St Gabriel's Hospital
Namitete

St Gabriel´s Hospital

Annual Report 2016

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ABBREVIATIONS

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

BOARD CHAIRPERSONS LETTER

Dear Friends of St. Gabriel's Hospital,

2016 was a good year for St. Gabriel's Hospital, although the country had to go through difficult times. We are looking back with gratitude on the achievements of 2016. First of all St. Gabriel's Hospital has given treatment and care to more than 47000 patients in the outpatient department and more than 16000 patients in the inpatient department. 3500 deliveries are again a remarkable figure in birth attendance. Many patients were treated in surgery, endoscopy and ultrasound scan. The specialized services show the important role that St. Gabriel's hospital plays in the Malawian health system.

The Board of Governors knows that St. Gabriel's Hospital had to fulfil its mission in serious times. The excellent work and commitment of the whole staff of St. Gabriel's Hospital for the patients under the guidance of its Hospital Director are the most important factor for the good results and the excellent reputation of our hospital. We give sincere thanks to everybody working for St. Gabriel's Hospital.

St. Gabriel's Hospital could continue its services even in times when there was almost no public power supply as the solar power generation makes this institution more or less independent of the public grid. We are proud that this equipment is meanwhile well respected in the country and an example for other hospitals in Malawi.

We are all very happy about the perfect organized ceremony to honor Sr. Justina on her 80th birthday. For many years she has been devoted for this hospital and the hospitals owes her sincere thanks for her outstanding contribution over many years. During this ceremony the Archbishop of Lilongwe, and the representatives from CHAM, the District Health Officer and the Traditional Authority have given thanks to Sr. Justina and have recognized the importance of St. Gabriel's Hospital. For us these words of appreciation are an obligation to continue our work for the sick and the needy.

During the last years many visitors came to Namitondo to learn about St. Gabriel's. It was a great honor that the Ambassador of the Federal Republic of Germany spent half a day at St. Gabriel's Hospital. We do thank him and the embassy for their continuous support of our work.

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 2016. 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 Namitondo. 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 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 20TH, 2017

EXECUTIVE SUMMARY

Services

In 2016, the hospital continued to offer general medical services and specialist services. For the first time, the hospital operated with four specialists namely surgery, gynaecologist, gastroenterologist/cardiologist and paediatrician. This has improved quality of care.

Action Medeor (Germany) donated drugs and medical equipment in 2016. This has contributed improved services both due availability of drugs and examinations in the laboratory. The equipment donated are biochemistry machines, full blood count, urine test machine, CPAP machines and incubators for care of the new born. For the first time in many years the hospital is able to test electrolytes in patients. More details about this donation under medical department in the report.

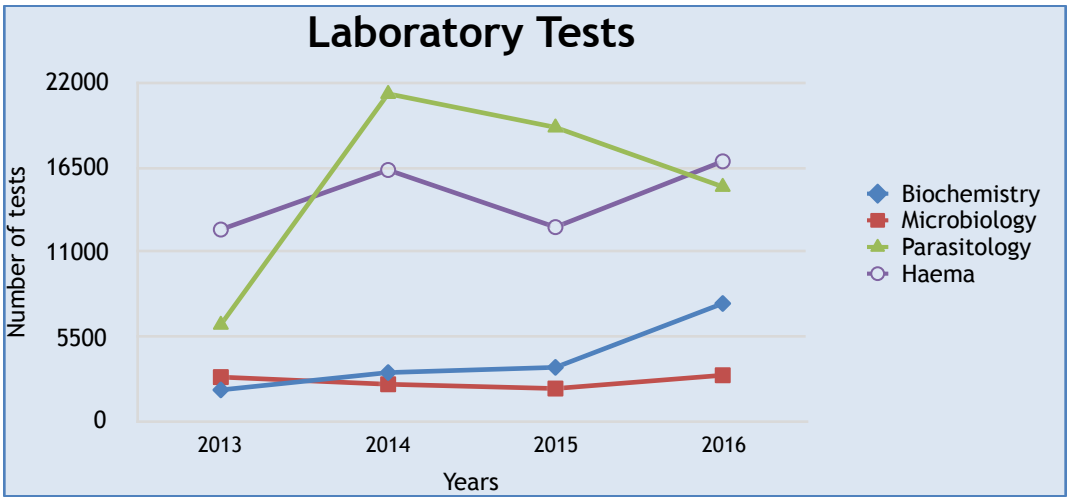
Below is the summary of the statistics- January to December, 2016

Department/Year	2016	2015	2014	2013
Outpatient	47453 (-20%)	57348	55190	40359
Total Admissions	16305	17435	17608	14259
Paediatrics Adm.	6435	7193	7392	5416
Surgery Adm.	1316	1198	1093	943
Us scan	4766	4733	3198	1145
Endoscopy	773	784	751	342
Deliveries(Birth)	3632	4134	4057	3513

NB: -The number Outpatient Attendances decreased (-20%) due to new outpatient clinics (village clinics) in the catchment area introduced by the Government of Malawi.

Laboratory Investigations

The graph below shows the trend of laboratory tests



NB: - Biochemistry and Haematology tests show a sharp increase in 2016 due to the laboratory machines donated by Action Medeor (Germany) that resulted in more and new tests being done by the hospital.

Figure below shows the biochemistry machine

Human Resources

The hospital has maintained its members of staff in the medical, nursing and administration. There is still need to hire more in the nursing and medical with the new services introduced such dental services and specialised neonatal care. Management is lobbying with the Government through CHAM to hire more staff.

Energy

The hospital now relies 85% on Solar Energy, 10 % on diesel and 5% ESCOM for power. The solar unit has assisted the hospital to save on ESCOM bills and diesel.

Service level Agreement (Lilongwe and Mchinji District Assemblies)

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

Finance

The Hospital managed a surplus of **MK12, 275,525.87** see attached management accounts.

Conclusion

Management would like to express its sincere gratitude to all partners who support the hospital with them services would not be provided to patients as shown. The poor people around in Lilongwe and Mchinji districts continue to access affordable health due to support from partners. This is form of drug donations (Foundation St Zithe, Action Medeor), Medical Equipment (Foundation St Zithe, Action Medeor), hospital equipment, surgical supplies and staff support among others.

Dr Phyela S.K.J. Mbeya

Hospital Director

Medical Department

Out Patient Department- see table below

Year/Section	2016	2015	2014	2013
General	25963	39805	36782	22364
Private	3753	2733	2551	1822
HIV/AIDS Clinic	14797	15277	14341	14638
Hospice	2940	1115	1516	1537
Total	**47453 (-20%)**	**58930**	**55190**	**40361**

NB:- There is a reduction in outpatient attendance of 20% in 2016 compared to 2015 which is due to new outpatient government clinics(village clinics) run by Health Surveillance Assistants. There is also availability of drugs in the government health centres thereby assisting more patients at primary care.

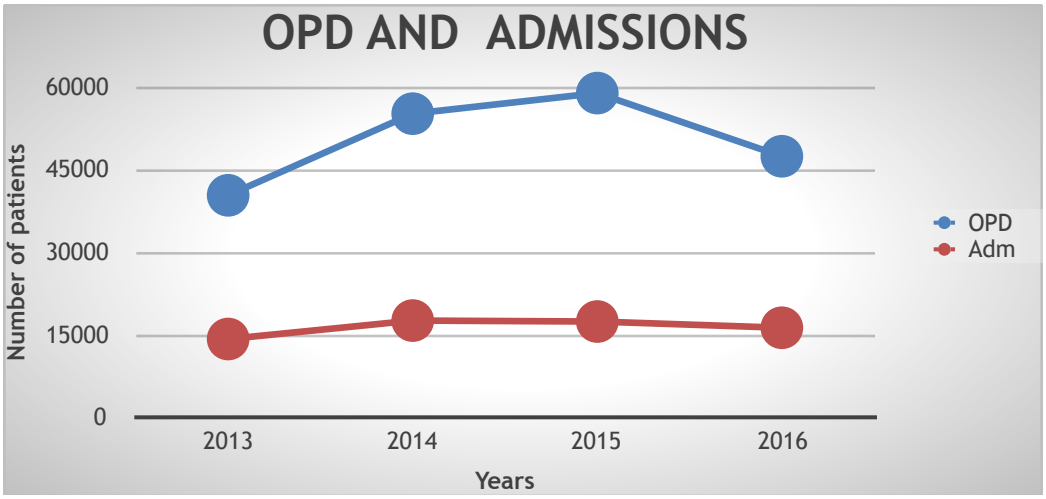
Inpatient (admissions)-see table below

Year/ward	2016	2015	2014	2013
Male	1612	1592	1589	1412
Female	2852	2971	2897	2579
Paediatric	6435	7193	7392	5416
Surgical	1316	1198	1093	943
Maternity	3560	3961	4002	3494
Hospice	284	255	302	190
Private Wing	246	273	333	225

Total	**16305**	**17435**	**17608**	**14259**

NB: - The attendance in OPD dropped by 10000(20%) but the admissions decreased slightly by about 1000. This is because in the catchment area the Government has introduced village clinics where Health Assistance Assistants (HSAs) treat minor illness at home. This has reduced admissions due to diseases like complicated malaria and diarrhoea.

The graph below shows the trends of OPD Attendance and Admissions over the four years



Below are drugs in the hospital pharmacy donated by Action Medeor (Germany)

Inpatient days stayed

Ward/Year	2016	2015	2014	2013
Male	8359	7137	9544	8572
Female	11566	9534	10084	10230
Paediatric	18968	28872	24659	20029
Surgical	6484	5888	6492	6490
Maternity	12447	11345	10264	9573
Hospice	1285	3426	1591	2260
Private	839	882	1138	1018
Total In patient days stayed	**59948**	**67084**	**63772**	**58173**
Hospital Bed Occupancy Rate	**57%**	**63%**	**60%**	**55%**

NB:-The bed occupancy rate for 2016 was 57% compared to 63% in 2015 because of the paediatric admissions. In the table children stayed more days in 2015 hospital than the 2016. This mainly attributed to the new treatment of Malaria (artesunate) whereby children recover faster than the traditionally used drug Quinine.

Maternity Statistics- see table below

Year/statistic	2016	2015	2014	2013

Deliveries	3632	4134	4057	3513
SVD	2639	3010	3030	2584
Caesarean Section	880(24%)	762(18 %%)	820(20%)	673(19%)
Vacuum Extraction	48	182	102	86
Breech	65	120	105	77
Maternal Death	3(82 MMR)	2(48 MMR)	2(49 MMR)	5(142 MMR)
Macerated Still Birth	40	47	39	35
Fresh Still Birth	39	59	57	63
Neonatal Death	33	40	49	44
Twins	204(6%)	168(4%)	137(3%)	117(3%)

NB: - There has been a reduction in number of deliveries which is due to new maternity services (two health centres) opened in the catchment area. Some women with normal child birth are attended at these centres. Caesarean Section has increased because the hospital is still the only place for major operation in a 40 km radius.

Key maternal and neonatal indicators compared to national statistics

Statistics 2015	**St Gabriel's hospital**	**National**
Maternal Mortality Ratio**(MMR)/100,000** deliveries	82	634
Neonatal Mortality Rate**(NMR)/1000** live births	9	22

NB: - The table above is the comparison of **MMR** and **NMR** for the hospital and national figures.

CPAP Machines: -The figure below shows the CPAP machine in use (*The hospital received CPAP Machines as part of the donation from Action Medeor*)

Incubator: - The figure below shows a premature baby being nursed in one of the incubators donated by Action Medeor

HIV/AIDS SERVICES

HIV Testing and Counselling

General

Category/Year	2016	2015	2014	2013
Clients precounselled	2430	7557	8085	7522
Clients tested	2430	7557	8085	7522

Clients reactive	309(13%)	471(6%)	489(6%)	656(9%)
Clients post counselled	2430	7557	8085	7522
Discordant Couples	17	27	26	12

NB: - The figures are from the hospital HIV testing services for inpatients and outpatients. The national prevalence of HIV positive population is now at 11 %.

HTC for PMTCT

Female/year	**2016**	**2015**	**2014**	**2013**
Bookings	4223	3324	3338	3421
Tested	3002	2809	3391	3304
Reactive	55(1%)	31(1%)	43(1%)	55(2%)
Male/Year		**2015**	**2014**	**2013**
Tested	1018	769	737	738
Reactive	17(1.5%)	7(1%)	8(1%)	17(2%)

NB:-The prevalence among antenatal mothers/clinic remains at less than 2 %.

Patients on ART (Adults)

Category/Year	**2016**	**2015**	**2014**	**2013**
Ever started	298	309	392	439
Alive	269	279	359	387
Died	8	7	10	4
Stopped	0	0	0	3
Absconded	2	7	16	19
Transferred Out	19	11	7	26

Patients on ART (Children)

Categories/Year	2016	2015	2014	2013
Ever started	15	29	28	31
Alive	13	26	27	25
Died	0	0	0	2
Stopped	0	0	0	0
Absconded	0	1	1	2
Transferred out	2	2	0	2

NB: - Currently test and treat approach is used to treat patients, that is, all patients are started on treatment as long as they test positive for HIV.

Voluntary Male Medical Circumcision- 2015 AND 2016

There were**773** clients were circumcised in 2015 and **195** clients in 2016. This is procedure done for prevention of HIV transmission.

Observations

There is a huge disparity of data between 2015 and 2106, the reasons being:

1. In 2015 the VMMC services were run in combination with the FHI (Shang Ring) study and the CDC major campaign period. The Shang Ring study was done in the month of June to August.
2. In 2016, the VMMC services met a set back with the operating sets being out of stock both at CHAM and USAID levels in the month of September.
3. The duration of VMMC in 2016 has been less than of 2015. The services have being run only for 4 month (August to November)

Public Heath Care

Service	2016	2015	2014
Fully Immunized	442	520	304
Pentavalent	1305	1659	870
Polio	1288	2958	2466
Measles	750	570	297
Vitamin A	784	2454	2565
BCG	2833	2466	1662
PCV	1302	1597	896
Rota	864	1038	562
Underweight	158	218	37
Normal Weight	104299(770%)	13462	4684
Total Weight	104457(760%)	13672	4721

NB: - There was massive screening for malnutrition in the community as seen above. Children screened were *7 times more* than previous year. There were 104457 screened in 2016 and 13462 in 2015

Nutritional Rehabilitation Unit (NRU)

Statistic/Year	2016	2015	2014	2013
New Admission	158	307	277	248
Re-admission	4	20	12	12
Total cured	147	296	258	221
Defaulters	11	6	7	6

Deaths	10(6%)	11(4%)	18(7%)	29(12%)

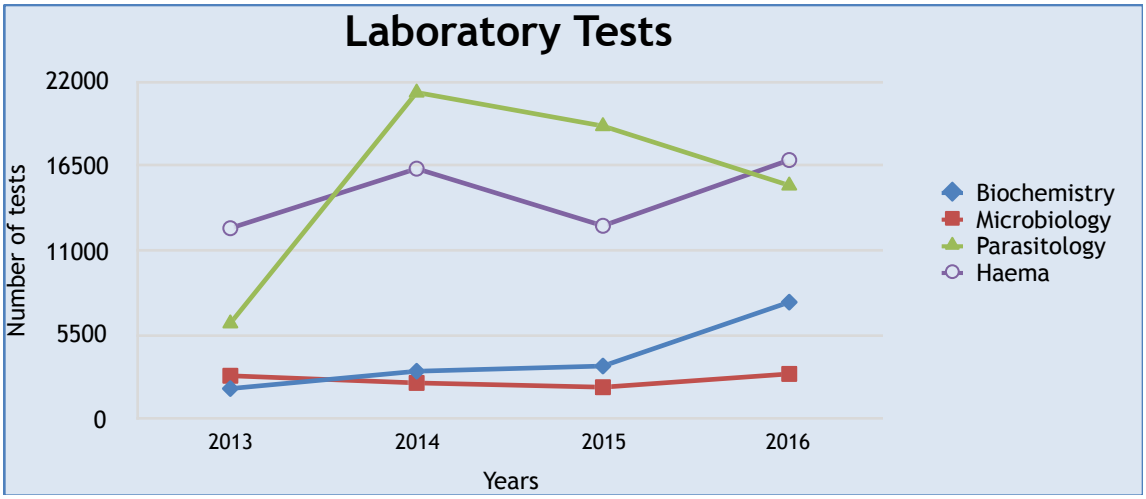
NB: - There has been a reduction of deaths due to malnutrition over the years from 11% to 6%. The numbers of admissions have reduced (158 in 2016 and 307 in 2015) to community screening for malnutrition which has resulted in children being treated early

SUPPORTIVE SERVICES

Laboratory

Tests/Year	**2016**	**2015**	**2014**	**2013**
Biochemistry	7645	3489	3151	2022
Microbiology	2076	2112	2390	2856
Parasitology	15242	19105	21289	6271
Haematology	16892	12614	16331	12456
Serology	1365	1507	2165	1628
Total	**43220**	**38827**	**45326**	**25233**

The graph below shows the trend of laboratory tests



NB:-In the graph above of note is the trend of Biochemistry *(>5000 tests*) and Haematology *(>15000 tests*). In 2016 there was a huge rise in number of tests. This is due new laboratory machines donated by Action Medeor from Germany. This resulted in more patients and new tests being performed in the hospital

Below are the laboratory machines in pictures

Biochemistry Machine

Electrolyte Machine

Combilyser Machine

The haematology Machine

NB: -The machines above have improved treatment of patients in terms improvement of capacity of the laboratory of the hospital on speed, quantity and quality of tests. Management thanks action Medeor for this timely donation.

X-ray Department

Category/Year	2016	2015	2014
Exposures	9619	10907	11033
Examinations	5156	4227	5092

NB: - The numbers of x-ray examinations have been similar in the past three years. This is as seen in the table above.

Top Five Diagnoses - Outpatient Department.

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

Top Five Diagnoses-Inpatient Department

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 are started on Anti-retroviral Therapy.

Specialist Services

1. Endoscopy and Ultrasound scan- Dr Peter Nitschke

Service/Year	2016	2015	2014	2013
Endoscopy	773	784	751	342
Ultrasound scan	4766	4733	3148	1145

See below report from Dr Peter Nitschke- Specialist Gastroenterologist/ Cardiologist

Peter Nitschke MD [Dr. Peter]
Internist

Saint Gabriel's Hospital
Private Bag 1, Namitete
Lilongwe/MALAWI

Report Internal Medicine St. Gabriel's Hospital 2016

Herewith I report as the Internist of the St. Gabriel's Hospital about my medical activities in 2016. I have been present this year 36/52 weeks.

Ultrasound Department

In 2016 we, MO Dr. Wilfred Dzama & Me & CO Mphatso Kaphantengo(only 2 months - resigned March 2016) examined about 4766 patients [2013/-14/-15/-16: 1145/3148/4733/4766] with Ultrasound-Scanning = **USS** (abdominal, pelvic, thoracic, neck, extremities, blood vessels, echo, Doppler,obstetrics etc. ….). Approximately 50 % of these patients were examined by my colleague Dr. Dzama, who can represent me anytime. In 2016 no further CO/MO could start in USS, as the circumstances didn't allow it. But now from February 2017 CO Hannock started with USS-Training. It's urgently need, to intensify the training furthermore, esp. for to diagnose better and represent each other in cases of holidays, illness etc. and esp. for to have a broader back if ever one of these qualified ultrasonographers want to change.They are very demanded in the whole country. Up to now 'Abdominal-USS' is the most popular examination among the ultrasonographers, in contrary

to Echocardiograpy and Doppler-Examinations, which is not as often needed but not less important, esp. because in Malawi there are only few facilities which perform it. -- Inspite of being only two of us in 2016, the total amount of USS-Examinations increased slightly from 4733 in 2015 to 4766 in 2016. This was not expected, as our Gynaecologist Dr. Klaus Flohr took over quite an amount of gynaecological/obstetrics USS and the price for USS has increased beginning of 2016.

The **2 very valuable Toshiba-Nemio Ultrasound-Machines,** which Iprovidedfor the Saint Gabriel Hospital end of 2015,were donated **1.)**By the Bundeswehr [BW]-Depot Sigmaringen - facilitated by my friendship to a colleague and **2.)**From the Community Hospital of my hometown Balingen [BL][1] - Both machines are similar in configuration, quality and age, compared with our proved Hitachi EUB 8500 device[2] [room 14]. One of these Toshiba-Nemio machines is thought as a reserve for our USS-Department if ever one of them is failing. Presently they are permanently used prevailing by Dr. Wilfred Dzama room 13[BW] connected next to my room and partially by Dr. Klaus Flohr room 22[BL]. Without these devices the daily workload couldn't be managed properly and diagnostic procedure would be prolonged. Additional flexible bedside USS is possible anytime.

And I want to resume once more -- because of its utmost importance for our work and therapy of our patients -- that since my start here in May 2013 and the herewith implemented 'High-Tech'-USS, assessment of diseases in adults and children, even new-borns, improvedcrucially. So I want to highlight following examples:Pleuropulmonal TB, lungembolism, thrombosis, pericardial effusions, pericardial TB, heart valve diseases, myocarditis, congenital heart diseases as atrial or ventricular septum defect, hypoplastic ventricle, Tetralogy of Fallot etc... furthermore: Pulmonal hypertension, hypertrophic cardiomyopathy, heart infarction, endocarditis, tumors in the heart, causes of ascites, liver cirrhosis, peritoneal TB,Schistosmiasis/Bilharzia of the liver/ urinary bladder, ureter stones, Typhoid, acute enteritis, Ileus, gastrointestinal perforation, staging of malignant diseases.

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[1] A new Abdominal Probe for 2800 € was need and purchased by my personal fundraising via Zitha Fondation

[2] Donated mainly by Father Willem Kerkhoff July 2013

Beside this I want to mention additionally that I launched in 2015/2016 **two 12-channel ECG-Devices.**One of them, a brand-new one: **Nihon Kohden, Modell ECG 1550** - was obtained by a countrywide campaign 2015 in Germany together with **Medeor**(around 7500 € + 2500 for medicaments), initiated through my personalcountrywide appeal for support and helpfor Saint Gabriel's Hospital. The other **12-channel ECG-Device Custo** we received as a donation from my friend Dr. Bernd Stekeler. Both ECG-devices are mobile and can be applied at the wards. My USS-Attendant, Mr. Gift Kalipinde, who is assisting me about 4 years, is very capable and dedicated, can perform ECG. The interpretation of it can be done by me and Dr. Dzama, who acquired in the meanwhile ECG-knowledge. Up to now we had two 3-channel ECG-devices, which are circumstantial and problematic to interpret.

Once more I want to repeat my wish for 2017

For me it's clear, that my suggestion – 2 more Doctors/Clinicians should be trained in USS–

Endoscopy Department

In the year 2016 I performed on my own 773**Oesophago-Gastro-Duodenoscopies**(= "Gastroscopies"). Compared with 2015 there is a slight decrease of 11 exams [2013/-14/-15/16: 342/751/784/773]. **Colonoscopies** were done 36 times [2013/-14/-15/16: 8/29/36/36]. In 5 cases the coecum and terminal Ileum couldn't be reached because of tumors which obstructed the lumen or other reasons. Summing up, the total amount of endoscopies has been nearly constant 2015 and 2016, despite of significant increase in price from beginning year 2016.

Further on we schedule gastroscopies mostly on Tuesdays and Thursdays and Colonoscopies Wednesdays and Fridays.Additional we perform unexpected or unpredicted Endoscopies, e.g. Emergency-Gastroscopies/-Colonoscopies anytime, as well at night or weekends. For myself it is sometimes difficult to do endoscopies anytime because I'm having quite often appointments at the mainly Non-Endoscopy-Days [MON/WED/FRI/1/2SAT] and that causes unpleasant delays for out-patients and for myself too. Of course such things can't be improved, that's hospital life. With our longtime experienced and well

trained endoscopy nurses I am very content - they clean and disinfect the endoscopes very reliable & accordant to the international instructions for manual cleaning procedure. Mostly they don't have launch break because there are too many patients, waiting with an empty stomach. Gastroscopies should be done as early as possible. I'm as well pleased with the co-operative staff of the reception in the Private Wing and

thankful for their efforts in clever management and scheduling. But accounting of the prices often is irregular and incomplete. It should be systematically improved.

In the meanwhile we got very used to our very nice and spacious **endoscopy room.** Thanks a lot once more, Sister Justine!!! Mr. Khonje, our Maintenance Chief and our carpenter Agnes refurnished this roomhugely satisfying. So for now we are having much better working conditions. Step by step we will adapt the light rooms to our requirements, have changed the cupboards and got an additional cupboard. The air conditioning is now working properly.

One of the reasons, why I am reserved when external colleagues, staying here only few weeks, perform endoscopies, is, that I fear troubles again with the handling of these new and sensitive, very valuable instruments. So we had 2014 and 2015 problems with the instruments and I had to bring them back to KS Tuttlingen for repairment - a very time- and money-consuming procedure. But that has nothing to do with my intention, to teach Dr. Wilfred Dzama endoscopy. He is still very interested in this and willing to learn it more and more. But because of doing USS while I am doing endoscopy, he has as well time-problems training continuously.

For the **improvement of the cleaning procedure** of the endoscopy accessories an Ultrasound Cleaning machine was need [SONIC: MASTER 300 - but for the functioning there is a connection need, which I have to provide next time].

Together with this device I purchased from 'Endotechnik Solingen' quite an amount of forceps+loops+further cleaning equipment etc - together around 5000€.
In January 2015 I provided - as well from the collected money at 'my' Zitha-Account - a device (Euroligator - around 1000 €) for to start with **Ligation=Banding of oesophageal varices.**In 2016 Ipurchased once more thesame device for to have a reserve. Banding is need if oesophageal varices are bleeding, which is an acute and life-threatening condition. 2015 we could help 9 patients in this way. Twoof them, a young girl and an adult woman, had an acute life-threatening spurting bleeding' - both bleedings could luckily be stopped - in these cases the conditions here it's the only available lifesaving method. 2016 we performed 22 variceal bandings. Esp. in cases of Bilharzia of the Liver it's much more effective than in Livercirrhosis.

In cooperation with a colleague from KCH Lilongwe, Dr. Kajombo/KCH, I started 2015 with the provision of**oesophageal stents** (self-expanding tubes) for patients, of whom I diagnosed oesophageal cancer, which occludes the oesophagus: So patients are starving to death. If stenting was possible, I refered the patients to Dr. Kajombo. As I got around **50 stents donated**from a friendly enterprise, patients had not to pay for these very expensive devices - they cost up to 600 €/pp and more.Although it's a palliative action, it helps the patients to eat and drink and win some more valuable lifetime. Unfortunately these stents have run out 3 months ago and am planning presently to purchase new ones - from the money I collected - possibly from a Chinese or Indian provider - 'only' half costs (?).

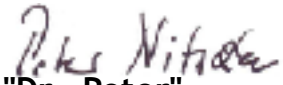
November 2016 Dr. Alexander Thumbs, a surgeon from Würzburg, stayed here for some weeks.

From 2010 he has been active for 3 years in Blantyre/QECH 2010 and applied in this time plenty of oesophageal stents. Under his friendly supervision I have learned to apply stents - and after his departure I could apply one stent - together with my wife Catherine, who assisted me. And I will continue as soon as I get new stents.

Additional I want to mention, that we are now capable to remove intestinal polyps with an **ESU** = Electrosurgical Unit. This machine + additional equipment(loops/snares, needles.) costs 18.200 $. After charitable 50 % price reduction from the Enterprise Karl Storz in Germany (Frau Dr.h.c.mult.

Sybill Storz donated our Endoscopy Unit 2014) the rest of 9000 $ has been donated by Mr. Patrick Denis, my patient from Lilongwe. August 2018 he invited us - Dr. Mbeya, Mr. Ringo Kanshulu and me to the ESU-launching in his house.

The 2015 activated HDU (high dependency unit = intensive care unit without ventilator) has been in the meanwhile reactivated. The main equipment for the HDU, the monitors and accessories for control of Blood pressure, Heart Rate, Oxygen etc has been provided by me July 2015 - with the help of Caritas Kloppenburg. Now it is medically need, to extend the capacity of the HDU, equip it with a ventilator and turn into an ICU. Of course I wanted to help and found luckily the Enterprise Draegerwerk in Luebeck /Germany. This Enterprise is worldwide known and practises beside technical activities/production real social responsibility. Madame Claudia Dräger, the Corporate Director with a very charitable attitude, responded on my request and decided after some correspondence and technical discussion with Mr. Donnex Paipi, our anasthesist, to donate us the ventilator: **Savina 300** with a worth of nearly 39.000 €. This ventilator is right now inside of a container on the way towards Namitondo.



"Dr. Peter"

Peter Nitschke MD [Dr. Peter]

Consultant Internal Medicine

Gastroenterology/Cardiology

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My world --Your world -- Our world

"Grass will not grow quicker if you pull on it"

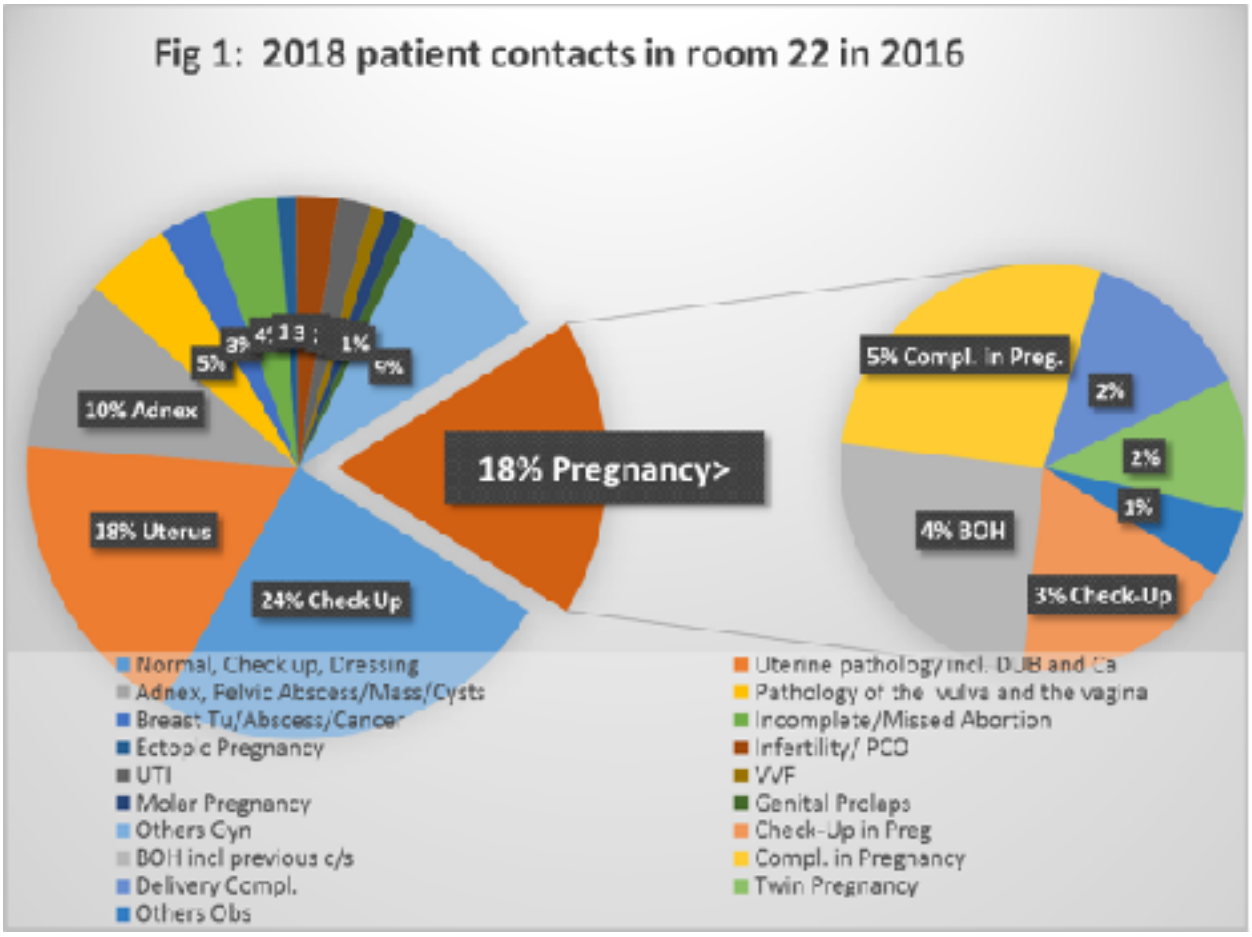
2. Gynaecology/Obstetrics- Dr Klaus Flohr

Hospital report 2016 Gynaecology and Obstetrics at SGH:

1. Gynaecology

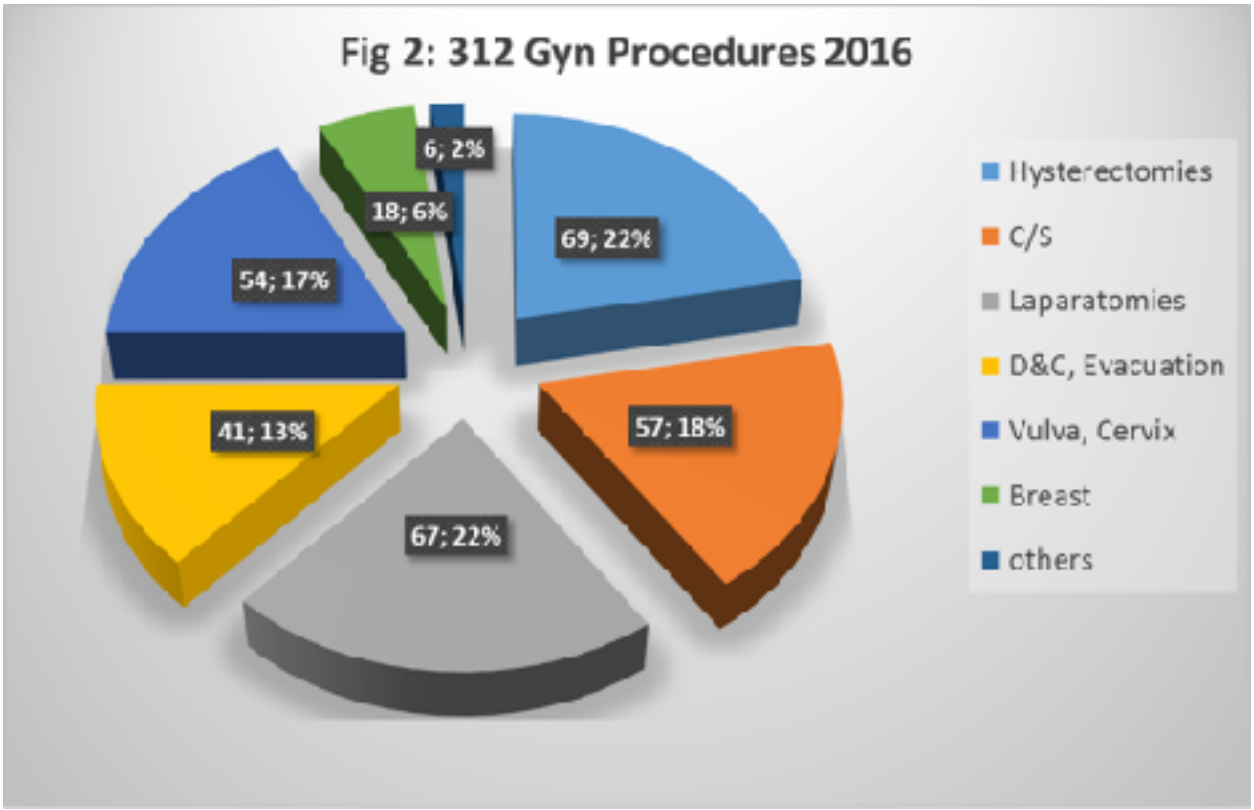
As from the 1st October 2015 with the arrival of Dr. Klaus Flohr and his wife Catherine Mwikali Flohr specialised Gynaecological Services are offered at SGH.

Now there is a room (no 22 in the new OPD section) with simple, basic equipment to make gynaecological examinations and basic Ultrasound possible. With the help of a specially trained staff patient-attendant we have seen all together 2018 patients in 2016 with a wide range of gynaecological and obstetrical diagnosis (see Fig. 1). An extra employed secretary has been trained, beside others, to do machine-typed OT-reports which can be stored as hard- and soft copies for future references.



We have established a good working-relationship with a Pathology-Laboratory in Lilongwe so as to do PAP-smears and have samples examined. Unfortunately many of our clients are not able to pay the required fee.

On two days of the week we do elective gynaecological surgery - 312 cases all together in 2016 (see fig.2.) and we shall thrive to make waiting-time for patients more bearable. In September 2016 a new, second-hand Theatre-table by MACQUE arrived, it was fitted into theatre 1 and all relevant staff informed on and trained in its use and meanwhile it is well accepted by all the staff.



2. 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

Training: The hospital is a training institution for C/O-Interns and it is mandatory for them to be trained in basic principles of Obstetrics and Caesarean Sections. Besides doing this we were able to establish a clinical pathway how to deal with patients with previous Caesarean Sections with the only constrain being that the patients need to pay consultancy – fees which many are not ready to as Antenatal Clinics are usually free.

The introduction of a new drug (Fenoterol) for Tocolysis in the context of prevention of Respiratory Distress Syndrome for premature new-borns was well

received among clinicians and will hopefully contribute to a further reduction in Peri- and Neonatal death rates.

3. SURGICAL REPORT- 2016

Since 2016 April a surgeon is resident at St. Gabriel's hospital again and so a continuous surgery work was possible. In the year before the surgery was done by visiting surgeons. Since 2016 April the procedures in theatre were increasing, therefore the capacity for surgery had to be adapted and expanded from three days a week to five days. One of the two existing theatres is now dedicated to surgery. The increase of the number of procedures is caused not only by an increasing number of patients but also due to the loss of the last mobile X-ray machine in 2016 May. An attempt repairing the machine was not successful. Since this time every dislocated bone fracture, which needed a reposition, had to be done in theatre as an open reposition.

A new (used) mobile C-Arm, which arrived in November at St. Gabriel's, was working only three weeks unfortunately.

The capacity of the two existent sterilizers was limited and both sterilizers have a vertically design. Many surgical instruments especially small instruments and instruments with cutting edges can be damaged due to falling in a crowd by vertically loading the sterilizers. Therefore a third sterilizer with a horizontal design was purchased, a very important feature for sterilizing surgical instruments. Unfortunately the new one worked only two months and then the second sterilizer failed too, so now only the oldest vertical autoclave is working. It seems that this is the sturdiest machine and the failure of the new sterilizers is a contribution by the hardness of the water and the electronic control.

OPD treatment room, which used both for in and outpatients was very busy and this room is the most used room in the surgical department. The room is unlocked for treatment of emergency cases day and night though drugs, instruments and dressings are stored, there should be found a new idea with possible locking the room. In the room is also an old theatre table used as

treatment stretcher. For many old frail patients or patients with leg diseases or patients in wheel chairs it's almost impossible to climb the stretcher because it can't move down enough. The purchase of a stretcher adjustable in height should be considered.

Whereas big difficulties must be mastered in traumatology and the possibilities of treatment were diminished, the work was continued normally in abdominal and visceral surgery. The main leading causes of procedures were hernias, hydroceles, bowel obstruction and purulent inflammation of the abdomen due to several reasons mostly perforations of stomach or bowel.

Surgical procedures in the theatre from 05/04/2016 to 31/12/2016

Abdominal and visceral surgery		**Traumatic and orthopaedic surgery**	
Hernias, scrotum and urinary tract	42	Osteomyelitis	
		debridement	12
abdominal surgery		Sequester removal	2
appendectomy	8	exostosis	2
bowel resection	19		
bowel obstruction (adhesions)	23	corrective osteotomy (with stabilisation)	
Spleen resection	2	wrist	2
invagination	3	lower leg	1
gastrectomy	2	bone graft	2
gastric ulcer	3		
cholecystectomy	2	amputations	
cyst resection	1	minor	8

peritonitis	21	major	2
other organs		Deformities	
goitre	3	clubfoot	2
		polydactyl	4
explorative laparotomy			
posttraumatic	3	fracture treatment (osteosynthesis)	
secondary wound closure	5	elastic nails	
second look	4	upper arm	3
stub abdomen	2	lower arm	26
Abd. Biopsy	4	upper leg	10
		lower leg	7
surgery of the body surface			
big Tumour resection	10	k-wire osteosynthesis	
		upper arm	24
Abscess Incision + drainage		lower arm	22
all body regions	25	other	2
		cerclage	2
proctology			
anal fistula	3	nailing long bones	
tumour	1	femur	3
		tibia	3
		humerus	1
		screws (ankle, femur, tibia)	7

plates (all bones)	9
plastic surgery	
skin Rotation flap	1
muscle flap	3
Skin graft	7

In summary the year was a little bit difficult for surgery and marked by problems with the equipment partially because it was very old partially because no replacement was available.

STERILIZER

NB: - Above is the sterilizer (Laboklav) donated by Action Medeor Germany.

NURSING DEPARTMENT

Introduction

Nursing department is one of the core department that provides quality health services to the communities surrounding St Gabriel's' hospital for twenty four (24) hours. In 2016 the department has rendered its services with fifty nurses (50), hence meeting Christian Health Association of Malawi (CHAM) establishment for nurses. Below are nursing activities:

- **Antenatal Care**
- **Prevention of Mother To Child Transmission**
- **Maternity and Postnatal Care**
- **Primary Health Care**
- **Nutrition and Rehabilitation**
- **HIV Counselling and Testing**

ANTENATAL CARE

Antenatal care is offered at static and outreach clinics by community health nurses and support staff. Focused antenatal care (FANC) is being followed in providing the service. FANC is an approach whereby pregnant mothers are encouraged to attend antenatal for a minimum of four targeted visits

throughout pregnancy. This ensures that the mother and her foetus survive pregnancy and child birth in good health.

In the year 2016, five thousand five hundred and thirty one (**5531**) mothers accessed antenatal care from both static and outreach stations. The attendance is low as compared to two preceding years whereby in 2014, six thousand eight hundred and seventy nine (**6879**) and in 2015 six thousand four hundred and fifty seven (**6457**) were the antenatal attendance. This could be due to new services being offered by other hospitals and clinics surrounding St Gabriel's' hospital such as Child Legacy Hospital and Madalitso Maternity Private Clinic.

Antenatal care is very important in the early days of pregnancy thus in the first trimester for early detection and treatment of complications.

The table below indicates antenatal statistics for 2014, 2015 and 2016.

Category	**2014**	**2015**	**2016**
Total visits	6879	6457	5531
1st Trimester visits	218	236	167

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First trimester antenatal booking is low as compared to total antenatal visits for the reported years. The assumption is that many are using the neighbouring health centres and the number increases during subsequent visits as referrals from these centres. It could also be that some mothers are booking late for antenatal care due to lack of knowledge and that needs community sensitization.

Prevention of Mother to Child Transmission

To have an HIV free future Generation, prevention of mother to child transmission is being implemented. In PMTCT, Every pregnant mother attending

antenatal care has her HIV status established. Those with positive results are started on ART.

In 2016, Three thousand and two **(3002**) mothers whose HIV status were unknown had their HIV test. Out of **3002**, **.55** mothers were HIV positive representing **1.8%** infection rate. One thousand and eighteen **(1018**) Men who attended antenatal with their spouses had their HIV status established and seventeen **(17)** were positive representing a **1.6 %**. Male involvement in antenatal care has increased for 2016 as compared to two preceding years as shown in the table below:

PMTCT Up-take

	2014	**2015**	**2016**
Total Female Booking	3391	2810	3002
Female HIV Negative	3348	2778	2947
Female HIV Positive	43**(1.2%)**	32**(1.1%)**	55**(1.8%)**
Male Total Booking	737	769	1018
Male HIV Positive	9**(1.2%)**	7**(1%)**	17**(1.6%)**
Male HIV Negative	728	762	1001

2016 statistics shows an increase in HIV infection rate among women and men who booked for antenatal care as compared to 2014 and 2015. This means that

the hospital has a lot to do in its catchment area to sensitize people to practice HIV prevention measures. And also as an indicator of high demand for ART.

Maternity Care

In the year being reported, maternity ward has been busy as always with two midwives per shift covering postnatal, Kangaroo Mother Care and attending to all sick neonates. The table below indicates maternity statistics for 2014, 2015 and 2016

Service	**2014**	**2015**	**2016**
SVD	3030	3010	2639
C/S	820	762	880
V/E	102	182	48
BREECH	105	120	65
TWINS	137	168	204

The figure indicates more caesarean sections for 2016; the assumption is that more clients are being referred to St Gabriel's hospital for special management from neighbouring health centres.

Maternal Deaths

The hospital is putting in place all measures that prevent death among mothers antenatally, during child birth and post-delivery. Statistics for maternity ward indicates that in 2014 two maternal deaths occurred while in 2015 no woman died while giving birth. However, the hospital regrets to lose three (3) mothers in 2016. Two women from Mozambique were brought in dead following severe bleeding after delivery. While the other mother died in Female ward with a six months pregnancy due to severe anaemia. Despite all this the labour ward did not record its own maternal death in 2016.

Fresh Still Births and Neonatal Deaths

During the period being referred to, labour ward recorded thirty nine (39) fresh still births and thirty three neonatal deaths. This is attributed to intrauterine death, ante-partum haemorrhage, cord prolapse, congenital anomalies, and prematurity and severe birth asphyxia.

Kangaroo Mother Care

In 2016, KMC admitted two hundred and eight **(208**) babies, **61** premature babies were referred in and **148** were discharged alive. The other babies were missed on follow-up. **35**premature babies died representing a **5.9%** death rate among premature babies

Primary Health Care

Immunizations and growth monitoring are done among under-five children. This prevents diseases and detects malnutrition among under-fives. The table below shows indicators for under-five.

Indicators for under-five

Service	**2014**	**2015**	**2016**
Total weighed	7907	13672	10457
Underweight	101**(1.2%)**	218**(1.6%)**	158**(1.5%)**
Fully immunized	537	520	442
Polio III	566	600	506
Pentavalent III	301	405	508
Measles	317	570	501
Vitamin A	2626	2454	678

Exposed Babies

Scaling up of 5A among pregnant and lactating HIV positive mothers has proven to be effective. In 2016, Fifty nine (**59)** HIV exposed babies were tested for the virus and forty four **44(74.5%)** were HIV negative and fourteen (**14**) babies had their results not yet out.

Nutrition and Rehabilitation Unit

In 2016, the unit admissions were one hundred and fifty eight (**158**), four were re- admitted and One hundred and forty seven **(147) (91%)** were cured, while ten **(10) (6.2%)** died and eleven **(11)** defaulted. NRU admissions have decreased for 2016 as compared to two previous years, in which 2014 admissions were **277** and **307** in 2015. The assumption is that preventive measures for malnutrition are being implemented by health workers and support staff. The other reason could be women are giving birth to healthy babies as the institution gives supplementary feeds to pregnant and lactating mothers who are found to have health problems that can affect child growth.

For example, in 2016, **285** lactating mothers and **207** pregnant mothers were given supplementary while in 2014 and 2015 the numbers of these women on supplementary feeds was low as shown in the table below:

Mothers on Supplementary Feeds

Category	2014	2015	2016
Pregnant mothers	107	97	207
Lactating mothers	55	138	285

HIV Testing and Counselling

In 2016, two thousand four hundred and thirty **(2430**) adults were counselled and tested for HIV and two thousand and eighty four**{2084(85.7%)}** were HIV negative while seventeen (**17**) were discordant and three hundred and twenty six (**326)** were found positive, representing **13.4%** HIV infection rate among adults. Among children, one thousand three hundred and eighty one (**1381)** were tested for HIV and one thousand two hundred and fifty six **{1256(90.9%)}** were HIV negative while one hundred and twenty one **{121(8.7%)}** were HIV positive and four were discordant.

Challenge

The department is lacking nursery ward where new-borns with complications can be properly monitored hence reducing neonatal deaths.

ADMINISTRATION DEPARTMENT REPORT.

ANNUAL REPORT

St Gabriel's Hospital Administration department is one of the key components of the Hospital

The Department is responsible in administering both finances and human resources for the hospital. In the period under review there have been a number of activities that the department has contributed to the successes of the hospital.

HOSPITAL FEES

The period under review the hospital revised the prices for the services it offers to the community. The review was done in order for the hospital to be able to recover the cost of the service.

Management observed that the review of the purchases have had both positive and negative impact to the hospital, on the positive note management has observed that there is a major increase of 35% in revenue collected by the hospital due to the revised prices and on the same note the increase in prices has resulted to a major increase in sundry debtors, it has been observed that in the year 2016 due to the drought that the country experienced most households had less money to spend on healthy services resulting to lots of unpaid bills.

ENERGY

ESCOM

The hospital continues paying higher energy cost to Electricity supply cooperation of Malawi (ESCOM) despite frequent black outs that the country is experiencing.

Management observed that the higher electricity bills are as a result to an industrial meter that the hospital uses and also due to increase in tariffs charged by ESCOM.

WAYFORWARD

Management in conjunction with the board planned to disconnect the dwelling houses from the hospital and to install individual prepaid meters in both

dwelling houses and hospital, communication has already been done with ESCOM and currently waiting for a quotation from ESCOM to carry the exercise.

SOLAR ENERGY

Solar equipment installed in the hospital continues providing reliable source of energy to the hospital. In the period under review with the support from St Zithe foundation the hospital has extended supply of solar energy to the theatre which is able to provide power for 24hours, this has improved a lot in terms of service delivery and has eliminated theatre deaths that were previously caused by power interruptions.

Solar energy has also provided alternative source of power to ESCOM and with the current ESCOM problems the hospital is able to provide services regardless of the availability of grid power.

FLEET MANAGEMENT

The Hospital continues taking care of the existing fleet by offering them both major and minor services with a reputable garage in order to maintain their capacity.

Of the recent (in the year 2016) the hospital vehicles were re-valued by road traffic office and it has been observed that some of the vehicles their maintenance cost are very high compared with their market value.

Table below 1. Shows the vehicles 2016 cost of service and their market value

VEHICLE TYPE	MAINTANANCE COST	MARKET VALUE	DIFFERENCE
	MK	MK	MK
Toyota Hilux – Raider BL 2391	1,091,976.00	600,000.00	-491,976.00
Toyota Hilux Ambulance MC 1643	786,829.35	1,600,000.00	813,170.65

Toyota Hilux PMTCT – BN475	795,764.80	1,400,000.00	604,235.20
Toyota Venture BL2767	1,252,421.61	600,000.00	-652,421.61
Toyota Dyna BN 2102	938,424.98	3,800,000.00	2,861,575.02
Toyota Landcruiser – BQ2478		9,200,000.00	9,200,000.00

From the above table it has been observed that both Toyota Hilux Raider BL 2391 and Toyota Venture BL 2767 their running costs and maintenance cost is very high due to the ages of the Vehicles.

Management is to recommend to the board to have the vehicles disposed and to be replaced by cost efficiency vehicles.

SERVICE LEVEL AGREEMENT

In the year 2016 the hospital renewed service level agreement with the government for the provision of both maternal and neonatal health.

The Government in conjunction with other partners changed management of SLA's in the year. As opposed to the previous payment system in which every district was responsible to pay service level agreement invoices to the member facility, but with the new system CHAM will be responsible in paying all SLA's invoices.

As at 31st December 2017, the Hospital is still owed the sum of **MK9, 218,682.61** by the government as per table below.

Table 2: Shows the detailed monthly SLA status from January to December 2016.

PERIOD	INVOICE	PAYMENT RECEIVED	OUTSTANDING
OPENING BALANCE FOR 2015			2,688,264.72
JANUARY	1,458,152.97	1,458,152.97	-
FEBRUARY	2,106,682.69	2,106,682.69	-
MARCH	1,984,581.70		1,984,581.70
APRIL	1,396,688.27	1,396,688.27	-

MAY	1,396,113.79	1,396,113.79	-
JUNE	1,399,713.40		1,399,713.40
JULY	1,398,907.81	1,398,907.81	-
AUGUST	1,391,887.16	1,391,887.16	-
SEPTEMBER	1,389,367.99	1,389,367.99	-
OCTOBER	1,394,305.43	1,394,305.43	-
NOVEMBER	1,454,521.51		1,454,521.51
DECEMBER	1,691,601.28		1,691,601.28
T O T A L OUTSTANDING			**9,218,682.61**

STAFF HOUSES AND WATER TOWER

The Hospital through support from St Zithe foundation and ONG Oppen hand for Malawi funded the construction of 11 semi-detached houses and the houses has been constructed in phases. Phase 1 the hospital managed to construct 5 semi-detached houses which has already been occupied by staff from different departments. And on the second phase 6 semi-detached houses has been constructed and they are expected to be occupied in the second quarter of the year 2017.

In additional to the houses 2 boreholes with solar pumps has been drilled with an additional water tower to support supply of water to the new houses and other needy areas.

Table below shows the pictorial view of infrastructure developments

New Water tower

Five Semi Detached houses completed and occupied and 6 uncompleted Semi-detached houses

ANNUAL EVENTS

LONG SERVICE AWARD AND SR JUSTINA BIRTHDAY CEREBRATION

In the year 2016 the Hospital held one of its memorable event which was graced by his Grace Archbishop Tarzisius Ziyaye of Lilongwe diocese. The Hospital recognised staff that have worked for more than 10 years and it was cerebrated together with the 80th Birthday for Sr Justina Morn.

Apart from the Archbishop the event was also attended by the Board Chairman Dr Hans Goetzke, CHAM Secretariat official, Mchinji and Lilongwe DHO'S Officials, TA Kalolo and TA Mavwere and other invited guests from different sectors

National dance troop and Ingoma dance from Mchinji entertained people at the function

Picture 1. Dr Hans Goetzke presenting a gift together with Archbishop to staff

Picture 2: St Gabriel's Hospital Staff cerebrating a gift for a longest serving member

Picture 3: Sr Justina Morn showing her present

ACKNOWLEDGEMENT

St Gabriel's hospital acknowledges support received in the year 2016 from different partners. And special appreciation should go to the following partners

1. **ACTION MEDEOR**

   The Hospital has been supported with drugs for paediatrics and also Laboratory equipment and their reagents which has improved patient care in the hospital

2. **SURGEON NONAN**

   Surgeon Nonan has supported the hospital in providing palliative care patients with food stuffs and drugs. And the year 2016 the hospital has experienced increase in numbers in palliative care patients.

3. **SONNEVANCK FOUNDATION**

   The foundation has supported the TB Program for many years and they have already committed to continue helping the TB patients in the year 2017.

4. **MINISTRY OF HEALTH – MALAWI GOVERNMENT**

   The Government of Malawi provides Salaries to staff employed by the hospital and also contributes some medication in order to improve the health status of its citizens.

5. **ST ZITHE FOUNDATION**

   St Zithe Foundation has invested a lot to St Gabriel's hospital and the kind of support that the hospital receives from the foundation is overwhelming ranging from man power (Expatriate doctors), drugs, solar energy, and Staff houses etc.

The foundation has committed to continue supporting the hospital in different projects.

6. **ONG OPPEN HAND FOR MALAWI**

   The ONG open hand for Malawi has supported the hospital in most outreach programs and some other projects in the hospital i.e construction of staff houses, drilling of boreholes etc

7. **SSDI**

   Support the hospital on HIV/AIDS activities

8. **PARTNERS IN HOPE**

   Support HIV/AIDS Program in areas of adherence as well as capacity building to staff members.

9. **SR MYRIAM ZIKOMO FOUNDATION**

   Runs community programs for the hospital in the provision of support to the hunger victims.

10. **DR JACOB**

    Support the hospital more especially in improving the standard of the paediatric ward

11. **COLLEGE OF MEDICINE**

    Provides clinical placement for its students who help in the provision of quality services to the hospital.

12. **MEDIC MOBILE**

Smoothen communication between the hospital and the community through provision of gadgets that enables proper communication.

HUMAN RESOURCES

Table below shows staff movements in the year 2016.

DEPARTMENT	**POSITION**	**TOTAL NUMBER RECRUITED**
Nursing	Nurse Midwife Technician	10
	Nursing Officers	2
	Patients/ Hospital Attendants	3
Medical	Clinical Officers	5
	Senior Laboratory technician	1
	Medical Officer	1

Administration	Accounts Assistant	2
	Accountant	1
	Data Preparation Clerk	3
	Security guards	2
	Ground Labourer	3
TOTAL		**33**

TERMINATION OF SERVICE

DEPARTMENT	**POSITION**	**TOTAL NUMBER**	**REASONS**
Nursing	Nurse Midwife Technician	2	Resigned
	Nursing Officer	1	Resigned
	Patient Attendant	4	Retired
Medical	Clinical Officer	5	Resigned
Administration	Assistant Internal Auditor	1	Resigned
	Snr Assistant Accountant	1	Dismissed
	Chief Cashier	1	Resigned
	Ground Labourer	2	Dismissed
	Laundry Attendant	1	Dismissed

CAPACITY BUILDING

The Hospital continued building capacity of its members of staff in their various roles, and the table below shows staff that are being trained by the hospital.

DEPARTMENT	CURRENT POSITION	UPGRADED TO	NUMBER OF BENEFICIARIES
Nursing Department	Hospital Attendant	Nurse Midwife Technician	4
	Nurse Midwife Technician	Registered Nurse	2
Medical Department	Clinical Officer	BSc in Paediatrics and Child health	1
Administration	Laundry Attendant	Nurse Midwife Technician	1
TOTAL			**8**

MANAGEMENT ACCOUNTS FOR THE YEAR 2016

NOTES TO THE ACCOUNTS

The Management accounts for the year 2016 has been prepared in accordance to the International accounting standards (IAS) as well as to the international reporting standards (IFRS)

INCOME

Hospital Fees

There is an increase in the hospital fees by 35% compared to the budget, the favourable results is as a result to the adjustment of the hospital fees and the availability of specialised services that the hospital provides.

Interest Received

The Hospital registered a favourable 77% variance as compared to the budget, the increase in interest received is as a result to the loans that the hospital provided to its employees at an interest rate of 15%.

Cash donation

Cash donation has increased by 40% compared to the budget, this is a result of some donations that the hospital received but was not anticipated

Government Grant

Government grant has increased by 10% compared to the budget, the increase has been attributed by an increase in the number of staff that the hospital has recruited.

EXPENDITURES

Staff Cost

Staff cost has increased by 9% in almost proportion to the increase in government grant which is due to extra staff recruited in the period.

Medical/Surgical Accessories

There is an adverse increase of 47% on the drug expenditure which is mainly caused by a slight increase in the number of patients as well as the high cost of procuring medical supplies.

Fuel for Genset

There is an increase of 75% on the fuel for the generator which was a result to unstable power supply that the hospital experienced.

Electricity

Though the country experienced frequent blackouts ESCOM continued adjusting its tariffs which resulted to an increase in the cost of electricity by 20% as compared to the budget.

Training

Training costs increased by 38% compared to the budget, this was a result of some unplanned trainings that were funded by our partners to improve the capacity of St Gabriel's hospital staff.

Surplus

In the year the hospital made a surplus of **MK12, 275,525.87**

MANAGEMENT ACCOUNTS