St Gabriel's Hospital
Namitete

Private Bag 1, Namitete
Malawi
Cell: 0888 858 292/ 0992796026/027

CAMPUS AERIAL VIEW

ANNUAL REPORT 2012

Email: saintgabriels.hospital@gmail.com julamtunda@yahoo.com Private Wing: 265 1 205 922

TABLE OF CONTENTS

1. BOARD CHAIRPERSON LETTER ....1 – 2

2. EXECUTIVE SUMMARY ....3 – 3

3. ABBREVIATIONS ....4 – 4

4. MEDICAL DEPARTMENT ....5 – 11

5. NURSING DEPARTMENT ....12 – 17

6. SURGICAL DEPARTMENT ....18 – 23

7. ADMINISTRATION & HUMAN RESOURCE ....24 – 30

8. FINANCIAL REPORT ....31 – 53

9. APPENDICES ....54 – 70

BOARD CHAIRPERSON'S LETTER

BOARD CHAIRPERSON'S LETTER

Dear Friends of St. Gabriel's Hospital,

The year 2012 was a year of change and new hope. Unfortunately the former management of St. Gabriel's Hospital had totally different ideas about the future development of this mission hospital in the Lilongwe Diocese. Therefore Foundation St. Zithe which is supporting St. Gabriel's Hospital since many years by sending qualified international medical doctors had to withdraw the former Hospital Director. Besides that the Board of St. Gabriel's Hospital did accept the retirement of the former Matron. The Board of Governors has nominated a new Hospital Director, a new Administrator and a new Principal Nursing Officer. This new management team has done an excellent job and the hospital and its staff are performing well since the change in management. The Board is pleased that the mood of the whole staff has seriously improved since these decisions.

The economic situation of Malawi in general has an impact on St. Gabriel's Hospital. The Board has discussed during its four meetings in 2012 ways how to enable all those who need medical help access to hospital services. The Board appeals also to those people who believe that they cannot afford a visit to the hospital to show up if they need help. The energy crisis in Malawi made it difficult from time to time to supply the hospital with power. In order to improve this problem and to save cost Foundation Ste Zithe will donate a solar energy unit which will make St. Gabriel's Hospital independent of ESCOM in 2013.

On behalf of Foundation Ste Zithe and on behalf of the Board of Governors I do thank all donators from different parts of the world who have generously supported St. Gabriel's Hospital in 2012. Besides those who have donated in cash or in kind we do also thank those who worked for St. Gabriel's Hospital on voluntary base. Those doctors, nurses, technicians and craftsmen are always welcome in Namitete. We thank them for their motivation and excellent work for the patients and the hospital.

We do thank all members of staff for their commitment for the patients and for their dedication which makes St. Gabriel's a hospital with excellent reputation.

Last but not least I would like to express our deep thanks for the constant support and encouragement of the Archbishop of Lilongwe. **Archbishop Remi Ste Marie** has assisted the hospital even in times of dubious discussions in the public. His comfort helped all members of St. Gabriel's Hospital last year. We owe him a debt of gratitude.

Hans Jürgen Goetzke

Chairperson of the Board of Governors

Luxembourg, March 20th, 2013

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

St Gabriel's Catholic Mission hospital is nonprofit making organization situated in the western part of the Capital City Lilongwe District in Malawi, Central East Africa. The hospital management team runs the hospital with guidance and support from the Board of Governors. The Mission of the hospital is *"**to provide affordable, excellent services to those in need especially the immediate surrounding rural communities of Namitete catchment area, by providing health care in a transparent, holistic and accountable manner.**"*

In the year 2012, St Gabriel's Hospital continued its mission of taking care of those in need by providing curative, preventive and palliative care services. The Out Patient Department (OPD) attendance was 42,511, inpatient admissions were 12803 and normal deliveries were 2,859. The surgical department performed 408 major procedures. Malaria and HIV related illnesses continue to be the leading causes of OPD attendance and admissions. The hospital provided supportive services such as diagnostic x-rays, endoscopy and laboratory services etc.

The hospital continued its partnership with the District Health Offices of Lilongwe and Mchinji District on Service level Agreement in maternity and paediatrics.

The outpatient and pharmacy building renovation and extension were completed and are currently in use. Underground cabling was also implemented in the same year.

The hospital acknowledges all partners and friends who assisted the hospital in 2012 in various projects as listed in the appendix (Acknowledgements)

The hospital was blessed with the visit of the Arch Bishop of Lilongwe Diocese, **His Lordship Remi Ste- Marie and Mother General (Sr Brigite Shneiders), of Carmelite Sisters.**

The Hospital Director, Heads of Departments and Staff are very thankful to the Arch Bishop of Lilongwe Diocese, the Mother General of Carmelite Sisters Congregation in Luxembourg the Chairman and all Board members for the guidance and support rendered in the running of the hospital.

ABBREVIATIONS

ABBREVIATIONS

ART	Antiretroviral Therapy
CHAM	Christian Health Association of Malawi
ESCOM	Electricity Supply Commission of Malawi
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome
HTC	HIV Testing and Counseling
MD	Maternal Deaths
ORIF	Open Reduction Internal Fixation
PMTCT	Prevention of Mother to Child Transmission
POP	Plaster of Paris

MEDICAL DEPARTMENT

MEDICAL DEPARTMENT

The clinical department works hand in hand with other departments in provision of curative and preventive services.

OUTPATIENT DEPARTMENT (OPD)

The Outpatient Department is the entry point of most of the services provided at the hospital. Patients attended to at Outpatient Department (OPD) in 2012 were forty two thousand five hundred and eleven (42511), compared to 40621 in 2011. The rise in attendance was mainly due to an increase in ART attendance and introduction of a Palliative Care Clinic. For detailed figure in OPD attendance (see Table 1).

Table1: OPD ATTENDANCE

Year	**2010**	**2011**	**2012**
Ordinary	25991	26734	21161
Private Wing	1706	2407	2626
ART	9101	11480	17404
Hospice	N/A	N/A	1320
Total	36798	40621	42511

- Malaria was the leading cause of OPD consultations in 2012.
- The second leading cause of OPD consultations was HIV/AIDS.
- The rise in HIV/AIDS attendance in attributed to universal eligibility for ART which was introduced in 2011 by National Aids Commission (NAC)

Respiratory tract infections were the third leading cause of OPD attendance, for detailed causes of OPD attendance case by case, see Appendix I

INPATIENTS

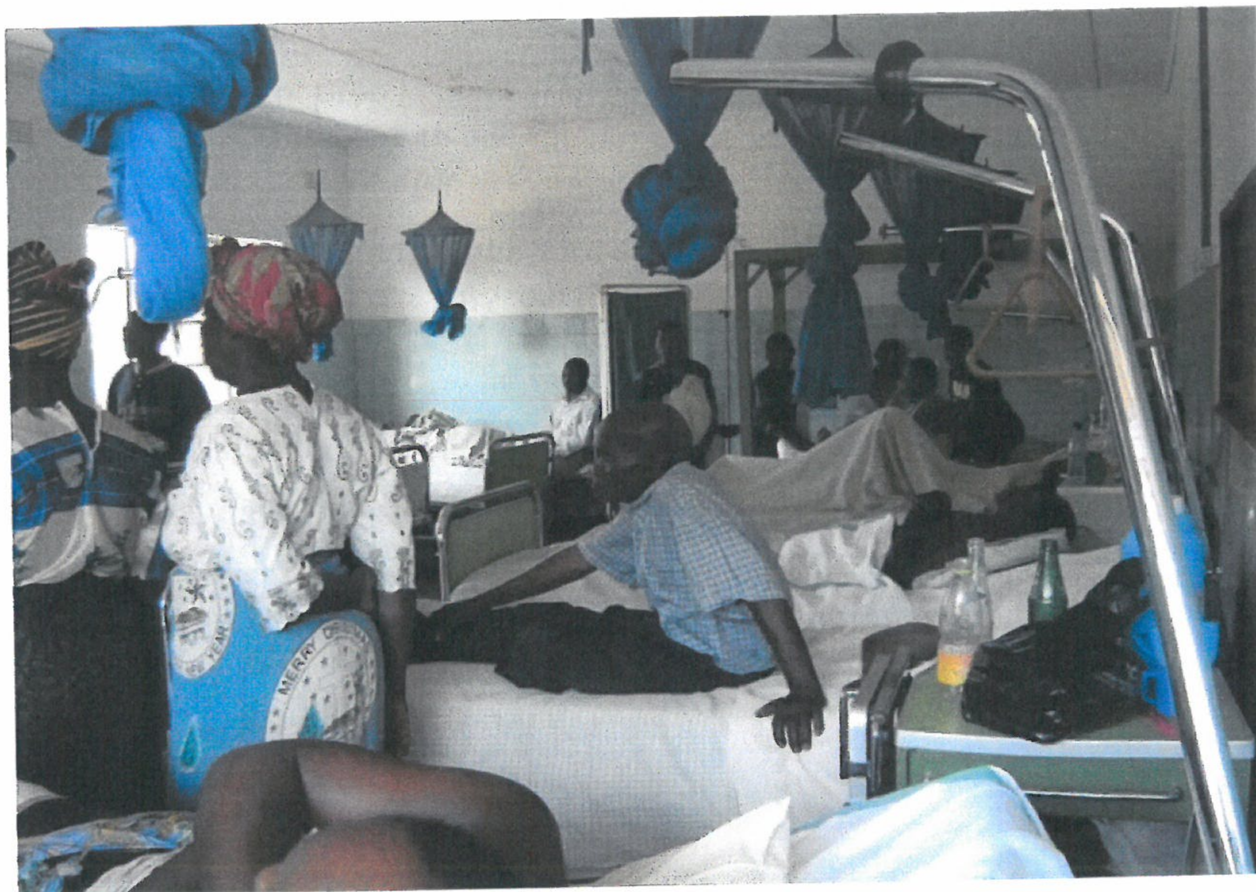
Admissions dropped by four thousand one hundred and seventy (4170) in 2012. Whereas sixteen thousand nine hundred and seventy three (16173) patients were admitted in 2011, there were twelve thousand eight hundred and three (12803) in 2012. This follows a drop in non ART OPD attendances from twenty nine thousand one hundred and forty one (29141) in 2011 to twenty three thousand seven hundred and eighty seven (23787) in 2012.

Table 2 shows the total numbers of patients admitted to various wards of the hospital in 2010, 2011 and 2012.

Table 2: ADMISSIONS IN THE WARDS

Ward	2010	2011	2012
Male	1347	1208	1103
Female	2648	2393	2226
Paediatric	9238	9278	5471(-41%)
Surgical	867	796	838
Maternity	3081	3011	2946
Hospice	50	287	219
Private Ward	157	184	196
Total	17388	17157	12999

Inside surgical ward



FEMALE WARD

The total number of admissions dropped from two thousand three hundred and ninety three (2393) in 2011 to two thousand two hundred and twenty six (2226) in 2012. This represents a 7% drop in number of admissions. Out of those admitted in 2012, sixty one (61) patients died represent 2.7% of total admission. The percent of patient that died rose by 0.3%.

Appendix II shows the specific causes of deaths in female ward. The leading cause of death was non – communicable diseases.

MALE WARD

There was a slight drop in number of admissions from one thousand two hundred and eight (1208) in 2011 to one thousand one hundred and three (1103) in 2012. This represents an 8.6% drop in admissions.

Despite the reduction in number of admissions, the number of deaths increased from seventy one (71) to eighty four (84) in 2012, Appendix III.

SURGICAL WARD

The surgical ward registered an increase in number of admissions in 2012.

There were eight hundred and thirty eight (838) admission in 2012 compared to seven hundred and ninety six (796) admissions in 2011. This represents a 5.3% increase in number of admissions.

PRIVATE WARD

Private wing registered a 6.5% increased in number of admissions. The number of patients admitted to private wing in 2012 was one hundred and ninety six (196) where as in 2011 one hundred and eighty four (184) patients were admitted to private wing.

PEADIATRIC WARD

The number of admissions considerably dropped from nine thousand two hundred and seventy eight (9278) in 2011 to five thousand four hundred seventy one (5471) in 2012. This represents a 41% decrease in number of admissions.

The number of children who died in pediatric ward was one hundred and ninety (190) representing 3.5% of the total admissions a rise by 0.1% compared to last year.

The leading cause of deaths in pediatric was malaria. Appendix IV shows causes of deaths in pediatric ward.

MATERNITY

There was a reduction in both total and new antenatal visits in 2012(see nursing report and appendix IX). There was a slight drop in number of deliveries. Two thousand eight hundred and fifty nine (2859) deliveries were conducted in 2012 compared to two thousand eight hundred seventy six (2876) in 2011.

Maternal deaths increased by one despite reduction in number of deliveries. There were 5 maternal deaths in 2011 and 6 maternal deaths in 2012. Maternal activities are summarized in appendix VI.

HOSPICE

Hospice provides services to patients with terminal illnesses.

The main focus on patients admitted to Hospice is disease progression awareness and pain management.

The ward admitted two hundred and nineteen (219) patients in 2012 compared to two hundred and eighty seven (287) patients in 2011. This represents a 2.4% decrease in number of admissions.

PRIMARY HEALTH CARE (PHC)

The PHC department provides preventive health services (see also nursing report).

The main areas of focus are immunization, growth monitory for under-five children and educating the community on sanitation. There was a rise in number of under five children who had growth monitoring at outreach and static clinics from five thousand nine hundred and eighty (5980) in 2011 to six thousand six hundred eleven (6611) in 2012.

Similarly there was a slight increase in number of children immunized from three hundred and ten (310) in 2011 to three and eighty three (383) in 2012. Statistics are summarized in appendix X.

In the picture, Children from a nearby nursery school who came to sheer sick children in the pediatric ward

NUTRITION AND REHABILITATION UNIT (NRU)

This unit provides services to malnourished under- five children, malnourished pregnant mothers and malnourished lactating mothers.

The unit admitted two hundred and seventy two (272) children with severe malnutrition in 2012 compared to two hundred and forty two (242) children admitted in 2011. On a good note there was a decrease in percentage of children who died from malnutrition in the unit.

The number of children & mothers needed supplementary food support due to moderate malnutrition dropped from one thousand seven hundred and nine (1709) in 2011 to one thousand and two (1002) in 2012. Statistics are summarized in appendix VIII

LABORATORY

Laboratory Department provides supportive services to the Clinical Department. Overall the Laboratory performed fewer tests in 2012 than in 2011. This was mainly due to a decline in number of patients attended to at OPD, reduction in number of admissions and stock out of reagents at times.

Laboratory activities are outlined an Appendix V

CONCLUSION

There was a reduction in number of OPD attendance from twenty nine thousand one hundred and forty one (29141) in 2011 to twenty three thousand seven hundred and eighty seven (23787) in 2012. This represents an 18.4% decrease in OPD attendance.

The admissions in 2012 were twelve thousand nine hundred and ninety-nine (12999) compared to seventeen thousand one hundred and fifty seven (17157) in 2011. This represents a 24% reduction in number of admissions.

Laboratory also registered a reduction in number of tests performed. The number of tests done in 2012 was twenty thousand four hundred and eighty (20480) compared to twenty five thousand eight hundred and ninety five (25895) in 2011.

This represents a 21% reduction in number of tests conducted.

NURSING DEPARTMENT

NURSING DEPARTMENT

INTRODUCTION

Since the last presentation of the 2010-2011 annual report, most of the nursing activities that have taken place are routine activities of the hospital and its surrounding areas. Thus, the nursing department here by presents some of the activities during the period under review. The report will cover staffing issues , staff development,, ante-natal prevention of mother to child transmission (PMTC), maternity, and in-patients activities primary health care (PHC), HIV and tuberculosis, challenges, and recommendations.

STAFF ISSUES

RECRUITMENT

In an effort to boast the levels of nurses and midwives, the hospital Management recruited four (4) Nurse Midwife Technicians' (NMT) and one Nursing officer who graduated from the University Of Malawi Kamuzu College Of Nursing in October 2012.

STAFF DEVELOPMENT

Staff development remains a priority. Two patient attendants are currently studying nursing at different Colleges of Nursing under Christian Association of Malawi (CHAM) in first and second years of training. One patient attendant completed his nursing studies in February this year and is waiting for his graduation sometime this year. All are funded by the hospital. In house continuous professional development sessions (CPD) have also been conducted regularly as required by the Nurses and Midwives Council of Malawi (NMCM).

WORKSHOP/TRAINING

During the year under review, several nurses attended workshops organised by MOH, Non-Governmental organisations (NGO's) in order to keep abreast with current nursing practices. In addition, the hospital in conjunction with Palliative Care Association of Malawi (PACAM) organised training in basic palliative care in December 2012. All nurses are now providing palliative care to patients with chronic illnesses with confidence in Family Centered Unit (FCCU).

NURSING ROUTINE ACTIVITIES

MATERNITY ACTIVIES

Maternity services are some of the routine nursing activities provided twenty four (24) hours by the Nurse Midwife Technicians supported by patient's attendants. During the year under review below are the maternity activities that were conducted.

DELIVERIES CONDUCTED

It has been observed that in past three years (2010, 2011 and 2012 respectively) most pregnant women preferred to deliver at St Gabriel's hospital (see **appendix VI**)

The assumption is that pregnant women prefer to deliver at this hospital because the maternity ward is user friendly, and resources in terms of drugs are always available throughout the year, Although one might argue that the number of women who delivered at St Gabriel's hospital maternity ward in 2012 is less than those who delivered there in 2011 (**2859)** the midwives who worked in this ward were very busy considering that many times only one nurse midwife worked in the labour ward due to the shortage of nurses and midwives that the hospital is passing through.

MATERNAL DEATH

The hospital recorded **six** (6) maternal deaths (MD) in 2012 compared to **five** (5) in 2011 and **eleven** (11) in 2010 respectively. Such deaths though not alarming are unacceptable thus, a maternal death audit committee comprising of different cadres has been formed to audit the occurrence of MDs, their possible causes and put in place preventive measures of such deaths.

IN -PATIENTS

Female and paediatric wards recorded highest number of in patients in the past three years (2010, 2011 and 2012.

During the year under report, on paper the two wards seems to have recorded fewer numbers of in patients as compared to (2010,2011) **(see appendix VII)**.

However, the work load was too much for the nurses working in paediatric ward. Like their colleague who worked in the maternity ward tirelessly provided nursing care single handed, they too were working one nurse per shift for reasons alluded to afore.

St Gabriel's Nursing Staff from morning meeting

NUTRITION AND REHABILITATION UNIT

This is a very important part of the hospital. Children who are under nourished receive food supplementations that come from World Food Programme (WFP).The number of undernourished children who benefited from this support in 2010, 2011, and 2012 were as follows **(see appendix VIII).** Several of them were rehabilitated and were discharged. Pregnant and lactating mothers with low weight also benefited from this programme.

ANTENATAL ACTIVITIES

The MOH advocates for focuses ante-natal care. This is to say that a very pregnant woman should at least receive four (4) ante-natal cares before delivery. In the past three years, (2010, 2011 and 2012) a total number of 10,733 women attended ante-natal care at this hospital. In the year under report 3,672 attended ante- natal care **(see appendix IX).**

PREVENTION OF MOTHER TO CHILD

Prevention of mother to child transmission (PMTC) is one of the activities conducted during ante- natal clinic. In past three year, 8,581 pregnant mothers were counseled and willingly went for HIV testing.

In the 2010 out of 2,663 who were tested for HIV, fifty four **(54)** were reactive (**2 %).** In the year 2011, 3,156 were tested and sixty two **(62**) were reactive (1.96%) almost 2%.

In the year under report, 2,762 were tested for HIV and sixty three **(63**) **(2.3 %)** were found HIV positive. In 2010 pregnant women who were found to be HIV positive were only given cotrimoxazole.

In 2011, with the introduction of 5A antiretroviral drug, the approach to treatment had to change. It was recommended that pregnant women who were found reactive be given 5A on the same day after they have been given health education on the importance of starting 5A.

However, due to communication break down between PMTC and ART clinic, **No woman came to start her cotrimoxazole in 2010**.

In 2011, twenty three (**37%**) % were started on 5A. From 2011 to January 2012, **twenty seven (43%)** were started on 5A. From this background it is clear that a lot of pregnant women who are reactive never came forward to receive their 5A. This was attributed to the system that was there in 2011 where by an a HIV positive pregnant woman was told to come the following week to start her 5A instead of staring her on 5A on the same day she is diagnosed as it is done in other hospitals. From mid- February 2013, this internal problem has been resolved.

All HIV pregnant mothers both at static and out –reach stations are now being given their 5A on the same day. Further- more, following the motor cycle training that four of our patient attendants went through, follow up- visits of women who do not turn up for their 5A treatment will be intensified.

PRIMARY HEALTH CARE

THE HOSPITAL AND THE COMMUNITY

The hospital carries out Primary Health Care (PHC) activities at static and out-reaches stations. The following primary health care activities were conducted **(see appendix X)**.As a result in 2012 383 babies were fully immunised.

However, if you compare this figure with the number of babies delivered in maternity ward you may argue that the figure is low.

To the contrary, as stated earlier on, most women who deliver at St Gabriel's maternity ward come from areas outside the hospitals catchment areas. Thus, mothers once they are discharged from post natal ward take their babies for immunisation to their respective health centres.

St Gabriel has only **seven** outreach stations which are visited once a month by nurses and support staff.

HIV and TUBERCULOSIS

HIV TESTING AND COUNSELING

According to the records provided by HTC counselors, in the year under review a total of 5,364 clients were counseled and 5,359 were tested for HIV, out of this figure, 410 **(8%)** were found to be HIV positive. In addition, 144 children aged 6 weeks to 2 years were exposed and 71 **(49%)** were found to be positive.

TUBERCULOSIS

In 2012 a total number of eight hundred and one (**801)** clients submitted sputum for AAFB eighty four **(84)** were found smear positive and ninety eight (**98)** were found to be HIV positive as well. Out of the 84 clients found smear positive, **76** were started on TB treatment. **Eight clients** never started receiving TB treatment. These clients pose a danger to the community.

CHALLENGES

Nurses and midwives are committed to providing quality care to their patients, but they are not able to fulfill their wish due shortages of nurses and midwives. Currently there are only twenty eight nurse midwives working in all the wards twenty four (**24 hours**) and other departments.

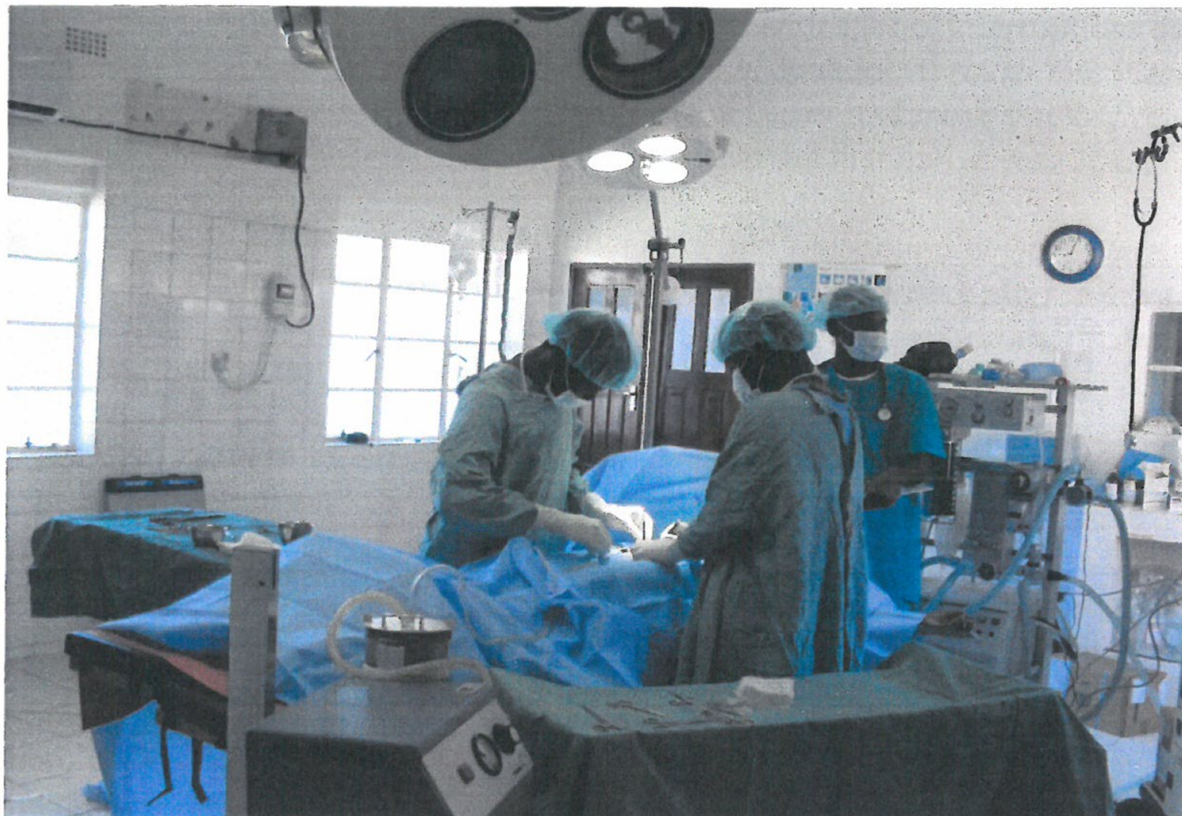
RECOMMENDATIIONS

In view of the above major challenge the nursing department wishes to recommend that management should speed up the construction of new houses to accommodate nurses. Good accommodation will attract many nurse applicants and this will also cut on the expenses on locum.

SURGICAL DEPARTMENT

SURGICAL DEPARTMENT

During the year 2012 we treated 830 admitted adult patients in the surgical ward, during the same time 316 children were treated due to surgical conditions in the paediatric ward. Main reasons for admission were septic conditions like infected wounds, abscesses or osteomyelitis as well as trauma and elective operations like hernias, especially in children. Gynecological operative patients were also part of the surgical ward admissions.



A surgical procedure in progress in theatre

In adults 10 deaths occured and we had 6 absconders, in children the documentation was unprecise.

Admissions reached the same level as before, operative theater procedures increased markedly up to 421 in this year.

We faced a decrease in surgical OPD patients concerning wound management like dressing and cleaning, while minor operations and procedures were higher than in the last year. We look foreward for better working conditions in the newly renovated and extended OPD building which hopefully soon will be handed over, where all working places like examination and treatment rooms, ultrasound and x-ray will be close together.

After some major repair we expected the high tech Matachana autoclave to work properly, but unfortunately its stability was erratic with a lot of interruptions due to technical defects. We are looking foreward to a donation through GIZ (German society for international cooperation) including a bigger and more stabile / reliable mechano-electric autoclave which will arrive within the first half of year 2013.

Other technical equipment including monitors and ultrasound devices were very stable. The digital x-ray machine had a fault of the battery pack after 2 ½ years , much earlier than the expected battery life time of 6 years or more. But the batteries could be replaced locally.

There is an increase in x-ray- pictures and patients, we also started doing contrast media examination with barium sulfate and urographine.

The theater situation such as instrument cleaning and arranging in sets has improved markedly after a trained nurse started supervizing sterilization , instrument cleaning and theater arrangement.

There is still need for further progress which we hope to achieve with extending and renovation the theater instrument cleaning room. In the above mentioned GIZ donation a theater instrument washing and cleaning machine is included which will helt avoinding instrument damage because of unprecise soaking in hypochlorite solution. The extension and renovation of the present far too small and unpleasant instrument cleaning room will be financed this year by Zitha Foundation Luxembourg.

Anaesthesia was done as general anaesthesia with thiopentone, halothane and ketamin/diazepam with or withour muscle relaxants. For spinal anaesthesias we used lidocain or bupivacaine heavy depending on the ecspected duration of the

procedures. In OPD /treatment rooms ketamin / diazepam with or without atropin was the preferred drug, there were onla a few spinal anaesthesias.
The anaesthesia machine "Anabelle", donation of Ste.Zithe / Zikomo foundations worked well exept some minor problems.

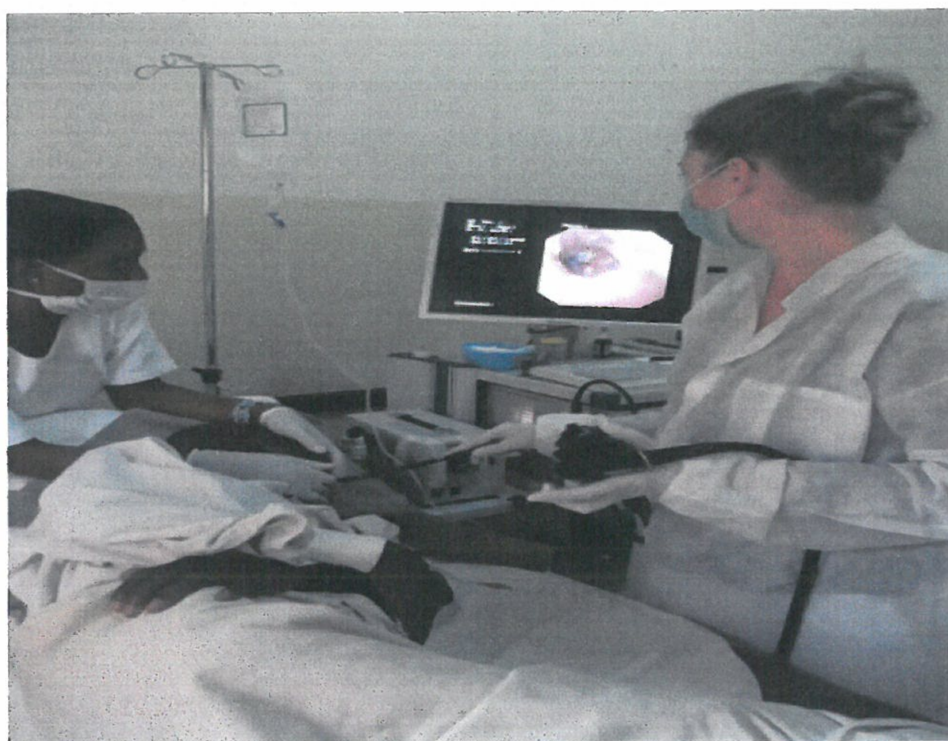
We are waiting for a second anaesthesia machine of the same type, donated by GIZ to upgrade the old theater, where in addition to that also the central ceiling light and the electric surgery equipment needs to be replaced .

POP ROOM	**2010**	**2011**	**2012**
POPs applied	391	457	448
Repos of fractures and POP	53	65	69
POPs removed	161	159	218
Cuff and collar applied	45	37	51
Fig. Of 8-Bandage applied	44	38	64
Other (Desault etc.)		11	6
TRACTION FOR FEMUR FRACTURES			
Adults	15	16	12
Children	24	31	28
X - RAY			
Images Shot	4807	6571	7494
Patients	2371	3235	3766
In 2012 : Chest –X ray in 1988, bones in 1720, abdomen in 120, contrast med. in 8 patients			
Endoscopy			
Gastroscopy	332	434	401
Colonoscopy	18	16	9

In November 2012 Dr. M. Appels from The Netherlands assisted us in endoscopy for 2 weeks, during that time x2 esophageal stenting because of advanced cancer was done.

Other esophageal cancer patients were referred to Kamuzu Central Hospital in Lilongwe for possible surgery / stenting because at present extensive thoracic surgery is not possible at St. Gabriel`s because we do not have an intensive care unit yet and also miss a respirator for artificial respiration.
We hope to continue with esophageal stenting as a real palliative treatment which helps these esophageal cancer patients to eat and drink.

In the picture, endoscopy services



Anaesthesia

	(2010)	(2011)	(2012)
General anesthesia		418	360
Spinal		721	706

OPERATIONS / THEATER PROCEDURES

	2010	2011	2012
General Surgery			
Inguinal / Femoral Hernia Repair	45	63	53
Reconstr. Abdominal wall / incis. hernia	20	9	16
Adhesiolysis	4	4	2
Gastrectomy subtotal	2	1	4
Gastrojejunostomy	3	3	3
Colostomy / closure	3	7	3
Ileum / Jejunum / Ileocoecal resection	6	8	5
Colon / Sigma resection	4	3	9
Perf. stomach ulcer stitch/washout	2	5	4
Pyloroplasty		4	2
Revision of abdomen, septic, non-septic	24	58	45
Appendicectomy	6	18	14
Breast amputation, biopsy	4	4	8
Thyroidectomy, partial	7	6	4
Splenectomy (trauma, hypersplen)	4	2	2
Skin tumor rem.(Lip,Keloid,oth)	28	24	47
Rem. Tumor / hygroma neck	2	2	3
Lymph node rem./biopsy neck	2	2	2
Recto-vag. fistula repair		1	
Thoracotomy / bronchopleur. fistula			1
Urology			
Partial bladder res.,	2	2	2
Hysterectomy, bladder repair	1	3	2
Urethra / bladder reconstruction	1	2	2
Hydrocelectomy	9	9	17
Penis amputation	2	2	3
Circumcision	14	4	15
Orchidectomy /Scotectomy	5	3	11
Orchidopexia	2	2	4
Prostatectomy	16	10	15
Trauma / Orthopedics			

ORIF humerus	1	2	4
supracondylar elbow	11	10	6
lower arm	5	8	12
distal radius	4	7	6
hand / fingers	2	2	4
Femur	2	2	3
Ext. fixator tibia / femur	4	3	6
Knee arthrodesis / ext.fix.			1
Craniotomy			1
Split skin graft / flap	12	13	13
Contr. release / syndactyly	2	3	5
Bone debridement / biopsy	6	27	22
Achilles tendon rep. / length. /Clubfoot rel.	2	2	2
Amput. major	4	6	11
Others	15	26	14
Total	**291**	**369**	**408**

ADMINISTRATION & HUMAN RESOURCES DEPARTMENT

ADMINISTRATION

ACHIEVEMENTS

During the period under review, the hospital has seen/witnessed quite a number of achievements. Among the many the following are some of them:-

- Service Level Agreements (SLAs) with Lilongwe and Mchinji District Health Offices have greatly improved. Invoices have been settled expeditiously. This is contrary to what was happening in the past.

- The hospital is now functioning as one unit unlike in the past (six to seven month ago) when some departs/units were treated as independent entities-not part of St Gabriel's hospital.

- The traditional donors and other well-wishers both local and international have continued to support the hospital materially, spiritually and financially especially during the last half of the year. **Appendix xi** shows some of the donors who kindly donated various things to the hospital

- During the year, the hospital was humbled by a visit of two bishops. The two bishops were **Archbishop Remi Ste-Marie** of Lilongwe Archdiocese and a visiting bishop from Germany. The two bishops visited the hospital on the 27th October; 2012.It was very pleasing for the hospital to have these very important men of God spare time from their busy schedule to come over to visit us. **Archbishop Remi Ste-Marie** came again to visit us on the 22nd of November; 2012.This is the day when we had a board meeting.

- Another high profile visitor to the hospital in the year was the Vice President of the Republic of Malawi **Hon. Khumbo Kachale**, who visited the hospital on the 20th of April, 2012

- The hospital organized a Christmas get together on the 22nd of December, 2012 where patients, members of staff and their spouses were treated to luncheon in addition to being given food burgers. Two traditional leaders whose headquarters are close to the hospital were invited to the function and these

are Traditional Authority Mavwere of Mchinji and Traditional Authority Kalolo of Lilongwe. We sincerely thank Ste Zithe for supporting us with finances to purchase gifts and foodstuffs for the get together.

- Hospital Top ups were revised upward in June and this was much to the delight and relief of all the health care workers.

In the picture, Hospital Maintenance Staff

Challenges

The period under review (January to December, 2012) had its own challenges and the following were some of them:

- As reported in September during the activity progress review, lack of accommodation for the increasing number of staff has remained a big challenge.

- Old fleet of vehicles has resulted in high fuel consumption rate

- The instability of the Malawi Kwacha against other currencies has resulted in loss of buying power. This has greatly affected service provision as the hospital has to pay more to purchase fewer hospital related items.

- Frequent ESCOM power blackouts continued to force the hospital to use diesel which is very costly. Additionally, electricity tariffs went up resulting in the hospital to pay large sums of money to ESCOM

- The laundry machine which was delivered in September, 2012 has not been installed up till now and this is compromising on the service as the old machines easily break down.

- As reported in the September progress report, we still have problems with the CHAM payroll. As many as 20% of staff have continued to miss from the payroll every month. The hospital has had to find creative ways to pay the missed officers.

- The Service Level Agreements Memorandum of Understanding with the two District Hospitals namely Mchinji and Lilongwe remain unsigned as dates for the activity keep changing.

Future Plans

The hospital intends to do the following: -

- Conduct various trainings in procurement and Stores Management. It is believed that this will reduce unnecessary wastage the hospital experiences as a result of lack of knowledge.

- Lobby donors and /or well-wishers to assist the hospital build/construct staff houses preferably two bed roomed flats to avert the accommodation challenges the hospital is facing currently.

- Connect the hospital to solar power. Works on this activity are in progress and Ste. Zithe is funding it.

- Well-wishers to assist the hospital to replace high fuel consuming vehicles Recruit an additional Medical Doctor and some nurses to fill the vacant positions once the accommodation challenge is sorted out

HUMAN RESOURCES FOR THE YEAR 2012

MEDICAL	NURSING	ADMINISTRATION	**Total**
24	104	77	**205**

KEY POSITIONS

								TOTAL
Medical Depart - ment	4 Doctors	10 Clinical Techni - cians	2 Anesthetics Clinical therapist	1 Chief Radio- grapher	4 Medical Assistants	3 Laboratory Technicians & 1 assistant Laboratory Technician		**24**
Nursing Depart - ment	1 Principal Nursing Officer	2 Nursing Officers	6 Senior Nursing Sisters	22 Nurse Midwife Technicians				**31**
Administration Department	1 Principal Hospital Admin strator	1 Human Resources Officer	1 Accountant	1 Senior Assistant Accountant	1 Assistant Accountant	1 Mainte - nance Supervisor	1 Stores Supervisor	**7**

STAFF MOVEMENT

	Recruitment					**Total**
Medical Dept	1 laboratory technician	3 Clinical Technicians	1 Medical Assistant	1 Aneathetic Clinical therapist		**6**
Nursing Dept	4 Nurse Midwife technician 2 Registered Nurse(Nursing Officer& Principal Nursing Officer)	10 Hospital/ Patient Attendants				**16**
Administration Dept	1 Principal Hospital Administrator	1 Human Resources Officer	1 Assistant Accountant	1 Stores Supervisor	7 Accounts Assistant & Cashiers	**11**
TOTAL						**33**

	Promotions			Total
Medical Dept	N/a	N/a	N/a	**0**
Nursing Dept	1 Nursing Sister (Grade J) to Nursing Officer(grade I)	N/a	N/a	**1**
Administration Dept	1 from Senior Assistant Accountant (Grade)Accountant(Grade I)	1 from Assistant Accountant(Grade K) to Senior Assistant Accountant(Grade J)	1 from Ground Labour (Grade R) to Brick Layer (Grade M)	**3**
TOTAL				**4**

	Terminations	Reason for Termination	Total
Medical Dept	2	2 (Medical Assistant & Laboratory Technician) Dismissed due to abscondment	**2**
Nursing Dept	7	1 Retirement(Principal Nursing Officer), 4 Resignation(Nursing Officer, Home Craft Worker and Hospital Attendants), 2 Dismissed due to abscondment (NM T& Hospital Attendant)	**7**
Administration Dept	4	Resignations(2 Cashiers) and Dismissed due to misconduct(Security guard & Data Preparation Clerk)	**4**
Grand Total			**13**

	Training	Period	Origin of funds	Total
Medical Dept	Staff-Medical Assistant & Pharmacy Assistant	2 Years	Foundation Ste Zithe	**2**
Nursing Dept	1Staff-Nurse Midwife Technician	3 Years	Foundation Ste Zithe	**1**
Administration Dept	N/A	N/A	N/A	**N/A**

One employee who was at Holy family Nursing Training School has completed his training as a Nurse Midwife Technician and has already reported for duties.

EMPLOYEES FROM PALLIATIVE CARE UNIT AS AT 31ST DECEMBER, 2012

The contracts of staff employed at palliative care unit came to an end with effect from 31st December, 2012 due to the integration of the unit into the hospital's system, starting from 1st January, 2013. All members from the unit were intended to be deployed permanently into the hospital's setup; however, some opted out on their own accord. The members who were integrated into the hospital set up were as follows:

1 Clinical Officer, 2 Nurse Midwife Technicians, 1 Driver, 1 Home Craft Worker and 1 Hospital Attendant

To ensure that there is a smooth integration of Palliative Care Unit into the hospital's system, the hospital engaged the facilitators from PACAM (Palliative Care Association of Malawi), from the month of December, 2012 up to end the of January, 2013 to train all hospital's technical staff (Medical Officer's, Clinicians, Nurses and Medical Assistants); the aim was to equip health care workers with knowledge, skills and attitudes in the provision of palliative care services.

APPENDICES

APPENDICES

APPENDIX I : TOTAL DIAGNOSIS FOR OUT PATIENT JAN -DEC,2010,2011 & 2012

Code	Disease Name	2010	2011	2012
Immunizable Diseases				
1y	Acute Flaccid Paralysis	0	0	0
3c	Measles	412	45	1
6	Tuberculosis	166	123	61
7	Whooping cough	0	1	0
Respiratory Diseases				
8a	Acute respiratory infections	1256	588	417
8	Upper respiratory infections	3586	4092	3068
9c	Pneumonia (under 5)	582	187	88
9	Pneumonia (over 5)	719	395	354
10	Asthma	501	348	426
11	Lower respiratory infection	132	0	9
Diarrhoea diseases				
13c	Dysentery (under 5)	55	85	22
13b	Dysentery (over 5)	86	125	49
14c	Diarrhoea (under 5)	315	487	391
14b	Diarrhoea (over 5)	417	218	136
Nutritional disorder				
15a	Anemia all ages	390	325	196
15b	Anemia in pregnancy	11	11	3
16	Goiter	2	3	1
17	Malnutrition	30	68	13
Cardiovascular Diseases				
18	Hypertension	1150	1699	1532
19	Other heart diseases	455	518	790

Mental disorder				
20	Acute psychiatric disorder	28	74	43
21	Chronic psychiatric disorder	0	7	0
22	Epilepsy	2106	2721	2381
Ophthalmic conditions				
23	Acute eye infections	378	457	334
24	Cataract	0	7	1
Oral conditions				
25	Dental decay	71	48	32
26	Other oral conditions	252	86	36
Skin conditions				
27	Leprosy	1	0	0
28	Scabies	3	6	6
29	Other skin conditions	547	812	622
Communicable diseases of public health important				
30	HIV/AIDS	185	374	17327
31	Sexually transmitted infections	625	538	389
32d	Malaria (under 1)	1338	1226	610
32a	Malaria (under 5)	4210	4206	2306
32b	Malaria (over 5)	3738	3779	2531
32c	Malaria in pregnancy	96	62	35
33	Bilharzia	63	26	15
34	Chicken pox	27	50	34
36	Intestinal worms	187	122	61
37	Jaundice & infective hepatitis	19	11	13
38	Meningitis	15	14	20
40	Typhoid	0	0	0

42	Rabies	0	0	0
Non-communicable diseases of public health				
44a	Gynecological disorder	109	288	147
44b	Complication of abortion	41	22	84
53	Neonatal sepsis	5	0	0

45	Urinary tract infections	337	417	385
46	Musculoskeletal pains	2072	2266	2050
47a	Traumatic conditions	471	710	341
47b	Road traffic accident	16	4	3
48	Otitis media	192	166	99
49	Non-communicable diseases	2204	3557	3978
53	All other sepsis	223	18	153
53	Opportunistic infections	0	0	5
Surgical conditions				
50	All surgical conditions	1257	1961	1609
	TOTAL CASES	**31081**	**33406**	**43207**

APPENDIX II: DEATHS IN FEMALE WARD ACCORDING TO CAUSES

Code	Disease Name	2010	2011	2012
Immunizable Diseases				
6	Tuberculosis	6	6	0
Respiratory Diseases				
9	Pneumonia (over 5)	12	7	1
10	Asthma	0	0	8
Diarrhoea diseases				
13b	Dysentery (over 5)	0	0	0
14b	Diarrhoea (over 5)	3	0	1
Nutritional disorder				
15a	Anemia all ages	6	3	0
Cardiovascular Diseases				
18	Hypertension	2	2	7
19	Other heart diseases	8	4	8
Oral conditions				
25	Dental decay	0	0	0
Communicable diseases of public health important				
30	HIV/AIDS	7	3	1
32b	Malaria (over 5)	8	7	5
37	Jaundice hepatitis	2	0	0
38	Meningitis	6	5	6
Non-communicable diseases of public health				
44a	Gynecological disorder	0	0	0
44b	Complication of abortion	1	1	1
46	Musculoskeletal pain	1	1	1
47a	Traumatic conditions	1	0	0
47b	Road traffic accident	0	0	0
49	Non-communicable diseases	15	14	19

Surgical conditions				
50	All surgical conditions	**7**	5	3
	TOTAL CASES	**85**	**58**	**61**

APPENDIX III: DEATHS IN MALE WARD ACCORDING TO CAUSES

Code	Disease Name	2010	2011	2012
Immunizable Diseases				
3	Measles	1	0	0
6	Tuberculosis	5	3	10
Respiratory Diseases				
8	Upper respiratory infections	0	1	0
9	Pneumonia (over 5)	18	14	11
10	Asthma	0	1	0
Diarrhoea diseases				
13b	Dysentery (over 5)	0	2	0
14b	Diarrhoea (over 5)	2	2	0
Nutritional disorder				
15a	Anemia all ages	7	4	7
17	Malnutrition	0	1	0
Cardiovascular Diseases				
18	Hypertension	2	6	1
19	Other heart diseases	6	4	5
Ophthalmic conditions				
23	Acute eye infections	0	0	0
Skin Conditions				
29	Skin conditions	1	0	0
Communicable diseases of public health important				
30	HIV/AIDS	2	2	6
31	Sexually transmitted infections	0	0	0
32b	Malaria (over 5)	10	6	8
37	Jaundice Hepatitis	1	0	2
38	Meningitis	8	4	2

Non-communicable diseases of public health				
47a	Traumatic conditions	3	0	0
47b	Road traffic accident	1	0	1
49	Non-communicable diseases	25	16	25
Surgical conditions				
50	All surgical conditions	6	5	5
	TOTAL CASES	**97**	**71**	**84**

APPENDIX IV: DEATHS IN PEADIATRICS ACCORDING TO CAUSES

Code	Disease Name	2010	2011	2012
Immunizable Diseases				
3	Measles	1	0	0
6	Tuberculosis	1	2	1
Respiratory Diseases				
8	Upper respiratory infections	1	2	2
9c	Pneumonia (under 5)	49	38	17
10	Asthmatic	1	0	0
Diarrhoea diseases				
13c	Dysentery (under 5)	2	0	0
14c	Diarrhoea (under 5)	10	12	7
Nutritional disorder				
15a	Anemia all ages	85	48	14
17	Malnutrition	23	22	18
Cardiovascular Diseases				
19	Other heart diseases	1	0	1
Communicable diseases of public health important				
30	HIV/AIDS	3	1	0
32a	Malaria (under 5)	179	116	93
38	Meningitis	7	14	4
Non-communicable diseases of public health				
53	Neonatal sepsis	8	14	3
46	Musculoskeletal pain	1	0	4
47a	Traumatic conditions	1	1	0
49	Non-	26	20	25

	communicable diseases			
Surgical conditions				
50	All surgical conditions	4	22	1
	TOTAL CASES	**402**	**312**	**190**

APPENDIX V: LABORATORY ACTIVITIES

ACTIVITIES	*2010*	*2011*	*2012*
BIOCHEMISTRY			
ALT	420	312	328
AST	429	332	338
ALKP	231	186	136
LDH	16	0	0
LAC	89	49	73
CHOL	90	86	24
T.PRO	133	113	105
ALB	158	159	158
Totals	**1566**	**1237**	**1162**
KIDNEY			
BUN	525	463	459
CRCS	641	611	448
URIC	79	59	7
N+	0	0	29
K+	0	0	29
CL-	0	0	29
CO2	0	0	0
Totals	**1245**	**1133**	**1001**
PANCREAS			
GLUCOSE	353	432	587
AMYLASE	106	108	98
Totals	**459**	**540**	**685**
MICROBIOLOGY			
AAFB	873	894	789
SEMENALISYS	7	16	10
STOOL	134	130	77
URINE	838	1052	1147
GRAMSTN	769	469	457
INDIAN INK	7	73	176
Totals	**2628**	**2634**	**2656**
PARASITOLOGY			
MALARIA	9459	9156	5549

S.H.	7	10	16
Totals	**9466**	**9166**	**5565**
HAEMATOLOGY			
HGB	1970	4129	845
FBC	9069	8081	6751
CD4	250	762	674
SICKLE CELL	63	83	81
Totals	**9382**	**8925**	**8351**
SEROLOGY			
PREG TEST	582	651	601
HIV	720	946	39
HB ANITGEN	475	322	221
SYPHILLIS	418	265	140
CRYPTOCOC ANT	56	76	59
Totals	**2251**	**2260**	**1060**

APPENDIX VI

MATERNITY ACTIVITIES

Services	2010	2011	2012
Deliveries	2997	2876	2859
SVD	2206	2148	2128
C/S	575	598	593
VE	115	53	59
Breech	101	77	72
MD	11	5	6
MSB	60	44	41
FSB	62	42	66
NND	65	68	56
Twins	119	0	110

APPENDIX VII

ADMISSIONS FOR GENERAL AND PRIVATE WING (INCLUDING OPD ATTENDANCES)

OPD ATTENDANCE

Year	**2010**	**2011**	**2012**
Ordinary	25991	26734	21161
Pvt Wing	1706	2407	2626
ART	9101	11480	17404
Hospice	N/A	N/A	1320
Total	**36798**	**40621**	**42511**

ADMISSIONS IN THE WARDS

Ward	2010	2011	2012
Male	1347	1208	1103
Female	2648	2393	2226
Paediatric	9238	9278	5471(-41%)
Surgical	867	796	838
Maternity	3081	3011	2946
Hospice	50	287	219
Private Ward	157	184	196
Total	17388	17157	12999

APPENDIX VIII

NUTRITION REHABILITATION UNIT (NRU)

Year	2010	2011	2012
New Admission	250	242	272
Re-admission	5	3	5
Total cured	228	215	216
Defaulters	10	7	8
Deaths	31	26	21

CHILDREN AND MOTHERS ON MODERATE

Year	2010	2011	2012
Children	1475	961	855
Pregnant Mothers	638	529	121
Lactating Mothers	346	219	26

APPENDIX IX

ANTENATAL CARE CLINIC

Year	2010	2011	2012
Total Visits	8231	9158	8390
New Visits	2877	4184	3672
Subsequent Visits	4789	4910	4587
1st Trimester	99	257	240

APPENDIX X

PRIMARY HEALTH CARE (PHC) REPORT

Services	2010	2011	2012
Immunized	215	310	383
Normal Weight	4945	5829	6440
Under Weight	404	151	171
Total Weighed	5349	5980	6611
BCG	1807	1815	1682
Pentavalent III	567	541	566
Polio-III	618	522	522
Measles	534	451	435
Vitamins	1871	149	2604

APPENDIX XI

DONATIONS AND FUNDED PROJECTS

The hospital has continued to enjoy and benefit from donations that come from well wishers and traditional donors. We would therefore want to take this opportunity to thank all organizations and individual who assisted the hospital in one way or the other particularly the following: -

- Foundation Ste Zithe- Various power saving initiatives, Staff houses, Drugs, Hospital Top ups, Technical/Hospital Equipment etc
- ONG /Open Hand fir Malawi –Support OPD Services, Support Lab Services (Reagents),Community Support in Education, water and Sanitation especially in Chinyata
- Surgeon Noonan Society – air conditioners etc
- Erni Schmitz – Construction of the Drug Store
- Mr. Macpherson
- Gabriel's Foundation
- Capital Hospice
- Zikomo Foundation
- Father William - Cash donations
- Dr. Jacob – Cash and material support
- Engineers from Luxembourg – laying of underground cables
- Diana Memorial Fund
- Mr. Gray – Food stuffs to admitted patients
- Sr. Justina – Financial, material and moral support
- Moslem Community in Namitete area –beef
- Catholic Women Organization of St Peter's Church- Soap and foodstuffs to patients during Christmas festivities

Note: The above list is not in order of priority of the donor neither is it in order of the magnitude of the donation.