CBD	-	Community Based Distributor
CHN	-	Community Health Nurse
CSF	-	District Development Committee
DHE	-	District Health Executive
DHT	-	District Health Team
DMO	-	District Medical Officer
DNO	-	District Nursing Officer
DVT	-	Deep Vein Thrombosis
ECG	-	Electro Cardiograph
EDLIZ	-	Essential Drugs List for Zimbabwe

EHT	-	Environmental Health Technician
EPI	-	Expanded Programme of Immunization
ESR	-	Erythrocyte Sedimentation Rate
FHP	-	Family Health Project
FHW	-	Family Health Worker
FP	-	Family Planning
Hb	-	Haemoglobin
HIV	-	Human Immunodeficiency Virus
IEC	-	Information, Education, Communication
IMR	-	Infant Mortality Rate
MCH	-	Maternal and Child Health
NGOs	-	Non-Government Organisations
PHE	-	Provincial Health Executive
PHT	-	Provincial Health Team
PNC	-	Post natal care
POP	-	Plaster of Paris
RHC	-	Rural Health Centre
RPR	-	Reagin Plasma Reagent

SSS
 STDs
 STI
 TB
 TM
 TT
 VCWs
 ZEDAP
 ZINATHA
 ZNFPC

SSS	-	Sugar, Salt Solution
STDs	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis
TM	-	Traditional Midwife
TT	-	Tetanus Toxoid
VCWs	-	Village Community Workers
ZEDAP	-	Zimbabwe Essential Drugs Action Programme
ZINATHA	-	Zimbabwe National Traditional Healers Association
ZNFPC	-	Zimbabwe National Family Planning Council

APPENDIX A

STANDARD RHC LIST FOR EQUIPMENT, FURNITURE, STATIONERY AND SUPPLIES AND LINEN

EQUIPMENT

<u>ITEM</u>	<u>NUMBER</u>
Obstetric Bed	1
Examination Couch	2
Patients Beds (Depending on ward space)	6
Diagnostic Set	1
Baby Scale	1
Standing Scale	1
Bathroom Scale	2
Salter Scale	2
Sphygmomanometer	3 (2 mercury + one aneroid)
Stethoscope	3

KT, FURNITURE,

NUMBER

1
 2
 6
 1
 1
 1
 2
 2
 3 (2 mercury +
 one aneroid)
 3

Fetal Stethoscope	3
Bedside steps	1
Ambu Bag	1
Foot Operated Suction Pump	1
Oxygen cylinder	1
Kick about for Labour Ward	1
Haemoglobinometer	1
R.P.R. Kit	1
Laryngoscope - Paediatric	1
Vaginal speculae	3
Stainless Steel: Bowls 35 mm	2
Bowls 15 mm	4
Bowls 65 mm	2
Receivers 30 cm	4
Receivers x 15-20 cm	
Trays without lids	1 25cm x 20 cm

Trays with lids	1 25cm x 20 cm
1 x Enema can and Tubing	
Forcer's forceps	x 3
Bard Parker handle	x 2 (No. 3 and No. 4)
Sinus forceps	x 2
Swab holding forceps	x 3
Bed pans	x 2
Urinals	x 2
Medicine Cups	x 10
Episiotomy scissors	x 2
120 mm toothed dissecting forceps	3
Scissors Blunt sharp point 120 mm	x 1
Non-toothed dissecting forceps	20
120 mm Artery forceps	6
150 mm Artery forceps	4
Hegars needle holders	3

Dressing scissors
Bowls and receive bottles.

1 25cm x 20 cm

Dressing scissors

1

* Bowls and receivers have been reduced with the introduction of spray bottles.

x 3

x 2 (No. 3 and
No. 4)

x 2

x 3

x 2

x 2

x 10

x 2

3

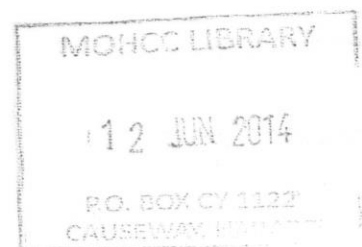
x 1

20

6

4

3



FURNITURE

Bicycles	x 2
Tables	x 3
Chairs	x 6
Benches long	x 6
Benches short	x 3
Chalk Board	x 1
Bedside Screens	x 2
Drug Trolleys	x 1 (lockable)
Dressing Trolleys	x 2 (Big ones)
Dressing Trolleys	x 2 (Small ones)
Wheel chair	x 1
Drip stands	x 2
Pedal Bins	x 1
Refrigerator	x 1
Vaccine Carrier	x 2

**Gas Cylinder

D.A.K. autock

Ero Burner

Dial thermom

Spray bottles

50 litre plastic

Canvas linen

Torch

Iron

Lamp

Sterilizer Tim

* Steam sterili
syringes and

** Taking into
refrigerator.

	**Gas Cylinder	x 2
x 2	D.A.K. autoclave	x 1
x 3	Eno Burner	x 1
x 6	Dial thermometers	x 3
x 6	Spray bottles	x 6
x 3	50 litre plastic container	x 1 (For soiled linen)
x 1	Canvas linen bag	x 1
x 2	Torch	x 1
x 1 (lockable)	Iron	x 1
x 2 (Big ones)	Lamp	x 1
x 2 (Small ones)	Sterilizer Timer	x 1 (Stop clock)
x 1		
x 2	* Steam sterilizer not included since there is now single use disposable syringes and needles.	
x 1	** Taking into consideration that there may be solar energy for the refrigerator.	
x 1		
x 2		

STATIONERY

- 1 staple and staple pins
- 1 Punch
- 1 Ruler
- 6 Box files
- 10 Flat files
- TB Register
- O.P. Cards
- T. Series Forms T2, T3, T5, T6, T99, T12, T10, T13.
- Large Books for Registers
- Hard covered exercise books
- Child growth cards
- Antenatal Cards/Booklets
- F.P. cards
- Hospital Transfer Forms
- Medical Requisition Book

Stock Control Cards
Stock Control Book
Carbon Paper
Interdepartmental Requisition Book (Z4)
ZEPI forms
TT Cards
Envelopes
Laboratory Forms
Memorandum Pads/Plain Paper
Partograms
Tape measure
Duplicate Book with Carbon
Poster Papers
Markers
Graph Paper
Pap Smear Forms

Office Pins

Sterilizing bags

LINEN

Sheets

Blankets

Draw Sheets

Counter Panels

Pillows

Pillow Cases

Mackintosh

Baby Blanket

Green Towels

Kitchen Towels

Bath Towels

Hand Towels

Split Backs

Plastic Apron

Gum Boots

LINEN

Sheets	32
Blankets	18
Draw Sheets	24
Counter Panes	12
Pillows	12
Pillow Cases	18
Mackintosh	10 metres
Baby Blankets	6
Green Towels	60 metres
Kitchen Towels	3
Bath Towels	10 weighing pants x 15
Hand Towels	12
Split Backs	6
Plastic Aprons	6
Gum Boots	2 pairs

SUPPLIES - VARIABLE

Essential Drugs

Disinfectants

Vaccines

Contraceptives

Thermometers

Gloves, Syringes, needles

Feeding tubes - infant

Solution giving sets

Umbilical Cord cotton taps

Cord Clamps

Adhesive Plaster

Cotton Wool

Sanitary Towels

Dressing Bandages

Gauze Swabs

Kerosene

Gas, Glove Powder

Oxygen

Labstix

Autoclaving/Sensitive Tape

R.P.R. kit consumables

Haemolyzing stix

Condoms

Torch batteries

Blood lancets

Surgical Blades

Sterilization Bags - various sizes

Sharps containers

Blood Collecting Tubes

Slides

Stitch Removing Blades

Wooden Spatulae

Insecticides

APPENDIX B

STANDARD STAFFING PATTERNS (DISTRICT HOSPITAL 140 BEDS)

CATEGORY OF HEALTH WORKER	MINIMUM STAFF	IDEAL/OPTIMUM REQUIREMENTS
Doctors	1	1
DMO/Medical Sup. III	3	4
Gov. Medical Officer		
Nurses	1	1
Matron III/Clinical Officer	104	141
Nurses (All grades)	15	20
Nurse Aides		
Dental		
Dentist	1	1
Dental Therapist	1	2
Dental Technical	1	2
Dental Assistant	1	2
Pharmacist		
Pharmacist (All grades)	1	2
Pharmacy	1	2
Dispensary Assistant	1	1
Laboratory		
Laboratory Technologist	1	2
Ass. Lab. Technical	1	2
X-Ray Department		
Radiographer	1	2
X-Ray Operator	1	1
Darkroom Assistant	1	1

STANDARD STAFFING PATTERNS (DISTRICT HOSPITAL 140 BEDS) (continued)

CATEGORY OF HEALTH WORKER	MINIMUM STAFF	IDEAL/OPTIMUM REQUIREMENTS
General Administration		
Hospital Administrator	1	1
Executive Officer	1	1
Clerk (All grades)	4	6
Ambulance Driver	4	6
Telephonist	4	4
Typist Stenographer	2	3
Linen Checker	1	2
CSSD Packer	1	2
Security Guard	4	4
Mortuary Attendant	1	2
Sewing Assistant	1	1
Stores Ordely	1	1
General Hand (All grades)	25	30
Rehabilitation		
Rehabilitation Assistant	1	2
Kitchen		
Inst. Domestic Supervisor	1	2
Cooks (All grades)	3	4
TOTAL	191	259

NOTE: Salary based on bottom and ceiling for particular grade.

The actual requirements for each station will be calculated according to the size of the District Hospital (Bed Capacity) which will have been determined by population size and other factors.

HOSPITAL 140 BEDS) (continued)

IDEAL/OPTIMUM REQUIREMENTS

1
1
6
6
4
3
2
2
4
2
1
1
30

2

2
4

259

DISTRICT TEAM STANDARD STAFFING PATTERN

CATEGORY OF HEALTH WORKER	MINIMUM STAFF	IDEAL/OPTIMUM REQUIREMENTS
District Nursing Officer	1	1
Community Nurse	3	3
Assistant/Librarian	1	1
Typist	1	1
Dist. Env. Health Officer	1	1
Prin. Env. Health Technician	1	1
Env. Health Technician III	1	1
SUB TOTAL	9	9

STANDARD STAFFING PATTERNS (DISTRICT HOSPITAL 140 BEDS)

according to the size of the District
population size and other factors.

APPENDIX C

DISTRICT HOSPITAL STANDARD

EQUIPMENT LIST

IDENTIFIED IN THE DOCUMENT "FAMILY HEALTH PROJECT II
M.O.H. & C.W. UPGRADING OF DISTRICT HOSPITALS".

DENTAL VACUUM UNIT	2
DENTAL COMPRESSOR	2
FAN, DESK MODEL, OSCILLATING	34
GAS BOTTLE, OXYGEN SIZE J	20
GAS BOTTLE, OXYGEN SIZE F	20
GAS BOTTLE, NITROUS OXIDE, SIZE E	20
GAS BOTTLE, NITROUS OXIDE, SIZE E	20
HEATER ELECTRIC	54
HEATER ELECTRIC TABULAR	4
INSTRUMENT TROLLEY, LARGE, GUARD RAILS	12
INSTRUMENT TROLLEY, SMALL, GUARD RAILS	10
MAYO TABLE, HEIGHT ADJUSTABLE	6
NURSE CALL/BELL	20

	OXYGEN REFILLING DEVICE	2
	PLATFORM TRUCK	2
	PALLET TRUCK	2
	SHOWER CURTAIN	44
	TELEPHONE EXT.	66
2	TROLLEY, CLEAN LINEN	34
2	TROLLEY, DIRTY LINEN	6
34	TROLLEY, MEDICINE, LOCKABLE	6
20	TROLLEY, PATIENTS RECORDS	6
20	TROLLEY, UTILITY, TWO SHELVES	20
20	TROLLEY, DRESSING WITH DRAWERS	38
20	TROLLEY, PATIENT SHOWER	4
54	TROLLEY, PATIENT WASH	4
4	TROLLEY, PLASTER	2
12	TROLLEY, PATIENT WASH	4
10	TROLLEY, PLASTER	2
6	TROLLEY, KITCHEN - BAIN MARIE	8
20	TROLLEY, MORTUARY COVERED	2

TRUCK, LAUNDRY, CLEAN LINEN	2
TRUCK, LAUNDRY, WET LINEN	2
DESK, SINGLE PEDESTAL, 3 DRAWERS	24
DESK, DOUBLE PEDESTAL	24
BASSINET WITH MATTRESS	16
HOSPITAL BED, MOBILE, ADJ. HEADREST AND MATTRESS	140
HOSPITAL BED, MOBILE, FOWLER AND MATTRESS	8
IRON ELECTRIC - INDUSTRIAL	2
LIFTING POLE WITH HANDGRIP	8
BEDSHEET CRADLE	8
BEDSIDE RAIL, PAIR, ATTACHABLE TO BED	8
GUEST BED WITH MATTRESS	38
TROLLEY FOR BASSINET	16
SCALE TOP LOADING (KITCHEN)	1
WEIGHING SCALE PLATFORM	2
PATIENT STRETCHER WITH DETACHABLE BAR	10
PATIENT STRETCHER HEIGHT ADJUSTABLE	6

SUPP
SHELV
RACK
CABIN
BOOK
SIDE C
FILING
FILM L
LOCKE
BED SI
INSTR
INSTR
CABINI
SAFE, I
SAFE E
CABINE
BOARD
DEEP F

2	SUPPORT FOR MOSQUITO NET ON BASSINET	8
2	SHELVES, WIRE MESH, FOR FREE STANDING	6
24	RACK, BEDPAN AND URINALS	8
24	CABINET, DOUBLE DOOR	22
16	BOOK CASE, LARGE	20
	SIDE CABINET	14
140	FILING CABINET, FOUR DRAWERS	30
8	FILM LOADING BENCH	1
2	LOCKERS (STAFF)	64
8	BED SIDE LOCKER (DOMESTIC)	148
8	INSTRUMENT CABINET	32
8	INSTRUMENT CABINET (DENTAL)	2
38	CABINET, DRUG, DOUBLE DOOR (WITH ALARM)	2
16	SAFE, IN ADMINISTRATION	1
1	SAFE BOX, WALL MOUNTED	3
2	CABINET, WARMING STERILE WATER BOTTLES	1
10	BOARD, CHOPPING ON STANDS	2
6	DEEP FREEZER - KITCHEN	1

CLEANING TROLLEY WITH UTENSILS	9	CHAIR, EASY
FOOD MIXER	1	CONFERENCE
HOT PLATE, DOUBLE	4	CHAIR OFFICE
KETTLE, ELECTRIC	4	STOOL SHOWI
MINCE, MANUAL	1	TOILET SHOWI
REFRIGERATOR (PHARMACY) BULK STORE	1	TOILET CHAIR,
REFRIGERATOR (KITCHEN) 650 LITRE	2	STOOL, MOBILI
REFRIGERATOR	5	TABLE, WRITIN
REFRIGERATOR, TABLE TOP	6	TABLE, CONFEE
FREEZER	2	TABLE, FORMIC
STEP LADDER	2	TABLE, DINING
SHREDDER, VEGETABLE	1	TABLE, LOW
TOASTER	1	CURTAIN CUBIC
TIN OPENER, WALL MOUNTED	1	WINDOW CURTA
TEA MACHINE	2	BED SCREEN - M
CHAIR OFFICE, VISITOR	60	TYPEWRITER
CHAIR, PLASTIC SHELL, WITHOUT ARMREST	124	COMPUTER AND
CHAIR, PLASTIC SHELL, WITH ARMREST	24	CALCULATOR

9	CHAIR, EASY	40
1	CONFERENCE CHAIR	28
4	CHAIR OFFICE	88
4	STOOL SHOWER	20
1	TOILET SHOWER	20
1	TOILET CHAIR, MOBILE WITH BEDPAN	2
2	STOOL, MOBILE ADJUSTABLE WITH BACK REST	16
5	TABLE, WRITING	10
6	TABLE, CONFERENCE	1
2	TABLE, FORMICA TOP	37
2	TABLE, DINING	12
1	TABLE, LOW	16
1	CURTAIN CUBICLE	36
1	WINDOW CURTAIN	10
2	BED SCREEN - MOBILE	22
60	TYPEWRITER	6
124	COMPUTER AND PRINTER	1
24	CALCULATOR	6

PHOTOCOPIER
 DUPLICATING MACHINE
 PAPER BINDING MACHINE
 CASH REGISTER
 TRAY CORRESPONDENCE
 BLACK BOARD UTENSILS (SET)
 FIXED LOW PLINTH (REHABILITATION)
 MAT THERAPY 4ft x 4ft x 1 inch
 PARALLEL BARS, FREE STANDING
 MIRROR POSTURE, MOBILE
 WEAVING LOOM
 SLIDE PROJECTOR
 OVERHEAD PROJECTOR
 PROJECTION SCREEN
 PHOTO CAMERA 35mm
 VIDEO UNIT
 OBSTETRIC PHANTOM WITH DOLL
 PELVIS, FEMALE, MEDIAN SECTION

2 MOTHER
 1 CHART, PI
 1 CHART, FE
 2 MALE GON
 20 OVARIAN S
 1 APRON, LE
 1 PROTECTI
 2 STERILIZE
 2 HOT AIR ST
 2 WASTE PAF
 1 WASTE PAF
 1 WASTE COM
 1 BIN PEDAL
 1 CONTAINER
 1 CONTAINER
 1 EXERCISE E
 1 BALKAN BEA
 1 TRACTION E

2	MOTHER CARE PRACTICAL DOLL, FLEXIBLE	1
1	CHART, PREGNANCY STAGES	1
1	CHART, FERTILISATION AND OVUM STAGES DEVELOP	1
2	MALE GONAD SHIELDS, SET	1
20	OVARIAN SHIELDS, SET	1
1	APRON, LEAD	4
1	PROTECTIVE GLOVES, PAIR	4
2	STERILIZER, TABLE TOP, FOR DENTIST	1
2	HOT AIR STERILIZER (CSSD)	1
2	WASTE PAPER BASKET	108
1	WASTE PAPER BASKET, WALL MOUNTED	12
1	WASTE CONTAINER WITH LID - MOBILE	34
1	BIN PEDAL OPERATED	140
1	CONTAINER SHARP DISPOSAL	
1	CONTAINER FOR GLOVE WASH	4
1	EXERCISE EQUIPMENT, PHYSIO	2
1	BALKAN BEAMS	4
1	TRACTION EQUIPMENT (SET)	2

PHOTOTHERAPY UNIT	2
INFUSION PUMP ON MOBILE UNIT	1
INFUSION STAND MOBILE	34
INFUSION ROD ATTACHABLE TO BED	16
BLOOD WARMER ON STAND	2
INCUBATOR, BABY	8
BABY WARMING RESUSCITATE UNIT	2
TROLLEY CRASH/RESUSCITATION	2
OXYGEN TROLLEY, COMPLETE	9
RESUSCITATION SET	4
MANUAL RESUSCITATION FOR NEW BORN	2
DENTAL INSTRUMENTS, SET	2
DENTAL CHAIR AND UNIT	2
MOBILE DENTAL UNIT	1
AMALGAMATOR (DENTIST)	2
DENTAL EXAMINATION LIGHT	2
PATIENT ROLL OVER (RECOVERY ROOM)	2
SUCTION PUMP, FOOT OPERATED	6

SUCTION PU
SUCTION PU
DELIVERY E
PLASTER TA
VACUUM EX
ELBOW CR
AUXILIARY
BROOM ST
WALKING F
WALKING F
WALKING F
WALKING S
WHEEL CH
WHEEL CH
WHEEL CH
TOOLS FC
DIATHERM
OPERATI

2	SUCTION PUMP, DOUBLE BOTTLE	2
1	SUCTION PUMP, MOBILE, WARD TYPE	8
34	DELIVERY BED	4
16	PLASTER TABLE-ORTHOPAEDIC	2
2	VACUUM EXTRACTOR, MANUAL	2
8	ELBOW CRUTCHES - ALM ADJUSTABLE - PAIR	10
2	AUXILIARY CRUTCHES - ALM-TRIPOD PAIR	10
2	BROOM STICK CRUTCHES, PAIR	12
9	WALKING FRAME (WHEELS) FOR REHABILITATION	6
4	WALKING FRAME (ADULT)	8
2	WALKING FRAME CHILD	4
2	WALKING STICK, ADJUSTABLE	4
2	WHEEL CHAIR, ADULT	8
1	WHEEL CHAIR, CHILD	2
2	WHEEL CHAIR, FOLDING, EMERGENCY DEPT.	4
2	TOOLS FOR WOODWORK, SET	2
2	DIATHERMY UNIT	2
6	OPERATING TABLE	2

EMERGENCY TROLLEY	2	SLIDE WARM
LAMP, OPERATING, MOBILE	2	CENTRIFUGE
MOBILE LIGHTING UNIT	4	MICRO HAEM
RAIL UNIT, 1 METER, RECOVERY ROOM	4	BALANCE, AN
OSCILLATING PLASTER SAW, ELECTRIC	2	SCALE ANALY
TOURNIQUET	2	BALANCE 20 I
BLANKET, POST OPERATING	2	SCALE ELECT
KICK-BUCKET	12	WATER BATH
BOWL STAND, SINGLE BOWL	4	BLOOD BANK
BOWL STAND, DOUBLE BOWL	10	MIXER ON STA
BUCKET WITH LID	4	ROLLER MIXE
PATIENT MONITOR FOR ANAESTHESIA	2	ROTARY MIXE
WARD DRUGS BASKET	6	INCUBATOR - L
ANAESTHESIA MACHINE	4	HOT AIR OVEN
ANAESTHESIA SUNDRIES	4	PUMP FOR 200
OXYGEN CONCENTRATOR	8	BILIRUBINOME
NEBULIZER, ELECTRIC	4	HAEMOGLOBIN
MICROSCOPE	4	REFRACTOMET

2	SLIDE WARMER	2
2	CENTRIFUGE	2
4	MICRO HAEMATOCRIT (LABORATORY)	2
4	BALANCE, ANALYTIC	2
2	SCALE ANALYTIC (PHARMACY)	2
2	BALANCE 20 kg (AUTOPSY ROOM)	2
2	SCALE ELECTRONIC, TOP LOADING	4
12	WATER BATH	2
4	BLOOD BANK REFRIGERATOR	2
10	MIXER ON STAND WITH BOWL (PHARMACY)	2
4	ROLLER MIXER (LABORATORY)	2
2	ROTARY MIXER	1
6	INCUBATOR - LABORATORY	1
4	HOT AIR OVEN	1
4	PUMP FOR 200 1 DRUM, MANUAL	2
8	BILIRUBINOMETER	1
4	HAEMOGLOBINOMETER	4
4	REFRACTOMETER	1

BLOOD CELL COUNTER, MANUAL	1	EXAMIN
URINE TEST EQUIPMENT	2	EXAMIN
SPECTROPHOTOMETER	1	TREATM
FLAME PHOTO METER AND COMPRESSOR	1	EXAMIN
COLONY COUNTER	1	EXAMIN
BUNSEN BURNER	3	FOOT S
COUNTER TABLET	2	BABY W
TRAY COUNTER TABLET	6	SCALE I
GLASS SLAB FOR OINTMENT	1	OTOSCO
DIAGNOSTIC SET (COMPLETE)	6	BABY M
SPHYGMOMANOMETER, AUTOMATIC, EMERGENCY	2	MOBILE
SPHYGMOMANOMETER	4	BUCKY T BUCKY S
SPHYGMOMANOMETER, MOBILE	8	X-RAY C
SPHYGMOMANOMETER, RAIL MOUNTED	8	DENTAL
SPHYGMOMANOMETER, WALL MOUNTED	14	X-RAY G
SPHYGMOMANOMETER, ANEROID	2	NAME P
STETHOSCOPE	30	DIAGNO
LARYNGOSCOPE	4	

1	EXAMINATION COUCH	20
2	EXAMINATION COUCH WITH LEG SUPPORT	6
1	TREATMENT COUCH (REHAB)	2
1	EXAMINATION LAMP, MOBILE	13
1	EXAMINATION LAMP, WALL MOUNTED	2
3	FOOT STOOL, ONE STEP, EPOXY COATED	60
2	BABY WEIGHING SCALE	14
6	SCALE PLATFORM WH/HT MEASURE	6
1	OTOSCOPE/OPHTHALMOSCOPE, WALL MOUNTED	10
6	BABY MEASURING DEVICE	2
2	MOBILE X-RAY UNIT	1
4	BUCKY TABLE	1
	BUCKY STAND	1
8	X-RAY COLUMN	1
8	DENTAL X-RAY UNIT-WALL MOUNTED	1
14	X-RAY GENERATOR	1
2	NAME PRINTER AND FILM MARKER	1
30	DIAGNOSTIC ULTRA SOUND	1
4		

X-RAY FILM VIEWER, 1 FIELD WALL MOUNTED	8	BRUSH
X-RAY FILM VIEWER, 4 FIELD, WALL MOUNTED	3	BIN ST
AUTOMATIC PROCESSING UNIT, TABLE TOP	1	LINEN
DEV/FIX TANKS FOR AUTOMATIC PROCESSOR	1	LINEN
DENTAL X-RAY FILM PROCESSOR	1	OPERA
CASSETTES X-RAY, GRIDDED, SET	1	EMERG
MANUAL PROCESSING UNIT	1	APROM
PATIENT POSITIONING UNIT	1	RUBBE
DARK ROOM SUNDRIES	1	CHART
HANGER BRACKETS, SET	1	DESK U
PAPER ROLL STAND, TABLE MOUNTED	2	GLASS
STERILIZATION TAPE DISPENSER	2	GLASS
CUTLERY AND CROCKERY, SET	2	GLASS
DINING SET	140	CONTA
PANTRY UTENSILS, SET	8	LABOR
TEA SET	2	THERM
BRUSH DISPENSER - LOW OPERATED	1	BED PA
		URINAL

OUNTED	8	BRUSH TOILET	1
OUNTED	3	BIN STORAGE PLASTIC	10
E TOP	1	LINEN SET, WARD	4
CESSOR	1	LINEN SET DELIVERY	2
	1	OPERATING LINEN SET	3
	1	EMERGENCY DEPT LINEN SET	1
	1	APRON - MORTUARY	4
	1	RUBBER BOOTS - PAIR	4
	1	CHART BOARDS	10
	1	DESK UTENSILS, SET	30
	2	GLASS WARE AND UTENSILS, SET - PHARMACY	2
	2	GLASS WARE - SET LABORATORY	2
	2	GLASS WARE - SET PHARMACY	2
140	X	CONTAINERS - SET PHARMACY	2
	8	LABORATORY UTENSILS	
	X	THERMOMETER, LAB. WALL MOUNTED	24
	2		24
	1	BED PAN ADULT	24
		URINALS	32

SPLINTS - SET, WALKING HEELS FOR PLASTER	2	DILATAT
WIRE BASKET FOR STERILE GOODS	8	CIRCUM
ANTIBIOTIC BOX, LOCKABLE	6	GENER
DELIVERY SUNDRIES	2	GENER
WARD SUNDRIES, SET	8	HYSTEF
OPD SUNDRIES, SET	2	INCISIO
EMERGENCY SUNDRIES, SET	2	INTRA U
MCH DEPARTMENT SUNDRIES	2	LUMBER
DRESSING INSTRUMENTS, SET	80	MINI - LA
HOLLOW WARE, WARD SET	4	MINOR I
HOLLOW WARD, OPD SET	2	OPHTHA
HOLLOW WARE, DELIVERY DEPT SET	2	PELVIC I
HOLLOW WARE, MCH DEPT SET	2	POST M
AMPUTATION SET	2	SPLINT S
CAESARIAN SECTION SET	2	STERNU
CUT DOWN	2	TRACHE
PLASTER INSTRUMENTS SET	1	WOUND
DELIVERY INSTRUMENT SET	12	

2	DILATATION AND CURETTAGE, SET	10
8	CIRCUMCISION SET	2
6	GENERAL MAJOR SET, LABORATORY	2
2	GENERAL ORTHOPAEDIC INSTRUMENT SET	1
8	HYSTERECTOMY SET	1
2	INCISION AND DRAINAGE SET	10
2	INTRA UTERINE DEVICE INSERTION SET	1
2	LUMBER PUNCTURE SET	10
80	MINI - LAPAROTOMY SET	4
4	MINOR DISSECTION SET	4
2	OPHTHALMOLOGY SURGERY INSTRUMENTS SET	1
2	PELVIC EXAMINATION SET	4
2	POST MORTEM SET	1
2	SPLINT SKIN GRAFT SET	2
2	STERNUM PUNCTURE	4
2	TRACHEOSTOMY	4
1	WOUND TOILET AND SUTURE SET	20
12		

CHEST DRAIN KIT	4
LUMBER PUNCTURE SET	4
SURGICAL HOLLOW WARE	1

