



ANNUAL REPORT 2014



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



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 2014. 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. These 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 31TH, 2015



WELCOME TO
St. Gabriel's Hospital 
Namitete

SERVICES PROVIDED

- Antenatal clinic
- Colonoscopy
- Endoscopy
- OBS & Gynae
- Laboratory
- Radiology
- Out reach clinics
- Out patient
- Public Health
- Under 5 clinic
- A R T
- Ultra Sound Scanning
- Nutrition Rehabilitation
- Palliative/ Home based care
- Medical Waste Incineration
- In patient
 - Medical
 - Surgical
- HIV/Aids Testing and Counselling (HTC)

There were more women in 2014 who delivered in hospital due to referrals from government health centers.

The hospital had received a shield/award on infection prevention practice in June 2014 by the Ministry of Health after a competition with other hospitals in Malawi.

MEDICAL DEPARTMENT

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

OUT PATIENTS DEPARTMENT (OPD)

Table 1

DEPARTMENT	2012	2013	2014	
MAIN OPD	21161	22362	36782	64%
PVT OPD	2626	1822	2551	40%
ART	17404	14638	14341	(2%)
HOSPICE	1320	1537	1516	
TOTAL	42511	40359	55190	37%

NB: - The percentages indicate an increase/decrease compare to previous year.

There was an overall increase in OPD attendance of 37 % in 2014 compared to 2013.

This is due availability of drugs in hospital.



ATTENDANCE				-	
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There was an increase on deliveries by 19 % and an increase in caesarean sections by 22%. Maternal deaths (MDs) were decrease by more than 50% from 5 maternal deaths in 2013 to 2 maternal Deaths in 2014.

THEATRE

The theatre was also a busy area throughout the year. A total of 2392 procedures were done in 2014 compared to 1616 in 2013. This Surgery, Obstetrics and gynecology combined. This represents a 48% increase.

Out of the 2392 procedures done surgical procedures were 653 and obstetric/gynae procedures were 820 caesarean sections plus 920 gynecological procedures.

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.



Alive	25	27
Died	2	0
Stopped	0	0
Absconded	2	1
Transferred out	2	0

There a slight increase in patients that utilized the HIV/AIDS services. There are new clinics at health centers that also provide ART thereby reduced registered patients on ART in hospital.

Voluntary male medical circumcision (VMMC) was introduced in hospital 2014 for prevention of HIV transmission.

COMMON DIAGNOSES IN MEDICAL WARDS

Below is the top five diagnoses inpatient

- 1- Malaria- 5559
- 2- Non-Communicable Diseases- 2580
- 3- Surgical Conditions- 1742
- 4- Respiratory Conditions- 1577
- 5- Anaemia- 1039

Below are the top 5 diagnoses in the Outpatient Department

- 1- Respiratory Conditions 6242
- 2- Malaria 5563
- 3- Musculoskeletal Pain 3392
- 4- Cardiovascular Disease 2967
- 5- Surgical Conditions 2388

NB: - HIV/AIDS related conditions are in the group of infections e.g. respiratory conditions in both outpatient and inpatient statistics above.

The table above shows some public health services that were offered in 2014. There has been reduction in nutrition due to good staple food (maize) harvest in the last two years.

There has been a sharp decline in pit latrines with san plats due to lack of funding for cement. Most villagers cannot afford to buy cement.

RADIOLOGY

X-RAYS

Five thousand one hundred and fifty seven (5157) x-rays were done

Examination	2012	2013	2014
X-ray Image	7494	5157	5091

Internal Medicine by Dr Peter Nitschke- Consultant Gastro-enterologist/Cardiologist

ULTRASONOGRAPHY

1145 examinations were done in 2013 and 3198 were done in 2014. This represents a 180% increase.

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 in 2013. 751 endoscopies have been done in 2014 representing a 120% increase.

Table VI: - Endoscopy Examinations

EXAMINATION	2012	2013	2014	
ENDOSCOPIES	410	342	751	120%

- 1- Pleuropulmonal TB – even or esp. if the inflamed spots in the lung are very little (infants) and can't be seen by X-ray – wit USS they can be recognized mostly!
- 2- With high probability we can diagnose lung embolism and additional very often the cause of it, e.g. thrombosis of the ovarian veins or in the veins of the extremities.
- 3- Now we can differentiate pericardial effusions against other causes of enlargement of the heart, esp. we are capable to diagnose with high probability pericardial TB – this was never possible before!
- 4- Assessment of different heart diseases is not any more a problem: Valve diseases myocarditis, defect of the atrial or ventricular septum, pulmonal hypertension, hypertrophic cardiomyopathy, tumors in the heart.....
- 5- We can find mostly the causes of ascites – and differentiate ascites caused by liver cirrhosis or/and peritoneal TB – or: Schistosmiasis of the liver – no problem - incredible!!!
- 6- Patients with Typhoid do have thanks to USS now a great chance, as it can be diagnosed now much better/earlier or differentiated against other intestinal disease, e.g. Shigellosis or Ileus...
- 7- Malignant diseases, e.g. stomach, lung, lymph nodes, spleen, ovaries etc. can be much better assessed, esp. if there are metastasis.
- 8- Gastrointestinal perforation can be recognized earlier und much easier than with X-ray.
- 9- As well flexible bedside USS helped often to find or exclude a diagnose in very ill patients, which could not transferred to the USS-Room.

NOW I STOP THIS LIST – I COULD EASILY CONTINUE – BUT - MAY BE -YOU GOT AN IMPRESSION OF THE BLESSING OF THIS METHOD FOR THE PATIENTS.

The Patients themselves like to be scanned by ultrasound and the colleagues appreciate it also very much and got more and more acquainted with it, so they send more and more patients that's why the weekly amount of patients elevated from 52 in 2013 to 81 patients per week in 2014!Not bad!

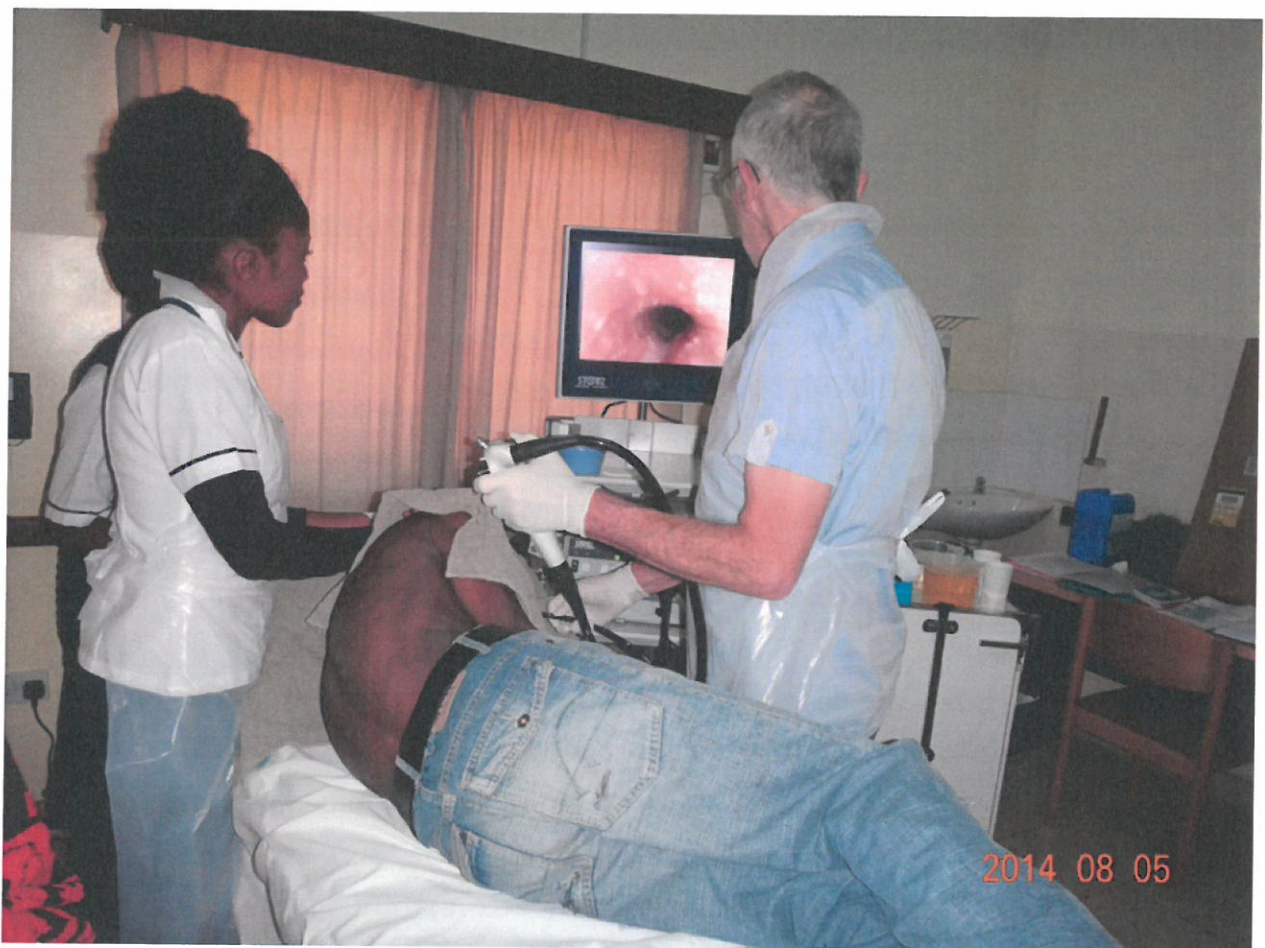
For 2015 we can – I hope - expect a 2nd USS-device, a promised donation from the hospital in my hometown. If this can be realized, it will help us, to examine parallel and to manage the increasing number of patients.

I want to repeat the end of my report of 2013: For me it's clear, that my suggestion won't be easy to realize because of the daily workload and the lack of

May be, in cooperation with a colleague from the KCH Lilongwe, we can start this year as well with providing the patients with oesophageal stents, if they are suffering from oesophageal cancer. I have collected up to now 30 suitable stents – all expired – but useful like the non expired ones - as a donation from Boston Scientific - supported by Prof. Goetz University of Tuebingen – please imagine: A new stent costs 500 to 700 €!

When I'm in holiday at home, I'm always very busy with fundraising for 'our' hospital. This helps us to furnish and improve the equipment in both departments – and to get more and more modern. So I'm optimistic, there is a lot to do and we can expect an interesting year 2015!

"Dr. Peter" resp. Peter Nitschke



Due to increasing workload a third anaesthetist has been employed starting October 2014.

Due to the organisation of the former surgeon at St. Gabriel's and now Board Member Dr. Heim and due to the donation of Foundation Zithe it was possible to establish a High Dependency (Unit HDU) just next to the two operation theatres. On 4 monitored beds the safety level of postoperative patients is now markedly improved. Due to the better fluid management the recovery period after major procedures is much shorter. Also can this room used as first line approach to severely diseased or shocked conservatively to be treated patients. This unit started in the fourth quarter of last year. Six nurses were been sent to ICU refresher courses. Regularly communication to the nursing team allowed implementation of standard schemes of pre- and postoperative care.

Large amounts of drugs and surgical supplies where donated by Foundation Zithe and action medeor. Additionally we received donations of drugs and surgical supplies by an "IDA container" this summer.

Due to a donation of Freifrau Christiane von Schnurbein the first steps have been done to establish a special burns unit for severely burnt children. The unit is called "Sun Kids" and will provide free treatment in urgent burns and in treatment of later complications up from 2015.

A respirator unit has also been accepted for 2015 budget.

Great attempts have been done to guarantee the high quality and safety of drugs and to optimize procurement steps. A necessary hard- and software update for our digital radiology unit was done.

Due to unstable power supply the new sterilisation device (Laboklav) still could not be used.

Nearly all over the year medical students or young doctors from Germany (3), United Kingdom (2), South Africa (2), the Netherlands (3) and Austria (2) participated in our work.

WORKSHOPS

Furthermore, the hospital in collaboration with its working partners, ministry health (MOH) and CHAM) organized workshops in various health related topics for some nurses. This was done so that the nurses were kept abreast in current practices and protocols. Below are some of the workshops they attended:

- ❖ Helping mothers to survive
 - ❖ Customer care and quality assurance
 - ❖ Youth friendly services
 - ❖ Antiretroviral refresher course
 - ❖ Voluntary male medical circumcision
 - ❖ Palliative care
 - ❖ Revised continuing professional development (CPD) guidelines
- In the same vein, two patients attendants were also trained in intensive HIV testing and counselling for one month bringing the total number of trained counsellors to eight **(8)**

FACILITATION

In the month of December 2014, one nurse and the nursing officer (facilitated at physiotherapy training for twenty **(20)** volunteers which was made possible with funding from a well known working partner of the hospital Mrs. Casey Nesbit from Unite states of America (USA).

NURSING ACTIVITIES

MATERNAL AND CHILD HEALTH SERVICES

community health nurses in conjunction with the primary health coordinator (PHC) worked very hard educating men on the advantages of being involved in pre-natal care and PMTC. However, it has been noted that the numbers of men attending PMTC are still low. In 2014 three thousand three hundred and forty eight (3,348) female clients attended the above service compared to seven hundred and twenty one (721) males representing 22%. This shows that very few male clients attend PMTC service despite the couple counseling offered by the counselors during PMTC service

Fig 2:- Picture showing couple counseling in PMTC in antenatal clinic



MATERNITY WARD

In 2014, this ward recorded a high number of spontaneous deliveries (SVD) especially in the months indicated below:

✚ August	314
✚ October	301
✚ September	293
✚ July	262
✚ December	261
✚ March	260

one can note that in 2014 labour ward was very busy and the nurse in-charge in anticipation of large numbers of patients made sure that she had adequate resources for good service provision

Figure 4 showing the nurse ordering her resources from pharmacy



KANGAROO MOTHER CARE

Babies born with low birth weight are nursed in kangaroo mother care unit (KMC) for proper case management. While in this unit, they are advised on how to keep their babies warm using the kangaroo method. It has been documented that this method reduces the mortality rate caused hypothermia in the neonates considerably. On the other hand, medically speaking sucking (rooting) reflexes are not fully developed in premature babies resulting in poor sucking from the breast compared to mature babies, In-view of this, EBM is the best option for feeding such babies. Thus, the nursing mothers are also shown how to express the milk (EBM) from the breast and how to feed the baby with it. In 2014 KMC admitted one hundred and four (**104**) premature babies and ten (**10**) died **10 %**. Thus, the cure rate was at **90%**.

Figure: 6 Showing a mother with expressed breast the milk



In 2014 we recorded forty nine (**49**) neo natal deaths. On the other hand labour ward recorded five hundred and forty (**540**) neonatal complications some of them might have contributed to more neonatal deaths.

PUBLIC HEALTH

In **2014** seven thousand six hundred and ninety five (**7,695**) under five children who were weighed, seven thousand five hundred and ninety four (**7594**) had normal weight and one hundred and one (**101**) or **1.3%** were under weight.

Figure: 7 Showing HSA weighing an under-five child



Figure: 7 Showing a mother being counseled



Table: 2 Showing up-take of DBS

	2014
TOTAL	89
NEGATIVE	62
POSITIVE	4
RESULT NOT YET OUT	25

NUTRITION AND REHABILITATION UNIT

Under - five children whose weight is low compared to age are provided with nutrition supplementation at nutrition and rehabilitation unit (NRU) according to the recommended protocol. However before the food supplementation is given the parents of a child are given some tips as to how the supplementation should be given to the baby by the home craft workers. As shown in the picture below. Additionally, those who are discharged are given a monthly schedule for food supplementation mainly ready to use RUFTU) or soya maize meal depending according to management of malnutrition protocol. In 2014 Two hundred and seventy seven (**277**) malnourished children were admitted and twelve (**12**) were

Figure: 9 showing mothers who have come to NRU



HIV TESTING AND COUNSELING

The HIV and counseling activity is also among the nursing activities conducted by the nursing department. In **2014** the number of clients who came for HIV counseling and testing (HTC) was seven thousand six hundred and forty three- **(7,643)** and four hundred and sixty four **(464)** or **6.1%** clients tested HIV positive.

CHALLENGE

There is still a short fall of nurses by fourteen (14) to reach the establishment mentioned afore. Despite this scenario nursing services are still expanding (for example **(HDU)**).

RECOMMENDATION

To have more houses for nurses so that they can hopefully fill the vacant positions



Office Equipments

The hospital received a lot of specialized equipments as donations in order to improve service delivery at the hospital. During the period some of the specialized equipment required some special services which is not easy to get since they are expensive and requires special people with unique skills hence a need to train local staff in the maintenance of such equipments

Solar Energy Equipment

During the year the hospital received and planted additional solar power to the hospital which has significantly resulted to a reduction in the energy cost regardless of the increase in the electricity tariffs by 35%, and improved service delivery with the readily available back up power in cases of power failure by electricity Supply Corporation of Malawi.

Staff

Due to economic down turn and inability of the government through Ministry of health to effect the salary increments to the health workers in CHAM hospitals had a serious impact on the staff of the hospital as such towards the end of the last quarter, management received a lot of letters from different departments of the hospital requesting for an increase in their allowances in which the hospital responded positively to them, by giving the increment through the support from foundation ste ZITHE.

Procurement

During the period the hospital improved its procurement process by ensuring that all necessary procurement procedures are followed in order for the hospital to appreciate the value for money in all the supplies purchased by the hospital.

Sundry Debtors

The hospital is still facing problems with sundry debtors though management has put some measures to reduce the amount, by ensuring that all the admitted patients should pay a deposit and also increasing the number of visits through their village headmen and the local advisory committee members to ensure that when they have been discharged from the hospital, they should ensure that the

13. Mr. Emily Anton
14. Dr Jacob.
15. Dr HC Mult sybill storz

HUMAN RESOURCES ANNUAL PROGRESS REPORT

The Human Resources annual progress report in the period under review contains the Staff movement, Staff Development, Challenge, Achievement and Future plans as follows:-

A. Staff Movement

i. Recruitment

NURSING DEPARTMENT		
JOB TITLES	Grade	# Recruited
Registered Nurses	I	2
Registered Nurse	K	1
Nurse Midwife Technicians	K	4
Hospital Attendants	O	6
TOTAL		13

MEDICAL DEPARTMENT		
JOB TITLES	GRADE	# RECRUITED
Clinical Officers (Interns)		2
TOTAL		2

ADMINISTRATION		
JOB TITLES	Grade	# Recruited
Chief Cashier	M	1
Data Capturing Clerk	M	1
Cashiers	M	4
TOTAL		6
TOTAL RECRUITMENTS		21

ADMINISTRATION DEPARTMENT				
JOB TITLES	GRADE	REASON OF TERMINATION		No of terminations
Cashiers	M	Dismissals	Misconduct	3
Cashier	M	Resignation	On personal grounds	1
Data Capturing Clerk	M	Resignation	On personal grounds	1
Principal Hospital Administrator	G	End of Contract		1
TOTAL				6

GRAND TOTAL OF TERMINATIONS	22
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iii. PROMOTION

OLD JOB TITLE	GRADE	NEW JOB TITLE	GRADE	REASON FOR PROMOTION
Laboratory Assistant	L	Laboratory Technician	K	Obtained a Diploma in Biomedical Sciences
Hospital Attendant	O	Medical Assistant	L	Obtained a Certificate in Clinical Medicine

iv. TRANSFERS

FROM NURSING DEPARTMENT TO MEDICAL DEPARTMENT				
Nurse Midwife Technician	K	Anaesthetist Clinical Therapist	K	Obtained a Diploma in Anaesthesia and Intensive Care Medicine from (MCHS)

II. STAFFING

- The Hospital has recruited a Chief Anaesthetic Clinical Therapist Grade I
- The Hospital has recruited 2 registered nurses (Degree level), 1 Registered nurse (Diploma Level, and 5 Nurse Midwife Technicians after the completion of 5 block houses.

D. CHALLENGES

I. STAFF DEVELOPMENT

- Failure to secure places by members of staff to go for upgrading in various training institutions like College of Medicine, Malawi College of Health Sciences, CHAM colleges, Mzuzu University, etc remains a challenge to the hospital; despite the hospital budgeting for these trainings.

II. SALARY INCREMENTS/EMPLOYEE RELATION

- Delay to implement the Salary increment in CHAM institution by Government as it used to be whenever there is revision of salaries for main civil services; this caused a lot of pressure to management teams and tension to members of staff in all CHAM facilities.

III. STAFFING

- Recruitment of experienced Clinical Officer's to replace the ones who resigned remains a biggest challenge due to lack of accommodation.
- Failure to recruit new staff due to an advice from Government through CHAM that all facilities should stop making new appointment despite having vacancies until further notice.

MANAGEMENT ACCOUNTS

FINANCIAL REPORT – JANUARY TO DECEMBER 2014

NOTES TO THE ACCOUNTS

ACCOUNTING POLICIES

The principals of accounting policies adopted in the preparation of these accounts are set out below and have been followed consistently in all material respects

BASIC OF PREPARATIONS

The accounts have been prepared using historic cost conversion. In all material respects the accounts have been prepared in line with International Accounting Standards (IAS)

DEPRECIATION OF FIXED ASSETS

Fixed assets are depreciated using straight line methods to spread their costs over the useful lives. The rates are as follows:

Building	2%
Motor vehicle	15%
Motorcycles	15%
Computers	25%
Office and medical equipment	20%
Solar equipment	10%
Furniture and equipment	10%

INCOME

PROGRESS REPORT 2014

INCOME

HOSPITAL FEES

Income from Hospital fees has increased from MK75, 857,844 to MK 133,631,558.66 Representing 43% increase and this is due to increased number of patients at the hospital this was due to lack of drugs in the government Hospital hence lots of patients coming to the Hospital and the other reason for the variance is because of specialized service offered by the Hospital.

GOVERNMENT GRANT

In the year ended the Government grant increased by 7% compared to last year this was because government revised the salaries for civil servants from October 2014 but in CHAM hospital they were paid in February 2015 hence a slight increase

DONATIONS IN KIND

Donations in kind for the year ended increased by 98% compared to previous year, this was because in the year 2014 the hospital received lots of donation especially on drugs from both Foundation Ste Zithe as well as ONG Oppen hand fir Malawi through IDA container

CASH DONATIONS

Cash donations decreased by 90% compared to last year, this was a result that most donations were in kind, hence reducing cash donations to the hospital.

FUEL – GENSET

There is a reduction of 38% in the fuel consumption by the Gen-set which is mainly caused by the effectiveness of the solar unit installed in the Hospital which has put the cost of running the generator lower.

ELECTRICITY

There is an increase of 13% as compared to last year on the electricity bills; this is so because of increase of 35% on the electricity tariff by ESCOM

CLEARING CHARGES

There was an increase of 95% on clearing charges this was due to a number of donations that the hospital received especially on drugs

SURPLUS

As at 31 December, 2014 the hospital recorded a surplus of MK18, 494,910.07 this is mainly because of the assistant the Hospital received from both ST ZITHE and ONG Oppen Hand Malawi, which helped the Hospital to cut its drug expenditure through the donation of drugs received in the period

