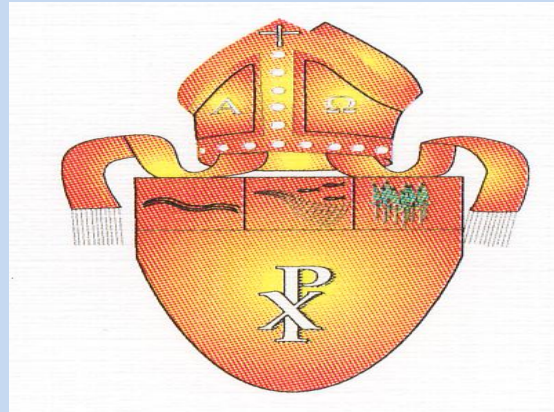


# HIGHLAND HEALTH SERVICES OF THE ANGLICAN DIOCESE OF UPPER SHIRE



## ANNUAL REPORT FOR THE PERIOD JULY 2015 TO JUNE 2016



**THE NURSES HOSTEL**

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## ACKNOWLEDGEMENTS

The financial year July 2015 to June 2016 has been a challenging year, with high inflation, unpaid service level agreement fees and electricity blackouts. However, the hospital still managed to deliver quality and accessible health services as we continued the healing ministry of our Lord and saviour Jesus Christ. This was possible due to the significant contributions of various stakeholders to the production of the Health services.

I would like to thank the Government of Malawi through CHAM for its continued support in terms of mainly salary grants. The hospital continues to enjoy the partnership as the hospital complements the government endeavour of creating a health Nation.

It is also imperative to recognize our external partners who have played enormous role in supporting us, this includes St Luke's foundation(Netherlands), Capricorn trust, MACS( Malawi Association of Christian support), Chilema Foundation, United society, Sonnevank, Beit trust and many others numerous to mention. We appreciate your continued support.

On top of this, the hospital also enjoyed a robust partnership with local partners like CHAM, Partners in Health(PIH), Baobab Health, Dignitus and many others numerous to Mention, worth mentioning is St Luke's Hospital and Partners in Health/Neno DHO partnership in providing free health services at Matope Health centre, which has seen a miraculous rise in people utilizing the health centre. This is an innovative way of contributing to the Universal Health coverage. We anticipate your continued support .

Finally, Let me thank the Bishop of the Anglican Diocese of Upper shire, The Right Reverend Brighton Vitta Malasa, All Board members, St Luke's Hospital Management Team and staff ,the community we serve and many more. Your support has contributed a lot to the delivery of excellent services.

Wishing you all a Prosperous New year.

May God Bless you all,

May God bless St Lukes Hospital

Yours faithfully,

*Winasi Boma*

**PRINCIPAL HOSPITAL ADMINISTRATOR**

30<sup>th</sup> December 2016

# FOREWORD



**Grace, Mercy and Peace from Jesus Christ born of Mary be with you all during this festive season. Amen.**

We are glad to once again give you a report for the financial year July 2015 to June 2016 for Saint Luke's Hospital and indeed the whole highlands health services (Saint Luke Hospital, Chilipa Health Centre, Nkasala Health Centre, Gawanani Health Centre, Matope Health Centre, and Mposa Health Centre).

The Hospital remains one of the ministries of the Anglican Diocese of Upper Shire, some of which are proclamation of the Gospel, Education and Cross-cutting issues affecting about 6 million people living in our catchment area.

In the year under review, the hospital has continued to experience tremendous development like extensive renovation of the Nurses Hostel, Installation of the accounting software, Procurement of various hospital equipment like Doppler, Vacuum extractor, Extensive renovation and upgrading of the maternity ward, Electrification of Chilipa Health Centre, Introduction of new services like diabetic clinic and other Non communicable diseases, Training of staff into specialized areas like surgery and many others. It is also worth noting that the hospital went into partnership with Partners in Health (PIH)/Neno DHO, of which people around Matope catchment area are accessing free health services at the point of delivery, which has seen a rapid increase by 1000% in the number of patients attending services at the health centre. It is also worth noting

that St Luke's Hospital continues to experience a sharp increase in the number of patients attending its outpatient department, this year it has increased by 100% again.

However, the financial year was not without challenges, the high inflation, unpaid service level agreement fees, inadequate accommodation, old and worn-out equipment, electricity blackouts and shortage of water due to reduced water flow at the water source. These among many posed a challenge in the service delivery.

In spite of this, the hospital managed to deliver quality health services as we continue with the healing Ministry of our Lord and saviour Jesus Christ. It is good to note that the hospital and its health centres continue to complement Government efforts of achieving health for all. **The hospital has as well contributed to the achievement of the Health sector strategic plan 2011 to 2016 and the Malawi Growth and Development strategy paper II and indeed continue to help the government achieve the sustainable Development goal number three of HEALTH and well being for ALL.**

Finally, the Board continue to enjoy the warm and cordial relationship that exist between the Church, The Board and Management of Saint Luke's Hospital and highlands health services under the leadership of Mr. Winasi Boma. This is good for development and achievement of the organizational goal. Enjoy the Report!!!

Pax Et Bonum

A handwritten signature in black ink, featuring a cross on the left and a stylized, cursive name that appears to be 'Brighton Vita Malasa'.

**The Right Reverend Brighton Vita Malasa, OSF  
BISHOP OF UPPER SHIRE & BOARD CHAIR**



## ABBREVIATION

ADUS	-	Anglican Diocese of Upper Shire
AIDS	-	Acquired Immuno-Deficiency Syndrome
ANC	-	Antenatal Care
ART	-	Anti-retroviral therapy
ARTI	-	Acute respiratory tract infection
ARV	-	Anti-retroviral
BBA	-	Born Before Arrival
CHAM	-	Christian Health Association of Malawi
CO	-	Clinical Officer
CS	-	Caesarean Section
DHO	-	District Health Officer
EID	-	Early Infant Diagnosis
EPTB	-	Extra Pulmonary Tuberculosis
FSB	-	Fresh Stillbirth
HC	-	Health Centre
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
HSA	-	Health Surveillance Assistant
HTC	-	HIV Testing and Counselling
KS	-	Kaposi Sarcoma
LBW	-	Low birth weight
MA	-	Medical Assistant
MACS	-	Malawi Association for Christian Support (United Kingdom)
MCH	-	Maternal and Child Health
MK	-	Malawian kwacha
MO	-	Medical Officer
MoH	-	Ministry of Health
MSB	-	Macerated Stillbirth
NGO	-	Non-Governmental Organization
NND	-	Neonatal Death
NRU	-	Nutrition Rehabilitation Unit
OPD	-	Out-Patient Department
PACAM	-	Palliative Care Association of Malawi
PCU	-	Palliative Care Unit
PHA	-	Principal Hospital Administrator
PHC	-	Primary Health Care
PITC	-	Patient Initiative Opt out Testing and Counselling
PIH	-	Partners In Health
PLWHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission (of HIV)
PNO	-	Principal Nursing Officer
PPH	-	Postpartum haemorrhage
PTB	-	Pulmonary Tuberculosis
RTA	-	Road traffic accident
SAO	-	Senior Administrative Officer
SLA	-	Service Level Agreement
SMO	-	Senior Medical Officer
STI	-	Sexually Transmitted Infection

- SVD - Spontaneous vertex delivery
- TB - Tuberculosis
- VCT - Voluntary Counseling and testing
- VE - Vacuum Extraction
- YFHS - Youth Friendly Health Services
- WHO - World Health Organization

## **EXECUTIVE SUMMARY**

The five year strategic plan 2011-2016 for highlands health service ends this year. The hospital has managed to achieve some of its medium term objectives. Therefore the report will discuss the delivery of services and financial performance at Highlands' Health Services for the financial year July 2015 - June2016.

In details the report comprises of events that occurred in various sections of the hospital namely; clinical, nursing, primary health care, finance and administration.

The major activity includes; increased number of professional staff, external audit, renovation of nurses hostel, increase in patient turn up, upgrading of quick books accounting software, the hospital enjoyed its partnership with government and various stakeholders, increased partner support, procurement of basic equipment, upgrading of maternity ward at St Luke's Hospital and electrification of Chilipa health centre.'

The major challenge in the year under review includes; unsettled Service Level Agreement (SLA), high inflation, increased Electricity blackouts, inadequate ambulances and accommodation.

It is worth noting that despite the above stated challenges the hospital managed to achieve its mission and contributed to the vision for Ministry of Health of "health for all".



## MISSION STATEMENT

We exist to promote the physical and spiritual well being of all people in our catchment area and beyond through preventive and curative health services that are accessible and of high quality.

## CORE VALUE

In line with the healing ministry of our Lord Jesus we exist to show love by:

- ✚ Compassion and devotion in the way that we serve the community respecting all professional manners.
- ✚ Unity is the way we work together as a team encouraging and correcting each other in love.

## VISION

To create communities of health people where no one dies from preventable and curable disease

## **HIGHLANDS HEALTH SERVICES BOARD MEMBERS**

<b>NAME</b>		<b>POSITION</b>
Bishop Brighton Vitta Malasa	-	Board Chairperson
Rev'd Fr. Anderson Kamtondo	-	Vice Board Chairperson
Mr Winasi Boma	-	Board Secretary
Mr Martin Chiingeni	-	Finance Advisor
Mr Justus Kishindo	-	Legal Advisor
Mr Victor Mnelemba	-	Health Coordinator
Chief Malaria Representative	-	Member
CHAM Representative	-	Member
PHA Lake Shore	-	Member
DHO Machinga	-	Member
DHO Zomba	-	Member
Rev'd Mphatso Bango	-	Synod Representative
Ms Gertrude Kachepatsonga	-	Synod Representative

## **HIGHLANDS HEALTH SERVICES MANAGEMENT TEAM**

Mr Winasi Boma	-	Principal Hospital Administrator
Ms Gertrude Kumpolota	-	Senior Administrative Officer
Mrs Chrissie Hussein	-	Principal Nursing Officer
Dr Christian Huigens	-	Senior Medical Officer
Mr Goerge Chiingeni	-	Acting Hospital Accountant
Mr Stanley Gawani	-	Human Resource Officer
Mr Joseph Jangia	-	Environmental Health Officer

## ST LUKES HOSPITAL MANAGEMENT TEAM



**Mr Winasi Boma – Principal Hospital Administrator**



**Ms. Getrude Kumpolota**  
(Senior Administrative Officer)



**Dr. Arie Christian Huigens**  
(Senior Medical officer )



**Mrs Chrissie Hussein**  
(Principal Nursing Officer)



**Mr. Stanley Gawani**  
(Human Resource Officer)



**Mr Joseph Jangia**  
(Environmental Health Officer)



**Mr Nathan Nyirongo**  
(Accountant)

## **BACK GROUND**

The estimated population of Malawi is 17,700,000 (CIA world fact book, 2016) and Christianity remains the main religion. 16% of the population lives in urban area while the rest 84% population live in rural area. The Life expectancy has increased tremendously to 62 for females and 60 for males (UN data.org) from about 37 in 2004 due to successful HIV/AIDS management amongst others. HIV/AIDS prevalence rate is declining from 14.7% in 2010 to around 10.0% in 2014 (NAC 2015)

The major challenge is an increase in Population growth rate which is at 3.1% (UN data). This brings challenge to social service delivery systems i.e. health, water, food, e.t.c. Infant mortality rate is at 60/1000(UN data) which still remains high. Maternal mortality rate is at 634/100000(UN data).

Malawi is using the Malawi Health sector strategic plan (HSSP) to guide its service delivery in the period 2011 – 2016, as part of the national agenda which is stated in the Malawi growth and development strategy paper number two (MGD II).

### **Highlands Health Services (HHS)**

Health care in Malawi is delivered by government institutions (62%), CHAM facilities (37%) and the private sector. The health system is based on three levels of health care namely primary, secondary and tertiary. Highland health services comprises of St Luke's hospital and five health centres which are both primary and secondary. Highlands Health services department is a member of the CHAM facilities owned by the Anglican Diocese of Upper Shire and serves as a District Hospital since Zomba has no government District Hospital. It has 141 beds, an outpatient and inpatient department, numerous clinics, HIV/AIDS and primary health care services. The primary catchment population is 50,000 persons with a referral population of more than 140,000. The names and location of the five health centres are Mposa, Gawanani in Machinga district, Nkasala and Chilipa in Zomba district, and Matope in Mneni district.

# M E D I C A L R E P O R T

## 1.1 Introduction

This part of the report will give a brief overview of developments in the clinical and nursing department of Highlands Health Services. The main hospital offers the following services; outpatient department, general wards, maternity, theatre, laboratory, radiology and pharmacy.

The hospital works in collaboration with the Ministry of Health (MoH) to offer Essential Health Package (EHP), part of this includes offering free maternal and neonatal services at the point of service under a Service Level Agreement (SLA). Furthermore the hospital offers HIV/AIDS and Tuberculosis (TB) services and has a dedicated free sexually transmitted diseases treatment team.

The hospital Health centres offers outpatient department, maternal and neonatal services.

In the year under review the department made the following innovative changes; increasing staff members, intensified supportive supervision for the HHS, introduction of drug and therapeutic committee, Electrification of chilipa health centre, upgrading of the maternity ward into a male friendly environment and procurement of sophisticated equipment. Furthermore, a support fund (Zikomo Kwambiri Fund) was started which raises funds to pay for patient admission and treatment for those who cannot afford.

On the health centre level the hospital started collaboration with Partners in Health (PIH) to offer free services at the point of care at Matope health centre. As a result of this the patient attendance numbers has increased by over 600%. Mposa HC dealt with the biggest cholera outbreak of the last decade in which it was supported by different stakeholders i.e. UNICEF, MSF, DHO, Red Cross Malawi, MoH.

## 1.2 Out-Patient-Department

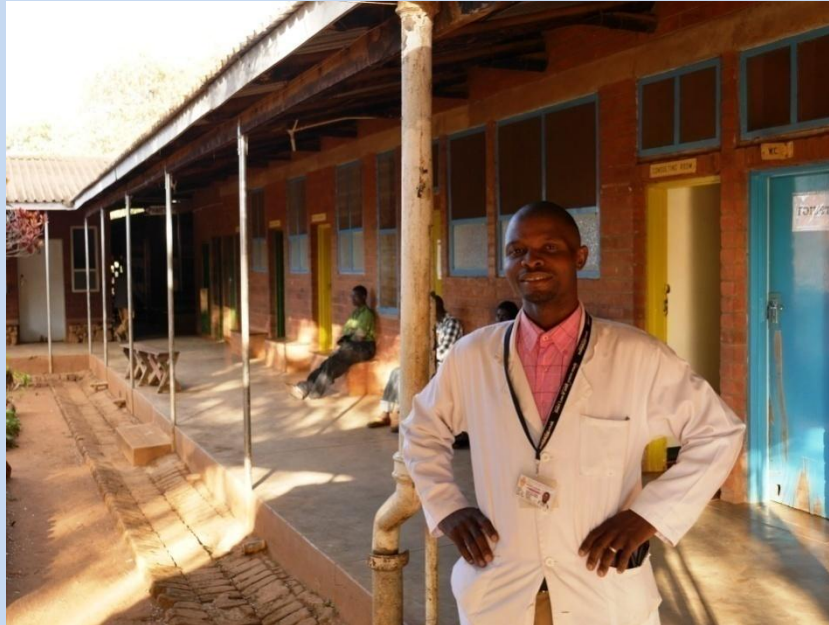
This department offers both paying and free services. The following services are offered free of charge, Malaria diagnosis and treatment, ART clinic, TB clinic, Under five clinic, Sexually transmitted disease and VIA clinic. Next to this the OPD offers a special hypertension and diabetes clinic (paying patients only). Worth noticing is the dental OPD which saw high numbers of cases (total of 5013). The Bishop Malasa wing offers separate private OPD service and is run by medical officers.

In the year under review a total of 14883 (Appendix 1) patients were seen at the OPD (excluding ART and TB). This constitutes a significant increase compared to the year before(10000 patients seen). Malaria still remains the prevailing disease with a total of 6859 patients (both under and over 5). Other significant diagnoses were oral conditions, acute respiratory infections and sexually transmitted infections.

In the OPD patients are seen by the medical assistant first. In case the medical assistant needs any help he or she can refer the patients to room 9 where they will be seen by a clinical officer which can further refer the case to a medical officer if need be.

OPD opening hours are 7:30-16:30 Monday to Friday, 08:00-12:00 on Saturdays, and 24 hours emergency services.

Further detailed information on our OPD services can be found on the official website: [www.stlukesmalosa.org](http://www.stlukesmalosa.org)



Picture showing the OPD with the Chief Clinical Officer

### 1.3 General-Wards

The hospital has a bed capacity of 145 beds over 5 wards. In the period under review a total of 4613 patients were admitted (appendix 1). The most important reasons for admission are malaria, chest infections and complications of HIV and AIDS. The main cause of death remains malaria (39%) and TB related (13%). (Appendix 2)

During admission patients are seen on a daily basis. On week days each ward has its own assigned clinician which is responsible to do ward rounds every day starting from 08:15 am. During weekends the clinician on call sees all patients for both Saturday and Sunday. Clinicians are assigned to a specific ward for a period of 3 months in order to achieve optimal patient care.

In the period under review the ward has seen the benefit of several donations. A single donor sponsored the procurement of glucometers and pulse oximeters to all wards. As a result of this nurses can now measure blood sugars and saturation rates improving the care of diabetic patients and those in need of additional oxygen.

In the year to come the hospital aims to introduce a high dependency unit for adults. Through the procurement of monitors and iv pumps plus specific training for selected nurses and clinical officers the hospital aims to open the adult HDU in January 2017. The HDU will be located in the bishop Malasa wing.



## 1.4 Maternity

St Luke's Hospital serves as a first level health facility for normal deliveries of patients from the direct catchment area. It also serves as a second level health facility (referral) for complicated cases from surrounding health centres and private clinics.

In the period under review the hospital recorded a total of 1482 normal deliveries. The total number of caesarean section was 392 which results in a caesarean rate of 20% (appendix 3). In the same period there was a total of one maternal death registered. The neonatal death rate reduced to 0.8% compared to 1.2% the year before (annual report 2014-2015) this constitutes a reduction of 33%.

In the same year the maternity ward demarcated its staffing into two; labour ward and postnatal ward. Furthermore, it was upgraded to male friendly environment and it also has a private room for delivery to improve patient care and privacy.



**The Labour ward reception**

## 1.5 Theatre

The theatre is open 24 hours every day for emergency surgeries. On Tuesday and Thursday the theatre is open for elective procedures.

Medical and clinical officers perform surgeries in one operating room for both major operations to minor operations. The hospital has two trained anaesthetist officers who offer spinal and ketamine. General anaesthesia with intubation is given to a limited number of patients. The types of procedure which take place are caesarean sections, hernias, dilatation and curettage (D and C) hysterectomies, Incision and Drainage, cystectomies and examination under anaesthesia. In the year under review a total of 534 procedures were performed of which 385 c/s, 42 evacuations, 26 laboratories, 20 BTLs and 61 others

**(Appendix 4). The main challenge is that there is only a single theatre which makes it difficult to perform emergency obstetric care on theatre days.**

With the graduation of a clinical officer as a bachelor of obstetrics and gynaecology the hospital expects to see an increase in obstetric and gynaecological procedures to be performed from July 2017 onwards. In anticipation of this and with the current limited theatre capacity we aim to extend the theatre from one operation room to two.



**The current operating room**

## **1.6 Laboratory**

The laboratory provides a number of tests which include full blood count, Biochemistry, Liver and kidney functional test, ESR, CRP, glucose, pregnancy test, BF, MRDT, VDRL, Hep B, Hep C, sputum for AFB, grouping and cross match. In the period under review, 40,368 tests were performed of which 12,428 were MRDTS which represent 31%. The major challenge remains lack of gene-expert machine which means sputum test for TB cannot be done. Another challenge is inadequate supply of blood by Malawi Blood Transfusion (MBTS) for example in the year under review a total of 2,034 pints were ordered but only 577 were supplied representing 28%. (Appendix 5)

The hospital aims to obtain an electrolyte machine in the year to come. The increase of non-communicable diseases that the clinicians reviewed will increase the importance of knowledge in the status of the electrolytes (sodium, potassium and magnesium) in managing patients.

Another limiting factor to the laboratory services is the lack of a reliable power source. With ESCOM power being less reliable and operating the hospital with a generator is expensive, the hospital aims to introduce a solar panel driven power backup system in order to keep providing its full range of services when ESCOM power is down.

## 1.7 Radiology

The hospital also offers x-ray and ultra sound scanning. Below is a table indicating number of patients seen in X-ray and Ultrasound scanning. **Table 1**

Investigations	Total
X-ray	1578
Ultrasound scanning	2253

## 1.8 Pharmacy

The pharmacies consist of three sections, the outpatient pharmacy, dispensary, and bulk store. The main pharmacy is open from Monday to Friday, during the weekends and the night the dispensary is always opened 24hours. All drug stocks are kept in the bulk store. In the period under review our major source of drugs were St Luke's foundation, Inter care, CART, Ministry of health and its part partners. Others are procured on the shelf from local suppliers. Management introduced drug and therapeutic committee for drug management and control. The committee benchmarked in a number of hospitals to improve its drug management, hence it adopted a three lock system, drug ordering per file and three lock system.

## 1.9 Health Centres

The hospital has five health centres namely Mposa, Gawanani, Nkasala, Chilipa and Matope. The total number of patients that were seen in the year under review was 46,772. Matope health centre is the most busy health centre among all these, seeing a total of 23,405 patients. (appendix 6). This shows an increase of 600% patients attendance following the implementation of free services in accordance with the partnership with PIH. The most important diagnosis is malaria.

In maternity services the health centre's saw a total of 2,085 patients. 257 were referral cases to secondary levels. There was no maternal death and neonatal death reported from any of the health centres. Management has been doing supportive supervision in all health centers in order to improve quality care and promote staff motivation.



## NURSING REPORT



### PHA POSES WITH NURSING STAFF INCLUDING THE PNO

#### 2.1 Introduction

Nursing department adds value to the delivery of health services at the hospital. All the staff in this department worked tirelessly to ensure that the mission statement of *promoting the physical and spiritual wellbeing of all people in our catchment area and beyond without discrimination, through preventative and curative health services that are accessible and of high quality* was achieved.

#### 2.3 Staffing

The department is managed by the Principal Nursing Officer (PNO) who coordinates all nursing services for the hospital as well as five health centres, deputy hospital Matron and ward in-charges from different wards. Currently the department has got 166 staff members working in the department. Out of 166 members, 55 are nurses, 70 patient attendants, 30 Hospital Attendants and 11 Home Craft workers. There are 3 Nursing Officers, 3 Registered nurses, 47 Nurse Midwife Technicians and 2 Community Health nurses. The hospital has an average of five nurse- midwives per each ward with a registered nurse as the In-charge for the ward.



HOSPITAL ATTENDANTS



PATIENT ATTENDANTS

Furthermore, in the health centres there is a total of 10 Nurse Midwife Technicians with an average of 2 nurses and 10 Patient Attendant per each Health centre. The nursing department believes in utilizing the pillars of hospital; **team work, good governance and stewardship, effective communication, strategic managements of human resource, self sustainability, customer care and finally order and discipline** when delivering its services at the hospital.

#### **2.4 Continuous Professional Development (CPD)**

The department believes in conducting continuous professional development (CPD) activities in order to update knowledge and skills for nurses in their profession so that they should be able to provide scientifically proven nursing care as a requirement by Malawi's professional body Nurses and Midwives Council of Malawi (NMCM). Two Nurse Midwife Technicians are at school doing University Diploma in nursing at Malawi College of Health Sciences. Again 2 patients Attendants are doing certificate in clinical medicine at Malamulo College of Health Sciences. Apart from that, many nurses from the department attended conferences and workshops organized by MOH, CHAM, NGOs and other supporting partners in order to update their knowledge and skills in their profession so that they should be able to provide scientifically proven nursing care.

## **2.5 Nursing Delivery Care Service**

Nursing delivery care service at the highlands services is 24 hours. Despite the minimum number of nurses, the department managed to have an average of 5 nurses per each ward and 2 nurses per each health centre. In other circumstances some of the shifts were covered by part time nurses who were given part time allowances called locum.

### **2.5.1 Maternal and neonatal services**

This is responsible for the maternal and neonatal health services and outreach programs. As one way of curbing maternal deaths, the government of Malawi through the Ministry of Health- Zomba and Machinga DHOs and St Luke' s mission Hospital entered into service level agreement in 2010. Under this agreement, the poor mothers are offered free maternity services and the government pays after the services are provided. This agreement has helped in increasing number of women attending antenatal and also increase in number of deliveries. Because of this, it resulted into lack of space and also increase in workload as midwives had to attend to 7 deliveries per day (HMIS data St Lukes hospital). The nursing department then increased number of midwives working in labour ward and also postnatal ward. It also facilitated in the renovation of the labour ward in order to create a safe environment for patients and also promote privacy to accommodate male involvement during all stages of labour.

The hospital has also private labour ward where patients who needs more privacy are attended to. In this year, the department divided maternity department into two. Previously nurses for maternity were covering Labour ward, Antenatal ward, Post-natal ward and also Nursery. In this year, Postnatal ward and Antenatal ward had its own nursing staff as such there was good monitoring of patients both in Labour ward as well as Postnatal ward, this has also resulted into reduction in maternal death, neonatal deaths as well fresh stillbirths as compared to last year. There were a lot of babies who were born either at home or on the way to the hospital as compared to last year, as such the department together with the Primary Health Care department conducted a community awareness on advantages of having hospital delivery.

### **2.5.2 General wards**

The hospital also offers in patient care in these wards, Male, Female, Paediatrics and Bishop Malasa integrated private ward. In this year more patients were admitted in all the wards. However, female ward and paediatric ward was very busy as compared to last year. The opening of Bishop Malasa integrated ward attracted more patients because of availability of drugs. This ward offers outpatient, inpatient care and also meals. The increase in number of



patients who patronized the private wing also increased the need for more nurses as well as patient attendants in the department.

Apart from this, the outpatient 2 department where HIV/AIDS management is done had also performed very well in this year as it received an award from MOH for being outstanding in data management, dissemination of reports to various stakeholders, maintenance of confidentiality, non discriminatory provision of services, quality patient and client centred care.

## **2.6 Strength**

- Team spirit among staff members and this motivates staffs and facilitates in coordinating all nursing activities
- There was good allocation of staff in the department as such all the patients in this year were attended accordingly.
- The department has an active infection prevention committee which coordinates all activities and also ensures that staff members are adhering to infection prevention standards.
- The department also conducts periodic supportive supervision for both the hospital as well as its health centres to ensure that staff members are maintaining professional standards of performance.
- Ensured good drug management by lobbying to hospital management to have a separate dispensary from main pharmacy and also having drug distribution service where drugs are supposed to be distributed to all health centres by the hospital drug committee to minimise drug theft.
- The department lobbied for in-service training for all staff members on customer care service and infection prevention. This was done to ensure that patients were treated like customers in a free and safe environment.

## **2.7 Challenges**

- There is inadequate accommodation; as a result some nurses are renting outside the hospital. This is also another factor which has been making the hospital to have shortage of staff.
- Shortage of nurses as compared to the demand, this gives challenges in scheduling and patient care.
- Inadequate linen for the wards, and other medical equipments like blood pressure machines.
- Delayed salary funding by government.

## **2.8 Future Plans**

- To lobby from CHAM to increase staff in the department so that more nurses should be deployed to all health centres and also in the hospital.
- To lobby for renovation of the nursery with basic equipments so that all preterm babies should be monitored accordingly.
- To lobby for a high dependency Unit where patients with critical conditions can be monitored
- To send 3 more nurses to ZCH for an orientation in management of critically ill patient in intensive care unit.
- To advocate for more houses for nurses to overcome the problem of accommodation.

## **CHAPLAINCY**

In the year under review chaplaincy services were introduced at the hospital.

The report covers a period from January to April 2016 and a very brief report of Canon Rev Francis Chapala training from May to July 2016

### **3.1 FIRST CHAPLAINS DAILY PROGRAM**

The daily program that run from January to July included the following activities:

1. Morning prayers: These are prayers that are said every morning at the hospital from Monday to Friday as the tradition of the hospital. The main responsibility for the chaplain has been to make sure that prayers are done and that everything during the devotions are done in order including homilies.
2. Thursday mass. On Thursdays The Chaplain were conducting mass in the morning just like the daily morning devotions and after mass was rounds were done to give Eucharist to those that need it.
3. Visiting the wards : This involves giving spiritual as well as pastoral care.
4. Counselling: The chaplaincy managed to reconcile a couple whose marriage had broken.

### **3.2 CHAPLAINCY TRAINING**

The Chaplain attended a course in Clinical Pastoral Education (CPE) at Interdenominational Pastoral Care centre on the premises of Kamuzu Central Hospital in Lilongwe. The course has three units .The chaplain attended the first unit hoping to complete the other two later in 2017.

The following areas were covered during the training:

1. Discipline of pastoral care
2. Experience of sickness
3. Feeling and listening
4. Verbatation
5. Theology of the body
6. Pastoral and social visit
7. Mental sickness
8. Roles hospital chaplain
9. Book and chapter review
10. Conflict management
11. Culture and sickness
12. Death and grief
13. Stress

### **3.3 ST LUKE'S DAY CELEBRATION**

The Chaplaincy also had a responsibility to give guidance to the organizing committee in the preparation of St Luke's Day Celebration which was held on the 18<sup>th</sup> October. The function was well organized and was one of the best ever.

### **3.4 FUTURE PLANS**

1. To visit other CHAM hospitals to learn what other hospitals Chaplains are doing.
2. To visit St Luke's Hospital Heath Centres and meet Parish Priests and Health Centre In charges checking on how the relationship between them is going.
3. Plan to train Priests whose parishes have Health Centre to equip them with skills on Clinical Pastoral Counselling.

## **PRIMARY HEALTH CARE**

### **4.1 Introduction**

The primary health care department operates a combined maternal and child health (MCH) clinic from Monday to Friday; offering integrated services like family planning, antenatal care (ANC) and under-5 clinics within one area and in the outreach clinics. Furthermore, the PHC department comprises services directed at prevention and treatment of various diseases, nutritional support and services directed at mental health in order to promote good health and well-being in the community. Some of the notable activities implemented by the department during the year under review include the following:

#### **4.1.1 Purchase of bicycles for the home craft workers**

With funding from Capricorn Africa Trust, the hospital managed to purchase 13 bicycles to be allocated to all the home craft workers that the hospital has, including those from the health centres. This was done in order to address transport challenges that the home craft

workers had while implementing nutrition activities (cooking demonstrations, follow up of defaulters, home hygiene and sanitation) in their impact areas.

Handover of the 13 bicycles went along with a one day refresher training to the home craft workers since they had stayed for almost two years without implementing community activities under community management of acute malnutrition. This was done in April 2016 with support from the hospital's management.



*The PHA and the PHC Coordinator making a symbolic hand over of the Bicycles to the Home Craft Workers*

#### **4.1.2 Born Before Arrival (BBAs) Sensitization Campaign (June 2016)**

The hospital recorded 71 deliveries occurring before arrival at the maternity ward. These included mothers who delivered on their way to the hospital, at their homes and those attended by traditional birth attendants.

With kind donation from Capricorn Africa Trust, the hospital conducted a BBA project which was objected to reduce the number of BBAs thereby reducing maternal and neonatal complications from the hospital's service level agreement catchment area (Villages from TA Nkula and Chamba in Machinga district, and T/A Malemia in Zomba district). Specifically, the objectives were as follows:

- Provide awareness on the risk factors, complications as well as preventive measures associated with Birth Before Arrival at the hospital
- To empower all influential leaders in taking part on issues concerning maternal and neonatal health



- Empower traditional birth attendants on their roles of advising and referring pregnant mothers to the hospital for maternal and neonatal health services on time
- Promote male involvement in maternal and neonatal health issues
- Encourage all women of the child bearing age to go for antenatal care during the first trimester

The project was implemented in a period of one month (June 2016), and it had two phases. Phase one was a one day briefing of local leaders, influential people and traditional birth attendants from the SLA catchment area. Phase two was twenty days of community awareness and sensitization campaign as shown in the pictures below;



*Participants during the briefing session of the project.*



*One of the gatherings during the sensitization campaign*

#### **4.1.3 Cholera Outbreak Campaign-January 2016**

Cholera outbreak emerged in the districts of Zomba and Machinga, with over 200 cases reported from various health centers of the two districts. As of first January 2016, approximately 30 people died of cholera infections. St Luke's hospital, also registered 4 cases in its Cholera camp, all coming from the endemic area (Lake Chilwa Region). This prompted the PHC department to conduct a three-day (14<sup>th</sup> to 16<sup>th</sup> January) awareness campaign in the catchment area of the hospital and bordering villages in Machinga District. The campaign was objected to reduce the spread of cholera with the following as specific objectives

- ✓ Improve sanitation in the community by encouraging the use of toilets with drop hole covers
- ✓ Promote personal hygiene with much emphasis on hand washing with soap at the five critical times
- ✓ Promote use of treated water, highlighting on the three methods of treating water (Boiling, Chlorinating and use of Water Guard)

The activity took place at nine selected centers, six in the hospital's catchment area and three from bordering villages in Machinga District such also being beneficiaries of the hospital.





*Community listening to the health worker      Demonstration on hand washing with soap*

#### **4.2 Public health activities**

The Hospital, with assistance from The Ministry of Health through Zomba District Health Office, has done a lot as far as prevention of diseases is concerned. Some of the activities that have been conducted include net distribution to all households in the catchment area of the hospital. Number of nets were distributed to the households based on the number of sleeping spaces each household had. This activity was conducted in March 2016.

In March 2016, there was also child health day's campaign which lasted for three days. The interventions were vitamin A supplementation (under 5 children and postnatal mothers), de-worming using albendazole, nutrition mass screening for under 5, pregnant women and lactating mothers, and finally were various IEC messages to care givers.

In April 2016, the hospital also conducted bilharzia mass drug administration in all primary and secondary schools within the catchment area. The mass drug administration for bilharzia (Praziquantel) has been going together with the distribution of albendazole to all children and adults within the catchment area using the dose pole to determine number of tablets one could be given.

- ✓ Maize and Vegetable garden
- ✓ Fumigation of hospital buildings
- ✓ Community gardens
- ✓ IEC Messages
- ✓ Rehabilitation unit
- ✓ Family planning and antenatal care services

# ADMINISTRATION AND FINANCE

## 5.1 Introduction

This report contains only highlighted major events during the financial year 2015/2016.

## 5.2 Computerized Accounting System

The hospital installed new accounting software with an in built control systems which will minimize loss of revenue through theft, fraud and also prevent loss of drugs and materials.

## 5.3 External Audit

A competitive tendering process of the external audit took place and Kingdom Associates were successfully selected to conduct the external audit for the financial year 2013/2014. The official audit report was presented to the Board of Governors. The cost of this exercise was funded by Capricorn Africa.

Recommendations were made to assist the organization to improve in the following areas:

- a) Property, plant and equipment
- b) Cash and its equivalentents
- c) Expenses
- d) Financial Statements

The Internal audit was done twice for the financial year 2015/2016.

## 5.4 Electronic Data Management System

The hospital has been installed with electronic data management systems by Baobab Health. The system which covers the OPD, ART section which will help to improve the data collection and management, this will reduce the pressure of manually data processing.

## 5.5 Customer Care

The hospital has customer care as one of its pillars . To achieve this, a number of structures were put in place which includes opening of the ombudspersons office to handle patients and staff complaints, HAC; to act as a link between the community and the hospital, suggestion boxes and customer satisfaction assessment. This ensures that patients needs are taken care of.

## 5.6 Hospital And Health Centre Supervision

There was continued and strengthened health centre supervision and hospital spot checks utilizing a recommended ministry of Health tool which ensures quality delivery of care to patients and pro-active management of issues.

## 5.7 Financial Management Meetings

This has ensured prudent management of financial resources for the hospital.

## **5.8 Technical Services And Buildings**

### **(i) St Luke's Hospital**

There was general maintenance as follows:

1. Maintenance of three houses at St Luke's
2. Upgrading the sewer system.
3. Renovation of nurses' hostel by Ever Fresh Building Contractors funded by MACS. (Cover Photo).
4. The extension and repairing of the maintenance office which is in progress funded by St Luke's Foundation.
5. Upgrading of the maternity wing funded by Chilema Foundation
6. Installation of lights in the gates
7. Painting and fixing ceiling in Dental Department.

### **(ii) Gawanani Health Centre**

Installations of solar batteries for lighting were replaced in four staff houses, maternity building and OPD. This project was partly funded by St Luke's Foundation, Machinga DHO and hospital itself. This will help motivation of staff and improve patient care.

### **(iii) Chilipa Health Centre**

MACS donated funding to electrify Escom power for staff houses and hospital buildings. This will attract health workers who are reluctant to work at health centre because of lack of essential amenities.

### **(iv) Matope Health Centre**

Two staff houses were maintained at Matope Health Centre awaiting painting. Maternity building was also rewired.

### **(v) Mposa Health Centre**

Maternity bathroom was constructed at the Health Centre. This was a joint project between Mposa Health Advisory Committee and St Luke's Hospital.

## **5.9 Challenges**

- Unpaid SLA which affects the cash flow and patient care.
- Delayed salaries funded by Government which demotivates staff.
- Most of the houses are old which needs maintenance.
- Frequent electricity blackouts which results into higher cost of energy use in running the backup generator.

## 5.10 Human Resources

The report encompasses St Luke's Health Departments' key HR issues that have transpired in the year July 2015 to June 2016 in line with the strategic goals. In brief the report highlights the staffing levels, staff welfare, training and development.

### I. Staffing Levels

Number of employees at each facility;

St Luke's Hospital	-	223
Mposa Health Centre	-	20
Chilipa Health Centre	-	21
Matope Health Centre	-	22
Nkasala Health Centre	-	21
Gawanani Health Centre	-	22
TOTAL	=	329

### II. Recruitment

During the same period, the hospital recruited Medical Officer Dr. Wouter Bakker from The Netherlands which has increased the total number of medical Officers to two. The two are expected to improve patient care by working hand in hand and supervising Clinical Officers and Medical Assistants in the facility.

Staffing levels in most cadres are good and stable. It is only nursing department where the number fluctuates mainly government posting.

Management recognizes that human resource is an intangible asset of an organization, furthermore it is the source of competitive edge advantage of an organization. To achieve this in line with the Boards policy and strategic plan management implemented some human resource development activities through training and development as stated below.

### III. Training and Development

In 2015/2016 Human resource planning, management did not forget the training component. Staff training and development is an essential tool in achieving the desired organizational goals and objectives.

<b>Name</b>	<b>Course</b>	<b>College</b>	<b>Duration</b>
John Kaliza (2015 to 2017)	Certificate in Clinical Medicine	Malamulo College	2 years (2015 to 2017)
Joyce Mustafa (2015 to 2017)	Certificate in Clinical Medicine	Malamulo College	2 years (2015 to 2017)
Timothy Phiri (2014 to 2017)	Degree in Obsand Gynae	College of Medicine	3 years (2014 to 2017)
ChipiliroMasinthe (2016 to 2018)	Registered Nurse	Malawi CHS	2 years (2016 to 2018)

#### **IV. Social Welfare**

The hospital also had Social activities i.e. netball and football to promote staff interaction and physical strength.

The hospital also promoted employees voice through staff general meeting



# FINANCIAL REPORT

## Income and Expenditure Report for the period of 1<sup>st</sup> July 2015 to 30<sup>th</sup> June 2016

*In thousands of Malawi Kwacha*

		As at 30 <sup>th</sup> June 2016			
		FY2015-16	FY2015-16		USAGE
	Note	Budget	Actual	Variance	Percent
<b>INCOME</b>					
Hospital Fees Income	1	140,800,000	141,831,012	(1,031,012)	100.73
Salary Grants by CHAM	2	426,963,335	430,605,890	(3,642,555)	100.85
Other Income	3	15,308,000	18,194,526	(2,886,526)	118.85
Foreign Income	4	51,900,000	55,917,409	(4,017,409)	107.74
Income Generating Activities	5	2,122,000	714,745	1,407,255	33.68
Donation in Kind	6	24,250,000	36,986,730	(12,736,730)	152.52
<b>TOTAL INCOME</b>		<b>661,343,335</b>	<b>684,250,312</b>	<b>(22,906,977)</b>	
<b>EXPENDITURE</b>					
Employment Costs	7	426,963,335	433,267,285	(6,303,950)	101.48
Other Employment Costs	8	28,595,100	22,016,975	6,578,125	76.99
Supplies and Services	9	60,332,000	65,949,778	(5,617,778)	109.31
Doctors Supervision, Review Meetings		4,720,000	1,872,140	2,847,860	39.66
Health Outreach and Home Follow Ups		10,045,300	4,852,690	5,192,610	48.31
Hospital Operations	10	47,351,985	48,370,222	(1,018,237)	102.15
Governance Costs	11	7,300,000	5,420,676	1,879,324	74.26
Transport Costs	12	15,800,000	16,796,294	(996,294)	106.31
Maintenance and Repairs Costs		3,250,000	4,229,779	(979,779)	130.15
Maintenance of Buildings	13	9,320,000	10,457,605	(1,137,605)	112.21
Energy Costs	14	4,800,000	8,271,518	(3,471,518)	172.32
Water Costs		556,000	485,000	71,000	87.23
<b>TOTAL EXPENDITURE</b>		<b>619,033,720</b>	<b>621,989,962</b>	<b>(2,956,242)</b>	
<b>SURPLUS/DEFICIT</b>		<b>20,309,615</b>	<b>62,260,350</b>		

# Statement of Financial Position

## As At 30<sup>th</sup> June 2016

*In thousands of Malawi Kwacha*

	Note	
<b>ASSETS</b>		
<b>NON-CURRENT ASSETS</b>		
Property, plant and equipment	15	876,457,256
<b>Total Non-Current Assets</b>		<b>876,457,256</b>
<b>CURRENT ASSETS</b>		
Inventories		6,977,481
Accounts receivables	16	50,686,040
Amount due from related parties	17	3,567,129
Cash and cash equivalents		482,338
<b>Total Current Assets</b>		<b>61,712,988</b>
<b>Total Assets</b>		<b>938,170,244</b>
<b>FUNDS AND LIABILITIES</b>		
<b>FUNDS</b>		
Capital funds		(940,448,930)
Revenue reserves		55,717,929
<b>Total Funds</b>		<b>(884,731,001)</b>
<b>LIABILITIES</b>		
Account payables	18	(34,989,659)
Amount due to related parties	19	(7,845,466)
Bank overdraft	20	(10,604,118)
<b>Total Liabilities</b>		<b>(53,439,243)</b>
<b>Total Funds and Liabilities</b>		<b>(938,170,244)</b>

# Anglican Diocese of Upper Shire (ADUS)

## Medical Department-St Luke's Mission Hospital

### Notes to the Financial Reports

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#### **INCOME**

##### **1. Hospital Fees Income**

The income generated from hospital fees amounted to MWK 141.8million against total annual budget of MWK140.8 million thereby achieving a positive variance of MWK1.0 million.

This favourable variance was mainly due to two factors namely an increase in fees that was effected during the period under review as well as improvement in patient patronage of the facility.

##### **2. Salary Grants from CHAM**

In the financial year under review, the hospital received MWK430.6 million in salary grants from CHAM against a budget of MWK426.9 million. The hospital was over funded hence a reverse transaction was done.

##### **3. Other Income**

The hospital received MWK18.2 million from other sources against a budget of MWK15.3 million. The hospital received from the sources below:-

- a. Foreign students- MWK8.9 million
- b. Retirement Benefits - MWK 4.1 million
- c. House Rentals - MWK2.5million
- d. Sundry - MWK 2.7 million

##### **4.Foreign Income**

During 2015/16 financial year, the hospital received earmarked funds amounting to MWK55.9 million from various co-operating partners against a budget of MWK51.9 million. The funds were for the following projects.

- a. Procurement of local drugs- Capricon Africa
- b. Procurement of PHC bicycles- Capricon Africa
- c. Tuition fee for Chipiliro Masinthe (NMT) and Timothy Phiri (Clinician)- Capricon Africa
- d. Upgrading of maternity ward- Chilema Foundation
- e. Hospital operations- MACs
- f. Hospital operations- Anglican Aid Abroad

- g. Procurement of fuel for genset and ambulances- St Luke's Foundation
- h. Chilipa electrification Project-MACs
- i. Renovation of maintenance Building- St Luke's Foundation
- j. Palliative care- MACs
- k. Hospital Operations- United Society
- l. TB food supplements- Sony Vank

#### **5. Income Generating Activities**

The hospital received MWK714,745 from its Income Generating Activities (IGA) against a budget of MWK2.1 million.

The hospital underperformed under this budget line because some planned activities were not carried out.

#### **6. Donation in Kind**

The hospital had budgeted for MWK24.3million in respect of Donation in Kind. During the period under review the hospital received MWK36.9 million of which MWK36.5 million came from St Luke's Foundation in a form of drugs. Some donations came from Intercare (MWK 463,695 and other local donations amounting to MWK 55,000.

## **EXPENDITURE**

#### **7. Employment Costs**

Out of the annual budget of MWK426.9 million the hospital paid out Salaries amounting to MWK433.2 million. But about 1.5 percent of this amount which gives us MWK 6.3 million was borne by the hospital catering for four months salaries for retired employees, casual labourers and other employees whose salaries were not funded by CHAM.

#### **8. Other Employment Costs**

Other employment cost went up to MWK28.5 million from a budget of MWK22.0 million due to high cost of staff medical expenses and staff recruitment costs due to replacement of retired staff.

#### **9. Supplies and Services**

Our local drug purchases stood at MWK65.9 million against a budget of MWK60.3 million. The variance was as a result of high inflation that resulted frequent rising of prices of drugs.

#### **10. Hospital Operations**

The hospital overall budget for hospital operations was MWK47.4 million. As at year end, the hospital; had spent MWK48.4 incurring a negative variance of 2.15 percent. This was a result of high interest rates on the MWK9 million overdraft facilities at our First Merchant Bank Salaries and Main accounts and also increase in prices for materials the hospital uses in its daily operations as a result of harsh economic condition.

### 11. Transport Cost

The Annual budget for transport cost was pegged at MWK15.8 million. At end of financial year MWK16.89 million incurring a cost overrun of 6.31 percent.

The negative variance resulted due to inflationary pressure on fuel and hires as well as maintenance of vehicles and insurance.

### 12. Maintenance of Buildings

Most of the hospital buildings still need preventive maintenance and the budgeted figure of MWK9.3 million was under budgeted. Since the hospital did not have a budget review, the hospital ended up spending MWK10.4 million. The hospital, therefore, had cost overrun of 12.2 percent.

During the period under review, the hospital had maintained staff houses at Matope Health Centre.

### 13. Governance costs

The savings under this budget line was mainly due to the fact that the budget line was over budgeted.

### 14. Energy costs

There was an over expenditure on energy costs mainly due to frequent electricity blackouts that forced the procurement of more fuel for the genset.

## BALANCE SHEET

### 15. Property, Plant and Equipment

<b>OFFICE EQUIPMENT</b>				
<b>Fiscal Year</b>	<b>Opening Balance</b>	<b>Additions</b>	<b>Depreciation</b>	<b>Closing Balance</b>
2013-14	5,130,790.00	105,000.00	(785,369.00)	4,450,422.00
2014-15	4,450,422.00	-	(667,563.00)	3,782,859.00
2015-16	3,782,859.00	-	(567,429.00)	3,215,430.00
<b>LAND BUILDINGS &amp;</b>				



2013-14	829,710,500	-	(20,742,763.00)	808,967,738
2014-15	808,967,738	-	(20,224,193.00)	788,743,545
2015-16	788,743,545	-	(19,718,589.00)	769,024,956
<b>PLANT &amp; MACHINERY</b>				
2013-14	24,900,000	-	(2,490,000)	22,410,000
2014-15	22,410,000	-	(2,241,000)	20,169,000
2015-16	20,169,000	-	(2,016,900)	18,152,000
<b>MOTOR VEHICLES &amp; BIKES</b>				
2013-14	25,450,000	-	4,540,000	20,910,000
2014-15	20,910,000	2,550,000	4,692,000	18,768,000
2015-16	18,768,000	-	3,753,600	15,014,400
<b>MEDICAL EQUIPMENTS</b>				
2013-14	36,559,100.00	-	(3,655,910.00)	32,903,190.00
2014-15	32,903,190.00	-	(3,290,319.00)	29,612,871.00
2015-16	29,612,871.00	-	(2,961,287.00)	26,651,584.00
<b>FURNITURE</b>				
2013-14	4,834,000.00	-	(483,400.00)	4,350,600.00
2014-15	4,350,600.00	-	(435,060.00)	3,915,540.00
2015-16	3,915,540.00	-	(391,554.00)	3,523,986.00
<b>IT EQUIPMENTS</b>				
2014-15	5,652,883.00	-	(1,882,410.00)	3,770,473.00
2015-16	3,770,473.00	1,009,643.00	(1,591,779.00)	3,188,337.00
<b>HOSPITAL FENCE</b>				
2015-16	-	1,710,000.00	(42,750.00)	1,667,250.00
<b>HOUSE EQUIPMENTS</b>				
2015-16	-	428,708.00	(42,871.00)	385,837.00

## 16. Accounts Receivables

Name of Organization	Amount
Ministry of Health-SLA	35,728,758.00
Southern Region Water Board-Zomba	79,520.00
Southern Region Water Board-Liwonde	47,240.00
MASM	575,125.00
ESCOM	392,311.00
Horizon Health	84,525.00
SunBird-Ku Chawe	53,610.00
Malawi Revenue Authority	9,459.00
Reserve Bank of Malawi	42,990.00

## 17. Amount due from related parties

Name of Organization	Amount
ADUS-HQs	340,255.00
Chilema ETCC	60,090.00
St Luke's Nursing College	3,166,784.00

## 18. Accounts Payables

<b>Name of Organization</b>	<b>Amount</b>
Central Medical Stores	13,511,214.00
CHAM Secretariat	6,653,569.00
S. Chemical Manufacturing	130,000.00
DR Hard Stationers	249,485.00
Supreme Auto Parts	85,000.00
Kris Offset Screen Printers	45,667.00
Consumables Centre	532,115.00
Mbongah Hardware	152,575.00
NBS Bank	573,549.00
Britam Insurance	302,900.00
Barnet and James	202,225.00
Kunsonde Garage	80,000.00
Tendai Hardware	269,931.00
Hamza Polera Cassim	54,000.00
Maunde Transport	110,000.00
TO's Investments	229,850.00
Songolo	107,250.00
Ground Brooms	40,000.00
Mussa Macheмба	102,000.00
ATC	378,625.00
Mandevu Farm	17,038.00

## 19. Amount due to related parties

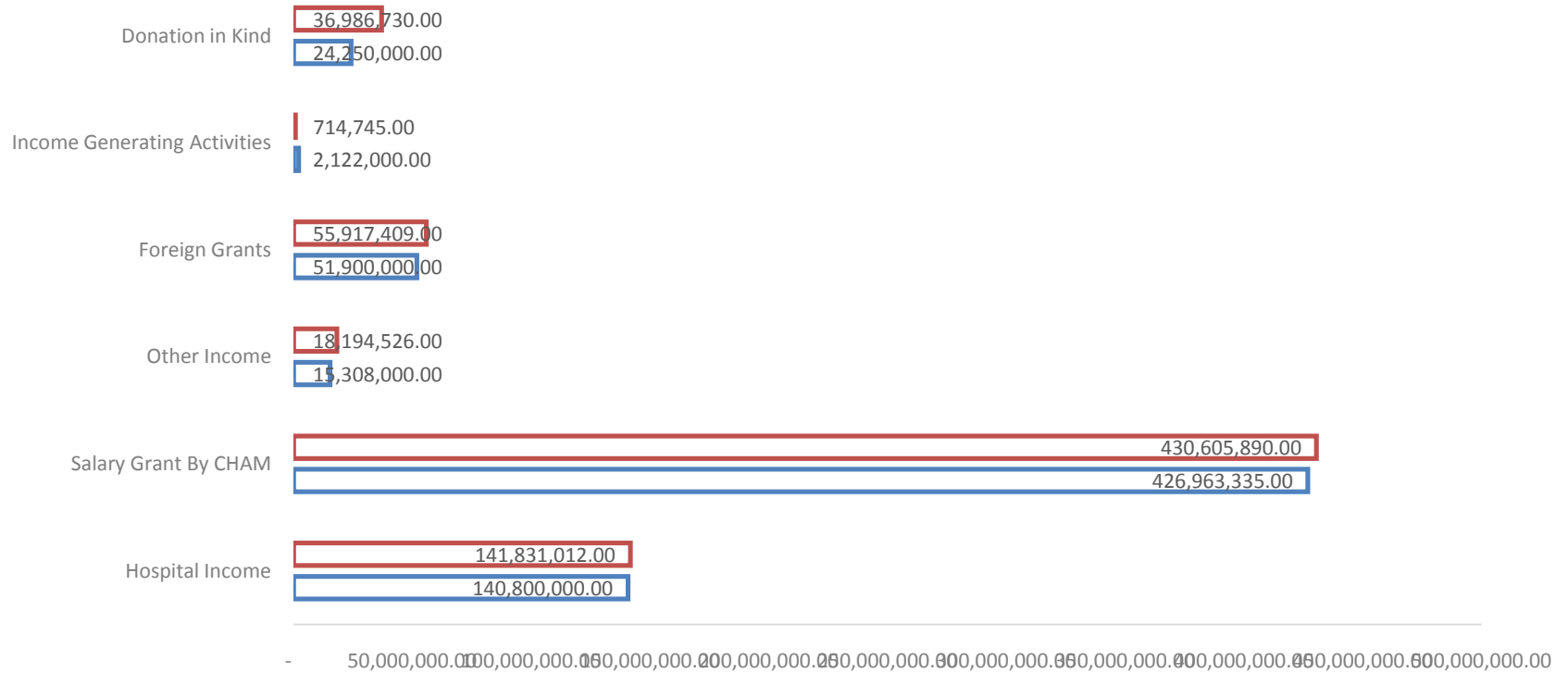
<b>Name of Organization</b>	<b>Amount</b>
Chilema ETCC	1,034,579.00
ADUS Water Supply	1,097,334.00
ADUS-HQs	100,000.00
Malosa Secondary School	93,750.00
St Luke's Nursing College	2,214,252.00

## 20. Bank Overdraft

<b>Bank Account</b>	<b>Amount</b>
Salaries Account-FMB	9,935,648.00
Main Account-FMB	228,878.00

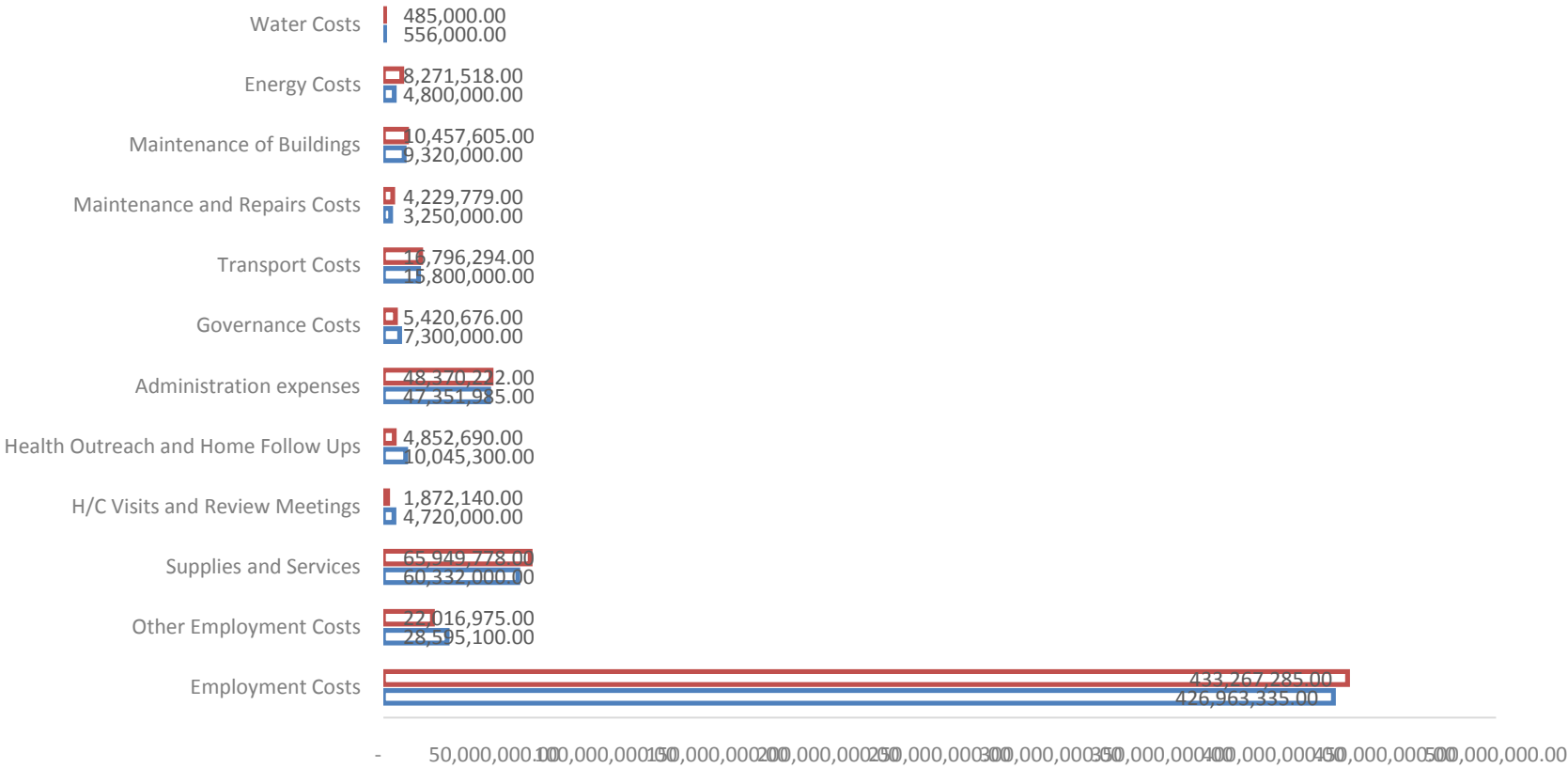
# INCOME

Actual Budget

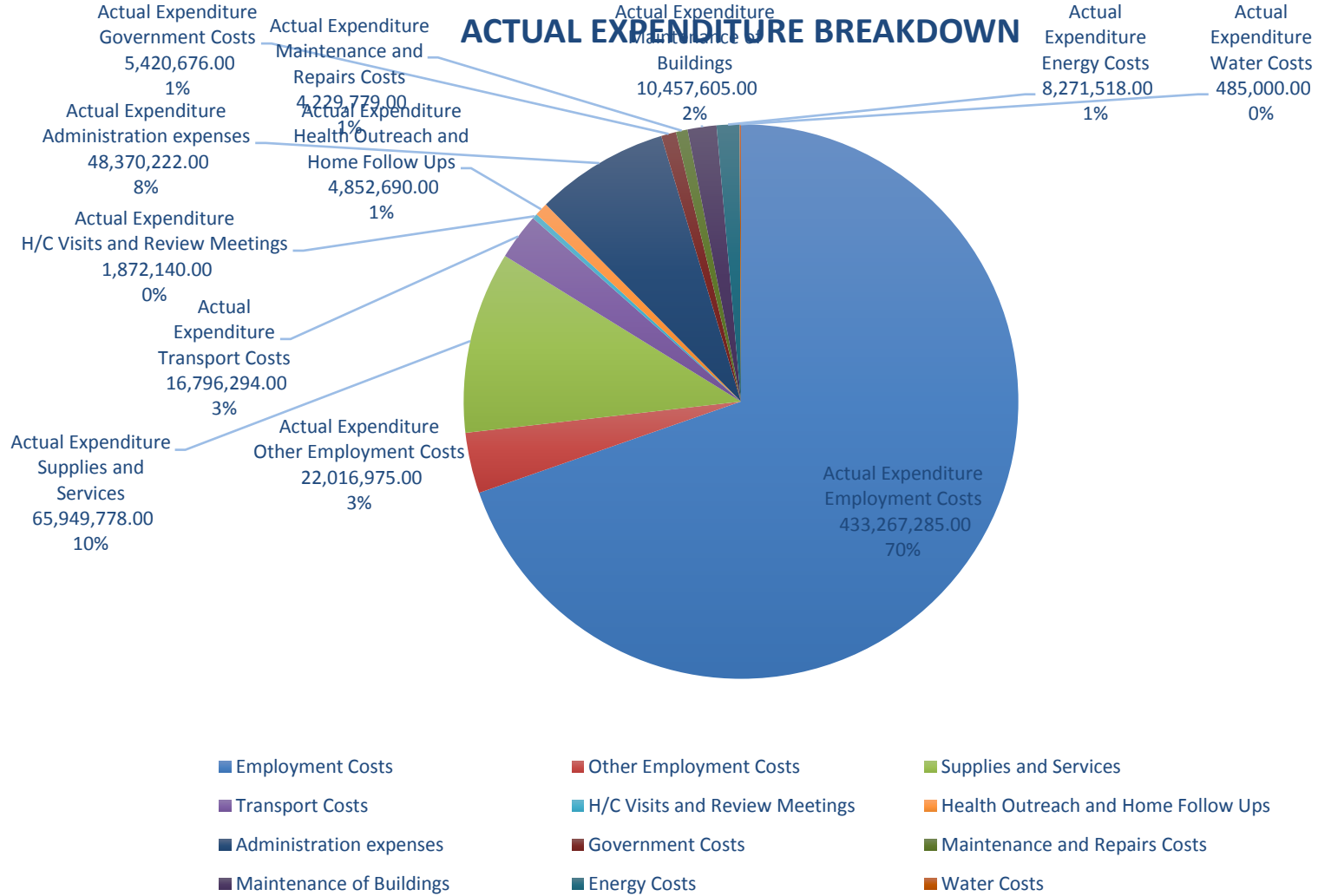


# EXPENDITURE

Actual Budget



## ACTUAL EXPENDITURE BREAKDOWN





## OVERALL ACHIEVEMENTS

- ✓ Increased OPD attendance by +103% for St Luke's Hospital.
- ✓ Upgrading and face lifting of the maternity wing to include male friendly health services.
- ✓ Increased partners support and partnerships in providing quality services.
- ✓ Recruitment of optimum levels of staff for hospital operations.
- ✓ External financial audit
- ✓ Procurement of basic equipment for the hospital like rescucitaire, Doppler
- ✓ Electrification of Chilipa health centre and procurement of solar batteries for Gawanani health centre has enabled retention of staff in rural areas of services and has improved provision.
- ✓ Entered into partnership with PIH which has made patients receive free patient care and has seen increase by 600% in Matope health center.
- ✓ Construction of the nurse's hostel which will ease pressure on accommodation.
- ✓ Formulation of the drug committee which has improved drug management and supply.
- ✓ Team work which has seen synergy in most hospital activities, which has enabled achievement of organization goals
- ✓ Well disciplined and hardworking staff which has ensured the attainment of organization goals.
- ✓ Continued health center supportive supervision.
- ✓ Introduction of a drug dispensary.
- ✓ Improved financial management which has regained donor trust and financial stability.

## OVERALL CHALLENGES

- ✓ High Inflation which has affected the cost of drug supplies on the market.
- ✓ Unpaid Service level agreement by the government which has affected the hospital cash flow
- ✓ Inadequate houses which has seen some technical team members renting outside the hospital premises.
- ✓ Electricity due to Frequent black outs
- ✓ Transport due to ambulances being too old and requires frequent maintenance which is expensive.
- ✓ Delayed salary funding by Government
- ✓ Challenges in water supply due to reduction of water flow at the source secondary to environment degradation.

## CONCLUSION

Despite the tough financial times the hospital remain financially health organisation where doctors and nurses provide quality health care which is accessible for many to the community and beyond.

## REFERENCES

Cia(2016) ‘The World Fact Book’ Available At:

<https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>

Malawi. Ministry of Health (2011) *Moving towards quality and equity*; Lilongwe:Ministry of Health, Available at:

[http://www.nationalplanningcycles.org/sites/default/files/country\\_docs/Malawi/2\\_malawi\\_hssp\\_2011-2016\\_final\\_document\\_1.pdf](http://www.nationalplanningcycles.org/sites/default/files/country_docs/Malawi/2_malawi_hssp_2011-2016_final_document_1.pdf) (Accessed:18 December 2016)

# APENDIXES

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## Appendix 1 (OUTPATIENT AND INPATIENT DATA)

Data element	July 2014 -April 2015	July 2015- April 2016	Difference (%)
<b>Hospital services</b>			
OPD attendance	8257	16789	+ 103%
Total no of admissions (excl. maternity)	3801	3943	+ 3%
Total inpatient days (excl. maternity)	8955	7133	-20%
Average admissions/day	14.6	15.6	+ 3%
Average length of stay (days)	2.4	1.8	-25%
Total inpatient deaths	132	115	-12%
Deaths/admission	0.035	0.03	-17%

## APPENDIX 2

### Inpatient deaths 2015- 2016

Indicator	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Malaria ≥5	2	3	4	6	2	4	5	4	3	4	2	2	41
Malaria<5	5	1	0	1	1	2	2	2	0	0	1	2	17
TB	4	1	1	3	1	2	0	0	1	2	1	4	20
ARTI deaths<5	0	0	0	1	2	2	0	1	0	0	1	1	8
Diarrhoea <5	0	0	0	0	0	0	0	0	0	0	0	0	0
Malnutrition<5	0	0	0	2	0	0	0	0	0	1	0	0	3
Direct obstetric deaths	0	0	1	0	0	0	0	0	0	0	0	0	1
Other causes	7	4	2	1	2	0	4	5	5	10	11	10	61
Total inpatients death	18	9	8	14	8	10	11	12	9	17	16	19	150

## APPENDIX 3

### HIV testing and counselling July 215 June 216

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total negative	111	385	142	206	143	134	141	342	126	391	428	688
Total positive	33	69	34	38	25	36	70	21	59	84	88	104
% positive	14	15	19	12	15	21	33	6	32	18	17	13
Exposed infant	0	0	1	1	1	2	0	0	0	0	0	0
Total no patients tested	244	454	176	234	168	170	211	363	185	475	516	<b>792</b>

## APPENDIX 4

### Maternity statistics from July 2015 to June 2016

Indicator	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No of SVD's	144	131	112	142	110	123	127	98	91	151	125	128	1656
No of CS	45	52	33	24	27	33	32	29	25	29	28	35	392
%CS	24	29	24	14	19	22	21	24	22	17	16	23	255
No of live birth	192	179	146	166	142	157	160	126	123	181	168	176	1916
No of VE	0	2	1	2	8	2	3	1	4	2	13	8	46
Breech delivery	5	1	3	3	1	2	1	0	3	0	8	6	33
BBA	6	6	8	11	8	9	7	7	6	9	6	6	89
Twins	12	10	8	8	6	4	2	2	10	10	12	6	88
Postpartum care<2 weeks	76	82	78	87	59	66	71	48	114	96	88	64	929

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No of obstetric complications	47	58	18	22	30	30	42	37	26	36	42	16	404
(pre) eclampsia	3	3	0	0	2	0	0	2	0	0	0	4	14
PPH	2	2	5	1	5	3	6	6	5	3	3	7	48
Sepsis	1	0	0	0	0	0	0	0	0	0	0	0	1
Severe anemia	2	0	0	0	2	1	5	5	1	0	2	4	22
Maternal death	0	0	1	0	0	0	0	0	0	0	0	0	1
Abortion complication	14	22	4	13	9	8	7	11	11	11	21	8	139
Neonatal complications	36	16	19	28	16	12	31	14	24	23	19	29	267
LBW	21	17	3	12	11	13	23	7	10	15	15	12	159
FSB	2	1	3	3	2	2	2	1	0	0	3	0	19
MSB	5	1	0	2	2	2	0	1	1	1	2	1	18
NND	3	3	0	0	2	1	1	0	0	3	1	2	16



## APPENDIX 5

Table13: Child health data 2015-2016

Indicator	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Total <5 clinic attendance	1079	703	680	988	1091	900	907	708	1016	784	1221	908	10985
Full immunised <1 year	94	60	39	81	62	67	69	84	60	64	44	67	791
BCG < 1 year	146	124	135	145	125	147	144	130	106	172	138	137	1649
Pentavalent < year	69	58	63	68	72	76	76	70	44	67	61	66	793
Polio 3 <1 year	62	56	64	77	68	63	63	62	45	66	65	68	759
Measels 1 months	94	60	51	81	62	67	69	84	60	64	44	67	803
No of underweight	7	5	9	6	9	12	12	6	8	8	3	7	92
% underweight	0.6	0.7	1.3	0.6	0.8	1.3	1.3	0.8	0.8	1	0.2	0.8	10.2

## APPENDIX 6

Health center statistics, 2015- 2016

INDICATOR	Mposa	Gawanani	Nkasala	Chilipa	Matope
OPD attendance	9489	3755	6958	3165	23405
No of Malaria <5	2797	1498	2798	1126	2368
No of Malaria >5	3178	1118	1513	873	4740
Health Booklet sold	0	0	0	0	0
Referrals	130		100	72	
<b>Maternity</b>					
New ANC attendance	983	576	839	607	484
Deliveries	664	431	734	501	353
Referrals	58	46	54	45	54
Maternal death	0	0	0	0	0
Under 5 Clinic			13050	8421	4468
Vaccination			5822	1912	629
Neonatal death	0	0	0	0	0
<b>Laboratory</b>					
No of HB	0	45	0	2	0
No of BS for MPS	6282	2197	6488	2424	4791

VDRC	17	447	660	203	377
HIV test	3622	2599	3170	2503	2476
Urine test	18	0	15	6	118
Stool test	0	0	1	0	69
<b>Dental</b>	0	0	0	0	147

