

# ST GABRIEL'S HOSPITAL - ANNUAL REPORT 2015



**Pic: -ST GABRIEL'S HOSPITAL COMPASS**

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## **ABBREVIATIONS**

<b>ANC</b>	Antenatal Clinic
<b>ART</b>	Antiretro-viral Therapy
<b>BCG</b>	Bacilli CalmeteGuerini(Tuberculosis Vaccine)
<b>FSB</b>	Fresh Still Birth
<b>HTC</b>	HIV Testing and Counselling
<b>Lap</b>	Laparotomy
<b>MMR</b>	Maternal Mortality Ratio
<b>MOH</b>	Ministry of Health
<b>MSB</b>	Macerated Still Birth
<b>NND</b>	Neonatal Death
<b>NRU</b>	Nutrition Rehabilitation Unit
<b>OPD</b>	Outpatient Department
<b>PHC</b>	Primary Health Care
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>POP</b>	Plaster of Paris
<b>STAH</b>	Sub Total Abdominal Hysterectomy
<b>SVD</b>	Spontaneous Vertex Delivery
<b>TAH</b>	Total Abdominal Hysterectomy

## **BOARD CHAIRPERSONS LETTER**

Dear Friends of St. Gabriel's Hospital,

After two years of extraordinary growth in the number of patients St. Gabriel's Hospital has given treatment and care again to more patients than the year before. With 57,348 patients in the outpatient department, 17,435 patients in the inpatients department and 4,134 deliveries the growth rates were reasonable. The high numbers of surgical interventions, ultrasound scan and endoscopy show that St. Gabriel's Hospital is a very important element of the Malawian health system. Meanwhile the patients are coming not just from the typical catchment area around Namitete but also from Lilongwe, places far more distant in Malawi and sometimes even from abroad.

The Board of Governors is proud that St. Gabriel's Hospital could realise these results in times of economic problems and poverty in the country. The Board owes extreme gratitude to the whole staff of St. Gabriel's Hospital under the guidance of the Hospital Director. We do thank all members of staff for their commitment for the patients and their efforts to make St. Gabriel's Hospital a centre of excellence. Due to the dedicated work of the hospital staff the hospital enjoys an excellent reputation.

The technical infrastructure of the hospital was upgraded again in 2015. Different donators from Europe have sponsored projects to improve the quality of diagnoses, treatment and care. We are grateful that these benefactors have supported St. Gabriel's Hospital in a generous way.

The high quality of medical services that St. Gabriel's Hospital renders to the patients is often based on the experience and knowledge of many qualified doctors from the high developed parts of the world. We thank these expatriates that they are helping the patients and training the local staff. The transfer of know-how is extremely helpful for the further development of this hospital. We encourage the local staff to benefit as much as possible from these expatriates during their stay in the hospital.

Foundation Ste Zithe has donated the third extension of the solar power unit which supplies now 150 kW. With this renewable energy the hospital saves a lot of money formerly spent for ESCOM bills.

We are happy that in 2015 action medeor Malawi started the supply of drugs from their new warehouse in Lilongwe. The good partnership with action medeor – the German Medical Aid Organisation - has reached a new level and allows a prompt pharmaceutical supply at reasonable cost.

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 supported St. Gabriel's Hospital again in a very generous way. Besides those who have donated in cash or in kind we do thank those who worked for St. Gabriel's Hospital on voluntary base. These doctors, nurses and technicians are always welcome in Namitete and we thank them for their excellent work. Our thanks go to everyone who has supported St. Gabriel's Hospital in what way however.

Hans Jürgen Goetzke

Chairperson of the Board of Governors

Luxembourg, April 1st 2016

## EXECUTIVE SUMMARY

### Services

St Gabriel's Hospital continued to offer quality health services to the population in its catchment area and beyond.

In the year 2015, more patients were seen in Outpatient (57348) similar to 2014(55190) but much higher than 2013(40359)

There were 4134 deliveries in labor ward in 2015 similar to last year (4057) but far much higher than year 2013(3513)

Over the years more patients are coming to St Gabriel's Hospital as seen in the figures of 2013 to date. This is because the hospital has good quality services which are as result of a steady *availability of drugs* and *specialized medical care* (gastro-enterology, cardiology, Ultrasonography, obstetrics/gynecology and surgery) with support from St Zithe Foundation (Luxembourg).

Below is the summary of the statistics.

### Hospital Statistics- January to December, 2015

Department/Year	2015	2014	2013
Total OPD Attendance	57348	55190	40359
Total Admissions	17435	17608	14259
Pediatrics Admissions	7193	7392	5416
Surgery Admissions	1198	1093	943
Us scan	4733	3198	1145
Endoscopy	784	751	342
Obstetrics(Deliveries)	4134	4057	3513

## **Human Resources**

The Hospital managed to recruit a considerable number of nurses with the assistance from CHAM through postings. More clinical and nursing staff will be recruited when new houses under construction are completed.

Three expatriate surgeons visited the hospital for orientation in preparation for long term service.

An Obstetrician/Gynecologist (Dr Klaus Flohr) joined the hospital in September, 2015 on long term basis. This has added more specialist services to the hospital.

## **Energy**

Solar has been expanded to cover now 18 hours a day. This has assisted the hospital to save on ESCOM bills and diesel for the generators.

## **Service level Agreement (Lilongwe and Mchinji District Assemblies)**

The hospital has maintained its service level agreement with the two districts for maternity patients with the government.

## **Finance**

The year 2015 the hospital received a lot of support in terms of drugs as well as other infrastructure development (staff houses and solar energy upgrade) from Foundation St Zithe. The hospital experienced a rising cost of locally purchased medical supplies due to the depreciation of kwacha against the major currencies.

In addition to high cost of drugs and medical supplies energy cost was also on the rise since ESCOM has been revising its tariffs frequently which resulted in higher electricity bills than planned.

The 2015 year end management accounts show that the hospital had a surplus of about **MK26, 674,627.00** (Twenty Six Million six hundred seventy four thousand six hundred twenty seven kwacha only) - Details are in management accounts report

## **Conclusion**

Hospital Management Team thanks all partners that contributed to the service delivery in the year 2015. The mostly poor patients in one of the poorest countries in the world (Malawi) benefitted from the assistance from well-wishers/partners in form drugs and medical supplies, support for human resources, hospital infrastructure development etc.

Foundation Ste Zithe donated of drugs, human resources (including medical specialists), infrastructure (including staff houses) and medical equipment.

Dr Phyela S.K.J. Mbeya

Hospital Director

St Gabriel's Hospital



## MEDICAL DEPARTMENT

Out Patient Department- see table below

Year/Section	2015	2014	2013
General	39805	36782	22364
Private	2733	2551	1822
HIV/AIDS Clinic	15277	14341	14638
Hospice	1115	1516	1537
<b>Total</b>	<b>58930</b>	<b>55190</b>	<b>40361</b>

**NB:** There was a slight increase in OPD attendances in 2015(58930) compared to 2014(55190) but a huge increase compared to two years ago in 2013(40361).

This picture below shows patients in the OPD waiting for their turn to get drugs.



**Inpatient-see table below**

<b>Year/ward</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Male	1592	1589	1412
Female	2971	2897	2579
Pediatric	7193	7392	5416
Surgical	1198	1093	943
Maternity	3961	4002	3494
Hospice	255	302	190
Private Wing	273	333	225
<b>Total</b>	<b>17435</b>	<b>17608</b>	<b>14259</b>

**NB:** The number of admissions 2015 are similar to 2014 at around 17500 but patients stayed longer in hospital as seen below in the table showing the bed occupancy rate. The last two years have seen the hospital admitting more patients than two years ago in 2013(14259).

**Inpatient days stayed**

<b>Ward/Year</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Male	7137	9544	8572
Female	9534	10084	10230
Pediatric	28872	24659	20029
Surgical	5888	6492	6490
Maternity	11345	10264	9573
Hospice	3426	1591	2260
Private	882	1138	1018
<b>Total In patient days stayed</b>	<b>67084</b>	<b>63772</b>	<b>58173</b>
<b>Hospital Bed Occupancy Rate</b>	<b>63%</b>	<b>60%</b>	<b>55%</b>

**NB:** There has been a steady increase in the hospital bed occupancy rate as in the table above. It was 55% in 2013 and it is 63% in 2015. This is due to increase in admissions in the last two years.

**Obstetrics- see table below**

<b>Year/statistic</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
<b>Deliveries</b>	4134	4057	3513
<b>Spontaneous Vertex Delivery</b>	3010	3030	2584
<b>Caesarean Section</b>	762	820	673
<b>Vacuum Extraction</b>	182	102	86
<b>Breech</b>	120	105	77
<b>Maternal Death</b>	2	2	5
<b>Macerated Still Birth</b>	47	39	35
<b>Fresh Still Birth</b>	59	57	63
<b>Neonatal Death</b>	40	49	44
<b>Twins</b>	168	137	117

**NB:** - The hospital has registered more deliveries (4134) than two years ago in 2013(3513) but similar to last year 2014(4057). Despite the increase in deliveries the hospital registered a decrease in maternal deaths and neonatal deaths. Below is the two key statistics in comparison to national statistics.

**Key maternal and neonatal statistics compared to national statistics**

<b>Statistics 2015</b>	<b>St Gabriel's hospital</b>	<b>National</b>
<b>Maternal Mortality Ratio(MMR)/100,000 deliveries</b>	50	510
<b>Neonatal Mortality Rate(NMR)/1000 live births</b>	10	22

**NB:** The hospital is performing above an average hospital in the country. The hospital will continue to offer good care to its patients to improve on the above performance. This has been possible due to support from all the hospital partners in terms drugs and medical supplies, mentoring on good practice on patient care and skilled human resource support.

## HIV/AIDS SERVICES

### HIV Testing and Counseling

#### General

Category/Year	2015	2014	2013
Clients precounseled	7557	8085	7522
Clients tested	7557	8085	7522
Clients reactive	471	489	656
Clients post counseled	7557	8085	7522
Discordant Couples	27	26	12

#### HTC for PMTCT

Female/year	2015	2014	2013
Bookings	3324	3338	3421
Tested	2809	3391	3304
Reactive	31(1.1%)	43(1.2%)	55(1.6%)
Male/Year	2015	2014	2013
Tested	769	737	738
Reactive	7	8	17

#### Patients on ART (Adults)

Category/Year	2015	2014	2013
Ever started	309	392	439
Alive	279	359	387
Died	7	10	4
Stopped	0	0	3
Absconded	7	16	19
Transferred Out	11	7	26

### Patients on ART (Children)

Categories/Year	2015	2014	2013
Ever started	29	28	31
Alive	26	27	25
Died	0	0	2
Stopped	0	0	0
Absconded	1	1	2
Transferred out	2	0	2

**NB:** The hospital has a comprehensive care in HIV/AIDS that includes HIV Testing and counselling, PMTCT, early infant diagnosis, Adult clinic and HIV/TB Care. The hospital follows the national HIV/AIDS case management policy. All children and adults who test HIV positive are provided with necessary care.

### Public Health Care

Service	2015	2014
Fully Immunized	520	304
Pentavalent	1659	870
Polio	2958	2466
Measles	570	297
Vitamin A	2454	2565
TTV	3419	2818
BCG	2466	1662
PCV	1597	896
Rota	1038	562
Underweight	218	37
Normal Weight	13462	4684
Total Weight	13672	4721

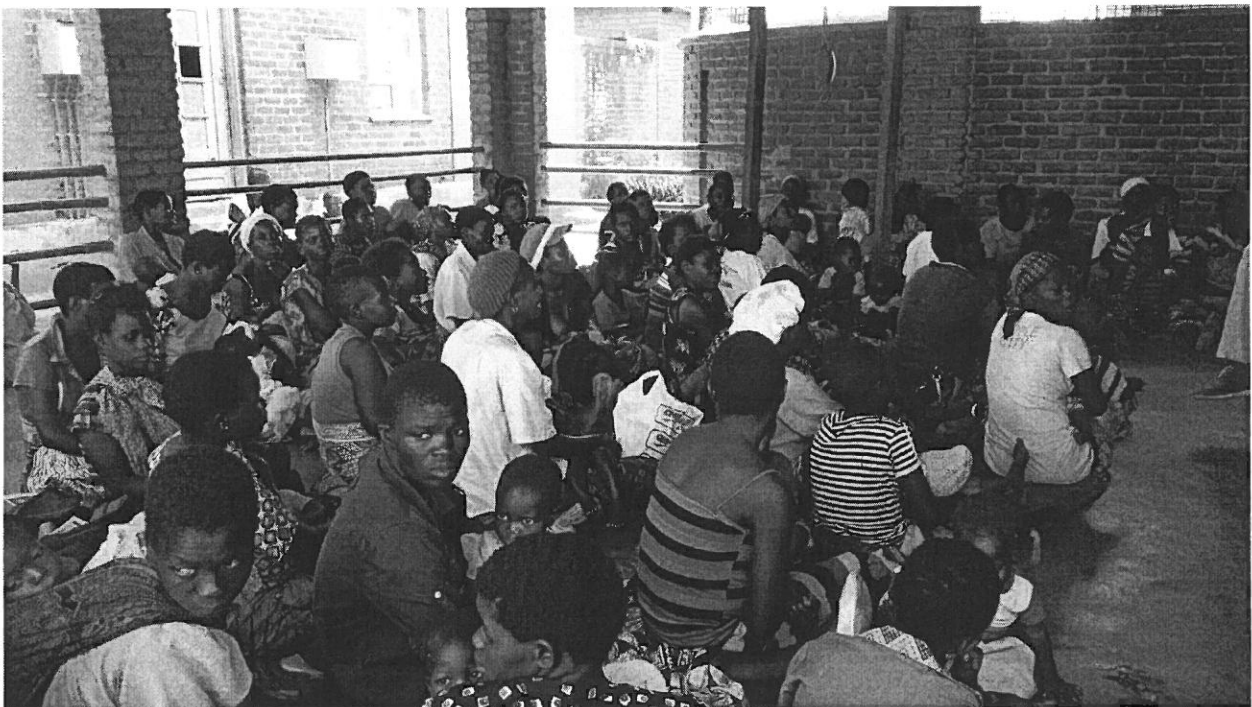
**NB:** The statistics show that more children were screened for malnutrition in 2015(13672) compared to 2014(4721). Vaccination were given to more infants and under ones in 2015 than 2014

## Nutritional Rehabilitation Unit (NRU)

Statistic/Year	2015	2014	2013
New Admission	307	277	248
Re-admission	20	12	12
Total cured	296	258	221
Defaulters	6	7	6
Deaths	11(3.5%)	18(6.5%)	29(11.7%)

**NB:** There were more admissions in 2015(307) than 2014(277) and 2013(248) due to hunger. Despite the increase number of malnourished children fewer deaths occurred in 2015(3.5%) compared to 2014(6.5%) and 2013(11.7%).

This picture below shows women with malnourished children waiting to be given therapeutic food at the hospital kitchen.



## SUPPORTIVE SERVICES

### Laboratory

Tests/Year	2015	2014	2013
Biochemistry	3489	3151	2022
Microbiology	2112	2390	2856
Parasitology	19105	21289	6271
Hematology	12614	16331	12456
Serology	1507	2165	1628
<b>Total</b>	<b>38827</b>	<b>45326</b>	<b>25233</b>

**NB:** The laboratory was registered fewer tests (38827) than last year(45326) especially on hematology and parasitology due breakdown of the full blood count machine for a month and stock-outs of malaria tests respectively. Malaria tests (MRDT) are provided by the government through Ministry of Health.

### X-ray Department

Category/Year	2015	2014
Exposures	10907	11033
Examinations	4227	5092

**NB:** In 2015 there were fewer examinations (4227) compared to last year (5092) because the x-ray machine broke down for 2 months.

### Top Five Diagnoses/Diseases/Conditions- OPD

1. Malaria
2. Respiratory Infections
3. Chronic Medical Conditions e.g. Hypertension
4. Musculoskeletal pains
5. Surgical conditions

## Top Five Diagnoses/Diseases/Conditions- Inpatient

1. Malaria
2. Respiratory Infection including Tuberculosis
3. Chronic Anaemia
4. Surgical Conditions
5. Gynaecological Conditions

**NB:** A significant number in 2, 3 are HIV positive and enroll on ART programme.

## Specialist Services

### 1. Endoscopy and Ultrasound scan- Dr Peter Nitschke

Service/Year	2015	2014	2013
Endoscopy	784	751	342
Ultrasound scan	4733	3148	1145

**NB:** The hospital did more examinations in video endoscopy and ultrasound scanning (including cardiac echo) compared to previous years. This improved diagnosis of patients. Some patients were referred to Republic of South Africa for further treatment after successfully diagnosing them at St Gabriel's Hospital

### 2. Gynaecology/Obstetrics- Dr Klaus Flohr

The hospital received a Dr Klaus Flohr (Obstetrician/Gynecologist) in September 2015 who is in on long term basis. This has reduced referrals to Lilongwe for women that need this service. See report below.



## **OBSTETRICS/GYNAECOLOGY REPORT 2015 AT ST GABRIEL'S HOSPITAL (SGH) BY DR KLAUS FLOHR**

As from the 1<sup>st</sup> October 2015 with the arrival of Dr. Klaus Flohr and his wife Catherine Mwikali Flohr specialised Gynaecological Services are offered at SGH.

With the support of the Hospital Management Team, the Hospital Director, Dr. Phyela Mbeya, the Hospital Administrator and the Matron it was possible to establish a room fit for gynaecological examinations and equip it with a very simple, basic gynaecological chair, Ultrasound machine and examination bench. One staff patient-attendant has been trained and is able to assist in the examinations, take care of the instruments and equipment and keep the place clean.

With the able support of the Anaesthesia – Department and the staff at the theatre we have been able to do some specific gynaecological operations – see table below – with the restriction that we had to use an abdominal incision in all those patients to do the required operation while usually many procedures in Gynaecology are done using the vaginal approach. This vaginal approach of an operation is much less risk- prone for the patient leaves her without a scar on the belly and makes her leave the hospital and recover much quicker. Unfortunately I only discovered that the two operating tables the theatre at SGH is equipped with are not supporting the required patient-positioning afterhavingarrived here in October. With the support of Dr. Goetzke, Dr. Heim and Zitha Luxemburg we immediately started to look for a theatre table fit for gynaecological operations and hope it will arrive in SGH soon.

### **Obstetrics:**

SGH has a busy Maternity with Antenatal Clinic, Labour ward, postnatal ward and “Kangaroo-Room” to cater for the need of more than 4000 pregnant women and their new-born each year (see general statistics). Remarkable is the high number of obstetrical referral cases from other health facilities taking advantage of the well established supportive services like laboratory, blood transfusions and theatre at SGH. Likewise remarkable is the low incidence of maternal death, again due to the well established supportive services mentioned above. Shortcomings can be identified in the areas of hygiene, privacy and space of labour ward and theatre as well as staffing. We hope as time goes by we can contribute to sustainable solutions to these problems. In the meantime I was able to re-activate state-of-the-art delivery-beds from the stores to be used in Labour-ward.

## Training

Besides examining and treating patients as well as establishing routines and clinical pathways the training of Malawian medical staff is a main objective of my stay. Up to now only clinical officer interns, which are passing on to a different department after three months, have been assigned to our department so that I could just try to make sure some basic principles of Obstetrics are followed and a Caesarean Section can be done in a proper way.

Table 1: A total of 82 theatre-procedures were done from 1. October to 31<sup>st</sup> December 2015 by Dr. Klaus Flohr

Procedure	No	Diagnosis	No
Caesarean section	33	CPD	14
		Prev. scar, BOH	07
		Cord Prolaps	01
		Foetal distress	11
D & C, Evacuation	17	Inkompl./missed Aortion	08
		Molar Pregnancy	05
		Retained Plazenta	01
		DUB	03
Explorative Laporatomy	13	Gen. Peritonitis	04
		Pelvic Abcess	03
		Ectopic Pregnancy	03
		Pelvic/Ovarian Mass	03
Abdominal Hysterectomy	04	Uterine Fibroids	03
		Cervical Cancer	01
Extended, radical Abdominal Hysterectomy	03	Cervical Cancer	03
Vaginal/Vulval/Cervical Excisions, Biopsies	06	Cervical Polyp	03
		Vaginal warts	02
		Imperforated Hymen	01
Cervical CerclageShirodgar	02	Cervical Incompetence in Pregnancy	02
Appendectomy	01	Perforated Appendicitis	01
Perineal Reconstruction	01	Old IV Laceration	01
Bilateral Mastectomy	01	Juven. Gynaecomastia	01
Simultaneous c/s and Hysterectomy	01	PPH – Couvellaer Uterus	01

Table 2: A Total of 380 Patients were seen in Room 22 – age and Diagnosis

Gyn-Diagnosis	No	Age bracket	No	Obst. Diagnosis	No
Gyn/Obst. Check-Up	77	< 10	05	PROM/EROM	21
Missed/Threatened Abortion	24	11 – 15	06	Multiple Preg.	15
Cervical Cancer	19	16 – 20	59	CPD	10
Dysmenorrhoe	19	21 – 25	82	BOH	10
Fibrods, Myoma	18	26 – 30	52	Pre-Eclampsia	09
DUB	16	31 – 35	58	Cervical Incompetence	08
Infertility	14	36 – 40	38	Pre-term Labour	08
Ovarian Cyst	14	41 – 45	36	Malpresentation	08
Ectopic Preg	12	46 – 50	19	PlazentaPraevia	05
Prolaps	08	51 – 55	10	IUFD	04
Pelvic abscess	08	> 55	15	SGA	04
Sepsis	08			Polyhydramnion	02
VVF	03				
Others	27			Others	09
Sum	267			Sum	113

### 3. Surgery

The hospital has had no resident surgeon last year but visiting surgeons did a lot of surgery thereby assisting the patients in hospital without referring them 50 km to Lilongwe. In 2015, 1198 patients were admitted in surgical ward compared to 1093 in 2014.

Procedures done in theatre were 130 major procedures and 248 minor procedures. The total procedures were 378 theatre procedures. Majority of major procedures was exploratory Laparotomy and minor procedures mostly were hydrocelectomy, hernia repair and fracture repositioning.

#### **4. Pediatrics**

In the last half of 2015, a volunteer pediatrician Dr Anke Fischaleck joined the hospital. This has improved care for the children as she has actively trained clinicians and nurses on critical care in pediatrics including neonatal care.

## NURSING DEPARTMENT

The nursing department continues to provide quality nursing care to all patients regardless of their religion, colour and economic status. Against this background from January to December 2015 the main activities centered on the following:

- i) Ante-natal ( Pre-natal)
- ii) Maternity
- iii) Primary health care
- iv) Nutrition and Rehabilitation
- vi) HIV testing and counseling

### i) ANTE-NATAL CARE

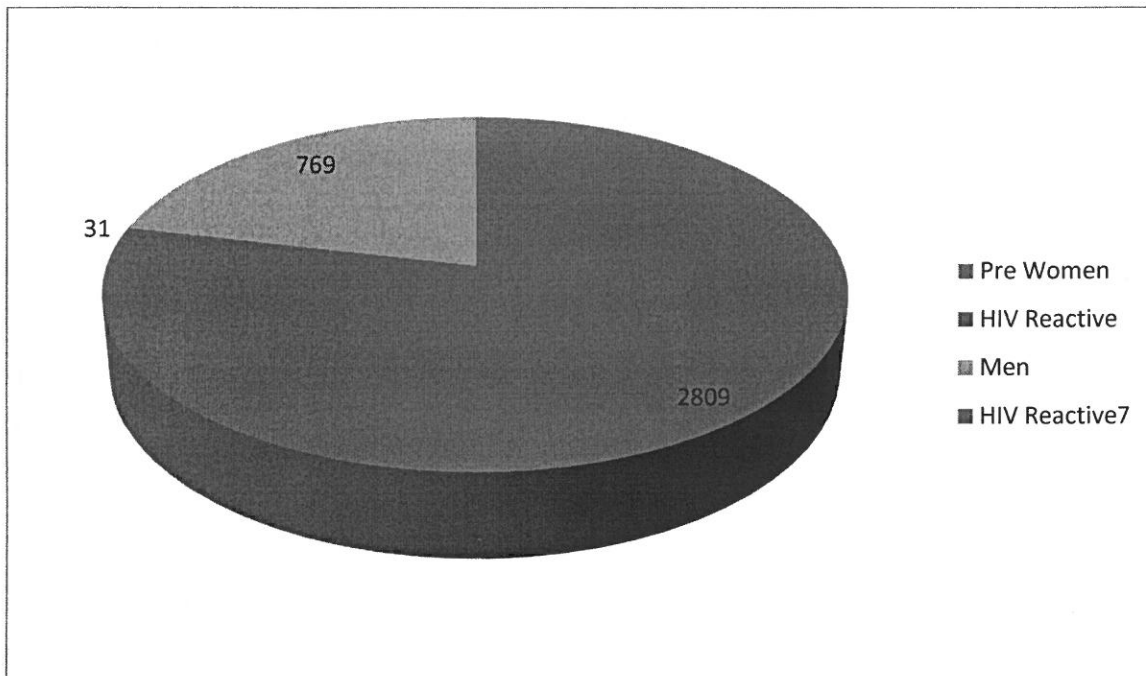
The guidelines from ministry of health state that health facilities conducting this service for pregnant women should ensure that they provide “ **focused**” ante natal care” Meaning that each women should be seen at the ante-natal clinic **four times** before delivery .However it has been noted that out of the two thousand eight hundred and sixty five **(2,865)** new ante natal visits registered only two hundred and thirty six **(236)( 9%)** women new visits registered in the first trimester. Therefore it is anticipated that such women **if they strictly follow their clinic schedules are likely to attain focused ante natal care.**Otherwise the **9%** coverage is extremely low and a source of worry. In view of this community health nurses and primary health care team (PHC) need to intensify their education on the importance of focused ante natal care.

### Prevention of Mother to Child Transmission

The service is offered to pregnant women and their spouses free of charge. In the year being referred to, (January to December 2015) two thousand eight hundred and nine **(2809)** registered for PMTC and thirty one **31 ( 4%)** were HIV reactive and twenty eight **(28) 91%** are currently on Option B + **(5A antiretroviral drug)** The number of men coming for PMTC is still problematic only seven hundred and sixty nine **(769)** escorted their spouse compared to **2,809** women. Again this is an issue of concern in this era of HIV pandemic it is crucial for partners to go for PMTC so that they can access treatment

and care. Most importantly if one or both partners' are HIV reactive delivery plan can be communicated to parents to be so that the un- born child is also prevented from contracting HIV. Further- more out of the **769** men who accessed PMTC, seven (**1%**) were referred to Antiretroviral clinic (ART) for support and care.

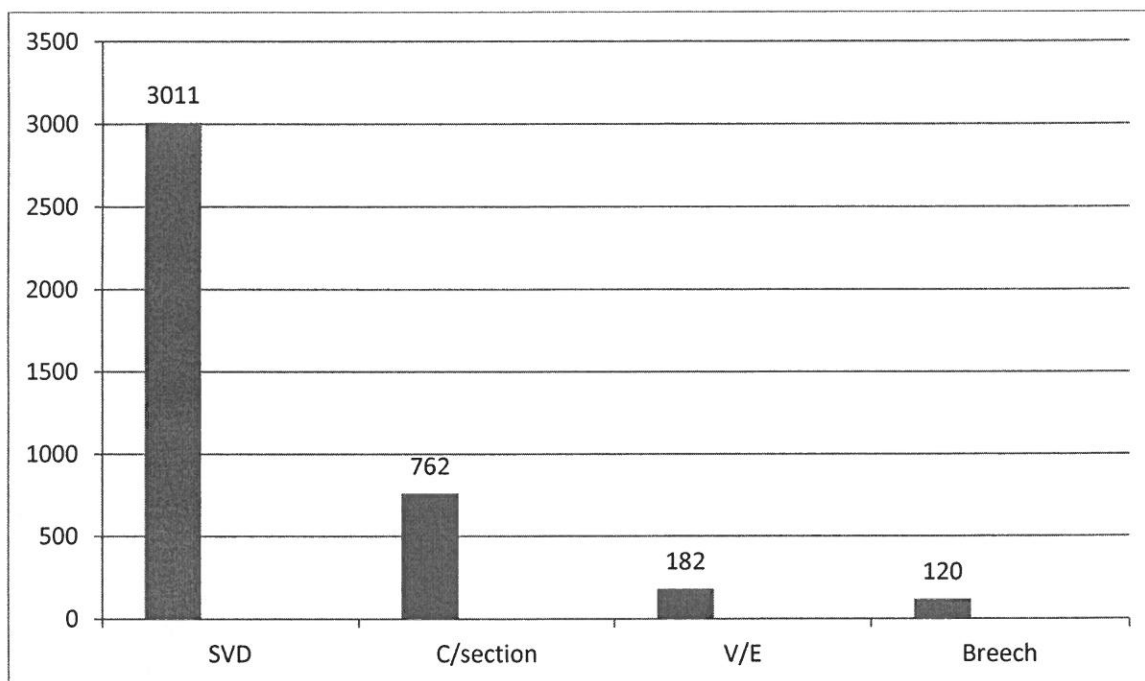
**Pie chart below showing Up-take of PMTC 2015**



**ii) Maternity Activities**

The hospital still noted more deliveries in 2015. Four thousand and thirty four women delivered in our small labour ward which has only **six labour beds** and manned by two nurses per shift the figure below gives details of mode of deliveries

**Figure 1 showing 2015 maternity activities**



### **Fresh Still Births**

Babies born with congenital abnormalities and also whose mothers are referred to St. Gabriel's hospital late some of them are born without life. In 2015 labour ward recorded fifty nine (59) (2%) of such births. The number of macerated babies was forty seven (47)

### **Maternal Death**

In 2015 labour ward recorded two (2) maternal deaths attributed to late referral to this health facility from our college especially from Mozambique.

### **iii) Primary Health Care**

Primary health care activities are aimed at preventing communities from contracting some diseases through the implementation of the following initiatives: under five clinic, inspection of the villages to access environmental hygiene/ sanitation and availability of social amenities such pit latrine, water source to mention a few.

## Under-five Clinic

In 2015 St Gabriel's hospital continued to conduct children clinic both in the out- reach and static clinics. The table below shows children weighed and vaccines given

	January to December 2015
TOTAL WIGHT	13,678
NORMAL WEIGHT	13,462
UNDER-WEIGHT	218
VACCINES GIVEN	
BCG	2,466
POLIO	3,058
PENTAVALENT	1,597
ROTA	1,038
MEASLES	570
FULLY IMMUNINISED	520

## Village Inspection

In 2015 the survey carried out by office of the environmental health indicated that St Gabriel's hospital has three thousand one hundred sixty nine (3169) house- holds. Among these two thousand two hundred and forty six (**2,246**) have pit latrine, and only six hundred and seventy two (**672**) have san plat latrines **21.2%**. San plat latrines are durable compared to the other type. They last longer and easy to clean. On the other hand the survey also reviewed that **only** three hundred and ninety (**390**) (**18%**) house hold with pit latrines have **hand washing** facility which is critical in the prevention of diarrhea diseases. The office of the environmental health services would wish that more people have access to san plat latrines for reasons given afore.

## Access to Clean Water

The hospital is indebted to its working partners' for providing some communities with clean water. The human life if centered on water that is why that is why **WATER** is referred to "**Life**"In the year 2015 two thousand nine hundred and ninety three (**2,993**) (**95%**) house-holds were found to be access to clean safe water. The figure below one beneficiary of safe water





Before this water point the woman and beneficiaries had to walk long distances to fetch water from shallow wells which were not **protected** and water was not palatable. Additionally the communities were sharing the same water with animals thus, predisposing them to water borne diseases.

#### **iv) Nutrition and Rehabilitation Unit**

The above unit provides food supplementation to underweight children pregnant and lactating mothers.. In 2015 three and seven under-weight children were provide with food supplementation that is supplied to the hospital from world food (WFP) program through ministry of health (MOH. The food supplementation given to these children are those that have recommended by MOH (e.g. F75 ,F100 milk ,soya flour and ready to use food therapy (RUFT), also known as “chiponde” In patients are given F75 or F100 and RUFT every day while the outpatient NRU clinic is conducted on Friday every week.

## **ADMINISTRATION AND ACCOUNTS**

### **ADMINISTRATION AND FINANCE DEPARTMENT**

#### **GENERAL INTRODUCTION**

The department is charged with the general responsibility of looking for both Financial and human resources for the hospital. The 2015 annual report highlights on how the hospital has performed in the year.

#### **INFRASTRUCURE MANAGEMENT**

##### **1. Staff houses**

During the period the Hospital Management signed the convention with ONG oppen hand for Malawi for the construction of 11 houses in which five houses are expected to be completed at the beginning of second quarter of 2016.

Management is optimistic that the additional houses will improve service delivery as there will be less shortage of staff in the hospital hence reducing locum payments.

In additional to staff houses co-funded by St Zithe foundation and ONG Oppen hand for Malawi, St Zithe foundation also managed to construct a house for gynaecologist which is believed that his expertise will help to improve service delivery in the hospital.

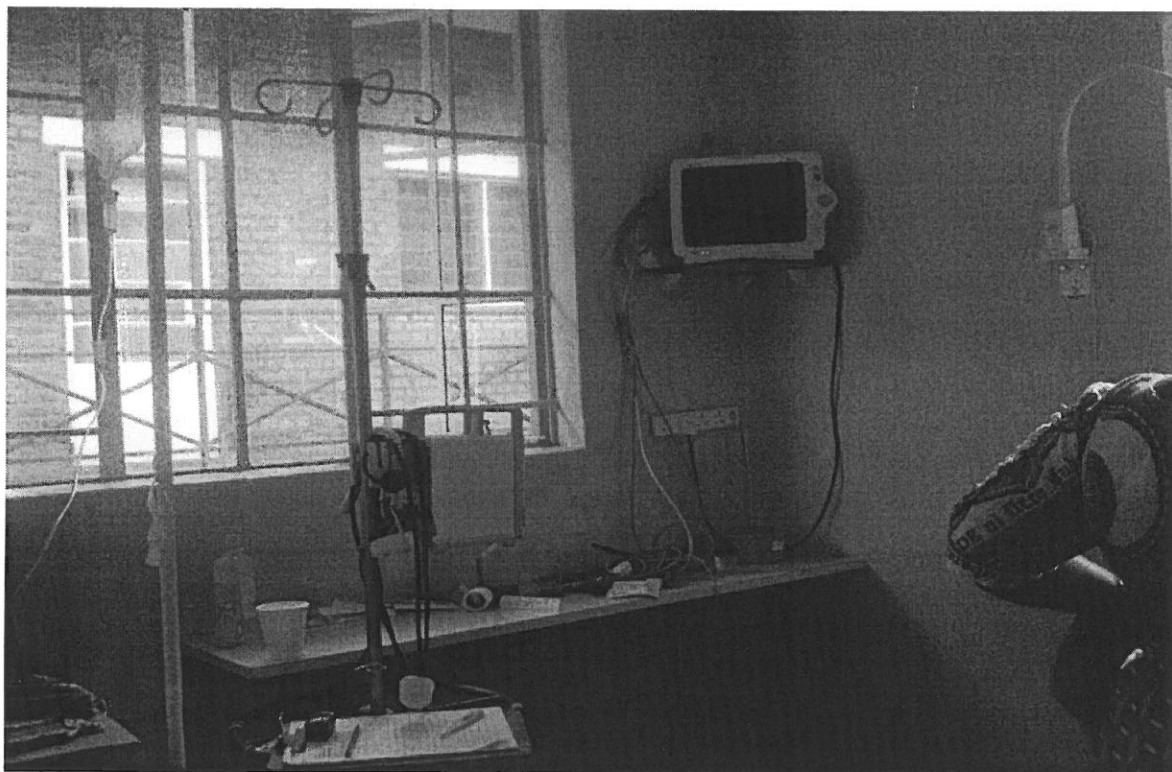
##### **2. Office Building Maintenance**

Some minor maintenance work was carried out on the office building especially on those building that are slightly old which developed some cracks and leaking roof.

##### **3. Extension of paediatric ward**

During the period with assistance from well-wishers, the hospital made an extension to the existing paediatric ward which has helped a lot in improving the service delivery in the hospital.

Pictures Below shows the new extension and how it is helping the patients





## FLEET MANAGEMENT

All the vehicles received required number of service though some of the vehicles are very old resulting to high service costs as well as high fuel consumption. (Refer to Management accounts)

Table 1 Fuel Consumption

Vehicle type	Fuel Consumed(Litres)	Average cost(MK)	fuel	Average Cost(MK)	Total
Toyota Raider	1410	734.60		1,035,786.00	
Venture	1485	734.60		1,090,881.00	
Ambulance	2857	734.60		2,098,752.00	
Diana Lorry	1310	734.60		962,326.00	
Toyota Double cabin	2481	734.60		1,822,542.00	

## **SOLAR ENERGY**

St Gabriel's hospital is one of a few hospitals in Malawi which has invested a lot in solar energy with an aim on reducing energy cost due to high tariffs charged by Electricity supply Corporation of Malawi (ESCOM) as well as cost of running the generator when there is power failure.

Since its inception in 2012 the hospital has benefited a lot in this huge investment both financially as well as non-financial benefit. In the year 2012 and 2013 there was no huge benefit from the investment as most of work was still underway but at the end of 2013 when the second phase was installed the hospital started saving in cost due to the extra power generated by solar energy

Apart from the calculated financial benefits the hospital is enjoying the following are also other benefits that has been brought by solar energy

1. Reduced death caused by power failure, This is so because every time power from ESCOM goes there is automatic back up power from Solar energy.
2. No idle time mainly in administration that are caused by absence of power
3. With the installation of separate solar energy in the theatre has tremendously improved the service delivery in times of emergencies, even when the main solar power is down.

## **INCINERATION - WASTE MANAGEMENT**

The Hospital continues managing waste both for the Hospital as well as for other partners.

In terms of the local management of the waste the hospital managed to maintain its cleanliness by ensuring a clean environment around the campus in order to maintain its reputation as well as to defend the infection prevention shield which the hospital won in the year 2014.

Waste management for other partners the Hospital uses it as an income generating activity, and in the first half of the year the Hospital Managed to incinerate more waste compared to last year.

## **CAPACITY BUILDING**

The Hospital continues building capacity to its staff through upgrading in different fields both in nursing as well as Medical department in order to improve service delivery at the Hospital.

In the meantime four (4) Hospital attendants are undergoing training in nursing and midwifery while one nurse is upgrading from nurse midwife technician to a registered nurse.

Four of the trainees has completed their studies two of which has attained diploma in nursing and midwifery technician and has already reported back for work while the other two, one has upgraded to a registered nurse and the other one as a community nurse

## **DONATIONS**

In the year the Hospital received donations both in kind as well as cash donation, some of the donations were made for specific activity while some were made for general purposes of the hospital.

The hospital management would like to extend its gratitude to all donators who took part in assisting the hospital.

## **SUNDRY DEBTORS**

The hospital has experienced an increase in sundry debtors which is mainly been attributed by hunger in the country.

Management already put in place some measures to reduce the debt to an acceptable level.

## STAFF MOVEMENTS

### RECRUITMENTS

DEPARTMENT	POSITION	TOTAL NUMBER RECRUITED
<b>Nursing</b>	Nurse and Midwife Technician	4
	Patients attendants	6
<b>Medical</b>	Clinical officers	4
	Medical Assistant	1
	Laboratory technician	1
<b>Administration</b>	Data preparation clerk	1
<b>TOTAL</b>		<b>17</b>

### TERMINATION OF SERVICE

DEPARTMENT	POSITION	TOTAL NUMBER	REASONS
<b>+Nursing</b>	Hospital Attendant	2	Retired
	Nurse	1	Resignation
	Hospital Attendant	1	Deceased
<b>Medical</b>	Clinical Officer	2	Resignation
	Medical Assistant	2	Resignation
	Radiographer	1	Dismissal
	Medical officer	1	Resignation
<b>Administration</b>	Ass Internal Auditor	1	Resignation
	Security guard	1	Dismissal
	<b>TOTAL</b>	<b>11</b>	

## **MANAGEMENT ACCOUNTS 2015**

The management accounts has been prepared in accordance to both International Accounting standard (IAS) as well as International Financial Reporting Standard (IFRS)

### **NOTES TO THE ACCOUNTS**

#### **INCOME**

##### **Hospital Fees**

There is an increase of 14% in the hospital fees compared to the budget; this is a result to increase in the number of patients as well as the presence of specialised services compared to what was budgeted for.

##### **Cash Donation**

There is an increase of 90% in the cash donation compared to the budget this was because of the change in the accounting for St Zithe foundation funding and also that there was some cash donations which the hospital received which was not anticipated i.e. Surgeon Noonan fund

##### **Government Grant**

There is a 10% increase in government grant compared to the budget this is due to increase in the number of staff recruited in the year compared to the budget.

#### **EXPENDITURE**

##### **Staff costs**

There is an increase to the staff cost of 10% compared to the budget, and this is a result to additional staff recruited in the period.

##### **Medical and Surgical expenses**



There is over expenditure of 38% in Medical and surgical expenses compared to the budget, and this were due to increase in the cost of supplies and also the increase in the number of patients accessing the service from the hospital.

#### **Fuel for Genset**

Fuel for Genset was under budgeted which has resulted to an over expenditure of 65% and this was mainly due to frequency blackout at the beginning of the year and the collapse of the solar energy.

#### **Electricity**

There is a decrease in the electricity cost of 37% compared to the budget and this was a result to the solar energy which was installed at the hospital.

#### **Surplus**

The hospital managed a surplus of **MK26, 674,627.00**