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EXECUTIVE SUMMARY

Efforts in quality care improvement lead to significant outcomes in maternal and child health at St Gabriel's hospital in 2011. **There were 50% maternal and 20% children deaths reduction as a result of quality improvement work focused on maternal and child health**. Infrastructure development consisted in the renovation and expansion of the guardian shelter and staff houses. Upgrade and extension of a new OPD facility that will include an emergency section and an under-five clinic separate from adult clinic is underway.

St Gabriel's strived to provide the best and affordable care to anyone seeking care at the institution. **Despite challenges related to staffing, the hospital staff was able to provide care to Fifty seven thousand five hundred eighty four (57584) people; assist in safe delivery to two thousand eighty hundred seventy six seven (2876) mothers; initiated seven hundred and seven (707) new patients on ART and maintained two thousand two hundred and forty seven (2247) on treatment. Major surgical interventions were provided for three sixty nine (369) patients**.

Malaria continued to account for the greatest number of admissions with eight thousand five hundred and ten (8510) patients and one hundred and twenty nine (129) deaths at the Hospital. Children paid the highest price in terms of morbidity and mortality caused by malaria, while bacterial meningitis carried the highest fatality rate. Where curative services were not attainable, patients were offered palliative care services

Preventive Services were provided with community participation and included education, immunization, hygiene and sanitation strengthening, as well as early nutrition supplementation to underweight children and pregnant mothers.

Supportive Services included the pharmacy. Last year the pharmacy struggled to secure essential drugs particularly in the last quarter. The laboratory supported diagnostic services, in addition to endoscopy of the upper and lower digestive system, and radio-imaging (i.e. x-ray and ultrasound. Emphasis on professional and staff development remained a primary focus of hospital management. Four eligible candidates were able to further their studies and training in healthcare resulting in a better trained staff on-site.

The hospital was able to facilitate and host more than fifty six (56) students, volunteers and professionals interested in furthering the hospital mission and expanding their exposure to tropical medicine, public health, and palliative care issues in a rural setting. Ties with those who receive such training have an everlasting value in terms of future relationship for sustainability of service delivery at St Gabriel's Hospital.

ABBREVIATIONS

APGAR	Appearance, Pulse, Grimace, Activity, Respiration (Score for Babies at time of birth)
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BS	Blood Smear (malaria)
CHAM	Christian Health Association of Malawi
DHO	District Health Office
EGD	Esophago-gastro-duodenoscopy
ETAT	Emergency Triage Assessment and Treatment
FBC	Full Blood Count
FCCU	Family Centered Care Unit
GoM	Government of Malawi
HBB	Helping Babies Breathe
HBPC	Home-Based and Palliative Care
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counseling
MRDT	Malaria Rapid Diagnostic Test
NND	Neonatal Death
NRU	Nutrition Rehabilitation Unit
OPD	Outpatient Department
PDSA	Plan – Develop - Study - Action

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ACKNOWLEDGEMENTS

We are most appreciative of **more than a half a century** of committed and unwavering support from the **Foundation Ste Zithe and Open Hand Fir Malawi from Luxembourg.**

The hospital is indebted to the **Government of Malawi (GoM)** for paying staff salaries, in-service training, assistance with healthcare guidelines, provision of free HIV Tests, Antiretroviral (ARV), tuberculosis (TB) anti-malaria treatments and mosquito nets for pregnant mothers and under five children

As a hospital in the Diocese of Lilongwe, we are grateful for support and guidance offered particularly through the **Diocesan Catholic Health Commission and the Christian Health Association of Malawi (CHAM)** especially for its role in coordinating with the Government of Malawi.

Our partnership with **Lilongwe DHO** and **Mchinji DHO** has allowed extension of the *Service Level Agreements (SLAs)*. These agreements allow continued offering of free maternal and child health care within the immediate twenty-one (21) villages surrounding the hospital.

Families, friends, individuals and organizations too numerous to list all them here have contributed in many ways to improving St Gabriel's Hospital services to the rural community in Malawi; could every one find here the expression of our deep gratitude

Our sincerest thanks go to **St Gabriel's Hospital Staff**, without whom nothing could have been achieved. .

BACKGROUND

St Gabriel's hospital is a Catholic mission and a member of the Christian Health Association of Malawi (CHAM). It was established in 1959 by the Congregation of the Carmelite Sisters from Luxembourg. It is owned by Diocese of Lilongwe, advised by the Board of Governors and operated by the management team.

The mission statement of St. Gabriel's Hospital states:
"To provide excellent services to the poor rural community and all those in need, in a transparent and accountable manner."

As a not-for-profit facility, and in accordance with ethical principles of the Catholic Church, St Gabriel's Hospital provides curative, preventive, supportive and palliative health care services at both hospital and the community levels for a population estimated at Two hundred and five thousand (205,000). The hospital functions as a referral institution for six health centers operating in the catchment area.

The Hospital has two hundred and sixty seven (267) bed capacity composed of general male and female wards, a surgical ward, a maternity and labor ward, a children ward, a private wing and a Family Centered Care Unit (FCCU).

The Outpatient Department (OPD) offers services from Monday through Saturday. The services include: Maternal and Child Health through static and outreach clinics, ART clinics and weekly Palliative Care outpatient follow ups.

Community Services at St Gabriel's Hospital provide: follow ups and Outpatient Therapeutic Feeding, Home Based and Palliative Care, education and support to HIV/AIDS patients organized in support groups along with Community Volunteers.

Support from donors and partnership with local, national and international organizations has continuously helped St Gabriel's to sustain and gradually improve the scope of its work within the hospital and in the community; resulting in overall improved care for the central regions of Malawi.

HOSPITAL ACTIVITIES

1. CLINICAL MEDICINE

1.1 OUTPATIENT DEPARTMENT

1.1.1 Outpatient Care

Cases managed in Outpatient Department (OPD) in 2011 numbered forty thousand six hundred twenty one (40,621) **Table 1**, a figure slightly higher as compared to last year. The increase of OPD attendance is due to a moderate increase of new patients registered for ART combined with more frequent ARV rationings in patients with long term adherence and clinical stable conditions caused by inadequate ARV stocks.

HIV/AIDS was the leading cause of OPD consultations in 2011 **(see appendix 1)**. The total number of HIV/AIDS patients' visits numbered eleven thousand four hundred and eighty (11480). Malaria was the second cause of OPD attendance with nine thousand two hundred and seventy three (9273) cases. In spite of frequent Lumefantrine + Aertemether (LA) stock out, the hospital was able to secure anti – malaria drugs throughout the year. **The biggest improvement in malaria management has been the introduction of Malaria Rapid Diagnostic Test (MRDT) which is rapid, sensitive; allowing clinicians to take appropriate steps in case of suspicion of malaria**.

Respiratory tract infections with five thousand one hundred and sixty 5,160) were reported as the third cause of OPD consultations followed by non communicable diseases numbering three thousand five hundred fifty – seven (3557) and epilepsy (2721).

Table 1: Outpatient Department (O.P.D)

Month	**2009**	**2010**	**2011**
January	3144	2807	2779
February	3977	3197	3273
March	3802	3657	4617
April	3678	3530	3392
May	3057	3640	3400
June	3463	3675	3052
July	3446	4373	3305
August	2792	2688	3668
September	3069	2545	3041
October	2895	2668	3706
November	2754	2389	3306
December	2829	2399	3082
Total	**38,906**	**37,568**	**40,621**

The average number of patients seen per month was three thousand three hundred eighty five (3,385) ranging from two thousand seven hundred seventy nine to four thousand six hundred seventeen (2779 – 4617).

1.1.2 Providers Initiated Testing and Counseling (PITC) Services

The hospital has been working with the community to increase awareness and encourage people to know their HIV status. Selected members of the *Community Volunteers Network* and People Living with HIV/AIDS (PLWHA) were trained in *Antiretroviral Therapy (ART) Adherence* and assisted the hospital in sustaining high *ART Adherence* (96%). Community volunteers' involvement in adherence monitoring also helped the hospital to provide Antiretroviral (ARV) drugs for two or three months in selected patients who have demonstrated consistent one hundred percent (100%) adherence for six months to one year, respectively. **This strategy was unfortunately hampered last year by reduced ARV stock forcing the ART pharmacy to dispense one month course at a time even for those who were used to get three months supply**

1.1.3 Providers Initiated Testing and Counseling for Inpatients and Outpatients

Table 2: HIV Testing and Counseling uptake

Year	**2009**	**2010**	**2011**
Clients Counseled	6750	5099	8285
Clients Tested	6750	5099	8281
HIV Positive	617	470	571
HIV Negative	6133	4629	8281
Discordant	20	17	19
Prevalence	9%	9%	7%

Providers initiated testing and counseling (PITC) was offered to eight thousand two hundred and eighty five (8285) clients. Out of those who accepted the HIV testing, eight thousand two hundred and eighty one (8281); five hundred seventy one (571) patients were HIV infected. The prevalence of HIV infection stands at 7%. This represents a 2% reduction compared to last year. This encouraging trend seems to have been sustained over the last ten (10) years.

1.1.4 Antiretroviral Therapy (ART)

St Gabriel's Hospital applies National Guidelines for Antiretroviral Therapy. Thanks to efforts invested in the community over the past ten years on HIV education, testing and treatment adherence; stigma has significantly reduced and treatment outcomes good.

Table 3: Antiretroviral Therapy

Status	2009	2010	2011
Ever started on ART	545	423	648
Alive	462	350	566
Dead	39 (7%)	27(6%)	27
Defaulted	-	19	16
Stopped	4	5	1
Transferred out	32	22	38

In adults, the number of new patients started on ART increased by 53%. Adherence remained high (96%) while mortality declined by 2%.

Table 4: Pediatric ART uptake

Year	2009	2010	2011
Ever Started on ART	71	36	59
Alive	60	35	54
Died	2(3%)	1(2.7%)	4 (7%)
Stopped	0	0	0
Defaulted	2	0	0
Transferred out	7	0	0

The number of new children started on ART has been fluctuating during the last three year. In 2011 the increase (53%) in new registered ART children was associated with an increase in mortality

1.1.5 HIV Testing in Ante-natal Clinics

Table 5: PMTCT uptake

Year	2009	2010	2011
First Ante-natal Visit	3062	2810	3012
HIV Tests (primary, subsequent, and labor ward visits)	2943	2708	2979
Positive Results	66	45	55
Negative Results	2877	2663	2924
% Positive	2,2%	1.6%	2%

HIV testing uptake in pregnant mothers remained high (99%).The few mothers (1%) that were not tested had their ante natal clinics when HIV reagents tests were out of stock. HIV prevalence in pregnant mothers seems to have stabilized at around 2%.

1.1.6 Outpatient Palliative Care Clinic

The clinic provided an opportunity for those patients who were still mobile to be reviewed by the Palliative Care clinician and nurses at least once every fortnight. Six hundred and ninety seven (697) patients attended the clinic: two seventy eighty (278) had problems related to cancer, one hundred eighty – seven (187) suffered from complicated cardiovascular conditions, one hundred eighty –nine (189) had HIV/AIDS related problems and forty three (43) had other problems. Two hundred and sixty one (261) patients with chronic severe pains came for morphine refill.

1.2 INPATIENT DEPARTMENT

Table 6: Inpatient Department

WARD	BED CAPACITY	ADMISSIONS			BED OCCUPANCY RATE		
		2009	**2010**	**2011**	**2009**	**2010**	**2011**
Male	35	1719	1347	1208	92	61	59
Female	35	2678	2648	2393	105	76	84
Pediatric	100	8524	9238	9278	68	82	84
Maternity	42	2850	2850	2876	56	58	55
Private	13	165	157	184	13	12	13
Surgical	24	304	867	792	59	63	60
FCCU	16		198	232			33
TOTAL	**265**	**16240**	**17536**	**16963**			**68**

On average the hospital bed occupancy rate was at 68% with female and pediatric wards recording a high occupancy rate.

General Wards

The number of admissions was three (3%) lower in 2011 as compared to 2010. The financial hardship experienced by the inhabitants of the surrounding communities, might have contributed to this decrease

1.2.1 Female Ward (appendix 2)

The leading causes of admissions in female ward were malaria followed by complications from abortions. Non communicable diseases were third followed by respiratory tract infections and anemia.

1.2.2 Male Ward (appendix3)

Malaria was the leading cause of admissions followed by non communicable disease, respiratory conditions, Tuberculosis and cardiovascular diseases.

1.2.3 Pediatric Ward (appendix 4)

Pediatric admissions accounted for 55% of the total hospitalizations mainly due to malaria. Anemia, pneumonia, Non communicable diseases and diarrhea diseases were among the top five causes of admissions.

1.2.4 Private Wing

The bed occupancy rate in private wing remained desperately stagnant at13%.

1.2.5 Maternity

There were two thousand eight hundred and seventy six (2876) deliveries with five hundred ninety eight (598) by caesarian section (21%). The substantial increase in caesarian sections in 2011 was due an increased number of complicated cases referred by the surrounding health centers and traditional birth attendants. The hospital continued providing free maternal and neonatal care to those residing in the twenty–one (21) immediate catchment area villages. This was possible with the signing of the *Service Level Agreement* with Lilongwe and Mchinji District Health Office (DHOs).

Table 7: Deliveries in Maternity

Mode of Delivery	**2009**	**2010**	**2011**
Spontaneous Vertex Delivery	2058	2206	2148
Breech	56	101	77
Vacuum Extraction	104	115	53
Caesarean section	576	575	598
Total	**2794**	**2997**	**2876**

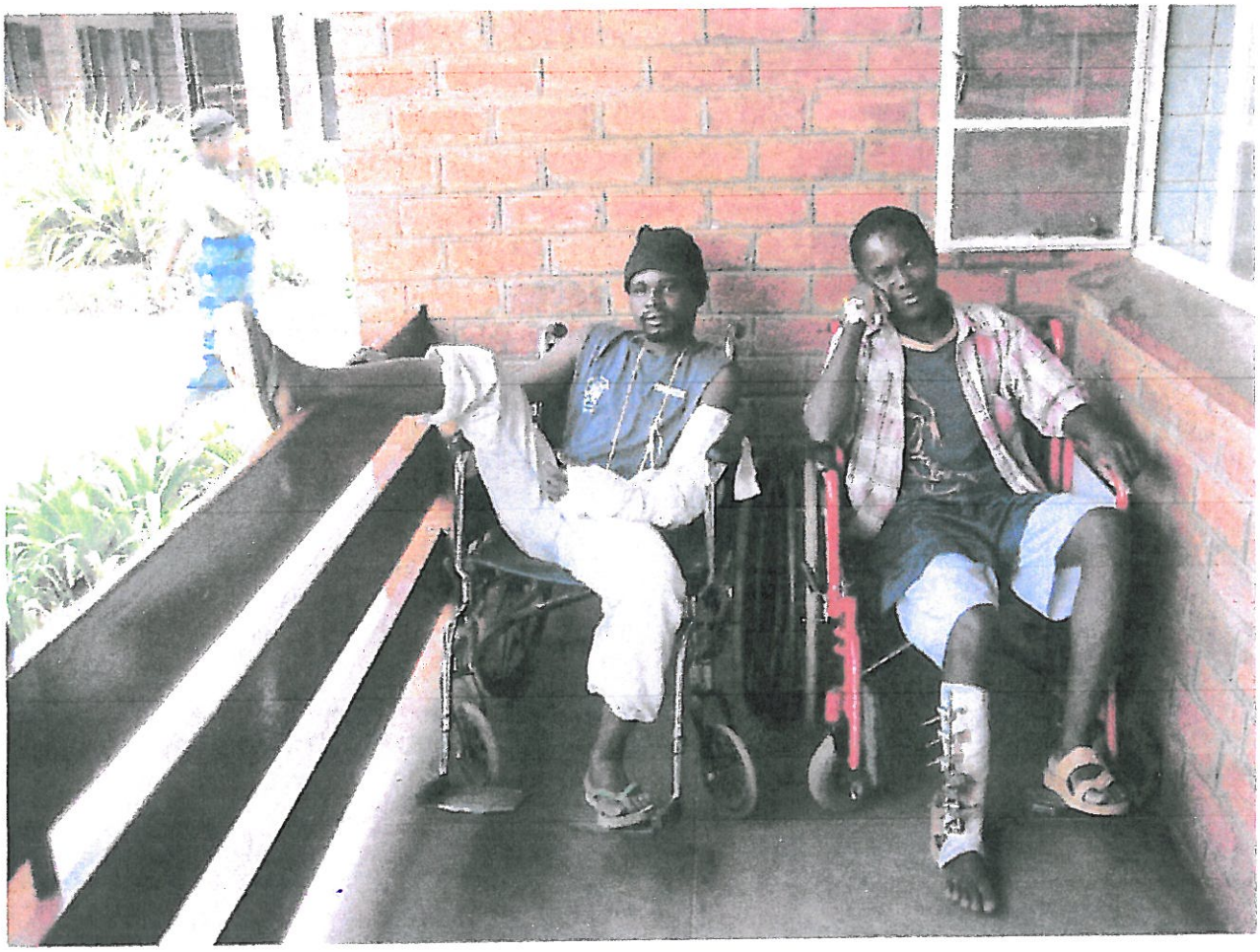
2. SURGERY

In 2011 a total seven hundred ninety – two (792) adults patients were admitted to the surgical ward. There were 6 deaths and 5 absconders. The real number of deaths may be higher because some chronically ill patients (with advanced cancers) were transferred to the Palliative care Unit while others were taken home by relatives.

The number of admissions in surgical department was lower than in 2010.One of the contributing factor could be the poor financial situation in the villages due to low market prices of cash crops. For more than 4 weeks there were no major elective operations because of the breakdown of the sterilizers / autoclaves.

Main reasons for admission were trauma, septic conditions, hernias, hydrocele and abdominal emergencies. The total number of major theater procedures was three hundred sixty – nine (369) compared to two hundred ninety – one (291) in 2010.

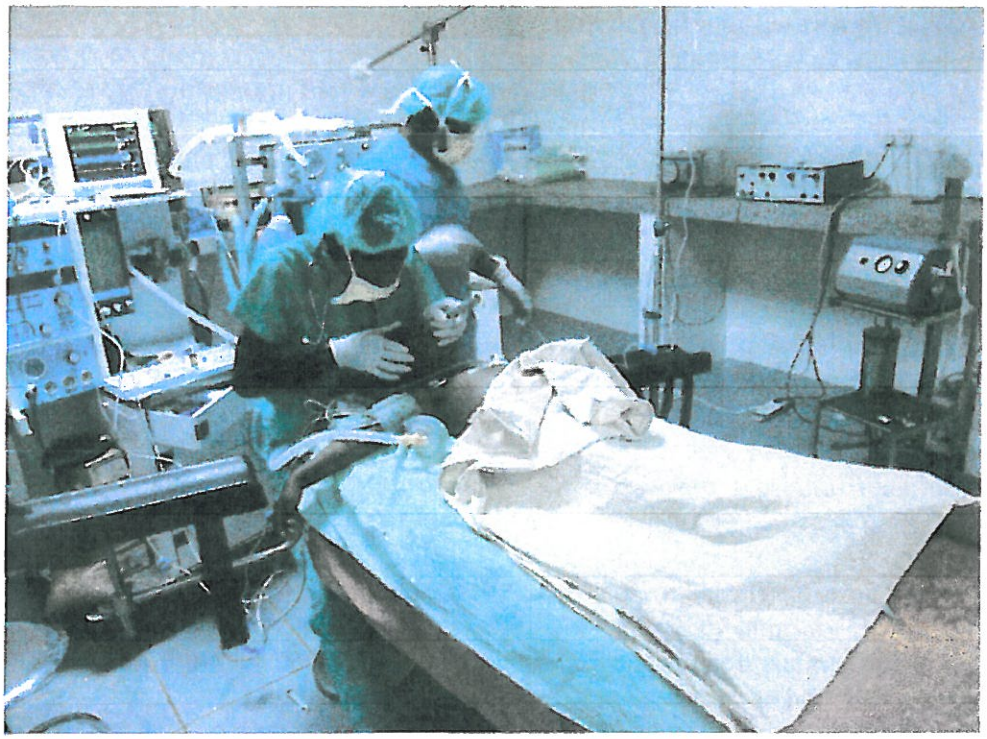
Figure 1: Surgical patients with fractures.



The reason for the increase of operative procedures was more operations in children and repeated theater procedures to clean debride and reconstruct septic conditions like osteomyelitis and also more septic abdominal emergencies.

The anesthetist workload in 2011 lead to four hundred eighteen (418) general anesthesia and seven hundred twenty – one (721) spinals. A total of one thousand one hundred and fifty – nine (1159) were done in both theaters, six hundred fifty – two (652) were performed for caesarian sections and related procedures. Besides that the anesthetists were busy with anesthesia for OPD-patients, shock treatment, and emergency care and equipment maintenance.

Figure 2: Anesthetist intubate a patient in theatre



Two hundred ninety (290) children were admitted for surgery. Elective admissions were due to hernia, hydrocele and keloid and other skin tumors. Emergencies comprised septic conditions such as abscesses, osteomyelitis, trauma and acute abdomen conditions

The OPD procedures roughly remained on the same level as in 2010.OPD treatment and diagnosis of surgical patients was somehow difficult because of poor room facilities due to renewal and extension of the old OPD. The different procedures took place in different rooms far away from each other with an additional loss of time and sometimes continuity. We are looking forward to the reopening of the OPD with improved facilities.

Training included the surgical rotation both in treatment rooms and in the theater of four intern clinical officers for 3 months.

The new modern Matachana Sterilizer was maintained and repaired in January 2011 by an engineer from the manufacturer AJC in Portugal. With minor interruptions it worked until July 2011 when simultaneously the heating elements of it and those of the old vertical autoclave burnt. It happened during a period with a lot of short-time power-cut-offs and –ons. But there may be also be a contribution by the hardness of the water when both the thermic distilling machine and the ion exchanger filter failed to work properly.

For more than 4 weeks we totally depended on the friendly help of the Catholic Sisters of Guillime hospital, who allowed us using their big manual sterilizer for autoclaving all our equipment. Also in the name of our patients who were able to be treated during that period we are very thankful for that. Elective procedures were cancelled during this period and the health centers around informed to refer patients to Lilongwe, but many patients especially maternity cases were referred to the hospital to us in spite of the information that was communicated

The water supply to the theaters and maternity was improved during the year thanks to financial support by Zitha Foundation Luxembourg

The handling, cleaning and maintenance of surgical equipment including sterilization is still a problem. There is an absolute need for a theater nurse to do proper supervision. Many instruments are spoiled because of soaking them too long in too strong hypochlorite solution. The contents of labeled sets with standard instruments are always subject of irrational change in spite of instructions and packing list.

The place for cleaning and drying instruments is in a very poor condition and far too small. The room should be extended and the purchase of an instrument washing machine considered having proper cleaning and avoiding damage of instruments.

For the coming year the old theater should be upgraded. The German Embassy in Lilongwe already donated a second battery operated rechargeable emergency lamp for the old theater and two new suction machines for this year. With the same donation we also got a vaginal ultrasound probe for the sonograph used in Maternity / Labour room and a radio translucent stretcher for contrast media x-ray-procedures. Further needs are a new main set of theater lamps and an anesthesia machine for the old theater.
Thanks to financial funding through various sources in Luxembourg we received monitors/ computers to build up a network in order to provide each ward and OPD with x-ray images in original high quality. These computers may later also be used to start electronic documentation / filing of in- and outpatients with immediate access to the medical data.

Table 8: Operations / Theater Procedures 2011

General Surgery	**(2010)**	**(2011)**
Inguinal / Femoral Hernia Repair	45	63
Reconstr. Abdominal wall / incis. Hernia	20	9
Adhesiolysis	4	4

	(2010)	(2011)
Gastrectomy subtotal	2	1
Gastrojejunostomy	3	3
Colostomy / closure	3	7
Ileum / Jejunum / Ileocoecal resection	6	8
Sigma resection / volvulus	4	3
Perf. stomach ulcer stitch/washout		5
Pyloroplasty		4
Revision of abdomen, septic, non-septic	24	58
Appendicectomy	6	18
Breast amputation, biopsy	4	4
Thyroidectomy, partial	7	6
Splenectomy (trauma, hypersplen)	4	2
Skin tumor rem.(Lip,Keloid,oth)	28	24
Rem. Tumor / hygroma neck	2	2
Lymph node rem. /biopsy neck	2	2
Recto-vag. fistula repair		1
Urology		
Partial bladder res.,	2	2
Hysterectomy, bladder repair	1	3
Urethra / bladder reconstruction	1	2
Hydrocelectomy	9	9
Penis amputation	2	2

	(2010)	(2011)
Circumcision	14	4
Orchidectomy /Scotalectomy	5	3
Orchidopexia	2	2
Prostatectomy	16	10
Trauma / Orthopedics		
ORIF humerus	1	2
radial head		1
supracondylar elbow	11	10
lower arm	5	8
distal radius	4	7
hand / fingers	2	2
femur	2	2
Ext. fixator tibia	4	3
Neuroma excis.	2	
Split skin graft / flap	12	13
Burn contr. release	2	3
Bone debridement / biopsy	6	27
Achilles tendon rep. / length. /Clubfoot rel.	2	2
Amput. thigh / lower leg	4	5
Others	15	26
Total	**291**	**369**

Treatment Room Procedures	2011	2010
Dressing and cleaning of wounds	3039	2897
Extensive dressing in anesthesia	93	59
Incis + Drainage of abscesses, debridement	390	426
Suturing of wounds / Suture removal	438	354
Urine catheter new / exch	74	47
Foreign body removed (skin, ear, nose,oesoph)	38	31
Aspir. of body fluids	54	37
Amput. of fingers / toes	21	15
Amput. of hand	1	
Ear syringing	28	
Skin tumor removal	66	20
Ano-, recto-, vaginal oper. /exam	63	41
Paraphimosis repos.	11	7
Circumcision	13	35
Orchidectomy	1	
K-wires, Ex. Fix., screws, plate removal	14	8
Reposition of shoulder	7	
Chest drain	9	3

Lower extremity traction in the wards	2011	2010
Skin / Skeleton traction adults	16	15
Skin / Skeleton traction children	31	24

POP room procedures

POPs applied	457	391
Repos of fractures and POP	65	53
POPs removed	159	161
Cuff and collar applied	37	45
Fig. Of 8-Bandage applied	41	44
Other (Desault etc.)	11	

3. PALLAITIVE CARE

3.1 Inpatient Palliative Care

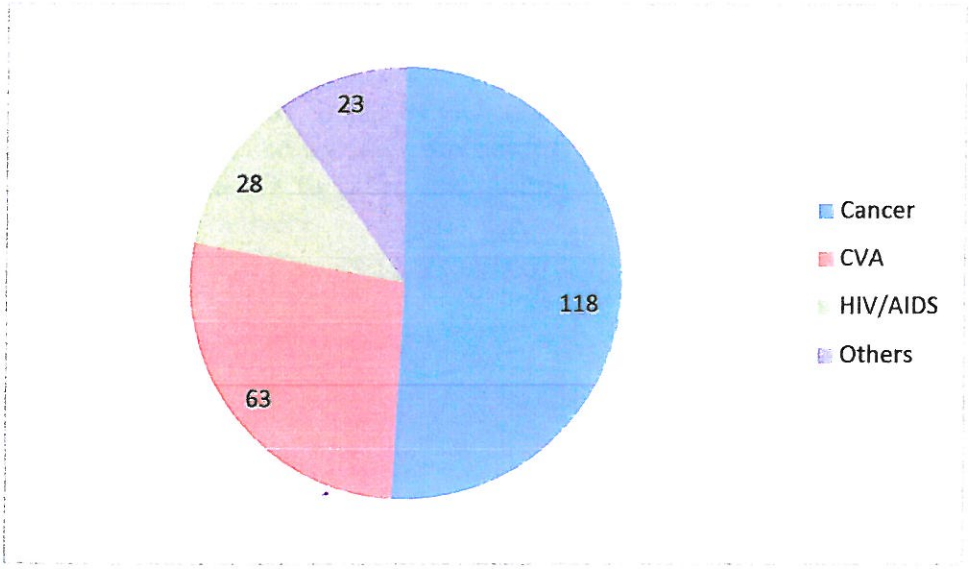
Patients were admitted in the hospice with the following goals: pain and symptom management; awareness of diagnosis and prognosis; counseling and education; on physiotherapy (transit) and end of life care. Two hundred thirty two (232) patients were admitted in the unit in 2011 as compared to one hundred ninety six (196) in 2010

Table 9: Number of patients admitted

Year	Diagnosis				
	cancer	CVAs	HIV/AIDS	others	Total
2011	118	63	28	23	232
2010	96	66	11	23	196
Total cumulative number of patients admitted					428

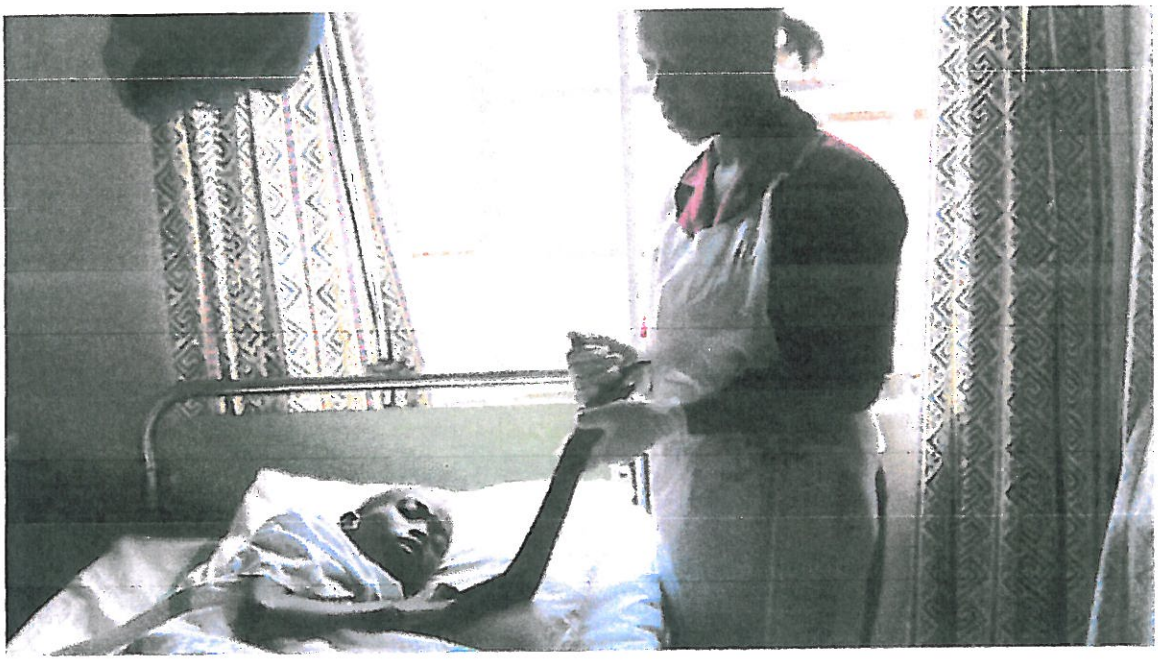
Most of the patients admitted in Palliative Care Unit had cancer, followed by cardiovascular diseases as illustrated in Figure 3.

Figure 3: Patients' diagnosis



Seventy one (71) patients received oral liquid morphine for pain management. On average most patients had their pain controlled within five (5)of admission. Thirty eight (38) patients died in the FCCU. Most of the patients who died in the FCCU have chosen to die at the facility with the support of their families because of the quality of end of life care provided ; what is in sharp contrast with the traditional attitude that consist in taking home patients diagnosed with incurable conditions

Figure 4: A Nurse Assistant offering a passive Range of Motion (ROM) to a patient.



3.2 Family meeting

During patient's stay in the FCCU, ongoing family meetings were convened to update the situation, discuss care plan and schedule discharges. Such meetings also provided an opportunity to triage priority issues and referrals to other institutions, community health workers and other parties involved in palliative care delivery.

4. NURSING

Staffing levels in nursing department was stable. On average, twenty three (27) nurse midwives rendered nursing care at the hospital (in and out patients) and community levels. As part of their professional growth nurses were enthusiastically involved in quality improvement activities

The Quality Improvement (QI) team for maternal and neonatal health met on regular basis to examine data and perform audits on death and near missed deaths. The Emergency Triage Assessment and Treatment (ETAT) in pediatric cases introduced in February 2011 were maintained throughout the year both at outpatient department and pediatric ward levels.

4.1 Inpatient Ward.

On average the wards were managed by one nurse at ratio of 1:40 expect in pediatric ward where the number of patients could triple during peak periods (see inpatient admission under medical report). Capacity constraints and competing priorities resulted in further significant challenges in allocating nurses to attain the desirable levels of quality nursing care. In spite of the growing demands for the nursing personnel, the nurses provided commendable nursing care. The labor ward nurses conducted most of the deliveries in maternity unit and offered both midwifery and neonatal care

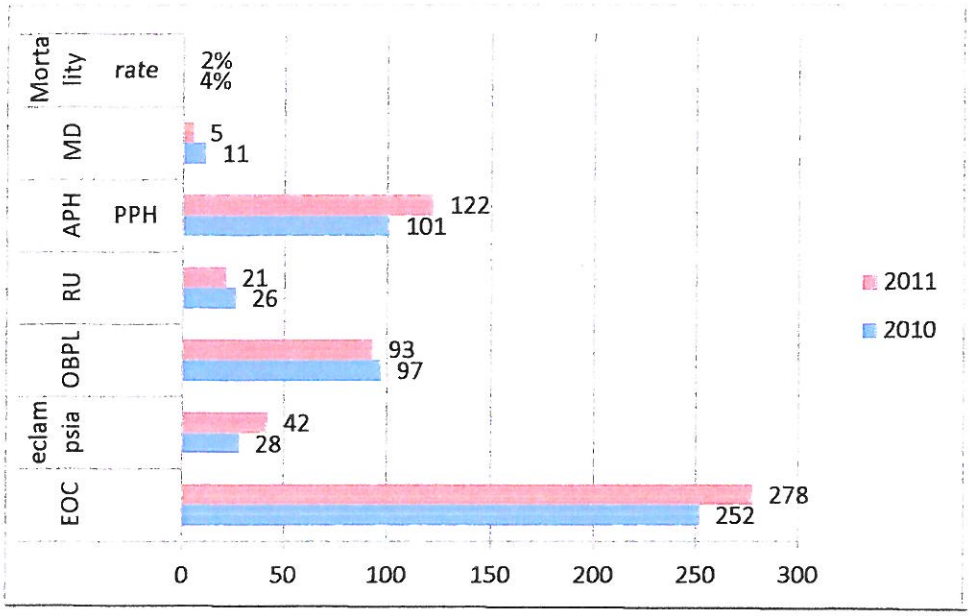
4.2 Quality improvement initiatives

4.2.1 Maternal and neonatal health

The Mai Khanda program has assisted St Gabriel's in implementing quality care initiatives on maternal and neonatal health. Applying PDSA (plan-develop-study-action) cycles, nurses were able to define gaps in knowledge and quality of care, brainstorm solutions, test them and make possible changes. Although quality improvement ideas did not always translate into desirable outcomes, there were improvement in team work and standards of care.

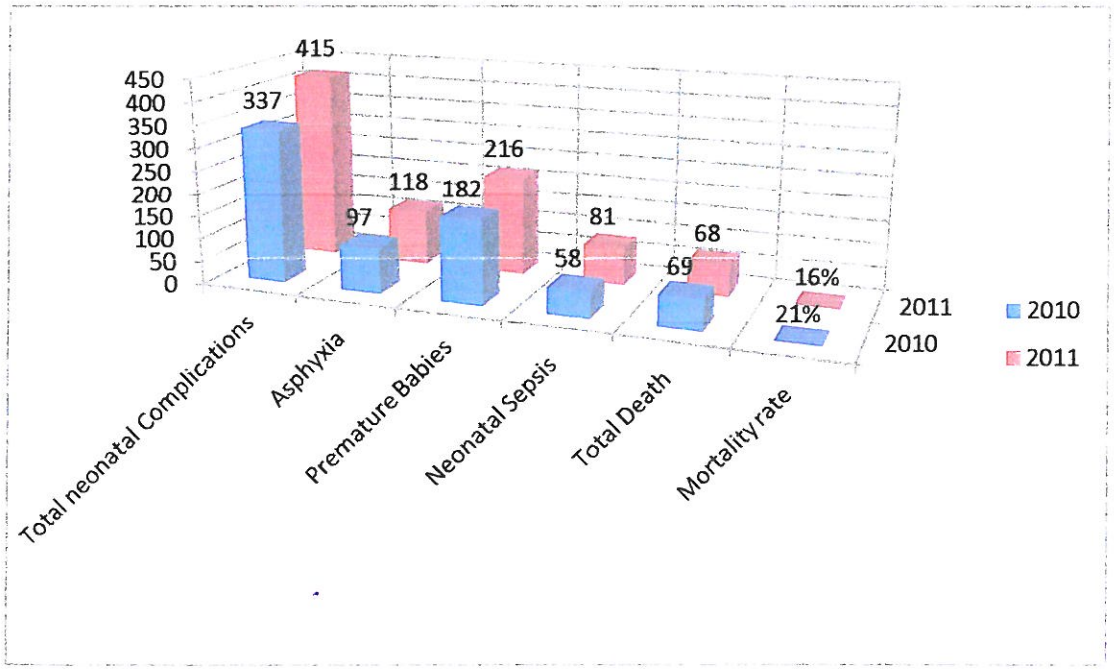
In 2011, the hospital had five (5) maternal deaths as compared to eleven (11) in 2010.The main contributing factor was due to late referral to health facility. The graph below is a comparison of emergency obstetrics handled in labor ward in 2010 which was at two hundred fifty – two (252) in 2010 and two hundred seventy – eight (278) in 2011.

Figure 5: Maternal Outcome



The hospital registered sixty eight (68) neonatal deaths out of four hundred and fifteen (415) babies born with complications (prematurity, asphyxia neonatal sepsis)

Figure 6: Neonatal Outcome



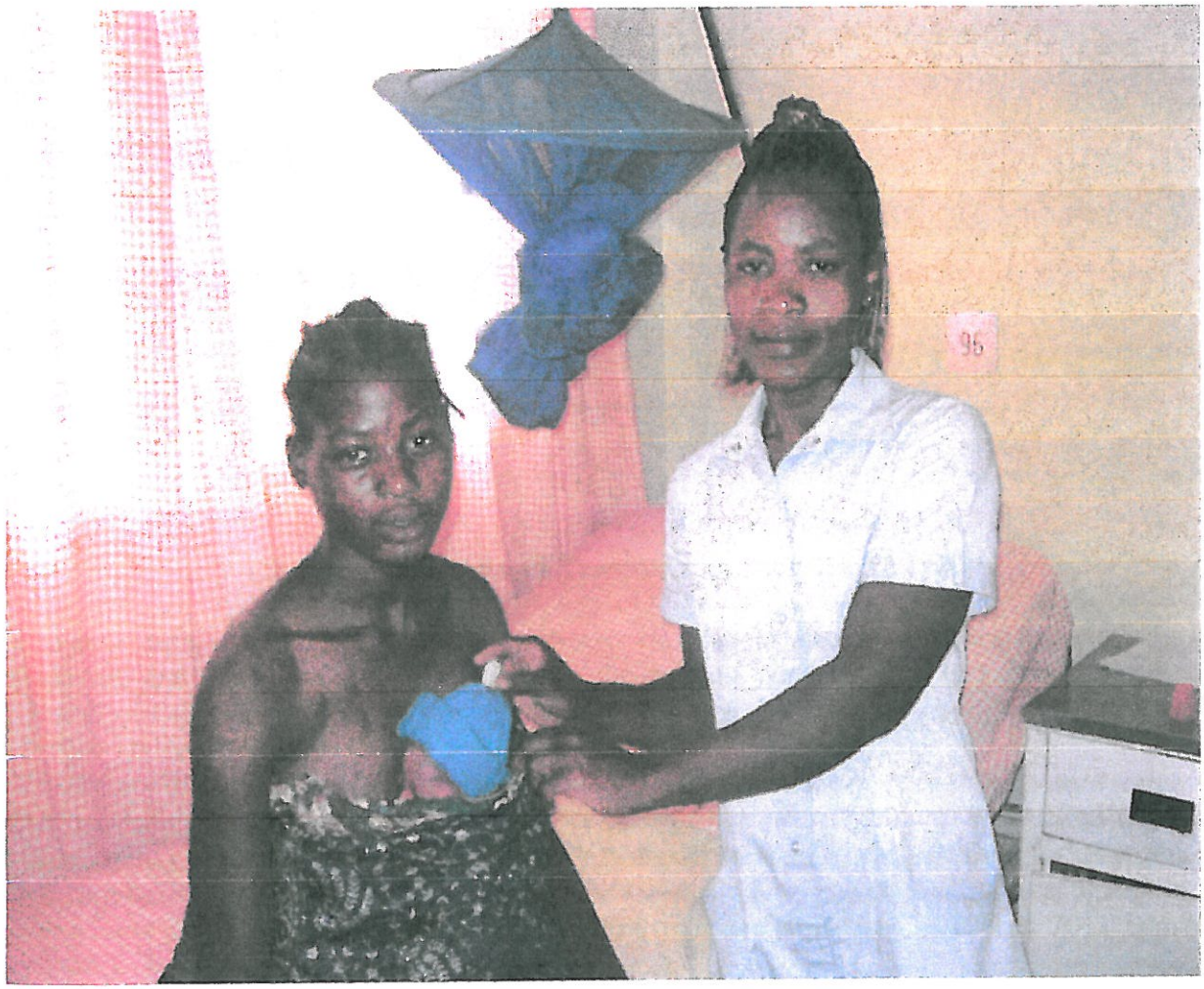
4.2.2 Neonatal resuscitation

Nurses, midwives, clinical officers, doctors, patient attendants and hospital maids had received training on how to use the Helping Babies Breathe (HBB) model which emphasize on starting resuscitation of the neonate within the first 'Golden Minute of the neonate's life. Since its implementation in February/ March 2011 the maternity team is being using this new born life saving skill. Although the hospital has not yet achieved desirable impact on the neonatal fatality due to asphyxia, there has been an improvement in the quality of life of resuscitated babies using the HBB model.

4.2.3 Kangaroo Mother Care

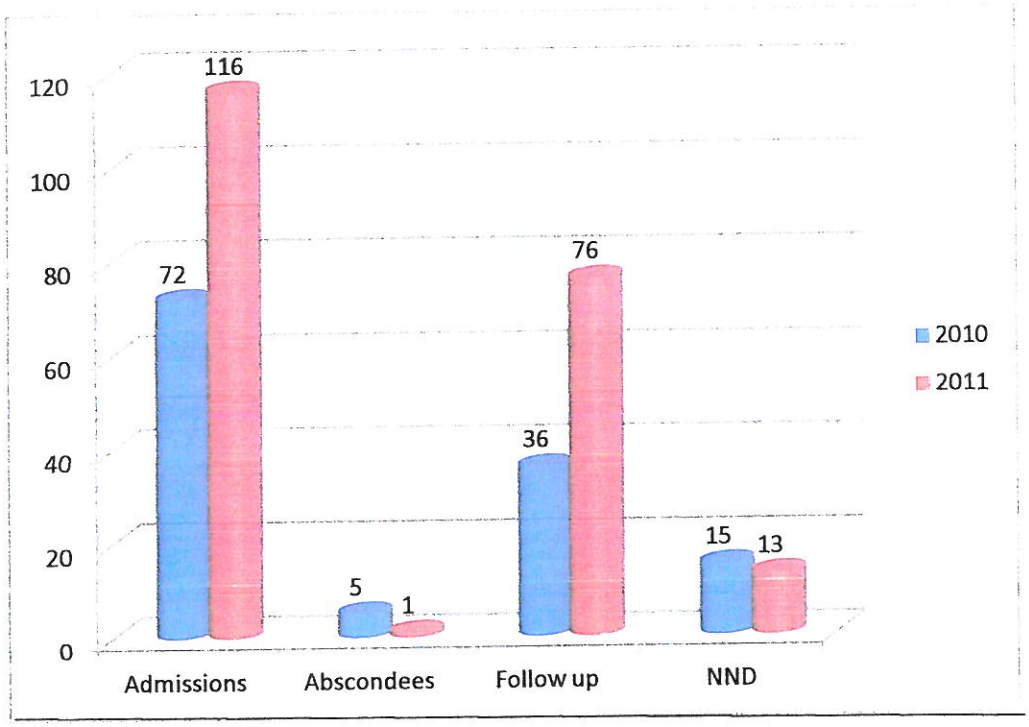
Involving the hospital maids in assisting mothers to care for the neonates where there is shortage of professional staff (qualified nurses), has proved to be successful.

Figure 7: A hospital maid monitoring a kangaroo baby



Death among the premature babies admitted to Kangaroo room has tremendously decreased. Apart from care given to the premature babies, nursing mothers have received valuable information on how to take care of their babies when they go back home.

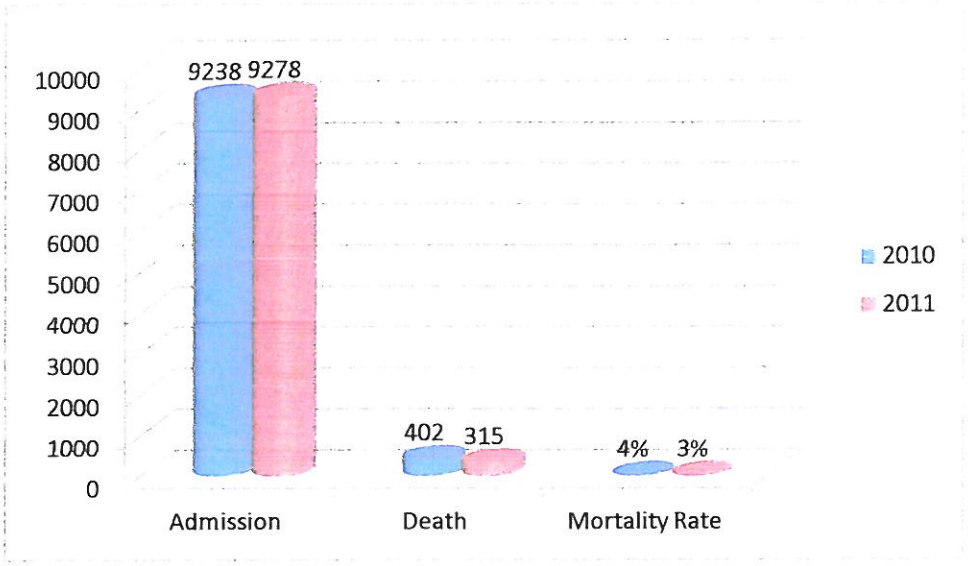
Figure 8: Kangaroo Mother Care outcomes



4.2.4 Emergency Triage Assessment and Treatment in Pediatric (ETAT)

Triage is designed to quickly identify critically ill patients who would most benefit from immediate treatment and who would potentially suffer the greatest consequences in a delay of care. The most critically ill and medically unstable patients are seen first. The less severely ill are seen later, generally without undue detriment to health because their conditions are more stable.
In February 2011, the hospital introduced ETAT. Hospital maids (receptionists), were trained to screen the child on arrival and categorize them under **emergency, priority and routine.** Similarly, Cards (Red = Emergency, Yellow = Priority and Green = Routine) were adopter to be used for emergency, priority and routine. The refined ETAT Algorithm at St Gabriel's Hospital for pediatric cases has improved the promptness at which care is given. Graph below is a comparison of 2010 and 2011 admissions and mortality rate in pediatric.

Figure 9: Admissions, deaths and mortality rate



Opportunities

- On the guidance of Nurses and Midwives Council of Malawi, St Gabriel's Hospital nursing department has taken Continuing Professional Development learning sessions with a primary reasoning of improving quality of care rather than as a purpose of renewing registration.

- The Mai Khanda learning sessions has assisted nurses and midwives to identify problems in maternity and neonate cases, critically analysis situations and implement possible actions even before the clinician is called to review the case.

- Through the dedicated team of hospital maids, St Gabriel's hospital has the fame of keeping the hospital clean which has also translated into reduction of infection.

- Mai Khanda has also helped St Gabriel's Hospital improve its Kangaroo Mother Care which is still under supervision of two hospital maids who have taken this responsibility with pride and dedication.

Challenges

- Shortage of nurses and midwives has affected the care rendered to patients leading to shortcuts when providing care and doing procedures instead of offering total nursing patient care.

- There is still lack of divisional therapy, like listening to radio, watching video and occupational therapy, like knitting, sewing in the KMC.

- There is still high percentage of neonatal deaths due to prematurity (900g)birth weight as the delivery of premature babies was high in 2011 (216 deliveries)

5. SUPPORTIVE SERVICES

5.1. Laboratory

The three most requested lab procedures for clinical investigations were Full Blood Count (FBC), blood smear (BS) for malaria parasites, Full blood Count (FBC) and biochemistry tests. Full Blood Count (FBC) and blood smear for malaria (BS) requests were needed malaria and anemia assessment. Biochemistry tests were needed to investigate liver, kidney and pancreas diseases, among other metabolic and physiological conditions.

Table 10. Laboratory tests

Type of Test	2009	2010	2011
Hematology	12740	9383	8843
• FBC	12165	9069	8081
• CD4 Count	583	250	762
Biochemistry	2433	3270	2705
• Liver	1518	1525	1658
• Renal	530	1245	609
• Pancreas	385	459	438
Parasitology	10047	9466	9166
• Malaria parasites	10034	9459	9156
• Schistosoma Ovas	13	7	10
Microbiology	2590	2628	2634
• AAFB	1399	873	894
• Semen analysis			16
• Gram stains	567	768	469
• Stool	199	134	130
• India Ink	425	185	73
• Urine	1099	776	1052
Serology	1223	2255	2260
• HIV	220	720	946
• Syphilis	468	418	265
• HBsAg	327	475	322
• Cryptococcal Ag	208	60	76
• Pregnancy Tests	656	582	651

The workload in the laboratory procedures remained high for only three laboratory technicians in the rainy season in particular when there is a lot of anemia's that requires blood donor screening

There was a dramatic increase in biochemistry analysis for the kidneys function. .Microscopy for TB exams declined significantly because the National TB Control program has equipped three surrounding health centers to perform TB microscopy.

Table 11. Status of Laboratory Instruments & Reagents Supply

Type of Instrument	**Non-Operational / Breakdown**	**Reagents Out of Stock**
Full Blood Count (FBC) - Coulter ***Humacount***	Non -operational	N/A Inconsistent supply
Biochemistry - Vitro DT 60 ***Humalyser 3000***	Repaired but not in use ***No breakdown***	 Inconsistent supply
BD Facs Count	No breakdown	Regular supply
Cryptococcal Antigen Test	N/A	Regular supply
Viral Load Test (VLT) – Tecan	Non operational	N/A

The laboratory experienced problems with the Humacount breakdown for two months and since it was repaired it has been running smoothly. The DTE Chemistry instrument was repaired but has not yet been in use due to reagents supply problem.

5.2 Radiology

The new digitalized x-ray was installed in a radiation-protected room in OPD. The main advantages of the new equipment are the high quality of images on the monitor and the absence of environment polluting chemicals.

The Laser Printer gives out documents whose quality needs to be improved by change of the image compressing software. Future is to equip all wards and OPD working places with monitors connected to the x-ray server. In 2011six thousand five hundred seventy –one (6,571) exposures in three thousand two hundred and thirty – five (3235) patients were performed.

5.3 Endoscopy

Endoscopy explorations were reduced to one session a week due to limited staffing. In 2011, four hundred thirty four (434) procedures were performed.

Table 12: Esopha-gastro-duodenoscopy (EGD)

Procedure Outcome	2008	2009	2010	2011
Normal	272	246	170	229
Peptic Ulcer Disease	97	88	55	95
Esophageal Cancer	49	44	30	33
Other Cancer	42	11	13	16
Others	107	68	64	61
Non-Conclusive	8			0
TOTAL	**575**	**457**	**332**	**434**

Table 13: Colonoscopy

Year	2008	2009	2010	2011
Number of Procedures	27	24	18	16

The most common diagnosis included; peptic ulcer diseases, esophageal cancer, gastric cancers.

Patient with advanced cancers were referred to Home-Based and Palliative Care holistic care .

5.4 Pharmacy

The head of nursing department and her deputy managed the pharmacy. The pharmacy work comprised (but is not limited to) drugs and supplies forecasting, procurement, stock updating and dispensing to both inpatients and outpatient

Most of the drugs and supplies were provided by the NGO (Open Hand Fir Malawi) that has been supporting the hospital over the last twenty (20) years.

6. Public Health

Primary Health Care (PHC) Services consisted of, immunization, nutrition, environment health and prevention of communicable diseases and Home Based care

Table 14: Immunization

Vaccines	Coverage 2008	Coverage 2009	Coverage 2010	Coverage 2011
BCG	216%	1091 (153%)	1807	1815
Pentavalent	161%	595 (83%)	567	541
Polio	149%	663 (93%)	618	522
Measles	142%	751 (105%)	538	441
Vitamin A	788%	3983 (557%)	3907	3319

In 2010 the number of children immunized was similar to the previous years. Discussion on the St Gabriel's immediate catchment population has not been finalized reason why it is has been difficult to estimate the immunization coverage rate in the whole catchment area

Table 15: Growth Monitoring

Growth Monitoring	2008	2009	2010	2011
Number of weighed under 5	10569	8388	6418	5980
Under 5 with normal weight	6858	3120	6029	5829
Severe malnutrition admitted	261	262	234	245
Cured	185 (71%)	194 (74%)	201(85%)	215(87%)
Death	35 (13%)	34 (11%)	23(10%)	26(10%)
Absconders	14 (5%)	10 (4%)	10(4)	7 (3%)
Still under treatment	27 (10%)	24 (9%)	0	0

The total number of severe malnourished children, cure and mortality rates were similar in 2010 and 2011

There has been a decrease in the number of children weighed since 2008 due to new demarcation of St Gabriel's immediate catchment area. As a result, St Gabriel's is operating only two under five outreach clinics but continues with Antenatal care services in all but one where services were temporary suspended due to low attendance.

6.1 Nutrition and Rehabilitation Unit (NRU)

Nutrition and rehabilitation has three components; Nutrition and rehabilitation unit for severe malnourished children, Outpatient Therapeutic Program (OTP) for malnourished children with good appetite and Supplementary Feeding Program (SFP) provided for children discharged from OTP/NRU,

moderately malnourished children, pregnant and lactating women up to six months after delivery who have a middle upper arm circumference below 22cm.

With the introduction of ready for use therapeutic food (RUTF) locally known as chiponde the number of severely malnourished children who died or absconded has declined. Those who died mostly came from outside our catchment area. It was observed that absconders mostly happen during the rainy season when people are busy in the gardens.

6.2 Prevention of Communicable Diseases

Prevention of communicable diseases is done through community information, education and communication at OPD, outreach clinics, static clinics and in the villages. In 2011 there was no epidemic outbreak

6.3 Home Based Care

6.3.1 Home visits.

HBPC nurses and volunteers made one thousand two hundred and eighty eight (1288) community visits. On average there were three (3) to five (5) patients seen per visit. During the home visit there is provision of psychological care in areas of grief, fear, denial, emotional instability depression and loneliness. On social care there is care on isolation, stigma, conflict, blaming, family break up and lack of will. On spiritual care there is care on faith crisis, inability to practice faith, to go to church, guilt and spiritual suffering. In provision of cultural care, conflict with taboos, witchcraft and cultural beliefs and practices that cause conflicts in the family and community were included. There is also provision of physical care in terms of free drugs.

6.3.2 Registration of patients on Home Based Care

Three hundred fifty five (355) patients were registered on Home Based Palliative Care as compared to three hundred seventy patients (370) in 2010

Table16: Number of patients newly registered under HBPC

Year	Diagnosis				Total
	cancer	CVAs	HIV/AIDS	Others	
2011	188	84	59	24	355
2010	138	109	76	47	370
2009	149	92	124	27	392
2008	123	128	140	45	436

6.3.3 Refill of Home Based Palliative Care (HBPC) Kits

Refill of HBPC kits was done as part of continuous support of the Home care. Checking on safe keeping of the kits, expiry dates and the stock against the number of clients was done periodically.

Figure 10: A refilled Home Based Care Kit

6.3.4. Replacements of Mobile Phones to Community Health Workers.

As part of continuity in enhancing the communication between the CHW and the Hospital, additional and replacement of mobile phones which were not function well was done. Sixty eight mobile phones were distributed.

6.3.5 Bereavement Meetings

Thirty-eight (38) deaths were officially reported at community level and bereavement follow ups were conducted. The main aim of the bereavement meetings was to carry out post – death assessment which has direct impact on improving service delivery care to future patients and families

6.3.6 Provision of Job Aids to volunteers

Eighty-eight (88) bicycles were distributed to community volunteers to enhance transportation.

Figure 11: Volunteers after receiving their bicycles

Opportunities

Chief executive Director for Diana, Princess of Wales Memorial Fund visited FCCU in March 2011 and had three visits in the community.

In-patient Admission Form

From 1st April 2011 the palliative care inpatient unit started using a new adopted patient admission form from Hospice Africa Uganda. The hospital palliative care team has found this admission form very useful as the form does capture comprehensive information about the patient /family

Family Centered Care Unit Outpatient Clinic

Having observed an increase in number of patients, the Hospice team suggested and agreed to start conducting a weekly outpatient palliative care clinic for those patients who are still mobile.

Community Health Out-Reach Backpacks

Twelve (12) backpacks were donated from Rice University-USA to assist community volunteers carry all necessary drugs and supplies during home visits.

Figure 12: Twelve volunteers posing for a group photo after receiving the backpacks

Challenges

The number of trained volunteers is rather small as compared to the untrained ones and in relation to infected and affected ones. The trained volunteers are One Hundred and Forty (140) out of Six Hundred and Thirty (630) total volunteers which is equal to 22.2% of the total.

Misconceptions by some community members that HBPC is only for the AIDS patients this may lead to some patients not willing to be registered under HBPC.

Income generating activities for future HBPC kit refill not adequate to replenish most supplies.

Some patients cling or are not willing to be discharged on the HBPC register because they feel more secure when are in the project than outside it.

7. MORTALITY AND FATALITY

Table 17: Leading Causes of Fatality

Disease	Total number of cases				No. Died				Fatality rate (%)			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
HIV/AIDS	196	142	63	64	59	22	12	6	30	15%	19%	9%
Sepsis	50			132	11			14	22			11%
Meningitis	140	96	105	128	29	25	21	23	21	26%	20%	18%
Malnutrition	229	272	212	245	38	37	31	26	17	14%	15%	11%
TB	362	368	308	284	24	15	12	11	9	4%	4%	4%
Heart Disease	220	297	373	306	15	28	19	16	7	9%	5%	5%
Pneumonia	905	1135	1808	1568	52	73	79	59	6	5%	4%	4%
Anemia	2021	2287	2561	2575	63	78	98	55	3	3%	4%	2%
Diarrhea	321	474	462	457	-		17	16	-		4%	4%
Non Communicable	1665	897	2485	1591	54	48	83	50	3	5%	3%	3%
Malaria	6128	7147	8389	8510	111	123	197	129	2	1.7%	2%	2%
Surgical	442	500	752	735	-	22	17	5	-	3%	2%	1%

Bacterial meningitis reemerged as the number one cause with highest fatality (18%) while malnutrition and sepsis came second with (11%) followed by HIV/AIDS (9%), heart diseases (5%) and TB, pneumonia, anemia and diarrhea (4%)

Table 18: Maternal Deaths

Cases(5)	Patient stay in hospital	Diagnosis	Management	Comments
MB,16 years P1	48 hours	Puerperal Sepsis	Antibiotics, iv fluids	Delay in reporting to hospital
MA, 28 years, P3	24 hours	PPH/Consuptive Coagulopathy	Blood transfusion	Lack of blood products
MC,44 years, P10	6 hours	Eclampsia	Mag Sulphate,	Died inspite of appropriate treatment
EK, P1, 18 years	6 hours	Anaemia in pregnancy	Blood transfusion	Arrived late at the hospital and blood was not available
LK,32 years, P5	12 hours	Postabortal Sepsis/Poisoning	Antibiotics, anticonvulsants	Late arrival in a very severe condition

There has been a reduction of maternal of about 50%. Last year there were 11 maternal deaths compared to 5 maternal deaths this year. Similarly to last year the same causes lead to the same consequences: delayed referrals and ineffective resuscitation of severe cases were the main causes of maternal deaths

8. DEVELOPMENT PROJECTS

8.1 Strategic Plan Implementation

The hospital's development has been guided by a *Five Year Strategic Plan* implemented from 2006 to the end of 2010. By the end 2011 the hospital was not yet ready with a new strategic plan to guide its operation and development.

8.2 Land demarcation:

The hospital was granted land by Lilongwe Diocese to respond to the hospital future development

8.3 Security Fence:

The security fence funded by Foundation Ste Foundation Zithe was started in 2010 completed in 2011

8.4 Tarmac Road from Namitete Trading Centre to St Gabriel's Hospital:

The construction of the tarmac road started in the last second quarter of 2010 was also completed in 2011

8.5 Emergency Department / OPD Expansion:

The construction of an upgraded OPD with an emergency department is at present the biggest infrastructure development underway. It is co-funded by Foundation Ste Zithe, the NGO (Open Hand Fir Malawi) and the Government of Luxembourg

Figure 13: Guardian Shelter and OPD extension in light green color

8.6 Guardian Shelter

The Guardian shelter upgrade project aims at increasing sleeping space for guardians and antenatal mothers, reducing smoke inside the cooking area, improving hygiene and sanitation. The project is co - funded by Cordaid from Netherlands, Foundation St Zithe and Dr. Jacob Van Wijk. The project started in the last quarter in 2010 and was completed in 2011. Accommodation; hygiene and sanitation have greatly improved but the smoke in the guardian's kitchen is still a problem

8.7 Community Empowerment

St Gabriel's Hospital strived to strengthen community empowerment in supporting and following up projects funded in 2009 for community support groups. Out of different projects, Namitete Support Group has successfully multiplied the pigs donated and re- distributed some to eight (8) families. Some of the pigs were sold to buys goats that were distributed to Muslim members of the support group.

8.8 Family Centered Care Unit

The inpatient admission started in January 2010 and officially opened by Honorable Minister of Health accompanied by the Principal Secretary of HIV/AIDS and Nutrition. The ceremony was uplifted by the presence of the Mother General of the Congregation of Carmelite Sisters and several local and international partners

The unit has attracted visitors from several nursing schools tutors, District hospital palliative care coordinators and trainees looking for hands on mentoring.

8.9 Construction of Staff Houses

The Foundation Ste Zithe of Luxembourg has been assisting with improvements of staff housing. Two semi detached were completed

8.10 New X- ray and new Theatre

The digital x – ray was donated by a generous donor from Luxembourg, a Dutch Foundation and Foundation Ste Zithe. The new theatre was realized with funds from Australia and Luxembourg.

9. PREVIOUSLY FUNDED PROJECTS

9.1 Incinerator

The incinerator donated by Foundation Ste. Zithe was commissioned in November 2007 and the system has been operating well since installation. The installation was in response to the hospital need for safely processing hospital biohazard wastes while protecting the environment. Its acquisition and operation have since been paired with significant improvement in hospital infection control.

The hospital has contacted potential users that are sensitive to the issue of environmental protection and biohazard waste management to share in the use of the systems great capacity. To date, three institutions including the US Embassy the USAID and Chemonics are utilizing the facility at a share cost St Gabriel's hospital has set a good example in the area of hospital waste management and environment protection. Kamuzu Central Hospital and ABC Clinic were inspired by St Gabriel's incinerator plant facility and have since installed their incineration units

9.2 Water Tank Storage, Sewer, and Water Reticulation

With the gradual expansion of the hospital, the water reservoir built several years ago was no longer able to meet the needs of the new buildings and infrastructure. Upgrades were instituted and also extended to the sewage and the water reticulation systems that were no longer suitable for the growing institutional needs. Open Hand Fir Malawi, based in Luxembourg, donated the funds required to increase the water tank capacity to sixty thousand liters (60,000 L) and upgrade the water reticulation and sewage systems. The structures securely provide enough water for general usage and no problems of sewage blockage have been reported since the upgrades were carried out.

9.3 Storm Drainage

The Storm Drain Upgrade Project was a response to the problem of recurrent flooding of the pediatric ward during the rainy seasons. The upgrades corrected the deficiencies and no flooding has occurred since the upgrades were instituted.

9.4 Construction of New Pediatric (Children's) Ward

The previous pediatric ward built in 1975 had a capacity of twenty-seven (27) beds. During the rainy season, at the peak of malaria outbreak in the region, pediatric ward was forced to house around 200 children under stressful conditions.

Thanks to the combined generosity of the Raymond Ruddy Family through the Gerald Health Foundation, the European Union (EU) Delegation in Malawi, and the Foundation Ste. Zithe based in Luxembourg a new facility was constructed. The new facility offers improved lighting and ventilation, significantly improved space for one hundred children's beds at any given time, isolation bays to separate infectious cases from others cases, partitioned rooms for procedures, treatment, pharmacy and a welcoming admissions counter and waiting area that has stemmed crowded conditions apparent in the former ward. The new unit is a well-planned and welcoming structure that is celebrated by patients and staff alike.

9.5 Construction of Kitchen for Malnourished and TB patients

The construction of a decent cooking facility to prepare food for malnourished, Family Centred Care Unit (FCCU) and TB patients was very much needed. The previous cooking area was inadequate and very poorly ventilated. The new kitchen was constructed with a grant provided by the Foundation Ste. Zithe of Luxembourg. The facility is equipped with all the required utility of a modern community kitchen. .

9.6 Prevention of Mother to Child Transmission (PMTCT) of HIV Program

The Prevention of Mother to Child Transmission (PMTCT) Program was instituted in 2002 with a grant from Glaxo Smith Kline (GSK) through the *Children AIDS Fund USA*. The program also greatly benefited from the technical, as well as financial support from The Institute of Human Virology (IHV) in Baltimore, Maryland, USA. The program helped to establish and build Village AIDS Committees (VACS), as well as educate and mobilize volunteers to assist in the community support efforts.

The PMTCT Program is now integrated into routine hospital activities with one hundred percent (99%) of pregnant mothers accepting HIV testing in Ante-natal Clinics (ANC) or in labor wards.

GSK also generously provided a grant to build a guest house for GSK staff and other visitors who visit the hospital on a regular basis to follow up the progress of the HIV /AIDS programs.

10. ADMINISTRATION AND HUMAN RESOURCES

10.1 Staffing

Staff turnover for the year under review has shown a trend comparing with the prior years. The hospital continues to operate with inadequate numbers of staff. As the hospital is growing, thanks to our donors, this is even posing as a bigger challenge as the same number of staff will need to be stretched further. There is a dire need to increase accommodation to sustain good service delivery.

On a positive note, the government approved the 7% increment to be effected early next year. After the exercise, a comparison will be done between CHAM Remunerations versus Government to see if there is any change placing much emphasis on the MO's package as this is a challenge as stated in the last report.

Staff Movement

The challenge has been on replacing senior members of staff. All three positions that became vacant last year remain unfilled. The other positions have been able to be refilled with a lot less effort.

In light of the above, to fill the post of MO, the hospital will review the pay structure of the Government and the CHAM revised remuneration as this was the hiccup with the last candidate where the offer made by the hospital was less than the current government salary the candidate was currently receiving.

For the accountant, the Board Select will look at the other candidates as the candidate who performed well did not meet the CHAM criteria.
The recruitment of an HR Officer is currently underway.

Cadre	No of employees Jan – Dec' 2011	No Joined Jan – Dec' 2011	No left Jan – Dec' 2011	Total in Dec' 11	Establishment
Hospital Director	1	-	-	1	1
Medical Officers	3	-	1	2	2
Surgeon	2	-	-	2	-
Anesthetic Clinical Therapist	1	-	-	1	1

Clinical Officers	7	2	4	5	7
Medical Assistants	4	1	1	4	4
P. Nursing Officer	1	-	-	1	1
Nursing Officer	1	-	-	1	4
Senior Nursing Tech	8	-	1	7	
Nursing Tech	20	4	1	23	20
Radiographers	1	1	-	2	1
Environmental HO	1	-	-	1	1
Lab Technician & Attendants	4	4	2	6	4
Administrator	1	1	1	1	1
Senior Administrative officer	1	-	1	-	1
Accountant	1	-	1	-	1
Senior Ass. Accountant	1	-	-	1	1
Ass. Accountant	1	-	-	1	1
Senior Accounts Ass	1	-	-	1	1
Accounts Assistant	7	3	3	7	7
Other Support Staff	129	9	3	135	
Totals	194	25	19	200	

10.2 Staff Academic Development

Masters in Public Health

The Principle Nursing Officer has successfully completed her Master's in Public Health at College of Medicine at University of Malawi.

Diploma in Nursing and Midwifery

One nurse technician has completed his studies and been awarded his certification.

Diploma in Nursing

One Patient Attendant has been sent this year for a three year program.

Certificate in Clinical Medicine

A patient attendant has also been sent for a certificate in clinical Medicine.

Diploma in Anesthesiology

A nurse midwife technician has been sent to pursue a diploma in anesthesiology and was funded by the ONG.

Staff Academic Development, future plans;

The hospital intends to train suitable staff with the financial assistance of Foundation Ste Zithe. The proposed trainings are as follows;

Nursing Department

During the coming year, there is a need to train nurses in the following disciplines; Community Nursing, Theatre Nurse Diploma in Nursing

Medical Department

For Medical Department, the following are trainings proposed: Anesthesia, Radiology, Biomedical Sciences, Orthopedic.

10.3 Infrastructure

The following projects were proposed from last year and undertaken this year. Below is the list and progress thereof;

- Renovation of the OPD; this is being funded by Government of Luxembourg and Foundation Ste. Zithe. The work is still in progress, the OPD by estimation would have been concluded by November. This will not be the case as this year there has been shortage of cement, fuel, forex that has impacted on the progress.

- Wire fence around the Hospital; this was funded by Foundation Ste. Zithe and has been successfully completed.

- Staff Houses funded by Foundation Ste. Zithe; 2 semi-detached houses have been constructed during the year with one pair still under construction.

- A store room for the hospital is under construction. This has been funded by a Private Donor.

10.4 Future Plans

- This year, the hospital intends to build a chapel on the Hospital Grounds to be funded by Professor Redfield.

- There is a proposition to build double storey semidetached accommodation to house four individual families and to build a house for a senior staff as part of the ongoing housing project funded by Foundation Ste Zithe.

11. FINANCES

11.1 NOTES TO THE ACCOUNTS

HOSPITAL FEES

Income for the hospital has decreased by 11% as compared to last year due to decrease in the number of patients especially on Endoscopy and for other procedures

GOVERNMENT GRANT

Government grant has increased by 10% as compared to last year and this is due to increase in the number of employees employed by the Hospital which has called for an increase in grant.

CASH DONATION

Cash donations has increased by 18% as compared to last year and this is due to proper accounting for donations and having clear demarcation between donation for programs and a mere donation.

OTHER INCOME

Other income has decreased by 15% as compared to last year and this was due to failure to track properly other income like Internet charges especially on the guest house.

PROGRAM EXPENSES

Expenditures for other programs like Professor Redfield, Gabriel Fund and TB Program has been charged directly to its associated expenditure like the Professor Redfield has been allocated to Staff cost, TB Program has been allocated to Drug Expense and for Gabriel's Fund it has also allocated to Drug Expense while the HBC Program Expenditure has decreased by 12% as compared to last year.

EQUIPMENT EXPENSES

Expenditure on the generator and incinerator has increased by 50% as compared to last year and this was so due to frequent black outs and increase in fuel prices.

MOTORVEHICLE EXPENSES

Expenditure on the Motor Vehicle has decreased by 24% as compared to last year since the Vehicles were not taken to expensive dealers as compared to last year