

# ST LUKES HOSPITAL ANNUAL REPORT FOR THE FINANCIAL YEAR JULY 2016 TO JUNE 2017



Cover Photo: A midwife doing post natal assessment in Maternity

*(SUSTAINING, EXPANDING AND MODERNIZING HIGHLANDS  
AND LAKESHORE HEALTH SERVICES)*

- *AS NKOPE, LULANGA, MPONDASI REJOINS ST LUKE'S*
- *THE NEW NURSERY PROJECT FINISHED*

## **ACKNOWLEDGEMENTS**

We are glad to say that the hospital continues to provide quality health services through the participation of various stakeholders. This includes local stakeholders like the Ministry of health, mainly through the Memorandum of understanding that exist between it and CHAM institutions, secondly Christian Health Association of Malawi for the various support rendered to our institution and its health centers. The Diocese through its Bishop Brighton Vitta Malasa who is also, the Board Chairman and the entire Board for the Hospital and its Health centers for the guidance it offers to the management for the proper running of the institutions. I will also be failing my duties if I fail to recognize the great contribution that is made by the community, mainly Traditional Authority Malemia, all chiefs and the Hospital Advisory committee and the community in general, I say, thank you Very much.

To our international partners who contribute to patient care in one way or the other I say thank you, Great appreciation goes to MACS, USGP, Capricorn, St Luke's Foundation just to mention a few.

To everyone that works and support us I say, God bless you all.

Regards,

**Winasi Boma**

**Principal Hospital Administrator**

**St Luke's Hospital and it Eight Health centers.**

## TABLE OF CONTENTS

Acknowledgement.....	2
Abbreviations.....	4
Executive summary.....	6
Introduction.....	7
Mission, Core Values and Vision.....	8
Management Report.....	9
Medical Report.....	16
Hospital Operations .....	27
Financial report.....	33
Conclusion.....	43
Biography.....	44
Appendix.....	45

## ABBREVIATIONS

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
DDS	Drug Distribution Service
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 Counseling
IGA	Income Generating Activity
KS	Kaposi Sarcoma
LBW	Low birth weight
MA	Medical Assistant
MACS	Malawi Association for Christian Support (United Kingdom)
MCH	Mother 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
PITC	Patient Initiative Opt out Testing and Counseling
PCU	Palliative Care Unit
PHA	Principal Hospital Administrator
PHC	Primary Health Care

PLWHA People Living with HIV and AIDS  
PMTCT Prevention of Mother to Child Transmission (of HIV)  
PNO Principal Nursing Officer  
PPH Postpartum hemorrhage  
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 vaginal delivery  
TB Tuberculosis  
VCT Voluntary Counseling and testing  
VE Vacuum Extraction  
YFHS Youth Friendly Health Services  
WHO World Health Organization

## EXECUTIVE SUMMARY

The financial year June 2016 to July 2017 targeted the expansion, modernization and sustaining the services of St Luke's hospital and its Health centers. With the expiry of St Luke's Hospital strategic plan 2011 to 2016. The hospital plan to develop a new strategic plan 2017 to 2021. The report will also include how the institution plans to takeover Nkope, Mpondasi and Lulanga and make them Join the Service Level Agreement(SLA) by 1<sup>st</sup> July 2017.

In the period under review, the organization aimed at increasing drug supplies to the main hospital and its health centers, construction of infrastructure and maintenances ,improvement of transport and logistics, sourcing of modern equipment's, development of the human capital amongst others. All this were done to compliment the Malawi government effort in the provision of quality health services to its people.

This report covers all sections of the hospital which include the Administration, Finance ,medical, preventive health and operations.

## INTRODUCTION

Malawi is a small (118,484Km<sup>2</sup>), Narrow, landlocked country that shares boundaries with Zambia in the west, Mozambique in the east, south and southwest and Tanzania in the North. The country has an estimated population of 17.4 million people in 2017 with an average annual growth rate of 2.7%, giving an estimated population of 20.4 million people by 2022. An estimated 84% of the population lives in the rural areas as compared to 16% in urban centres. Malawi is predicted to experience an average annual urban population growth rate of 4.2% from 2013 to 2030, which will result in an increase in urbanization. Malawi has a young population with 64% of the total population under the age of 15, 18% under the age of 5 and only 3% above 65 years. Life expectancy at birth is estimated at 63.9 for both sexes in 2017.

### ***Health infrastructure and St. Luke's Mission Hospital***

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 with a system of referrals. St Luke's mission hospital and its five health centres which are both primary and secondary level institutions, is a member of the CHAM facilities owned by the Anglican Diocese of Upper Shire and serves as a District Hospital for Zomba. It has 145 beds, an out-patient and inpatient department, theatre, paediatrics, maternity unit, radiology unit, laboratory, pharmacy, 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 eight health centres are Mposa, Gawanani in Machinga district, Nkasala and Chilipa in Zomba district, Matope in Neno district and Lulanga, Mpondas and Nkope in Mangochi District.

## **ST LUKE'S HEALTH DEPARTMENT MISSION STATEMENT, CORE VALUES AND MISSION**

### **OUR MISSION**

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

### **OUR CORE VALUE**

In line to 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 in a professional manner.
- ✚ Unity is the way we work together as a team encouraging and correcting each other in love.

### **OUR VISION**

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



# 1. MANAGEMENT REPORT

## 1.0 OVERALL MANAGEMENT/ADMINISTRATIVE REPORT

### 1.1. Introduction

This report provides a comprehensive overview of the whole hospital and its health centers as a health system in the period under review of 2016-2017 as well as the new budget for 2017 and 2018. In the period under review, management effort was towards achieving the vision of the hospital of “Creating communities of healthy people whereby no-one dies of preventable diseases”. This report will therefore put to light such activities as well as challenges in the period under review. In addition, what management intends to do in the year 2017/18 will be highlighted as St Luke’s adds Nkope, Nkasala and Mpondasi to its list of health centres.

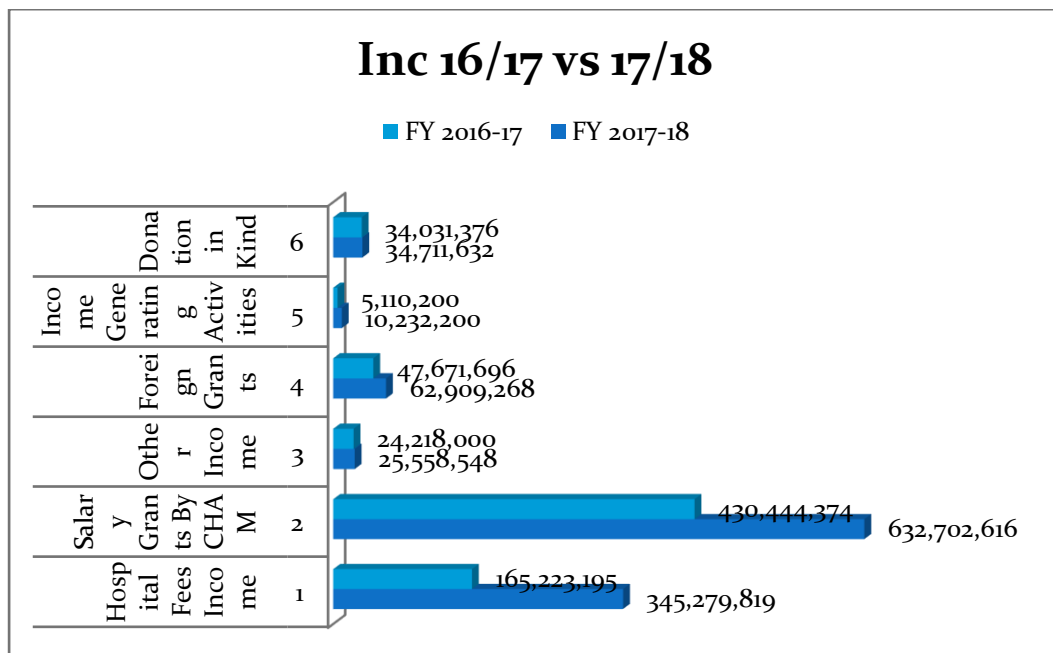
### 1.2. Current Significant Issues

#### The 2017/2018 budget

It is an activity based budget

- ✓ The budget targets a surplus of Mk115,286,642.00 before capital expenditure and surplus of MK15,396,868.00 after capital expenditure.

#### INCOME 2016/17 VS 2017/2018 BUDGET



Graph I

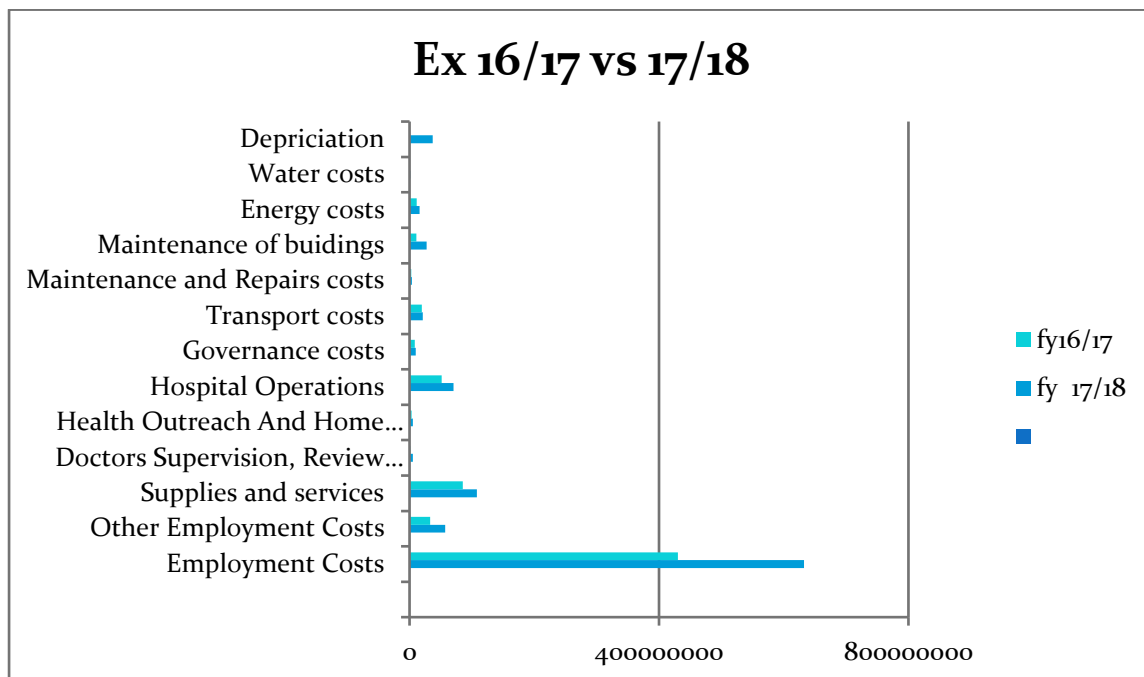
### **1.3. Major activities;**

- ✓ Equipment and infrastructure for the additional three health centers. For Nkope and Lulanga to Join service level agreement.
- ✓ Procurement of an administrative vehicle that will enhance transport for ease supervision as most health centers are in hard to reach areas.
- ✓ Investments which are expected to bring returns for example private drug store, making of furniture and raring of chicken.
- ✓ Construction of a house for a medical assistant at Nkasala and construction of a modern operating theatre at St Luke's hospital
- ✓ Development of a strategic plan 2017 to 2021
- ✓ Construction of a new maternity wing at Lulanga health centre
- ✓ Expansion of the current solar system to a vital building at St Luke's hospital

### **1.4. Human capital**

- ✓ Training of an eye clinician to run an eye unit at St Luke's Hospital.
- ✓ Training of a clinician in Bachelor of General Surgery.
- ✓ Training of a palliative care nurse to strengthen palliative care services at St Luke's Hospital.
- ✓ Procurement of New medical equipments for example dental unit and desktop sterilizers.
- ✓ Improved patient care through strengthening of coordinators activities
- ✓ Maintenance of infrastructures to increase their life span.
- ✓ Improved drug supply to health centers and the hospital to MK107,769,162.00 from MK85,334,168.00 reflecting a 26.29% increase.

## Expenditure 2016/2017 VS 2017/2018



Graph II

### 1.5. Some of the Major Key Performance Indicators in the last financial year 2016/2017

- ✓ Clearing Of 9million Kwacha Overdraft that was In the Salaries And Main Account that Now the Accounts are having a credit balance (**Positive and Not Negative**)
- ✓ As a measure of profitability, the hospital has a return on capital employed (ROCE) of **6.8%** compared to **4.3%** in 2015/2016 which shows that the hospital efficiently used its resources as well as gained **Mk6.77 per MK100** invested which shows the hospital is making normal returns for a Non-profit making organization(**Not too high and Not too low**)
- ✓ The hospital exceeded its target in terms of user fees collection by 16% which shows efficiency as well as ensuring sustainable delivery of quality health services.
- ✓ Good donor support which shows good relationship and trust in the current leadership and management as the contribution from partners exceeded target by 73%.

- ✓ The Current ratio for 2016/2017 is 2:70 compared to a current ratio 2015/2016 of 1:15, which shows an improvement in the way creditors are covered, this shows that the hospital has the ability to pay its creditors 2:70 times more compared to 2015/2016 which was only 1:15. This shows that the hospital is able to manage its creditors well and minimize unnecessary borrowing which is good for effective delivery of health services.
- ✓ The Net working capital for this year is Mk61,547,974 which means that this amount will be available in the next financial year to manage its creditors which gives the hospital a good start and ensures the provision of sustainable health services. Since the figure is positive it shows that the hospital is generating enough from its operations to manage its creditors.

#### **1.6. Going Concern**

The organization continues to increase its assets from MK938,170,250 in 2015/2016 compared to MK966,400,078 in 2016/2017. The hospital procured a Lorry, Chairs, Photocopy machine, electrolyte machine for the laboratory and installation of solar backup power for key areas of Laboratory, theatre, pharmacy, pediatric ward and maternity which ensures smooth delivery of health services. This is good as it shows the ability of the organization to live forever.

#### **1.7. Quality Care**

- ✓ Increased Opd attendance by +51% compared to last half of the year which shows good utilization of our Opd services by the community and beyond.
- ✓ Increased number of deliveries by +16% which shows appropriate utilization of the service level agreement and the hospital's contribution to the reduction of maternal and neonatal death which is currently at 439/100,000 and 27/1000 (MDHS through NSO, 2015) in Malawi.

- ✓ The hospitals growing diagnostic services like laboratory, radiology which has increased by 5% and 30% respectively.
- ✓ Active and functioning Hospital advisory Committees which provides feedback to management in delivery of health services.
- ✓ Clinical Audits continue to provide feedback to the hospital on how to provide quality care.
- ✓ Adoption of the quality philosophy as one of its pillars which makes the hospital to value quality.
- ✓ Overall good performance of health centers in terms of Hospital utilization for example Chilipa OPD attendance has increased by 56% compared to the last year the year the same period due to strengthened supervision, controls and monitoring , in addition to the recently introduced drug delivery services.
- ✓ The hospital signing of memorandum with world vision for the under 13 and newly signed NRU MOU will increase patient turn up and improve availability of resources.
- ✓ The hospital received various resources in the period under review from partners likes Mattresses and hospital beds, linen, Blood pressure machines and many more resources which improved the care provided to patients.

### **1.8. Technology**

Received Monitors from partners for the yet to be opened Highly dependency unit which will improve patient care and expand the type of services offered.

### **1.9. Intangible assets**

The hospital will send a member of staff for eye training and another one for palliative care training who in return will add value to the organization.

### **1.10. Expansion**

Due to the challenge of space in Zomba, the hospital will explore Mangochi Township for the new private drug store for IGA.

### **1.11. Risk and Compliance Update**

- ✓ The hospital underwent internal audits in the period under review to ensure compliance with its finance policy.
- ✓ The hospital will continue to work hand in hand with supervisors from the DHO and ministry of health.
- ✓ The hospital will continue to do clinical audits.
- ✓ The hospital works hand in hand with pharmacy medicines and poisons board before ordering its drugs from IDA
- ✓ The hospital duly registers its facilities and employees with various regulatory bodies.

### **1.12. Matters for noting**

- ✓ Solar power was successfully installed and is working.
- ✓ The PHA went to china for a three weeks Hospital management training through CHAM
- ✓ The PHA is studying a Masters of Business Administration(MBA) with the University of south Wales sponsored by Capricorn trust and Some Macs members with the approval of the Board chairperson and is expected to serve bond upon completion in 2018.
- ✓ A new SAO is expected to start work on 1<sup>st</sup> July 2017 ,the first successful candidate who reported for work became ill from depression and the hospital could not wait for more that 6 months of recovery as recommended by the hospital she was attending medical treatment.
- ✓ Interviews for the Principal Nursing officer were conducted and the New Matron is expected to start work by 1<sup>st</sup> August 2017.

**1.13. Management Vision**

- ✓ Sustain, Expand, and Modernize St Luke's hospital and its health centers.

**1.14. Challenges**

- ✓ Inflation which was high in the first half of the financial year as high as 28%, this affected the cost of drug and supplies.
- ✓ Salary delay, this has affected the retention of staff.
- ✓ Government improved its payment of SLA, however the bigger chunk still remain unpaid.
- ✓ CHAM is using outdated establishments dated back to 2002; this is contrary to government institutions which has updated its establishment, this affect the delivery of health services.

## **2. MEDICAL REPORT**

### **2.1. Introduction**

During the period July 2016 to June 2017, the medical department underwent several changes. The introduction of solar power in the laboratory and theatre (among other wards) significantly improved continuity of services. The introduction of new equipment like CPAP and electrolyte machine in maternity and laboratory improved treatment options and laboratory tests. These changes resulted in a general increase in the availability of services, this lead to an increase in production for almost all departments.

In addition, the hospital received several donations among which: a total of 50 bed nets for the wards, an anesthetic machine and a shipment of equipment to be used in the adult HDU (monitors, iv pumps), theater (diathermy device) and labour ward (CTG).

### **2.2. Out-patient department**

The OPD attendance in the period under review increased by 51% compared to the previous reporting period of July 2015 to June 2016. Introduction of a dedicated OPD nurse and increase in medical assistants on the OPD has reduced waiting times and improved quality of service in this department. A challenge is the state of minor theatre which makes it impossible to perform any (dirty) procedures and affects efficiency in the OPD. The STI clinic has two dedicated clinicians to see and treat patients. An important task is the screening and treatment of women at risk of cervical cancer. Due to lack of treatment options for precancerous lesions patient numbers are low and an increase in patients presenting with advanced stage cervical cancer is seen. In addition, OPD is now offering optometry services.

### **2.3. In-patient**

In-patient admission in the period under review decreased by 26%, the average duration of stays however, increased by 23%. This development of reduced admission but increased length of stay is in line with the previous board report. It suggests patients are less willing to be admitted and prefer to be treated as an outpatient.

### **2.4. HMIS data for St Luke'sHospital**

<b>General hospital</b>	<b>July - June 2015/2016</b>	<b>July - June 2016/2017</b>	<b>Variance</b>
OPD	19310	29254	+51%
Admission (excl maternity)	4229	3276	-23%
Average duration of stay	2.0	2.5	+25%
Occupancy	17%	15%	-2%
Death	151	110	-27%



<b>Maternity</b>			
Total no of woman starting ANC in first trimester	82	116	+41%
Total of woman attending ANC	1901	2073	+9%
Total ANC visits	3595	3936	+9%
Deliveries	1916	2220	+16%
Number of CS	392	256	-35%
CS %	20%	11%	-9%
Maternal death	1	1	No change
<b>Primary Healthcare</b>			
Tot no of children attending under 5	10985	10114	-8%
No of fully immunized children under 1	791	621	-21%
No of underweight children	92	118	+28%
<b>HIV/AIDS/TB</b>			
ART tested	3988	6049	+52%
% tested HIV positive	16%	14%	-2%
TB diagnosed	122	90	-26%

## 2.5. Laboratory

Laboratory production has increased by 5% in the period under review. The introduction of two new machines has extended the amount of tests being performed. St Luke's Hospital is now one of the few hospitals able to offer electrolytes and CRP test in the whole of Malawi. **See data in Appendix III**



**Figure 1:** A Laboratory Assistant and a Student Doctor discussing findings in the Laboratory

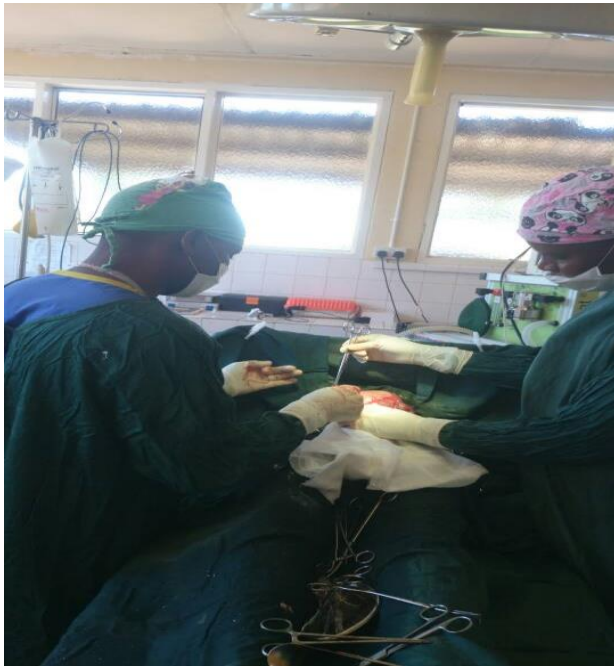
## 2.6. Radiology

The radiology department increased its production by 30%. This follows the increase in patient turn up in OPD. The main challenge was the poor state of radiology equipment leading to interruption of services. The ultrasound machine, though it was still working, was in urgent need of replacement. Thanks are rendered to our partners as now we have a new ultrasound machine. **See data in Appendix I**



**Figure 2: The Bishop and Principal Hospital Administrator Appreciates new Scanning machine donated by one of its partners.**

## 2.7. Theatre



In the period under review the total number of procedures increased by 5%. This is a significant increase in the light of a 18% reduction in Caesarean section rate. This is best explained by the increased patient turn up in OPD plus increased performance in family planning counseling. The amount of bilateral tube ligation (BTL) being done increased by 120%. The increase in the amount of procedures results in reduced availability of the single operating room for emergency obstetric care. The number of procedures is expected to increase even more following the graduation of a clinician in obstetrics and gynecology from July 2017 onwards. This makes it important to increase the size of the current theatre to at least two operating rooms. **See attached data in Appendix II**

**Figure 3: Theatre Team Operating on a Patient**

## 2.8. HEALTH CENTERS

In the period under review all but one health centers saw a significant increase in patient numbers. This follows increased staffing levels, improved supervision visits and introduction of new laboratory equipment. In general most buildings are old and need major maintenances.



**Figure4: Management support supervision Visit to Nkasala Health Centre**

## 2.9. Data St Luke's Hospital health centers

<b>Chilipa</b>	<b>July - June 2015/2016</b>	<b>July-June 2016/2017</b>	<b>Variance</b>
OPD	3165	4937	+56%
Deliveries	501	345	-31%
Laboratory tests	5132	8349	+62%
<b>Nkasala</b>			
OPD	6958	7673	+10%
Deliveries	734	675	-8%
Laboratory tests	10395	12243	+18%
<b>Mposa</b>			
OPD	9489	7823	-18%
Deliveries	664	742	+12%
Laboratory tests	9939	10861	+9%
<b>Gawanani</b>			
OPD	3755	7101	+89%
Deliveries	431	501	+16%
Laboratory tests	5243	8796	+68%
<b>Matope</b>			
OPD	23405	32275	+38%
Deliveries	353	435	+23%
Laboratory tests	2977	17088	+474%

## 2.10. Achievements

- ✓ Improved availability of nurses, medical assistants and clinicians in OPD resulting in increased patient turn up.
- ✓ Improved neonatal services due to introduction of CPAP in neonatology wing.
- ✓ Improved continuation of service in laboratory, maternity, paediatric and theatre department due to availability of solar power.
- ✓ Introduction of electrolyte and CRP testing in laboratory.
- ✓ Recognition of laboratory technician as a WHO registered grade 2 Malaria expert.
- ✓ Introduction of MVA room, material and training.
- ✓ Improved child friendly services by introduction of children's playground.
- ✓ Introduction of international volunteer programme in liaison with Bemore.
- ✓ Introduction of supervision and service improvement programme to Mikuyu prison in liaison with biunique.
- ✓ Improved access to NRU service due to SLA (recent).
- ✓ Improved palliative care service due to availability of external funding.
- ✓ Improved staffing levels in theatre following recruitment of anesthetic clinician.



- ✓ Improved service level in health centre due to improved supervision, new staff and investments in basic clinical and laboratory equipment. (pulse ox meters, BP cuff, gluco-meter, HB-hemocue)
- ✓ Significantly increased numbers of BTL.
- ✓ Increased number in antenatal visits.
- ✓ Increased number in deliveries.
- ✓ Sent one nurse to palliative care training.

### **2.11. Challenges**

- ✓ Late viral load and gene-Expert results from central hospital.
- ✓ Postponed introduction of HDU due to delay in shipments of IDA drug container and HDU equipment due to third party hold up but all this arrived as of June.
- ✓ Old radiology equipment disrupting ultrasound services. But currently there is a new machine given by the hospitals partner.
- ✓ Old autoclave equipment leading to breakdowns and interruption of theatre services
- ✓ Increased breakdown of ambulances leading to interrupted doctors' visit to health centers and disruption of income generating activities.
- ✓ High numbers of late stage cervical cancer due to lack of treatment options.
- ✓ Increased number of general operations reduces accessibility of the single operation room for emergency caesarean and other maternity services.
- ✓ No dermatology and ophthalmology services in OPD.
- ✓ Poor state of antenatal and post natal building
- ✓ No guardian shelter
- ✓ Staffing levels of nurses fluctuates more than other cadres
- ✓ Shortage of staff houses.

### **2.12. Recommendations**

- ✓ Extension of Solar power to remaining wards. A proposal has been send to the Dutch St Luke's organization awaiting feedback.
- ✓ Introduction of treatment service for pre-cancerous cervical lesions. A beneficiary evening was organized in July 2017 in the Netherlands. The gathered funds were ear marked to be used for the procurement of a Wisap device.
- ✓ Training of ophthalmologist clinician. A medical assistant is accepted at Lilongwe College of Health Sciences to start July 2017.
- ✓ Building of a new theatre building. Macs UK committed itself to sponsor the building of a new theater. A team from the ministry of works visited the site and will come back with a theater plan.

- ✓ Replacement of old radiology equipment. Quotations and donors are being sourced.
- ✓ Building new guardian shelter. A donor has been found and plans are being made to build a new shelter.
- ✓ Finish HDU and neonatal wards
- ✓ Introduction of gynecologic clinic with the graduation of the clinical officer.
- ✓ Search for funding of new ambulance. Quotations are sourced and forwarded to potential donors.
- ✓ Refurbishing minor theatre to increase its use. Minor theater has been updated and cleaned. It is awaiting the repair of one anesthetic device.

### 2.13. Primary Health Care



**Figure 5: The Outpatient Department and the Maternal and Child Health department is one of the Busiest sections of the Hospital**

The primary health care department continues to offer preventive health services in the areas of Maternal and Child Health, Nutrition, Antenatal Care, Family Planning, TB services and, Prevention and treatment of various diseases such as Cholera, Typhoid Fever just to mention a few. The report will therefore capture some of the indicators for the period Jan-May 2017 for the specified areas.

#### 2.14. Maternal and Child Health

- ✓ The hospital has a primary catchment population of **13826** in Zomba district and **32837** in Machinga district, however, the catchment population of Machinga does not utilize all the services at the MCH department, hence the calculation were based on the catchment population of Zomba. This translates to 692 under ones, 2350 under 5s, 3180 women of the child bearing age and 692 expected pregnancies as well as deliveries in a year according to the HMIS health profile by the Ministry of health.
- ✓ In a year the hospital has managed to fully vaccinate 621 against 692 under ones children who were supposed to be immunized, giving a coverage percent of 89.7% (beating the target of 85% as stipulated by the MoH guidelines). Nevertheless, the coverage for BCG is way too high (310%) than the other vaccines (Pentavalent, Measles, PCV, Polio and Vitamin A) as the hospital also offers deliveries beyond its catchment population.
- ✓ It is also pleasing to note that there will be a change on the vaccines to be administered come July 2017; measles will be substituted with measles rubella. However that will start with a campaign from June 12 to June 16 in which there will be supplementary immunization activities involving Vitamin A, Albendazole for deworming and Measles Rubella Vaccines. As for St Luke's hospital all the preparatory activities are already done including the trainings of the vaccinators, briefing of HAC members and publicity to the community.
- ✓ As regards to family planning, Depo-Provera remains the favorite to most women of the child bearing age (94.8%) unlike the other family planning methods. The only challenge to this service is that it is not offered at community level. In that regard, there is a need to refresh the community based distributor agents (CBDAs) who most of the times are the Health Surveillance Assistants so that family planning methods such Depo-Provera and condom distribution could be done at community level hence increasing the utilization.



**Figure 6: The Clinical and Nursing staff explains to the Bishop and Community Members some of the services offered at the Hospital through a pavilion**

- ✓ Total new antenatal attendees for the period were 2073 women, three times the expected number (692). Total number of women starting their antenatal care service during the first trimester was 116. The rate for antenatal care attendees in the first trimester is now at 6%.
- ✓ With support from the SNIC project, the hospital has also introduced love letters at its antenatal care department to encourage men's participation in maternal health services. However, the hospital still struggles to attract more women in their first trimester to ANC services. In that regard, the department would want to conduct routine awareness campaigns in the catchment area. Above all there is a need to establish and renovate shelters for outreach clinics so that the ANC service could be accessed right at the community level like the way it with growth monitoring and immunizations.

#### **2.15. Nutrition**

- ✓ Malnutrition is one of the health problems facing the catchment area of the hospital. However, the coming in of SNIC and PROMISE projects under Catholic Relief Services and Emmanuel International respectively, in T/A Malemia has played a bigger role towards efforts of reducing stunting problems in the catchment area of the hospital. The two projects target pregnant women, lactating mothers and under-5 children by using care group model in which village volunteers meet regularly to discuss health and nutrition issues. The catchment area of the hospital has 14 care groups, and in the specified period two modules were rolled out (Maternal Nutrition and, Growth monitoring and Promotion).



- ✓ In the month of March 2017, the department with support from Catholic Relief services (SNIC Project) carried out a Mass Nutrition Assessment in the catchment among the under five Children from the age of six months. Of the under five children assessed, 29 were severely malnourished and 43 were moderately malnourished and all were referred to the hospital for admission into various programs (Outpatient therapeutic care and Supplementary Feeding Programs). Nevertheless, the assessment triggered for an immediate attention towards Nutrition Programs as the figures were so alarming. In that regard, the department is planning to refresh volunteers from the care groups on their day to day activities so that the problem could be reduced.
- ✓ There is a new partnership with UNICEF on Nutrition Service level agreement.

#### **2.16. Kraal (Khola) Project**

- ✓ The hospital also got funding from Capricorn Africa for the construction of the Kraal for Chicken production (layers and broilers). The construction project commenced in this same period, and the structure is now in full swing and production will start by the by July. The idea behind was to make the department economically self-sustainable so that it can support various community activities on its own, rather than being partner dependent.

#### **2.17. Typhoid Fever**

- ✓ From mid-June to October 2016, the hospital's out-patient department experienced alarming figures of students from Malosa secondary School and St Luke's college of Nursing both presenting with fever, headache, general body pains, and in some vomiting as well as diarrheal. These were suspected to be Malaria cases; however laboratory tests could not isolate Malaria parasites.
- ✓ This prompted a wider investigation by Zomba District Rapid Response team as well as the team from the Community Health Sciences Unit in Lilongwe in which it was realized that some of the blood samples collected from Malosa Secondary School and St Luke's College turned to have Salmonella Typhii. Upon these results, a case definition was drawn and patients were treated accordingly. Hundreds of suspected patients were treated with no any death recorded.
- ✓ The source was not fully identified; however tests were done on the quality of water at the Malosa (Likwenu) Dam by the Sothern Region Water Board as many of the institutions affected were tapping water from that Dam. Results indicated that the Dam was microbiologically infected as evidenced by the presence of fecal coliforms and the absence of residual chlorine at various points of water

consumption. This was an indication that there could be a high probability that other disease causing organisms like Salmonella Typhii might be present.

- ✓ As of the last half of the reporting period the hospital did not register any alarming figures for the same in the specified period; this could be the case due to some preventive measures which were instituted during the outbreak such as proper dosing of chlorine in the dam as well as frequent cleaning of the dam during the specified period.

#### **2.18. Pit Latrines and the Placenta Pit Projects**

- ✓ Emmanuel International through the PROMISE project is on a move to construct 4 Pit latrines and 1 Placenta Pit for the hospital. The project has involved community's participation which started with briefing Health Advisory Committee members on the role that the community would take. Regarding the project at Luke's Hospital, the community has contributed sand, while the hospital has taken cover of the transport expenses encountered during the transportation of Sand and Bricks to the site. The rest of the construction materials will be covered by Emmanuel International including labour charges for the contractor.

#### **2.19. Health Advisory Committee**

- ✓ The hospital also recognizes the importance of engaging the community in decision making as well participation towards health services. As such it has a health advisory committee which was elected late 2016 and started to operate in January 2017. So far the Committee has met twice as it was designed to conduct meetings every quarter.

## **HOSPITAL OPERATIONS**

### **3.1.0. Introduction**

This report has only highlighted major events in the financial year 2016/2017. Achievements and progress can be seen in all projects that were planned in the reporting period.

### **3.1.1. Technical Services and Buildings**

Major maintenances were done on motor vehicles, hospital buildings both at St Luke's and its five health centers, equipment and staff houses. During this period the following general maintenance were conducted

- ✓ Construction of Nursery and Kangaroo which is in progress funded by College of Medicine
- ✓ Construction of chicken kraal which was completed.
- ✓ Upgrading of guardian toilets.
- ✓ Renovation and extension of maintenance office is still in progress.
- ✓ Maintenance of staff houses at St Luke's and its Health Centers.
- ✓ Repairing of medical equipment. i.e Air conditioner and blood bank.
- ✓ Procurement of a lorry.
- ✓ Maintenance of Ex-wood house
- ✓ Replaced old toilet set with new one at Post-natal ward.
- ✓ Construction of incinerator and placenta pit at Nkasala Health Centre

### **3.1.2. Achievements**

#### **a. Solar System**

- ✓ Installation of High Breed solar system in 4 departments of the hospital, theater, laboratory, Paediatric, and maternity.
- ✓ The hospital also received solar set system from CHAM and was sent to Gawanani Health Centre.

#### **b. Accounts Department**

- ✓ The accounts department put internal control measures which are in place and have been improved during this reporting period; furthermore the hospital is putting the costs down as much as possible.
- ✓ Reconciliation in all hospital accounts is up to date since 1<sup>st</sup> May 2017 (QuickBooks) because previous reconciliation was not done.
- ✓ The department has improved on meeting deadlines for submission of invoices to our debtors because of the introduction of debtor's collection section.
- ✓ Updating the asset register and inventory list
- ✓ Monthly stock taking in stores department and pharmacy

### **c. Pharmacy**

- ✓ Goods received note introduced in pharmacy to ensure that drugs procured arrives in the pharmacy.
- ✓ Excellent drug management system by Introduction of an active Drug committee, introduction of three lock system for the main hospital pharmacy and five health and creation of drug distribution service to health centers.

### **d. Medical**

- ✓ Serviced the air-conditioners in the pharmacy department
- ✓ There is a full maintenance contract of the full blood count and chemistry machine, which ensures that the services in the lab are not interrupted.

### **3.1.3. Challenges**

- ✓ Though government has started paying SLA the MoH still owes the hospital a huge sum of money.
- ✓ Delayed salaries funding from the government which makes staff loose morale.
- ✓ Old vehicles and buildings which resulted in the hospital spending more on maintenance and services.
- ✓ Most of hospital buildings and staff houses are not in good condition and require extensive maintenance.

### **3.1.4. Way forward**

- ✓ The hospital will strive to spend basing on the available funds to avoid going into further debt.
- ✓ Looking for partners to assist the hospital with funds to procure new ambulance, build more staff houses and to install solar system in the remaining departments of the hospital.

## **3.2.0. Human Resources Report**

### **3.2.1 Introduction**

The report encompasses of HR issues that have transpired in the year under review in line with the strategic goals of St. Luke's Health Department. In brief the report highlights the staffing levels, training and staff wellbeing.

### **3.2.2. New Employees**

The Hospital recruited one medical assistant, dental therapist, anesthetist, clinical technician and seven NMTas illustrated below;

<b>DEPARTMENT</b>	<b>No. OF EMPLOYEES RECRUITED</b>	<b>DIFFERENT CADRE</b>
Clinical Dept.	9	1 Medical Assistant 1 Dental Therapist 1 Anesthetist 1 Lab Technician 1 Chief Clinical Officer 1 Clinical Technician 3 Medical Assistants
Nursing Dept.	15	1 Registered Nurse 14 NMT
Support Staff	11	4 Accounts Assistant 5 Patients Attendants 2 Security guards

### **3.2.3. Retirement**

Mr Sidrick Matiya retired from work after reaching the mandatory age. He started working with St. Luke's in 2001. He was dental therapist.

### 3.2.4. Transfer

The Hospital Management team noted with deep regret the transfer of the Principal Nursing Officer, Mrs. Chrissie Hussein in quest of following her husband in Mzuzu who worked with the hospital for eighteen years.

### 3.2.5. Resignations

- ✓ The hospital experienced resignations of some staff for greener pastures and education

DEPARTMENT	No. OF EMPLOYEES RESIGNED	CADRE
Administration	1	Senior Administration Officer
Clinical Dept.	5	1 Medical Officer 1 Laboratory Technician 1 Medical Assistant 2 Clinical Officers
Nursing Dept.	7	7 NMT
Support Staff	9	2 Accounts Assistant 5 Patient attendants 2 Security guards

### 3.2.6. Termination

The hospital terminated the service of Mr Emmanuel Visati a Clinical Officer because of misconduct.

### 3.2.7. Housing

Staff houses are not enough compared to minimum cadres that are supposed to be accommodated as specified by the housing policy. This problem is even worse at Health centers. Some employees are renting houses outside the hospital due to the shortage of houses. As a relief there is a house being constructed at Nkasala Health Centre for the medical assistant with funding from our partner MACs.



**Figure 8: Project Team inspects a medical assistant House which is under construction and sponsored by Macs**

### 3.2.8. Training

The hospital management sent its staff for further training and upon return these will serve bond and add value to the hospital. Currently, the hospital is supporting five of its employees to complete different courses. Below is the Training and Development plan currently being used.

#### Training and Development Plan

STUDENT'S NAME	SCHOOL	COURSE	2014	2015	2016	2017	2018	2019	2020	
Timothy Phiri	College of Medicine	BA in Sci. in OBS Gyn	20 <sup>th</sup> Sep. 2014 to 20 <sup>th</sup> Sep. 2017							
John Kaliza	Malamulo	Cer. In Cli Med.		21 <sup>st</sup> Oct. 2015 to 21 <sup>st</sup> Oct. 2017						
Joyce Mustafa	Malamulo	Cer. In Cli Med.		21 <sup>st</sup> Oct. 2015 to 21 <sup>st</sup> Oct. 2017						
Chipiliro Masinthe	Mw Col. of Health Sci.	Diploma in N/M			19 <sup>th</sup> Feb. 2016 to 19 <sup>th</sup> Feb. 2018					
Leonard Banda	College of Medicine	BA in Gen. Sur.			9 <sup>th</sup> Aug, 2016 to 9 <sup>th</sup> Aug, 2019					

On a good note the Principal Hospital Administrator went for Hospital Management Training in China, Southern Medical University through CHAM, the Environmental Health Officer attained a certificate in community mobilization for community action cycle through Management sciences for health and the PHA- secretary was sent for a refresher course organised by MINDSET.

Human resources are an intangible resource of an organization whose expense takes a number of years. The knowledge and skills will promote innovation, solve current hospital challenges and insure that the hospital is in a very good strategic position there by providing health care forever

### **3.2.9. ACHIEVEMENTS**

- ✓ Good staffing levels. The Clinical team has two Medical Doctors, eight Clinical Officers and four medical assistants. All nursing positions are filled. This has reduced expenditures on relief and locum
- ✓ Motivated and highly disciplined employees
- ✓ Promotion of employee voice through frequent staff general meetings
- ✓ Introduction of staff registers at all entrances
- ✓ Team work
- ✓ No court cases as a sign of management following the terms and conditions of the hospital.
- ✓ Introduction of social welfare activities such as awards, get together party, social sports like netball and football



## **FINANCIAL REPORT**

### **4.0. PERFORMANCE REVIEW 2016-17 FY**

#### **4.1. Income and Expenditure Report Notes**

##### **INCOME**

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

The hospital generated income amounted to MWK 198 million against a total annual budget of MWK 165.2 million thereby achieving a positive variance of MWK 32.8 Million. Detailed below is revenue performance as per facility:-

<b>Facility</b>	<b>Annual Budget (12M) MWK</b>	<b>Actual (12 M) MWK</b>	<b>Variance MWK</b>
Bishop Malasa Pvt Wing	28.7 M	35.7 M	7 M
Chilipa	11.6 M	9.9 M	(1.7) M
Gawanani	7.8 M	8 M	0.2 M
Matope	12 M	12 M	-
Mposa	14.8 M	12.7 M	(2.1) M
Nkasala	10.7 M	8.9 M	(1.8) M
St Luke's	91.7 M	113.7 M	22 M

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

During the period under review, the hospital received MWK 434.7 million in respect of salaries from CHAM against an annual budget of MWK 430.4 million. The hospital was overfunded on this vote.

##### **3. Foreign Income**

The hospital received earmarked funds amounting to MWK 38.5 million from various co-operating partners against an annual budget of MWK 47.7 million in the period under review.

##### **4. Income Generating Activities**

The hospital generated MWK 1.4 million from its Income Generating Activities (IGA) against a budget of MWK 5.1 million.

##### **5. Donation in Kind**

In the period under review, the hospital budgeted for MWK 34 million in respect of this vote against an actual of MWK 64.2 million. Below is the performance:-

<b>Partner</b>	<b>Annual Budget (12M) MWK</b>	<b>Actual (12 M) MWK</b>	<b>Variance MWK</b>
St Luke's Foundation	32.9 M	52.7 M	(19.8) M
Friends of St Luke's	0.9 M	-	0.9 M
Intercare	0.1 M	0.4 M	(0.3) M
Local	-	0.8 M	0.8 M
Mike Cosby	-	10.2 M	10.2 M

## 6. Other Income

In the period of reporting, the hospital generated MWK 19.1 million against a budget of MWK 24.2 million.

## EXPENDITURE

### 7. Employment Costs

Out of an annual budget of MWK 430.4 million the hospital paid out salaries amounting to MWK 435.4 million. But about 0.2 Percent of this which gives us MWK 0.7 million was borne by the hospital catering for annual salaries (12 months salaries) for other employees whose salaries was not funded by CHAM, and also due to the recruitment ban.

### 8. Other Employment Costs

Other employment cost went up to MWK 35.8 million from a budget of MWK 21.5 million. This was mainly due to, fees hike by training institutions due to inflation; improved data collection of staff medical cost; top up allowances upward adjustments within the year which were not calculated for just ended year.

### 9. Supplies and Services

The Hospitals local drug purchase stood at MWK 75.2 million against a budget of MWK 85.3 million. The other part was supplemented by partners mainly St Luke's Foundation.

### 10. Doctors Supervision and Review Meetings

The hospital spent MWK 1.9 million on this vote against an annual budget of MWK 1.3 million.

### 11. Health Outreach and Home Follow Up

During the period under review, the hospital spent MWK 1.3 million against a budgeted amount of MWK 3.2 million. This is mainly due to no response from partners.

## **12. Hospital Operations**

The hospital overall budget for hospital operations was MWK 51.7 million. As at 30<sup>th</sup> June, 2017, the hospital; had spent MWK 47.8 million. This was mainly due to prudent financial management, besides high interest rates on the MWK 9 million overdraft facilities at our First Merchant Bank Salaries and Main accounts and also increases in prices of materials due to harsh economic conditions.

## **13. Governance Costs**

This vote went up to MWK 9.3 Million from a budgeted amount of MWK 8.2 Million. This was mainly due to chaplaincy cost for trainings, additional management meeting due to the adoption of Mangochi health centers, management commitment in payment of CHAM membership fee.

## **14. Transport Costs**

During the period under review, the hospital budgeted for MWK 17.9 million, this considering that our fleet of vehicles is old and require a high maintenance cost. However, the hospital spent MWK 17.4 million.

## **15. Maintenance and Repair Costs**

Maintenance and Repair Costs went up to MWK 4.1 million from a budgeted amount of MWK 2.8 million. The hospital overspent on this budget line because it had serviced/repared more of its hospital equipment i.e. over whole service of laboratory and theatre machines and air conditioner for the main pharmacy.

## **16. Maintenance of Buildings**

Under this account, the hospital spent MWK 6.2 million against a budgeted amount of MWK 11.2 million due to cash flow challenges especially in the first half of the accounting year (2016-17).

## **17. Energy Costs**

The hospital spent on this budget line MWK 11.3 million against a budgeted amount of MWK 8.1 million. This was mainly due to the coming in of solar energy and reduced number of black outs.

## **18. Water Costs**

In the period under review, the hospital spent MWK 0.6 million on the vote of water costs against a budget of MWK 0.5 Million.

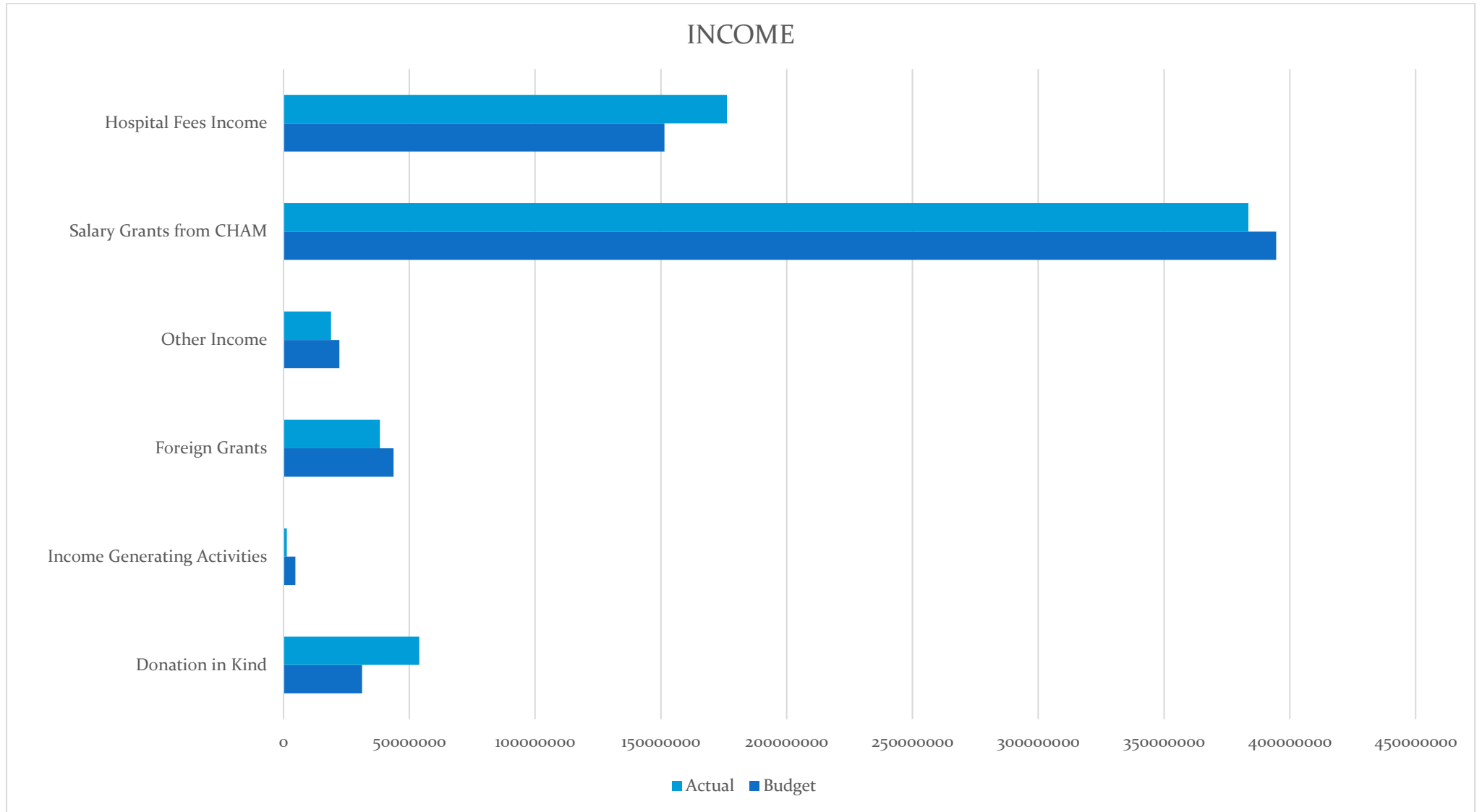
# Income and Expenditure Report for the period of 1st July 2016 to 30th June 2017

In Malawi Kwacha

							As at 30th June 2017
		FY 2016-17 Approved Budget 12 M	FY 2015-16 Approved Budget 12 M	FY 2016-17 Actual 12 M	FY 2015-16 Actual 12 M	Variance	Usage Percent
<b>INCOME</b>							
Hospital Fees Income	1	165,223,195	140,800,000	198,069,337	141,831,012	56,238,325	120
Salary Grants By CHAM	2	430,444,374	426,963,335	434,661,147	430,605,890	4,055,257	101
Other Income	3	24,218,000	15,258,000	19,115,541	18,194,526	921,015	79
Foreign Grants	4	47,671,696	51,900,000	38,548,028	55,917,409	(17,369,381)	81
Income Generating Activities	5	5,110,200	2,122,000	1,356,000	714,745	641,255	27
Donation in Kind	6	34,031,376	24,250,000	64,217,319	36,986,730	27,230,589	189
<b>Total Income</b>		<b>706,698,841</b>	<b>661,293,335</b>	<b>755,967,372</b>	<b>684,250,312</b>	<b>71,717,060</b>	
<b>EXPENDITURE</b>							
Employment Costs	7	430,444,374	426,963,335	435,381,018	433,267,285	2,113,733	101
Other Employment Costs	8	32,976,969	28,595,100	35,789,874	22,016,975	13,772,899	109

Supplies and services	9	85,334,168	60,332,000	75,172,593	65,949,778	9,222,815	88
Doctors Supervision, Review Meetings	10	1,326,000	4,720,000	1,928,352	1,872,140	56,212	145
Health Outreach And Home Follow ups	11	3,150,000	10,045,300	1,279,600	4,852,690	(3,573,090)	41
Hospital Operations	12	51,706,000	47,351,985	47,809,345	48,370,222	(560,877)	92
Governance costs	13	8,180,000	7,300,000	9,319,675	5,420,676	3,898,999	114
Transport costs	14	19,436,000	15,800,000	17,417,566	16,796,294	621,272	90
Maintenance and Repairs costs	15	2,790,000	3,250,000	4,104,826	4,229,779	(124,953)	147
Maintenance of buildings	16	11,150,000	9,320,000	6,125,139	10,457,605	(4,332,466)	55
Energy costs	17	11,310,000	4,800,000	8,149,734	8,271,518	(121,784)	72
Water costs	18	590,000	556,000	682,153	485,000	197,153	116
Depriciation	19	-	-	37,954,081	-	37,954,081	-
Disposal of Fixed Assets Loss	20	-	-	741,600	-	741,600	-
<b>Total Expenditure</b>		<b>658,393,511</b>	<b>619,033,720</b>	<b>681,855,554</b>	<b>621,989,962</b>	<b>59,865,592</b>	
<b>Surplus/Deficit before Capex</b>		<b>48,305,330</b>	<b>42,259,615</b>	<b>74,111,818</b>	<b>62,260,350</b>	<b>11,851,468</b>	
<b>Capital Expenditure</b>		<b>23,650,000</b>	<b>22,000,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Surplus/Deficit after Capex</b>		<b>24,655,330</b>	<b>20,259,615</b>	<b>74,111,818</b>	<b>62,260,350</b>	<b>11,851,468</b>	

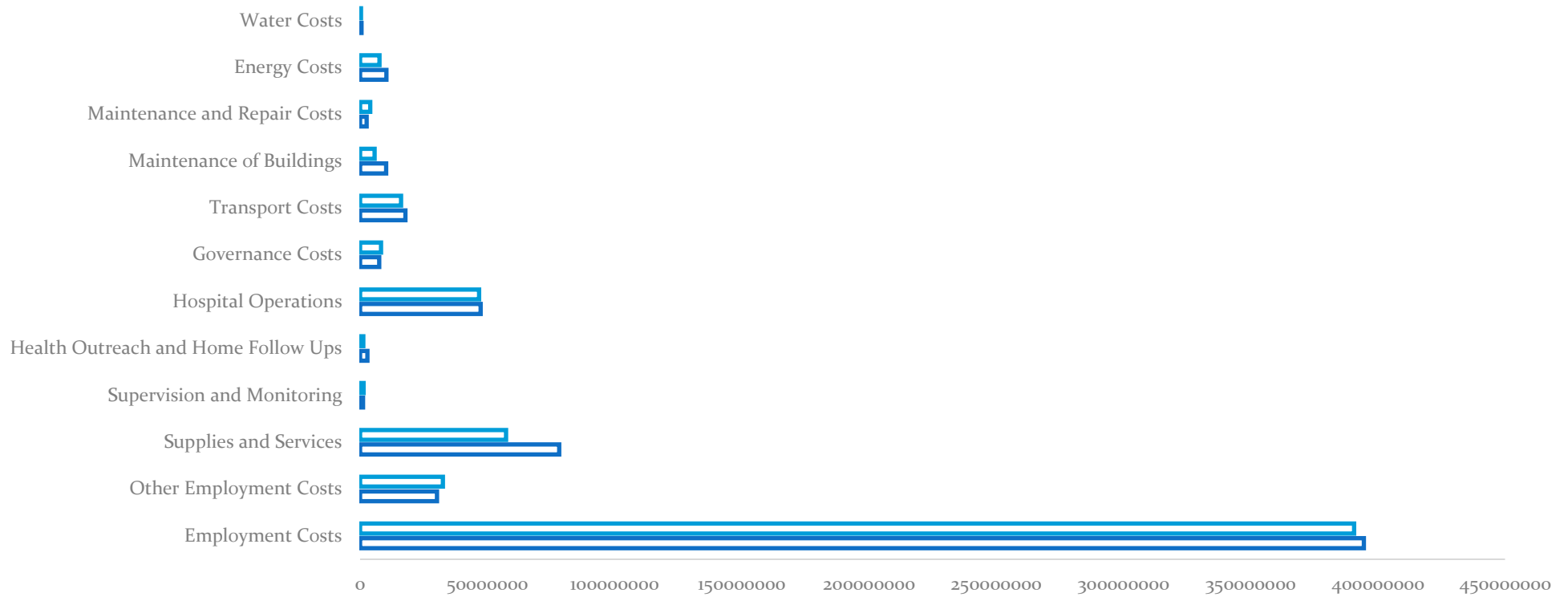
Graph III



Graph IV

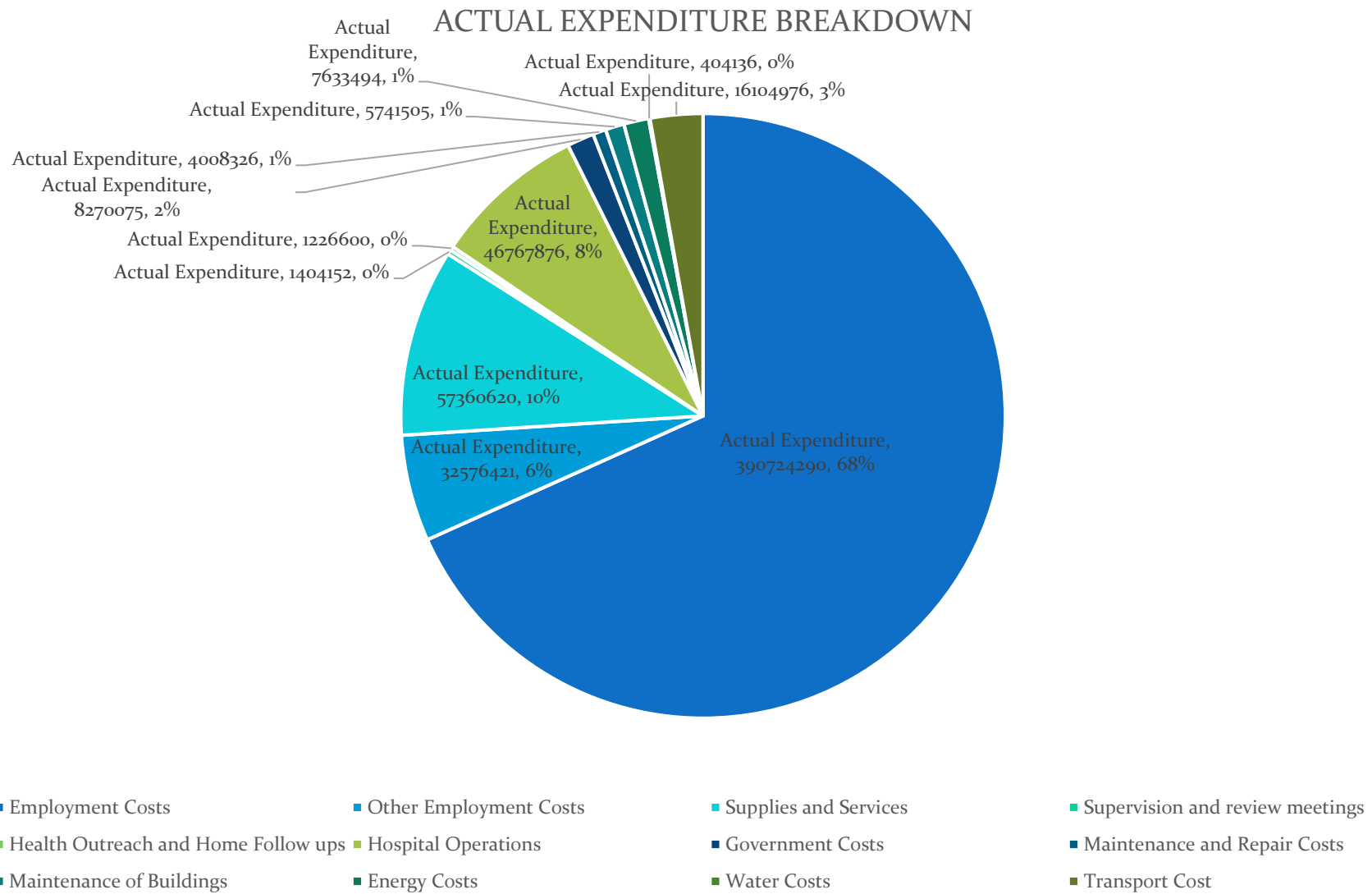
# EXPENDITURE

Actual Budget



	Employment Costs	Other Employment Costs	Supplies and Services	Supervision and Monitoring	Health Outreach and Home Follow Ups	Hospital Operations	Governance Costs	Transport Costs	Maintenance of Buildings	Maintenance and Repair Costs	Energy Costs	Water Costs
Actual	390724290	32576421	57360620	1404152	1226600	46767876	8270075	16104976	5741505	4008326	7633494	404136
Budget	394574009	30228888	78222987	1215500	2887500	47397167	7498333	17816333	10220833	2557500	10367500	540833

Graph V





### **4.3. COST CONTAINMENT MEASURES AND PERFORMANCE IMPROVEMENT STRATEGIES**

#### **Future Perspective**

As a way of strategy, the Hospital will intensify revenue/income collection efforts with a view to improve cash flow and hence improve service delivery to all stakeholders. However, permanent solution to debtors (excluding SLA) will be re-signing of contracts with all the medical schemes.

#### **Fuel Costs**

- a. Introduction fuel card which will help in monitoring and reconciliation
- b. Combine Drug Distribution Trips and Doctors Supervision Visits-Mangochi Health Centers

#### **Telephone Usage**

- a. Introduction of call logs which will help in airtime monitoring

#### **Locums**

- a. Introduction of Locum Committee and Locum request forms

#### **Pharmaceuticals and Medical Supplies**

- a. To advertise a tender for pharmaceuticals and medical supplies to use economies of scale and negotiate for discounts

## STATEMENT OF FINANCIAL POSITION(BALANCE SHEET)

As at 30th June 2017

In Malawi Kwacha

	Note	FY2015-16 12 M	FY2016-17 12 M
<b>ASSETS</b>			
NON-CURRENT ASSETS			
Property, Plant and Equipments	21	876,457,256	868,750,816
<b>Total Non-Current Assets</b>		<b>876,457,256</b>	<b>868,750,816</b>
CURRENT ASSETS			
Inventories	22	6,977,487	20,536,381
Accounts Receivables	23	50,686,040	55,792,192
Amount Due from Related Parties	24	3,567,129	6,567,762
Cash and Cash Equivalents	25	482,338	28,070,878
<b>Total Current Assets</b>		<b>61,712,994</b>	<b>110,967,212</b>
<b>Total Assets</b>		<b>938,170,250</b>	<b>979,718,028</b>
<b>FUNDS AND LIABILITIES</b>			
<b>FUNDS</b>			
Capital Funds		(940,448,930)	927,170,057
Revenue Reserves		55,717,929	14,081,420
<b>Total Funds</b>		<b>(884,731,001)</b>	<b>941,251,477</b>
<b>LIABILITIES</b>			
Accounts Payables	26	(34,989,659)	31,833,980
Amount Due to Related Parties	27	(7,845,472)	2,605,238
Bank Overdraft	28	(10,604,118)	4,027,334
<b>Total Liabilities</b>		<b>(53,439,249)</b>	<b>38,466,551</b>
<b>Total Funds and Liabilities</b>		<b>(938,170,250)</b>	<b>979,718,028</b>

## **CONCLUSION**

St Luke's Hospital and its health centers are healthy and will contribute effectively to the accomplishment of ministry of health vision of health for all.

## **BIOBLIOGRAPHY**

Government of the republic of Malawi(2017), *Health Sector Strategic plan ii, 2017-2022.Towards universal Health coverage.*

## Appendixes

### Appendix I

#### RADIOLOGY

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##### RADIOLOGY DEPARTMENT DATA

INVESTIGATION	2015 -2016	2016 - 2017	variance %
	1578	1975	25.2
Xray	2253	3006	33.4
Ultrasound			

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## Appendix II

### THEATRE

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#### THEATRE PERFORMANCE FOR 2016-17 AGAINST 2015/16

NO	PROCEDURE	TOTAL 2015-2016	TOTAL 2016 - 2017	VARIANCE
1	CS2	385	314	-18.4
2	Evac	141	148	4.9
3	Laparotomies	26	31	19.2
4	BTL	20	44	120
5	Other	61	128	109.8
	<b>TOTAL</b>	<b>633</b>	<b>665</b>	<b>5.1</b>

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## Appendix III

### LABORATORY

	TOTAL 2015 - 20116	TOTAL 2016 2017
<b>HEMATOLOGY</b>		
Hemoglobin 301	3953	1188
Full blood count	5493	7388
Manual WBC count	17	18
Blood film for Differential WBC & RBC morphology	8	20
Sickle cell test	8	18
ESR	13	5
Bleeding/Clotting Time	0	1
<b>CD4 TESTING</b>		
CD4 count absolute	0	3
CD4% count	0	
<b>BLOOD TRANSFUSION SERVICES</b>		
# of blood units ordered MBTS	2034	2506
MBTS blood received	577	576
Donor reg. in Lab.	101	254
Blood donor rejected	4	41
Blood donations collected in Laboratory	89	216
<b>BLOOD DONOR SCREENING</b>		
Hemoglobin check on donors	101	256
HIV Blood Donor screened	98	256
Number of donors HIV Positive	0	56
Blood Donor Screened for Syphilis	98	256
Number of Donor Syphilis Positive	0	0

Blood Donor Screened for Hepatitis B	98	205
Number of Donor Hepatitis B Positive	1	12
Blood Donors Screened for Malaria	98	226
Number of Blood grouping typing done on prospective	786	282
<b>TRANSFUSION</b>		
ABO and Rhesus(D) grouping done on patients	777	778
Cross matching/compatibility testing performed in Laboratory	688	731
Number of units issued to the Wards for Transfusion	664	731
Number of units returned from the Ward(unused)	0	11
SEROLOGY	0	0
		33
		16
Syphilis Screening (patients)	345	258
Syphilis Screening (Antenatal mother)	669	1548
Hepatitis B Screening	142	141
Hepatitis B Positive	18	20
Hepatitis C Screening	45	91
Hepatitis C Positive	1	7
CHEMISTRY	0	0
Blood Glucose(FBS,RBS)	1356	2567
CSF Glucose	119	204
CSF Protein	119	155
ALBUMIN	110	173
TOTAL BILIRUBIN	108	169
DIRECT BILIRUBIN	107	169
UREA	95	237
CREATININE	106	257
AST	119	161
ALT	121	161
Alkaline Phosphatase	67	138



<b>Cholesterol</b>	<b>0</b>	<b>46</b>
<b>Pregnancy Test</b>	<b>1290</b>	<b>577</b>
<b>LACTATE</b>	<b>0</b>	
<b>URIC ACID</b>	<b>10</b>	
<b>GGT</b>	<b>28</b>	
<b>CA</b>	<b>23</b>	
<b>URINE,STOOL &amp; SEMEN ANALYSIS</b>	<b>0</b>	
<b>Urine Microscopy</b>	<b>1552</b>	<b>1168</b>
<b>Urine SH Ova Positive</b>	<b>63</b>	<b>17</b>
<b>Urine Glucose</b>	<b>1190</b>	<b>646</b>
<b>Urine Protein</b>	<b>1312</b>	<b>617</b>
<b>Stool Microscopy</b>	<b>103</b>	<b>282</b>
<b>Stool Ova Positive</b>	<b>12</b>	<b>0</b>
<b>SEMEN ANALYSIS</b>	<b>26</b>	<b>4</b>
<b>BACTERIOLOGY</b>	<b>0</b>	
<b>Number of Sputum Smears for AAFB Microscopy</b>	<b>492</b>	<b>417</b>
<b>Total # of Patients Examined</b>	<b>335</b>	<b>417</b>
<b>Total # of New Patients</b>	<b>305</b>	<b>358</b>
<b>Total # of New Patients with sputum Smear Positive</b>	<b>22</b>	<b>31</b>
<b>Total # of Follow-Up Patients</b>	<b>41</b>	<b>41</b>
<b># of CSF Specimens</b>	<b>108</b>	<b>109</b>
<b>CSF Check Indian Ink</b>	<b>0</b>	<b>95</b>
<b>CSF Check for AAFB</b>	<b>108</b>	<b>109</b>
<b>CSF with Organisms</b>	<b>29</b>	<b>22</b>
<b>Other Body Fluids</b>	<b>75</b>	<b>64</b>
<b>AAFB CHECK FOR Pleural fluid</b>	<b>56</b>	<b>33</b>
<b># Of Gram Stain Done</b>	<b>183</b>	<b>172</b>
<b>REFERED SPECIMENS</b>	<b>0</b>	
<b>Number of Specimen Referred</b>	<b>70</b>	<b>139</b>
<b>CrAg</b>	<b>39</b>	<b>45</b>
<b>BLOOD PARASITES</b>	<b>0</b>	
<b>Microscopy</b>	<b>9641</b>	<b>2484</b>

<b>Malaria Positive</b>	<b>4333</b>	<b>536</b>
<b>MRDT</b>	<b>12428</b>	<b>15433</b>
<b>Positive MRDT</b>	<b>5132</b>	<b>4788</b>
<b>Negative MRDT</b>	<b>7296</b>	<b>10653</b>
		<b>0</b>
<b>Total</b>	<b>23407</b>	<b>24521</b>

