

St Gabriel's Hospital
Namtete



Private Bag 1, Namtete

Malawi

Cell: 0888 858 292/ 0992976026/027

AERIAL COMPASS VIEW SHOWING ROOF SOLAR PANELS



ANNUAL REPORT 2013

E-Mail: stgabriels.hospital@gmail.com, iulamtunda@yahoo.com

Private Wina: 265 1 205 922

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BOARD CHAIRMAN'S LETTER

Dear Friends of St. Gabriel's Hospital,

2013 was a good year for St. Gabriel's Hospital. We are looking back with gratitude on the achievements of 2013. First of all St. Gabriel's Hospital has given treatment and care to more than 40.000 patients in the outpatient department and more than 14.000 patients in the inpatient department. The figures of surgery, birth assistance and endoscopy have risen. We are glad that St. Gabriel's Hospital could fulfill its mission in difficult times. This is due to the excellent work and commitment for the patients of the whole staff of St. Gabriel's Hospital under the guidance of its Hospital Director. The Board of Governors gives sincere thanks to everybody working for St. Gabriel's Hospital. We do thank all members of staff for their dedication which makes St. Gabriel's a hospital with excellent reputation.

An outstanding event in the history of St. Gabriel's Hospital was the Opening Ceremony on June 19th, 2013. It was a great honour that on this occasion the President of the Republic of Malawi Mrs. Dr. Joyce Banda has visited the hospital. Together with the former Archbishop Remi the President has inaugurated the new outpatient department, the solar power unit, the pharmacy store and the smoke free kitchen and guardian shelter. The President appreciated that St. Gabriel's Hospital has an infrastructure on a very high level and renders excellent medical service to the people of Malawi.

The installation of the solar power unit is a great help for the hospital in times of frequent power cut-offs and rising energy prices. This solar unit saves money which the hospital would have to pay to ESCOM or for diesel to run the generator. Besides this it protects the environment and is a symbol sustainable development. Foundation St. Zithe is happy that the first stage of construction was a success. This allows extending the solar power production in 2014.

On behalf of Foundation Ste Zithe and on behalf of the Board of Governors I do thank all donors from different parts of the world who have generously supported St. Gabriel's Hospital in 2013. 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.

Last but not least I would like to express our deep thanks for the support of the Archbishop of Lilongwe and the Government of the Republic of Malawi.

HANS JÜRGEN GOETZKE

CHAIRPERSON OF THE BOARD OF GOVERNORS

LUXEMBOURG, MARCH 14TH, 2014

EXECUTIVE SUMMARY

The hospital offers quality health services to the rural poor of Namitete in Outpatient and inpatient department. In 2013, there was an increase in surgical procedures and endoscopies. Two specialists joined the hospital (a surgeon and gastroenterologist).

The coming of the two specialists has increased the surgical procedures/examinations and added new dimension to diagnosis of diseases particularly in ultrasonography and endoscopies.

Table below summarizes examinations/attendances in 2013 done

SERVICES	2013	2012	2011
Outpatient Department Attendance	40359	42511	40621
Admissions	14259	12999	17157
Surgical Procedures	955	830	767
Endoscopy	440	410	450
Deliveries(Spontaneous Vertex Delivery)	3513	2859	2876
Caesarean Sections(C/S)	696	593	598

The State president Her Excellency Dr Joyce Banda visited the hospital on 19th June, 2013 when she inaugurated the OPD building, Pharmacy, Solar Energy and Guardian shelter.

Solar energy has assisted to reduce diesel and ESCOM (Electricity Supply Commission of Malawi) power consumption since its inception in June 2013.

The hospital has challenges of shortage of staff especially in nursing department and sourcing of drugs locally because they are expensive. Management worked tirelessly to source quality drugs and use financial resources efficiently. Management and staff would like to thank all donors who contributed to the operation of the hospital in 2013 to successfully achieve its objectives.

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

St Gabriel's Hospital Main Entrance



MEDICAL DEPARTMENT

The medical department provides preventive, curative and palliative care services.

OUT PATIENTS DEPARTMENT (OPD)

This year the OPD attendance was 40359 compared to 42511 in the year of 2012. This represents a 5.1% decline in OPD attendance.

Main OPD, Private OPD and Antiretroviral Therapy outpatient attendance decreased this year. Palliative care outpatient care clinic attendance increased by 217. For details on OPD attendance, see Table I

TABLE I: OPD ATTENDANCE

DEPARTMENT	2011	2012	2013
Main OPD	26734	21161	22362
PVT OPD	2407	2626	1822
ART	11480	17404	14638
Hospice	N/A	1320	1537
TOTAL	40621	42511	40359

INPATIENT SERVICES

The hospital has seven wards in which patients are admitted.

This year 14,259 patients were admitted compared to 12, 999 last years. This represents a 10% increase in number of admission. All wards registered an increase in number of admissions except pediatrics and hospice which registered a decrease in number of admissions.

For detailed figures on admissions to various wards, Table II

TABLE II : ADMMISSIONS

GENERAL WARDS	2011	2012	2013
MALE	1208	1103	1412
FEMALE	2393	2226	2579
PAEDIATRIC	9278	5471	5416
SURGICAL	796	838	943
MATERNITY	3011	2946	3494
HOSPICE	287	219	190
PVT WARD			
-MALE	77	88	114
-FEMALE	98	94	108
-MATERNITY	9	14	3
Total	17157	12999	14259

MATERNITY SERVICES

The number of deliveries increased to 3513 this year compared to 2859 last year. Out of the 3513 deliveries 673 delivered through caesarian section {C/S rate of 19% due to external referrals from health centers (WHO recommended rate is 5-15 % of total deliveries)} where as 86 delivered through vacuum extractions. For detailed maternity activities see Table III

TABLE III : MATERNITY SERVICES

	2011	2012	2013
Deliveries	2876	2859	3513
SVD	2148	2128	2584
C/S	598(21%)	593(21%)	673(19%)
VE	53	59	86
Breech	77	72	76
MD	5	6	5
MSB	44	41	32
FSB	42	66	63
NND	68	56	44
Twins	0	110	117
Antenatal clinic attendance	9158	8390	7342

- NB:** - Details of maternal deaths in the nursing report.
- FSB and NND are as result of delays for patients to arrive in hospital and babies die in utero due prolonged labour causing foetal distress. Babies born from mothers with prolonged due to lack or delayed of transport to hospital are asphyxiated and die within first month (NND). Arrangements have been made to meet the District Health officers to improve transport availability on referrals.

THEATRE

The theatre was also a busy area throughout the year. A total of 1631 procedures were done in the two theatres (see surgical report).

LABORATORY SERVICES

The hospital laboratory carried out biochemistry, microbiology, parasitology, hematology and Serology tests during the year under review.

The hospital laboratory is well equipped to carry a variety of tests except culture and sensitivity tests.

The hospital laboratory carried out 25233 tests this year compared to 20480 tests last year. This represents a 23.2% increase in number of tests done.

See appendix (table IV) statistical details of test done.

HIV & AIDS ACTIVITIES

The hospital provides a wide range of activities aimed at combating HIV pandemic. HIV counseling and testing (HCT) services are provided for both in and out patients' every day. Prevention of mother to child transmission of HIV services is provided at both static and outreach clinics as antenatal mothers are offered HIV counseling and testing.

This hospital runs a static antiretroviral Therapy (ART) clinic which is highly attended by patients coming from the hospital's catchment area and far beyond the catchment area of the hospital.

Patients ever registered on ART service 4439 patients. Patients who are alive and on treatment (ARVs) are 2543. This is due transfers, death and defaulters.

For details see tables below

HTC FOR GENERAL PATIENTS	GRAND TOTALS
Clients pre counseled	6670
Clients tested	6668
Clients reactive	582
Clients post counseled	6563
Discordant couples	4
HTC FOR PMTCT	
FEMALE	
Bookings	3380
Tested	3291
Reactive	56
MALE	
Tested	735
Reactive	18
PATIENTS ON ART (ADULTS)	
Ever started	439
Alive	387
Died	4
Stopped	3
Absconded	19
Transferred out	26

PATIENTS ON ART (CHILDREN)	
Ever started	31
Alive	25
Died	2
Stopped	0
Absconded	2
Transferred out	2

PUBLIC HEALTH SERVICES

Public health department provide preventive health services within the hospital premises and the hospital’s catchment area.

The services provided by public health department include immunization of under- five children, growth monitoring of under – five children, and accessing the availability of sanitary utilities and safe water in the community.

The number of children who completed immunization (fully immunized) this year was 378 compared with 383 last year.

More children attended growth monitoring (weighing) services. The number of normal weight children was 6988 where as those under weight were 158. There was a reduction in number of underweight children this year.

Sanitary services are improving in the community. The number of households with san plat latrines is 25, 272 this year compared with 7463 last year.

Availability of safe water remains a challenge in our community. Only 9264 households have safe water in the community despite several additional boreholes which were sank this year.

Table V shows activities under public health care

TABLE V : PUBLIC HEALTH CARE

ACTIVITY/VACCINE	2011	2012	2013
Immunized	310	383	378
Normal weight	5829	6440	6988
Under weight	151	171	158
Total weighed	5980	6611	7146
BCG	1815	1682	2041
Pentavalent III	541	566	508
Polio-III	522	522	499
Measles	451	435	479
Vitamin A	149	2604	3065
Households access to safe water	24000	25480	9264
Households access to san plan plat latrines	7983	7463	25272

RADIOLOGY X-RAYS

Ten Thousand and eight hundred (10800) x-rays were done

Examination	2011	2012	2013
X-ray Image	6571	7494	10800

ULTRASONOGRAPHY

Ultrasound scan has been done in hospital in the past but arrival of Dr Peter with specialized skills has improved diagnosis of disease that were not easy to diagnose in the past. One thousand one hundred and forty-five (1145) examinations were done.

Detailed statistics and diagnoses are in Table IV of the appendix.

Report on Us scan by Dr Peter Nitschke- Gastro-entérologist

Herewith I report about my ultrasound activity here in St. Gabriel's Hospital in Namitete in 2013. I have been present 10.05.-10.08.2013 (13 weeks) and 08.10.-12.12.2013 (9weeks), together 22 weeks. In this time I examined 1145 patients = 52 Patients/week.

The patients were referred from the OPD and Private Wing as well from the Wards, Antenatal Clinic, outside Clinics/Hospitals etc.. Every patient could be examined only

Short time after referral, always on the same day, mostly in the morning hours – if Need also at weekends. Emergency cases had absolute priority – if need, the Sonoscape1, a mobile ultrasound machine from Obstetric Ward, could be used for Bedside examinations. On Tuesdays and Thursdays when I have performed Endoscopy in the morning, I started afterwards directly with ultrasound during the lunch-time, so patients from far away could be re-consulted in time by their Doctors, Clinical Officers and Medical Assistants and arrive back home the same day.

When I started in St. Gabriel's Hospital I have been furnished very good and I got all I needed for my occupation: A nice functional Ultrasound Room (Room Nr. 14/13), green curtains to dim the room, plenty of blue towels for to clean patients after applying the Ultrasound jelly at the skin, many chairs, and later on an air conditioning etc. – Dr. Phyela Mbeya, Dr. Kurt Heim, the Matron Pauline Mbukwa, her Assistant Mary Ngalande and Maintenance Manger Mr. Khonje and as well Sister Justina and all the other colleagues and nurses supported me when- and wherever it was need. The Hospital attendant Gift Kalipinde was delegated to

assist me if it is required, especially to translate Chichewa/English. As he was extremely myopic, the first what I did was to provide ophthalmological examination and suitable glasses for him – so with a much better sight work is now easier for him.

Concerning the technical equipment, I had during my first stay a rustic elderly

Ultrasound Device, Siemens-Toshiba SL2, at disposal. This machine remembered me at the time when I started ultrasound – that was 1978 – but it is still an amazing good & stable working machine with 1 parallel probe and 2 rotary probes, of which one got damaged (5 Mhz) - sorry. Alternatively there was the above mentioned Sonoscape1 suitable for bedside examinations – but with poor quality when deep penetration of the ultrasound was need. To improve the diagnostic possibilities of ultrasound I tried to get a better machine. As a new machine was much too expensive, I tried to find a used younger one. This was found in Lyon/France: An 'only' 5 year old Hitachi EUB 8500.

With the decisive support of Father Willem and the great support from Zitha Luxembourg this full equipped machine has been acquired and transported by aircraft to Malawi. Since beginning of October 2013 we are now fully equipped with quite modern Ultrasound-Technique including Color-Doppler. We are now more capable, to differentiate and diagnose better all kind of abdominal-, pelvic-, chest-, heart- and vessel diseases better in infants, children's and adults. A real crucial factor is, that diseases which couldn't be assessed before clearly, can now be diagnosed far easier, e.g. different myocardial and valvular heart diseases and septum defects, vessel diseases, vein thrombosis and lung embolism, Schistosomias of the liver/urinary bladder, pericardial and peritoneal Tb, Typhoid, gastro-intestinal perforation, achalasia, nephritis, ureterolithiasis etc.

Happily we got in October, initiated by Dr. Heim, from the German Embassy in Lilongwe, a further identical ultrasound machine, Sonoscape2 with a cardiac and an abdominal probe. This is really need, especially because a defect of the other here existing identical Sonoscape1. As Sonoscape2 is easily to transport and equipped with a rechargeable battery, it's ideal for bedside examinations and emergencies on the wards. My intention and task was to do ultrasound/scanning

from "crown-to-feet" and Endoscopy of the patients attending the hospital and to transfer my knowledge to the colleagues. To teach ultrasound, that's my most important aim! Nearly every patient should be scanned _ very often the result will be surprising and can help to find in a very short time the correct diagnosis.

In November 2013 I performed in the ultrasound room 3 times clinical cases of peritoneal Tb, pericardial Tb and of Liver-Schistosomiasis [CPD]. As the daily workload of the Doctors and Clinical Officer is too much, it should be discussed if it might be possible, if those who are not experienced in ultrasound should be delegated for a time to ultrasound, may be 2 months. During the first week I myself will explain und demonstrate how to do it - afterwards, at least 2 months, the Doctors or Clinical Officers examine themselves beside me. So we could discuss during the examinations the examination-techniques as well as theoretical and physical features of ultrasound and clinical problems and how to solve them. That's my suggestion for this and next year some of the interested Clinical Officers and Doctors are still trying hard – but an intensive 2-months-training will be more effective, it's a kind of precondition for sustainable success! For me it's clear, that my suggestion won't be easy to realize because of the daily workload and the lack of jobs but when all of us know ultrasound better, the patients can recover earlier and we will win time.

ENDOSCOPY UNIT

The hospital has since increased endoscopy examinations with arrival of a Gastroenterologist (Dr Peter Nitschke) mid last year. Endoscopy is done regularly on Tuesdays and Thursdays.

Dr Nitschke has done 342 of the 440 in 23 weeks in 2013. 286 endoscopies were done in 2012. This is as also seen in his report. It is expected that endoscopies will be doubled in 2014.

TABLE VI: - ENDOSCOPY EXAMINATIONS

EXAMINATION	2011	2012	2013
Endoscopies	450	410	440

Comment: Endoscopies

STATISTIC

In about 50 % of all patients there were found morphological changes, which could explain the patients complains: Peptic Ulcer Disease PUD (duodenal and ventricular) [18 %], Esophagus-Carcinoma [11 %], Stomach-Carcinoma [7 %], Reflux disease [8 %] and Soro-esophagitis [11 %]. Especially if patients were suffering from malignancies, there was mostly only palliative help (Hospice, drugs, and palliative surgery) possible. In some cases referrals to Kamuzu Central Hospital were recommended. All other diseases could be treated sufficiently.

MANAGEMENT

The Endoscopies are performed on Tuesdays and Thursdays. The Endoscopy-Team [Precious, Martha and Weston] is motivated and excellent trained. The disinfection is running consequently and properly. In spite of the well scheduled nurses and their obligate general night- and day-shift and their holidays, it was nevertheless possible to get help from the team, especially in emergency cases when endoscopies were needed on Mondays, Wednesdays or Fridays. My wish is, that I get once a month the opportunity, may be at least 1 hour per month, to discuss with the complete Endoscopy-Team about Quality-Management in handling endoscopes and performing disinfection.

During the above mentioned time, 3 Olympus Fiber-Gastrosopes had to be sorted out because of lack of enough working light fibers and mechanical disorders. The only available Olympus-Video-Gastroscope was from my beginning in May 2013 never working sufficiently and from September 2013 we had to turn it out due to blackout - missing light supply. But in spite of all these disadvantages the equipment with Fiber-Endoscopes is still sufficient, especially since I could get as donations - 4 more well working Fiber-Gastrosopes (3 x Olympus, 1 x Pentax) and 1 more Fiber-Colonoscope (Olympus) – and additionally as a donation 1 refurbished Olympus-Video endoscope – so we can use this technique further.

This is very important as I planned for 2014 to start - in suitable cases - to apply Oesophagus- Stents – 15 of them were donated from Boston Scientific. Oesophagus-Stents are need if there is an obstruction of the oesophagus, caused by oesophagus-cancer.

One of the problems is scheduling the patients for endoscopy. If they have paid deposit, in most cases they come. But if appointments are made only by phone, in more than 50 % the patients don't appear. With a lot of engagement the Reception-Team in the Private Wing normally use the switchboard to call the patients the day before. But several times I noted that only few patients appeared. Fewer patients are equal to less income for the hospital. On the other hand I experienced that it was more effective, when the patients where called

and motivated by the team in the Private Wing – when the patients couldn't be reached, they didn't give up and tried it several times, so most of the patients could be informed. But for this they used their own cell phones on their own cost to confirm their attendance. That's why I recommend, that the calls should be completely organized under the responsibility of this team – but of course not on their costs. Another reason of not appearing might be that the time between registration and examination is sometimes too long – of course I know that my actual obligated interval-absence is involved in this – but it can be discussed, if we could perform endoscopies daily. This should be possible anyway in all emergency cases from patients of the hospital and outside. So the daily workload could be reduced and activity in the lunch-break could be reduced too. It's not easy for me and the endoscopy team, to continue endoscopy in the lunch-break – but it is a fundamental principle, that endoscopies should be performed in the morning as early as possible, otherwise the stomach of the starving patients contains too much fluid....which makes endoscopies much more difficult and sometimes impossible

"Dr. Peter" Nitschke, St. Gabriel' Hospital, Namitete, Malawi 2014-02-17

SURGICAL REPORT 2013

In the surgical ward 943 (2012: 624) patients were admitted from January to December 2013, among them are also the gynaecological patients as in the years before. During the same time 455 (2012: 236) children were admitted in the paediatric ward due to surgical conditions. Reasons for admission were most often septic conditions like major wounds and abscesses, abdominal emergencies with and without peritonitis, elective procedures like prostatectomy, hernia repair and hydrocelectomy, and trauma.

In adults we saw 6 deaths due to trauma or old age with sepsis, 3 children died in septic shock because of peritonitis and osteomyelitis.

More patients were seen than in the year before, admissions as well as in the OPD. Theatre procedures, the number of x-ray images and trauma cases increased markedly.

The working conditions in OPD have markedly improved because of the new rooms; there is still a problem with the unsatisfying light in the treatment rooms which is caused by the roof-covered patient waiting area. We are looking forward to have a chance to discuss this problem with an architect and look for a solution.

In theatre as a major improvement we nearly faced no blackouts at all because of permanent electricity supply by the new solar power plant.

Donations given in money by Zikomo Foundation, Trier, Germany, and Dr. Peter Jonczyk, Wurzburg, Germany helped us renovating and extending the theatre instrument cleaning area which now provides really much better working conditions in a bigger room. Hand in hand with that a major donation from GIZ, Germany, completed the theatre cleaning area

We have now a professional instrument washing machine there. The same donation also contained a new blood bank fridge and a new anaesthesia machine for the old theatre together with instruments and implants for trauma and orthopaedic surgery and an electric dermatome and skin mesher.

The German Embassy in Lilongwe supported us again with an ultrasound machine including a standard array and a cardiac probe and with an emergency theatre lamp on stand, rechargeable battery operated.

Still troublesome is the sterilization: the old autoclave TBM, now 11 years old worked more or less reliable on a moderate quality level, only the heating elements had to be replaced.

The permanent need for repair of the high tech Matachana autoclave with its unreliable electronic system caused a lot of troubles, it worked also only for a short period because we ran out of deionising razin. In addition to that the new sterilizer has arrived on the 19th of December, which is also part of the GIZ donation.

Due to the lack of a power regulation system and an uninterrupted power supply this new Laboklav also could not work in a proper way until now.

During the second half of the year 2013 we ran out of a lot of drugs and materials, besides other essentials especially a number of anaesthesia drugs as well as suture material for fascia and uterotomy and POP material were badly missing because of the major delay of the NGO/IDA container with ordered drugs and material which not yet arrived. Some anaesthetic drugs in a small amount we could get from other hospitals by offering them drugs we had enough of, the purchase of the needed suture material was horrible expensive in town pharmacies and medical suppliers. The POP we could get was of poorest quality with hardening times of half an hour or more. A delay like that should be avoided in the coming years in order to keep the hospital in an adequate working condition.

On the 19th of December Dr. Heim finished his extremely successful work period in St. Gabriel Hospital. A celebration ceremony to honour his work was held on the 19th of December.

Starting from 1of December 2013 Dr. Heim trained the new surgeon Dr. Luib to properly take over the work and responsibility in the surgical unit

Theatre Instrument Cleaning Machine



OPERATIONS / THEATER PROCEDURES 2013

GENERAL SURGERY	2011	2012	2013
Inguinal / Femoral Hernia Repair	63	53	63
Reconstr. Abdominal wall / incis. hernia	9	16	29
Adhesiolysis	4	4	2
Gastrectomy total/subtotal	1	4	5
Gastrostomy /-jejunostomy	3	3	5
Colostomy / reanast.	4	2	3
Ileum / Jejunum / Ileocoecal resection	8	5	20
Colon / Sigma /res. / reconstr.	3	9	4
Perf. stomach ulcer stitch/washout	5	4	4
Pyloroplasty	4	2	3
Revision of abdomen, septic, non-sept	58	45	46
Appendicectomy	18	14	7
Cholecystectomy	1	4	
Breast amputation, biopsy	4	8	7
Thyroidectomy, partial	6	4	11
Splenectom (trauma, hypersplen)	2	2	5
Skin tumor rem.(Lip,Keloid,oth)	24	47	52
Rem. Tumor / hygroma neck	2	3	4
Lymph node rem./biopsy neck	2	2	6
Haemorrh / anale fissure / piles	6	8	

UROLOGY	2011	2012	2013
Partial bladder res., Revision	2	2	1
Urethra / bladder reconstruction	2	2	2
Hydrocelectomy	9	17	12
Penis amputation	2	2	1
Circumcision	4	15	27
Orchidectomy /Scotalectomy	3	11	7

Orchidopexia	2	4	3
Prostatectomy	7	13	23
Sectio Alta	10	15	

TRAUMA / ORTHOPEDICS	2011	2012	2013
ORIF Kwire humerus	2	4	4
supracondylar elbow kwire	10	6	17
olecranon kwire			1
lower arm intramed	8	12	16
distal radius Kwire	7	6	14
hand / fingers kwire	2	4	2
femur distal kwires	2	1	8
femur nail /dhs	2	3	7
Osteotomy, Kwire humerus, radius, femur dist	4		
Arthrodesis hip	2		1
Ext. fixator tibia / femur	3	8	12
Rem. Kwires nails			9
Craniotomy	1	1	
Split skin graft / flap	13	13	10
Contr. release / Syndact. graft	3	5	5
Bone debridement/ biopsy	27	26	75
Tendon rep. / Clubfoot rel.	2	2	8
Joint rev. / synovectomy			3
Amput. major	6	11	16
Minor		6	15
Others	26	14	14
TOTAL	264	342	608

ANAESTHESIA

A total of 2731 mode of anaesthesia was provided to patients in general surgery , obstetrics and gynaecology.

New Anaesthetic Machine- Anabel



Table below shows modes of anesthesia used in 2013

ANESTHESIA AND INTENSIVE CARE ANNUAL REPORT				
JAN – DEC 2013				

MONTH:	GENERAL			
	ETT	MASK	SPINAL	LOCAL
JANUARY	19	16	44	0
FEBRUARY	21	7	72	2
MARCH	29	12	55	0
APRIL	29	18	55	1
MAY	28	8	67	1
JUNE	11	7	67	1
JULY	23	42	90	5
AUGUST	33	59	91	12
SEPTEMBER	29	64	84	1
OCTOBER	36	85	96	2
NOVEMBER	39	57	80	0
DECEMBER	32	53	77	0
TOTALS	329	428	878	25
GRAND TOTALS		1660		

NB:-Procedures done in treatment room-see appendix

NURSING DEPARTMENT

1. INTRODUCTION

Nursing care as a pillar of qualitative delivery of health care services, in the year being reported was extended to prenatal, maternity, post natal, primary health care (PHC) and HIV counseling and testing (HTC) . Despite the critical shortage of manpower the department is going through, all the departments and wards were covered by nurses and midwives twenty four **(24)** hours. Nurses and midwives worked tirelessly to ensure the vision statement of St Gabriel’s hospital is achieved to the expectable levels **(i.e. “providing quality health services to the surrounding rural communities and beyond”)**. Utilizing

health related protocols provided by ministry of health (MOH) and other supporting partners such as “**support for service delivery integration**” (SSDI, Nurses and midwives kept abreast with their colleagues working in other health facilities within the country.

2. PROFESSIONAL DEVELOPMENTS

One nurse midwife technician (NMT) was sponsored to study nursing at high level and one was sponsored to study community health nursing (**CHN**). Two patient attendants were also sponsored to study nursing at nursing colleges under Christian association of Malawi (CHAM). Many more attended workshops organized by the MOH, CHAM and other Nongovernmental organization (NGO). Some nurses attended workshops within the country organized by MOH, and other supporting partners. Some the of the topics covered during the various workshops included, **ART, blood transfusion, psychosocial counselling surrounding HIV/AIDS in children, HTC intensive counselling and Malawi health commodities logistic management system** During the same year nurses held four meetings discussing issues related to nursing and challenges faced by the department. Continuous professional development (CPD) secessions were also held as required by the regulatory body the Nurses and Midwife council of Malawi (NMCM) as result all nurse midwives successfully renewed their practicing licenses.

3. DELIVERY OF NURSING CARE SERVICES

a) Prenatal care/ prevention of mother to child transmission

Prenatal and prevention of mother to child transmission (PMTCT) as entry points for safe motherhood recorded 3,321 pregnant women. Out these number 86 (**3%**) were found HIV positive and started on 5A antiretroviral treatment. St Gabriel’s hospital recorded 55 HIV positive women while the **31** started their prenatal care somewhere else and had their HIV tested and confirmed here at St Gabriel’s hospital. During the first visit pregnant women were encouraged to continue coming for the prenatal visit at least

four times (Focused prenatal) before they deliver for their own benefit as well as for the unborn baby.

b) Male involved in prenatal and prevention of mother to child transmission

The department wishes to thank the 682 male who were involved in this program. Their involvement created more understanding about the transmission of HIV from the mother to the child and resulted into **114** babies be born HIV negative. On the other hand, the 18 males who were found HIV positive were referred to the ART clinic for treatment, care and support.

c) Maternity Ward

The ward recorded **3515** deliveries out this figure, **673** deliveries were through caesarian section. Some maternity case was referred to St Gabriel's hospital from other health facilities with the catchment area and beyond. For specific mode of deliveries refer to the table below.

d) Birth Registration

All babies born at St Gabriel's were given birth records in accordance the birth registration act of the republic of Malawi of which says in part that "babies have a right to be given a birth certificate at health facility where they are born". Since the exercise started 216 babies have been registered so far.

e) Maternal Deaths

It is with regret that the hospital recorded **five** maternal deaths (MDs). The month of August the hospital recorded **three MDs**. The audit committee found that the possible causes of the **MDs** were referred to St Gabriel's hospital in poor state due to lack on transport. Some maternity cases came as far as (Mingongo health centre), poor midwifery skills and induced abortion.

Neonatal Deaths/ Fresh Still Births

The **44** neonatal deaths (NND) and **63** fresh still births (FSB) that were recorded happened because of prematurity ,asphyxia, ante partum bleeding ,prolonged first stage of labor, cord prolapsed, ruptured uterus, mal-presentation (hand prolapsed) ,failed vacuum extraction and no fetal heard on arrival from other health centers . As a way of reducing incidences of NND a pediatrician Dr from German who visited the hospital during the year, re-oriented midwives on “ helping baby’s breath” (HBB). On the other hand, midwives who were duty when FSB occurred were told to write incidence reports and counseled to avoid such cases from happening. For details related to maternity activities **refer the chart below.**

MONTH	DELIVERIES	SVD	C/SECTION	V/E	BREECH	MD	MSB	FSB	NND	TWINS	REFERRAL	A/Score
JAN	214	166	34	3	11	0	2	3	2	7	1	6
FEB	211	162	42	1	6	0	0	3	3	11	0	9
MAR	222	185	37	8	2	0	3	2	4	10	4	0
APR	259	205	40	9	5	0	2	5	3	9	5	13
MAY	279	212	50	7	7	1	2	4	1	12	2	14
JUNE	291	222	51	13	5	0	4	5	6	10	6	12
JULY	326	243	64	12	7	0	5	5	5	13	3	20
AUG	332	244	72	7	9	3	0	9	6	13	2	9
SEPT	335	248	76	6	5	1	3	13	3	10	4	16
OCT	369	267	81	7	10	0	7	7	4	11	4	20
NOV	321	175	44	5	1	0	2	6	1	6	12	8
DEC	354	255	82	8	9	0	2	1	6	5	4	15

		258											
TOTAL	3513	4	673	86	77	5	32	63	44	117	47	142	

4. NUTRITION AND REHABILITATION

With assistance from world food program (WFP) the hospital assisted 248 malnourished children and 60 pregnant women and also 38 lactating mothers with food supplementation. In the months of January 41 children were admitted, in February and March 44 children benefitted from the program respectively. However, 12 children died due to severe malnutrition and its complications.

5. HEPATITIS B VACCINATION

In the year under review, 27 nurses and/midwives and 25 patients attendants who handle blood or blood products were immunized against hepatitis B virus. Some received two doses while others only received one dose. For those who received the second dose their third dose will due in six months time.

6. HIV COUNSELLING AND TESTING

In the year under report, the hospital has been working hand in hand with chiefs and stakeholders to increase awareness and motivate people to find out about their HIV status so that they can access treatment, care and nutrition support. Against this back ground, two thousand and seventy two (2,772) men and two thousand one hundred and two (2,102) women accessed the service. Two hundred and fifty two (252) or (9.1%) men were found HIV positive while two hundred (200) or (10%) women were also found HIV positive and were referred to the (ART) clinic for further management.

7. EXPOSED BABIES

From January to December 125 babies were born from parents who are HIV positive (exposed babies) and were tested for HIV. Due to the early infant

diagnosis conducted by our counselor, 114 of them were found HIV negative and only 11(8%) babies were found HIV positive and referred to the ART clinic for proper case management.

8. VOLUNTEERS

Some (60) volunteers were refreshed in home based and palliative care. In addition to this 20 volunteers were also trained in physiotherapy with consultancy from Mrs. Casey Nesbit (visiting consultant physiotherapist). The physiotherapy training for volunteers was the first of its kind in Malawi. The hospital applauds Casey for making our hospital to be a bench mark for volunteers training in physiotherapy.

9. FUTURE PLANS

To increase home based care visits which have been reduced due to shortage of nursing staff.

10. CHALLENGES

Lack of accommodation which creates shortage of nurses and midwives thus, overstressing the budget for locum. Three NMT who left the hospital for personal reasons have not been replaced because of shortage of accommodation.

ADMINISTRATION DEPARTMENT & HUMAN RESOURCE

The main function of the department is to effectively and efficiently utilize the hospital's resources in ways that result in both high performance outcomes and high levels of satisfaction among people doing the required work. The department, with the support and guidance from management is charged with the responsibility of managing the Human, Financial and Material resources.

During the period under review (2013) the following is what happened in the department.

1. Transport and Fuel Management

During the period under review the hospital had six (6) running vehicles. A total of 6815 litres of fuel was used for various hospital activities.

The hospital spent the following as running cost for the vehicles:

Maintenance	Mk2,242,375
Fuel	Mk5,534,931
Insurance	Mk396,100
Total	Mk8,173,307

Of the six vehicles, one of them was sold out because it was frequently breaking down and its fuel consumption was too high.

The hospital also had at its disposal seven motor cycles for the community outreaches as well as patient follow ups.

Some of the challenges encountered in the management of transport in the period under review were as follows:

- Frequent breakdowns of the vehicles due to their old age

- Overworking of the vehicles as most supplies required at the hospital are found in Lilongwe. This includes patient referrals to KCH (Kamuzu Central Hospital). The vehicles cover a distance of 130km- this is a return trip.
- High fuel as well as vehicle maintenance cost hit the hospital very hard

2. Infrastructure –Staff Houses and Hospital Buildings

In the year, the hospital had a total of fifty One (51) fully fledged houses and twenty six (26) one bed- roomed flats. These are too few for a hospital which has an official staff establishment of over two hundred and forty nine (249) people. During the period under review construction of additional five houses started to take shape and once these houses are completed some deserving staff (nurses, clinicians and clinical support staff) will have appropriate accommodation.

The hospital has had sufficient buildings for hospital operations particularly with the official opening of the OPD and the Pharmacy in the year under review.

Some of the challenges that the hospital faced in infrastructure included:

- Limited financial resources to conduct routine maintenance on both the hospital buildings and staff houses
- The hospital had too few houses to accommodate nurses and clinicians that are required to stay close to the work place
- Lack of appropriate houses for rent near the hospital

3. Office and Medical Equipment

The hospital had sufficient office as well as medical pieces of equipment to function except at one time in August when the hospital had serious challenges with one of the main machines in the Laboratory – Huma Count Machine (FBC Machine) which broke down however life came to normal when

the machine was repaired. Efforts are in place to purchase another machine since the current one is over utilized. The CD4 count machine did not receive the required preventive maintenance in the year and has since started showing signs of tiring.

The hospital requires replacing some pieces of office equipment such as computers and photocopiers which continuously break down.

4. Hospital Resources

The hospital did not generate/collect enough resources in the year under review. It had to make do with resources which were received from the major financiers and/or donors. The other sources of finance were the fees collected from patients but these were very low especially during the last quarter.

In an effort to mobilize resources, management tried to market the hospital through letters to potential customers on the services the hospital provides such as Endoscopy, surgical procedures and the incineration of hospital waste; this is in addition to writing proposals to potential and prospective donors. Some of these initiatives have brought in some positive results.

5. Fuel for power generation – Generator Set

The hospital saw a substantial reduction in fuel consumption at the end of quarter 2 and in quarter 3 (mid-year) by about 35%. This is when the solar unit was installed. This time the hospital had reduced its dependence on generators for power during ESCOM black outs; however the fuel consumption went up again in December when ESCOM closed the power generation for almost a month. See the table below)

TOTAL FUEL CONSUMPTION IN 2013 BY QUARTER

QUARTER	FUEL COMSUPTION			TOTAL
	VEHICLES	GENSET	MOTORCYCLE	
Quarter 1 (Jan – March)	1530	3000	166.5	4530
Quarter 2 (April – June)	1920	2300	-	4220
Quarter 3(July – Sept)	1705	1927	-	3632
Quarter 4(Oct – Dec)	1660	2455	15	4115
TOTAL	6815	9682	181.5	16497

On power consumption in staff houses, it has been noted that there has been a tremendous reduction with some households reducing their consumption by 50%. The reduction was more pronounced in the months of November and December when the members of staff were informed that each one of them shall pay for their power according to consumption.

6. Grounds maintenance

The hospital grounds continued to look neat and tidy; thanks to the board members particularly sr. Justina morn and Mrs. Gray who frequently advised us when they noted some relaxation on our part in taking care of the grounds.

The state president was actually impressed with the neatness of the hospital both internally and externally when she visited the hospital on the 19th of June, 2013

7. Power Consumption in Staff houses

There has been a steady reduction in power consumption as soon as the solar power was installed as stated in 5 above. The frequent breaking down of meters/readers in staff houses remains a big challenge.

Official opening of the solar energy



8. High Profile visitors to the hospital

The State President visited the hospital to officially open the OPD, the Pharmacy and the solar energy. This was at the invitation of the then Archbishop of Lilongwe – Remi Ste Marie. At this function the hospital was promised a Mother’s Waiting Shelter by the State President

The Official Opening of OPD, Pharmacy, Solar and Guardian Shelter by the state President of the Republic of Malawi Her Excellency Dr Joyce Banda



9. Donations to the Hospital

The hospital received many donations from well-wishers some of whom were as follows:

- Foundation Ste Zithe –Ste Zithe, hospital’s major financier
- Mr. and Mrs. Erni Schmitz supported with cash worth Euro 50,000 for purchase of drugs and medical supplies.
- Rotary Club of Lilongwe donated 10 wheel chairs and assorted drugs and medical supplies
- German Nursing Students donated Mk253,115 for purchase of Paediatric mattresses
- SSDI (Jhpiego – Mw Office donated various Infection Prevention (IP) material worth millions of kwacha
- GIZ donated medical equipment worth Euro 156,246.88
- Lilongwe and Mchinji District Health Offices have supported St Gabriel’s Hospital with drugs and medical supplies.

Other donors who have not been mentioned here are not forgotten. We owe sincere thanks to everybody who supports our work.

We would therefore want to take this opportunity to thank all organizations and individuals who assisted the hospital in one way or the other and may the almighty God bless all of them.

10.Future Plans

- Management to lobby for funds for the replacement of some of the old fleet of vehicles
- Continuously inform the hospitals around us on the availability of specialised services at St Gabriel’s Hospital
- Put Customer Care topics on Continuous Professional Development schedule to improve on the attitude of some health care workers

- Involve the Local Advisory Committee members and the chiefs to assist in debt collection as agreed during Local Advisory Committee Meeting
- Write proposals to organisations for purchase of drugs and medical supplies which are usually a big challenge
- Arrange to put all crucial and sensitive medical equipment on service contract to avoid unnecessary break downs.

ANNUAL HUMAN RESOURCE ACTIVITIES FROM JANUARY TO DECEMBER, 2013

Introduction

The Human Resources under Administration department will present annual progress report for the year 2013; the report will cover Total number of Existing Staff, Staff Movements (Recruitment, Terminations, Transfer and Promotions), Staff Development, Challenges/Constraints, achievement and future plans.

Current Staff

The total numbers of staff were 226 as at the end of the year 2013 (see table below).

MEDICAL	NURSING	ADMINISTRATION	Total
25	125	76	226

Key Positions

The table below shows keys positions in three main departments as at December, 2013

Medical Dept	4 Doctors	2 Expatriate Doctors	1 Senior Clinical Officer	8 Clinical Officers	2 Anesthetic Clinical	1 Chief Radiographer	4 Medical Assistan	3 Lab Tech; +1	1 Enviro nment
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					Therapist		ts	Assista nt Lab. Tech	al Office r
Nursing Departm ent	1 Principal Nursing Officer	3 Nursing Officers	8 Senior Nursing Sister's	21 Nurses					
Adminis tration departm ent	Principal Hospital Adminis trator	Human Resources Officer	Account ant	Senior Assistant Accounta nt	Assistant Accountant	Mainte- nance Supervi- sor	Stores Supervis or		

1. STAFF MOVEMENT

RECRUITMENT

The table below shows recruitment in all departments in year 2013.

RECRUITMENT						TOTAL
Medical Dept	1 Medical Officer					1
Nursing Dept	1 Registered Nurse (Nursing Officer)	1 Senior Nursing Sister	6 Nurse Midwife Technicians	14 Hospital Attendants	Senior Home craft Worker (Based at Chinyata)	23
Administration Dept	1 Cashier	1 Internal Auditor	1 Laundry Attendant	2 Ground Labours	1 Clerical Officer	6
					Grand Total	30

The tables below show promotions in two departments and one transfer in the year 2013.

2. PROMOTIONS

PROMOTIONS		GRADE		GRADE	TOTAL
Medical Dept	1 from Senior Clinical Officer	J	To Environmental Health Officer	I	1

Nursing Dept	1 Hospital Attendant, 1 Hospital Attendant	O O	Nurse Midwife Technician Home Craft Worker	K M	1 1
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TRANSFER – IN		PREVIOUS EMPLOYER	CURRENT EMPLOYER
Nursing Dept	1 Nurse Midwife Technician	Ganya Health Centre	St. Gabriel's Hospitals

The table below shows 6 terminations in Nursing Department, 5 Terminations in Administration department and 2 terminations in Medical department by end 2013.

TERMINATIONS

TERMINATIONS		REASON OF TERMINATION	TOTAL
Nursing Department	1 Nurse Midwife Technician 1 Nurse Midwife Technician 4 Nurse Midwife Technicians	Summary dismissal due to misconduct Passed away Resignations	6
Administration Department	<ul style="list-style-type: none"> • 1 Security guard • 1 Laundry Attendant • 1 Chief Cashier • 1 Ground Labour • 1 Data Preparation Clerk 	Passed away Old age retirement Resignation Summary dismissal due to misconduct Resignation	5
Medical	<ul style="list-style-type: none"> • 1 Anaesthetic Clinical Therapist • 1 Clinical Officer 	Summary Dismissal due to absenteeism Summary Dismissal due to absenteeism	2

		Total	14

The table below shows 7 employees going for upgrading in various colleges; however, 2 from medical department (pharmacy assistant and medical assistant) have completed their training.

TRAINING	NO OF EMPLOYEES	FIELD OF TRAINING	OF TRAINING COLLEGES	PERIOD	ORIGINAL OF FUNDS
Medical Dept	1	Pharmacy Technician	Lilongwe College of Health Sciences	2 years	Hospital fees & Carmelite sisters
	1	Medical Assistant	Malamulo College of Health Sciences	2 years	St Zithe
Nursing Dept	1	Registered Nurse	Malawi College of Health Sciences(Blantyre Campus)	2 years	St Zithe
	1	Diploma in Community Nursing	Lilongwe College of Health Sciences	1& half years	St Zithe
	3	Diploma in Nursing and Midwifery	Holy Family College of Nursing	3 years	St Zithe
			Ekwendeni College of Nursing and Midwifery		
			St. Joseph College of Nursing and Midwifery		
TOTAL NO	7				

Challenges

Death of 2 employees (Nurse Midwife Technician and a Security guard) in the year of 2013.

ACHIEVEMENTS

CHAM payroll continues to be doing fine, very few cases of staff missing on CHAM payroll.

An employee who was at Holy Family College of Health Sciences obtained a diploma in Nursing and Midwifery and successfully passed Nurses council exams; currently is working as a qualified Nurse.

2 employees have gone for upgrading to Registered Nurse and Community Nursing at Malawi College of Health Sciences-Blantyre Campus and Lilongwe College of Health sciences respectively.

Two employees who were sent for training in the Medical Department (Pharmacy Assistant and Medical Assistant) have completed their training.

All outstanding unpaid Life Assurance and Worker's Compensation premiums from July, 2013 to December, 2013 were remitted to Inde Trust

FUTURE PLANS

Continuing sensitization to members of staff on some provision contained in the hospital's condition of service

Continuing remittance of Life Assurance and Worker's Compensation to Old Mutual every month

Facilitating Performance Appraisal by the end of year 2014 (November) and regard it as a continuous process

Continuous communication with CHAM in any development concerning CHAM payroll

Facilitating regular meetings with section heads in the hospital.

Appendix

Table I: Surgical procedures done in Treatment Room

Treatment room procedures	2011	2012	2013
Cleaning and dressing of wounds	3039	2590	4943
Extensive dressing in anaesthesia	93	88	98
Incis + drain of abscesses, debridement	390	424	490
Suturing of wounds / sut. removal	438	468	636
Urine cath. new / exch./urethra/suprapubic	74	115	180
Anal exam. and oper. (haemorrh. fiss, piles)	63	68	68
For. body removed (eye, nose, ear, skin, oesoph.)	38	42	53
Aspir. of body fluids	54	49	50
Chest drain	9	14	6
Amput. of fingers / toes	21	37	29
Otoscopy ear syringing	28	37	23
Skin tumor excis.	66	79	82
Paraphimosis repos	11	13	17

Circumcision	13	23	12
Removal metal implats (K-, intramed. wires, ext. fix.)	14	26	28
Repos. of joints (jaw, shoulder, elbow, finger, ankle)	7	3	12
Clubfoot redr. + POP	8	18	8
POP applied	457	452	681
POP removed	159	223	352
Repos. of fractures + POP / bandage	65	69	121
Cuff + collar	37	51	90
Fig. of 8-bandage	38	64	86
Others	11	52	18
Ward procedures for femur / trochanteric fractures or hip dislocation			
	2011	2012	2013
Skin / skeleton traction in adults	16	12	24
Skin traction in children	31	28	35
Bilateral Skin traction			1

Table II: - Endoscopy Examinations

Dr. Peter Nitschke 2014-02-09 St Gabriel's Hospital Namitete

Endoscopic Findings 2013

Diagnosis/Conclusions cumulative

Oesophago-Gastro-Duodenoscopies	242
<i>Nothing abnormal detected</i>	100
<i>Irritable Stomach/Functional pains due to history</i>	69
Epiphrenic Gastric Hernia	28
GERD Gastro-Oesophageal-Reflux-Disease	21
Oesophageal Varicosis	16
Soroesophagitis	25
Oesophagusstenosis by Neoplasie/Cancer	24
Mallory-Weiss-Syndrom	1
Incompetency of Cardia	1
Achalasy	11
Gastritis / Duodeno-Gastral Gall Reflux	47
Melon-like erosive Gastritis	3
Congestive Gastritis	2
Gastric Polyp	3
PUD Ulcus ventriculi	20
PUD Ulcus duodeni	33
Gastric Cancer Cardia	5
Gastric Cancer Corpus	10
Gastric Cancer Antrum	6
Gastric Cancer total	21
Duodenum Bulbitis / Duodenitis	9
Duodenal Diverticle	1
Dudenal Tumor	1

MISCELLANEOUS:	
Epipharyngeal bleeding	1
Endoscop Intolerance	1
Incarcerated Denture in mid Oesophagus	1
Sternocosto-Chondrodynia/Musculo-skeletal chest pains	7
Xiphoidynia	1
Pharyngitis	11
Ectopic Cardia Mucosa prox. Oesophagus	11
Epiglottis Cancer	1
Compression of Stomach by extragastral Tumor	1
Total number of COLONOSCOPIES in the above noted time	8

Table III: - laboratory Services

	2011	2012	2013
Biochemistry			
ALT	312	328	278
AST	332	338	221
ALKP	186	136	73
LDH	0	0	0
LAC	49	73	39
CHOL	86	24	23
T.PRO	113	105	63
ALB	159	158	83
Totals	1237	1162	780
Kidney			

BUN	463	459	299
CRCS	611	448	231
URIC	59	7	18
N+	0	29	0
K+	0	29	0
CL-	0	29	0
CO2	0	0	0
Totals	1133	1001	548
Pancreas			
Glucose	432	587	625
Amylase	108	98	69
Totals	540	685	694
Microbiology			
AAFB	894	789	805
Semenalysis	16	10	17
Stool	130	77	77
Urine	1052	1147	1478
Gram Stain	469	457	356
Indian Ink	73	176	123
Totals	2634	2656	2856
Parasitology			

Malaria	9156	5549	6254
S.H.	10	16	17
Totals	9166	5565	6271
Hematology			
HGB	4129	845	2942
FBC	8081	6751	8766
CD4	762	674	624
Sickle Cell	83	81	124
Totals	8925	8351	12456
Serology			
Preg Test	651	601	1005
HIV	946	39	39
Hepatitis B Antigen	322	221	310
Syphilis	265	140	252
Cryptococ Ant	76	59	22
Totals	2260	1060	1628

Table IV: Us scan- Dr Peter Nitschke

Findings, Diagnosis & Clinical Conclusions

As in a Patient several diagnoses may be detected, the amount of diagnosis exceeds the number of Patients

Total amount of patients 1145

Patients/week	52
Miscellaneous	44
Heart	71
Lung	57
Liver	133
Spleen	43
Gallbladder	59
Pancreas	10
Oesophagus, stomach, small & big bowel	128
Kidneys, ureter & urinary bladder	92
Mammae, uterus and ovaries	115
Pregnancy & childwish	83