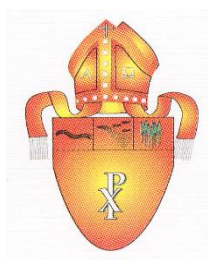




Cover Picture: Mposa Health Centre Gets a New Maternity Wing.



ANNUAL REPORT JULY 2019 - JUNE 2020

ST LUKES HOSPITAL AND HEALTH CENTRES ANNUAL REPORT FOR
THE PERIOD JULY 2019 TO JUNE 2020.



Insert: St Luke's hospital and health centres' staff committed to help government fight covid-19.

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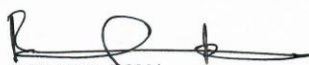
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ACKNOWLEDGEMENTS

In this financial year July 2019 to June 2020, as guided by the strategic plan (SHHSP I), St Luke's Hospital and her eight health centers continued to contribute to the Malawi Ministry of health vision of "Health for all" through the implementation of the Essential Health Package(EHP) with the aim of contributing to the national health strategic plan (HSSP 11(2017-2022)) guided by the National Health Policy, 2018 as the country aims at achieving the national health coverage. The health department, being a non-profit making institution relies on donations, philanthropy and partnerships to help in subsidizing the cost for health care provision. The hospital continues to appreciate the most precious and generous support it receives from both the local and international partners, specifically in this tough time of covid-19 because priorities have been shifted and the hospital requires huge resources both human and material to meet the demand for quality health services. Locally, many thanks to the Malawi government through the Ministry of Local government and Ministry of Health through the partnership that is implemented through respective district commissioners(DCs), to Christian Health Association of Malawi (CHAM), a coordinating body of all Christian hospitals in Malawi and to all local non-governmental organizations like Emmanuel International, Save the Children, Palliative Care Association of Malawi (PACAM), Egpaaf, One Community, YONECO, ONSE and many more too numerous to mention. Internationally, our vital and significant relationships with the following organizations: St Luke's foundation, Netherlands, Malawi Association of Christian support (MACs), Capricorn Trust Africa, Beit trust, Hospice of North west Ohio, Sunnyvank foundation, Global partners in care and many more too numerous to mention. The hospital also appreciates the support it gets from the Diocesan Bishop, Right Reverend Brighton Vitta Malasa, The Board of Governance chaired by Mr. Phillip Mponda Banda, The community support represented by Senior Chief Malemia and Traditional Authority Nkula and generally, the community committee called the Hospital Management Committee (HMC). May God bless you, we anticipate continued relationship as the hospital continues to provide quality health care.

Thank you so much



Winasi David Boma

Chief Hospital Administrator.

ABBREVIATIONS /ACCRONAMES

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

EXECUTIVE SUMMARY

Once again, Management is glad to provide an overview of what transpired in the financial year July 2019 and June 2020. This financial year has been challenging with the emergency of Covid-19 which has presented the greatest demand on health services and changed priorities. However, with stakeholders' support, the hospital has been able to continue to provide the services. St Luke's hospital and her eight health center's namely Chilipa and Nkasala in Zomba district, Gawanani and Mposa in Machinga district, Matope in Neno district, Lulunga, Nkope and Mponda's in Mangochi district focus remained the accomplishment of its strategic plan, St Luke's Hospital and Health centre Strategic Plan (SHHSP 1,2018-2022).

The hospital continued its infrastructure development by the construction of a modern maternity wing at Mposa health centre donated by St Luke's foundation, a brand new ambulance for St Luke's hospital was procured for the main hospital. The hospital has further procured modern equipment for its new operating theatre with funding from MACs and the Bequest of Late Patricia Kinghorn from Australia. Major maintenance works were carried out including procurement of equipment for its pediatric department and Nursery to ensure that the environment is conducive for the provision of pediatric care and neonatal care. Furthermore, the Hospital continued to increase drug and essential medical supplies to its system, through its Drug Distribution Service(DDS) to meet the ever increasing demand for medical supplies.

Covid-19 emerged as one of the major and serious challenges which strained and challenged the system. However, the hospital got some support in the Covid-19 fight in terms of Personal Protective Equipment (PPEs), equipment for an isolation centre and funds for training staff from the following organizations; Save the Children, ONSE, Ministry of Health, St Luke's foundation, Malawi Association of Christian Support(MACS) and Capricorn Trust Africa. The other challenge in the period under review remained delayed payments of SLA which affects hospital operations as funds are tied up with the debtors.

The hospital continued to send staff for various professional development courses and upgrading programs realizing that staff are a source of competitive advantage. On governance, the hospital continues to be audited both internally by the Diocesan Internal auditor as well as by its external auditors Bradley and Teely of Blantyre. Management continued to engage its partners for the innovative ways in increasing access to health care by the provision of free care at the point of service delivery to children under 12 funded by Capricorn Trust Africa which has significantly had an impact on the number of children attending care who are mostly at risk of Malaria, diarrhea diseases and Upper respiratory tract infections. To further increase its access to care, the hospital is implementing a unique model at Matope health centre in Neno where people access free services at the point of service funded by Partners in Health(PIH) which has benefited thousands of Malawians.

INTRODUCTION

Malawi is a small (118,484Km²), 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 had 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 centers. 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 was estimated at 63.9 for both sexes in 2017. Health infrastructure and Health care in Malawi is delivered by government institutions (62%), CHAM facilities (37%) and the private sector.

The health system is based on three/four levels of health care with a system of referrals. St Luke's mission hospital and her eight health centers which are both primary and secondary level institutions, are a member of CHAM facilities owned by the Anglican Diocese of Upper Shire and serves as a District Hospital for Zomba. It has 165 beds, an out-patient and in-patient department, theatre, pediatrics unit, maternity unit, radiology unit, laboratory, pharmacy, numerous clinics, HIV/AIDS and primary health care services. St Luke's hospital has a total catchment population of 89,435. It is also a referral site for patients from Mposa and Gawanani Health Centre.

The following are the eight health centres' and their catchment populations; Lulanga(42,843) in Mangochi, Nkope(30,000) in Mangochi, Mponda's (20,776) in Mangochi, Matope(19,808) in Neno, Chilipa(19,626) in Zomba, Gawanani(13,029) in Machinga, Nkasala in Zomba(20,840), Mposa in Machinga(23,754).

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

MISSION

We exist to promote 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.

CORE VALUES

In line with the healing ministry of Jesus Christ we exist to show love by;

- i. Teamwork
- ii. Good governance and stewardship
- iii. Customer care
- iv. Effective communication
- v. Strategic management of human resources
- vi. Order and discipline
- vii. Self-sustainability

VISION

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

St Luke's Hospital Management and Board of Governors



1. CHIEF HOSPITAL ADMINISTRATORS REPORT

1.1. Introduction

This is an overall report for the hospital and it will give an overview of the hospital and health centers' performance in the financial year July 2019 to June 2020 and discuss a budget for the new financial year July 2020 to June 2021. The Budget and implementation of the hospital activities are in line with the strategic plan 2018 to 2022.

1.2. Current Significant Issues

The External audit for the financial years 2018 and 2019 was done. The hospital procured Bradley and Teely as its external auditor.

1.3. Major Activities;

- ✓ The St Luke's hospital operating theatre has been completed.
- ✓ The maternity wing at Mposa has been completed.
- ✓ The pediatric and nursery ward renovations have been completed and they are in good use.
- ✓ In the last quarter of the year, the hospital was engaged and continues to be engaged in covid-19, together with both the local and international partners.
- ✓ Procurement of an Ambulance, a brand new land cruiser.
- ✓ Chilipa health centre has been allocated an ambulance to improve referrals.
- ✓ The Hospital introduced new SLAs, one for under-five and the other one for under-12 to help boost the numbers.

1.4. Some of the Major Key Performance Indicators in the Financial year 2019/2020

- ✓ There is a profit/surplus of Mk 64,662,579.00.
- ✓ A number of construction works done as per strategic plan already mentioned above.
- ✓ Procurement of associated medical equipment like oxygen concentrators and sanction machine.
- ✓ Increased number of patients attending St Luke's hospital OPD by 2.3%.
- ✓ Increased Number of Admissions for the first time in four years by 196 patients compared to last year's number.
- ✓ Our Maternity unit, was the busiest this year with a total of 2472 deliveries compared to 2319 (6.4%).
- ✓ Good donor support which shows good relationship and trust between the hospital and its stakeholders.
- ✓ Good working relationship with the community through HAC as evidenced by the HAC participating in developments both at the hospital and Health centers.
- ✓ Mpondas' health centre joined SLA which has promoted access to maternal and neonatal services to the people.
- ✓ Increase in number of assets.
- ✓ Stable and steady drug supplies to the main hospital and health centres'

- ✓ The current ratio is
$$\frac{\text{Current assets } 309,748,266.74}{\text{Current liabilities } 155,476,271.41} = 2$$

Which means the hospital has 2 times capacity to pay its suppliers.

- ✓ Most health centers have improved in their performance for example Chilipa, Mposa and Matope.

1.5. Going Concern

The organisation has increased its assets this year by additions of Mk 80,629,725.45 with the total assets reaching Mk1,791,930,109.13.

1.6. Quality Care

- ✓ Management has formulated a Quality Improvement Support Team(QIST) and Customer Care Team with Work plan for the whole year with a focus of Making the hospital Kaizen site.
- ✓ 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

1.7. Customer Care

Monday morning brief meeting by management helped a lot to improve the quality of care during the weekends.

1.8. Technology

Sourcing of various medical equipment's to improve the medical technology.

1.9. Intangible Assets

A number of staff continue to undergo training in various institutions in the country as per human resources report.

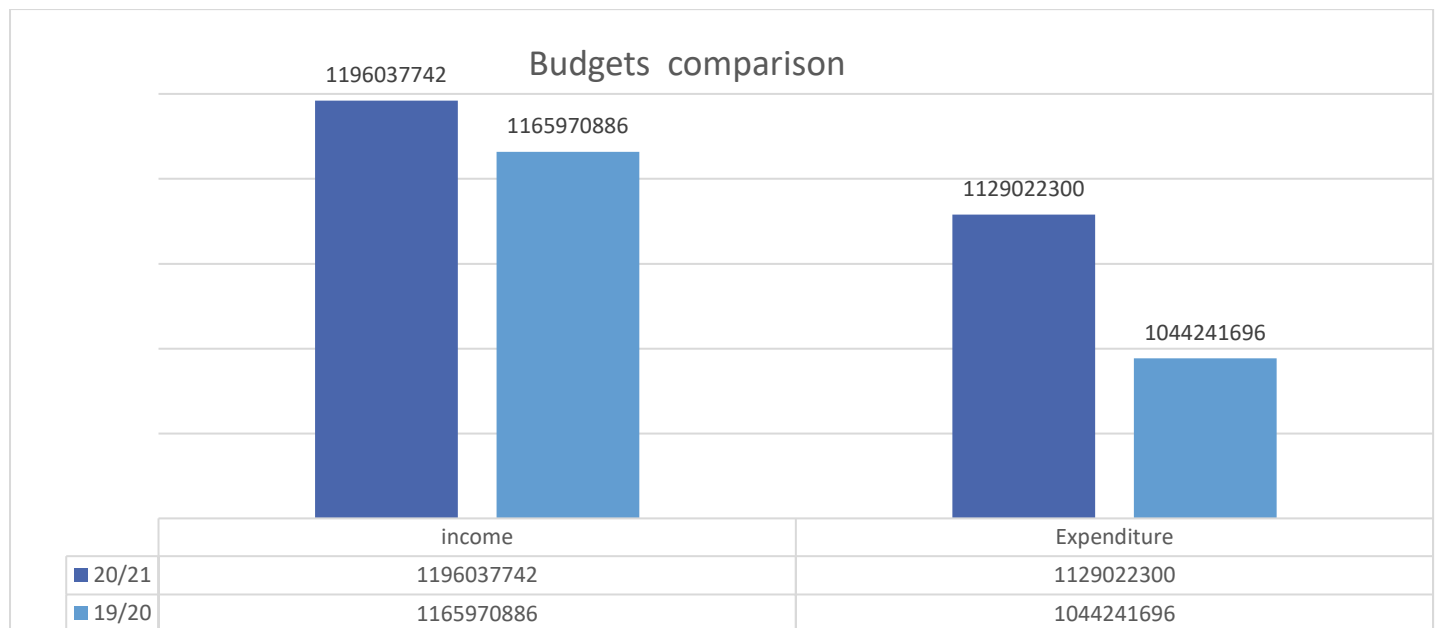
1.10. Risk and Compliance Update

Management continued to work hand in hand with the following authorities:

1. Pharmacy, medicine and poisons board.
2. Medical council of Malawi
3. Zomba and Machinga district councils

1.11. The Budget,

The total budget for this year (July 2020 to June 2021) has a total income of Mk1,196,037,742.00 and a total expenditure of Mk 1,129,022,300.00 compared to last year's income (July 2019 to June 2020) of Mk 1,165,970,886.00 with 2.5% increase and last year's expenditure of MK1,044,241,696.00 representing



New things in the budget/activities in line with the strategic plan are;

- ✓ Introduction of specialist surgeries/clinics like the General surgery and Neurology.
- ✓ Increase in locums and various allowances.
- ✓ Construction of maternity wing at Mpondas' health centre upon availability of funding.
- ✓ Construction of General OPD at Chilipa health centre upon availability of funding.
- ✓ Procurement of assorted equipment for the hospital and health centers.
- ✓ Strengthened customer care and quality improvement activities
- ✓ Training of staff in various colleges and universities
- ✓ Procurement of staff uniforms for all uniformed staff.
- ✓ Introduction of outreach dental clinics.
- ✓ Insurance for some hospital buildings and clinics.

1.12. Matters for noting

The CHA and one palliative care nurse had a successful and safe trip to the USA. Better returns are anticipated from the trip.

1.13. Management Vision

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

CHALLENGES

- ✓ Staff turnover, especially when they are posted by the government, this forces the hospital to recruit temporary staff and pay them using hospital resources.

- ✓ Covid-19 which has a direct social economic impact to the economy of Malawi in terms of imports and exports and the economic status of Malawi, it also has a direct impact on some donor organizations.
- ✓ Delayed payment of Service Level agreement funds by the government which affects the operations of the hospital.

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.



Clinical, Nursing and Administration staff pose outside the Elegant and New operating theatre.

2. MEDICAL REPORT

2.1. Nursing

2.1.0. Introduction

This report provides an overview of progress in performance of nursing Department in the period July 2018 – May 2019 in comparison to July 2019 – May 2020. The report highlights the brief background of the Department, its achievements, areas that need improvement with possible recommendations. It also includes planned activities in the coming period. This report therefore reflects its performance based on St. Luke's hospital and all its eight health centers' mission, vision, core value and SHHSP-I (2018 – 2022).

2.1.1. Brief background

Nursing Department is headed by a Principal Nursing Officer. It has 2 Senior Nursing Officers who work hand in hand to ensure all nursing and midwifery services are run smoothly.

It also has 2 Nursing Officers, a Nursing Sister, and 2 Registered Nurses. This group forms ward in charges at the mother hospital. The other cadres within the department are; 2 Community Nurse Midwife Technicians, 35 Nurse/ Midwife Technicians (St. Luke's) & 17 NMT's and 5 Community Midwife Assistants (In all 8 H/C's). Additionally, the department has a total of 4 temporally nurses making a total of 70 on the ground. Currently, 2 more nurses are out for a two-year professional course to gain deeper understanding of their professional roles and responsibilities.

This translates to an average of 3 nurses per H/C and 4 nurses per ward at St. Luke's hospital to ensure that all nursing and midwifery services are provided for comprehensive clients'/patients care.

In the last fiscal year, the departments' focus was to intensify professional & Ethical conduct, security of the hospital's resources (financial, material, human) and effective disaster preparedness and management in the advent of COVID - 19 among other things. These areas were achieved through strict scheduled staff supervision, disciplining those with deviant behavior, intensifying departmental communication and staff orientation/IEC and Infection Prevention. These efforts have made the department make strides to improve patients' confidence in nursing services hence increased number of patients that patronize our hospital in 2019/2020 compared to 2018/2019 as evidenced by some of the statistical graphs below.

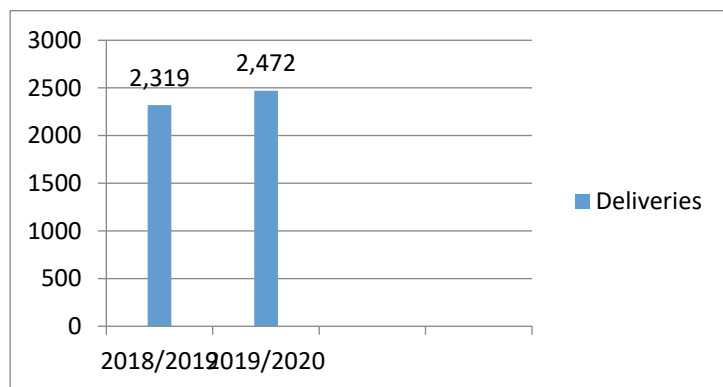


Figure 2.1.2.: Showing increased number of deliveries conducted by skilled health workers

2.1.2. 2018/2019 Vs. 2019/2020 July – May Deliveries attended by skilled health workers

There has been gradual increase in the number of women coming to deliver at St. Luke's due to good attitude of health care workers' and comprehensive maternal and neonatal care



A Laboratory Assistant about to collect blood samples at the laboratory reception.

2.2. Clinical

As was the case with 2018-2019 period; 2019-2020 St. Luke's and its health centers' has maintained adequate number of staff in clinical setting. 2 medical officers, 3 specialist clinical officers 7 clinical technicians, 19 medical assistants in which 4 are for main hospital and 15 for health centres'. 1 orthopaedic clinical officer 2 lab technician and 1 technologist and 3 lab assistants. 2 radiologists, a pharmacy technician and a dental therapist. The team which believes in team play. Several development project like renovation of paediatric and nursery wards, new beds, SLA for paediatrics, functional gynecological, high risk antenatal and surgical clinics, have made it possible for rise in the number of admission as well as OPD attendance.

There have been no stock outs in medicine and supplies. Hospital also has managed to procure PPEs in preparation and deterrence of COVID-19. Infrared thermometers face shields, gowns, goggles, boots, hand wash, soaps, hand sanitizers have been made available for St Luke's and its health centers.

2.3. Out Patient Department

In 2019-2020 period OPD attendance has increased when compared to previous periods. This is because of improvement in waiting time as the department is well covered consultation, laboratory, dental, radiology and pharmacy. Well captured data reduction in several medicine prices, clinics as well as newly introduced dermatological clinic (though put on hold due to COVID-19) also reduction in waiting time in our private wing as there is now resident clinician and pharmacy attendant.

2.3.1. OPD DATA

2018 – 2019	2019 – 2020	Variance
29676	30363	2.3%

Table 2.3.1. Showing OPD data

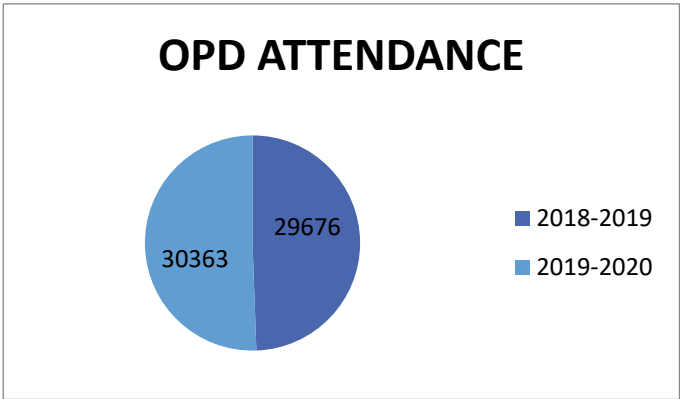
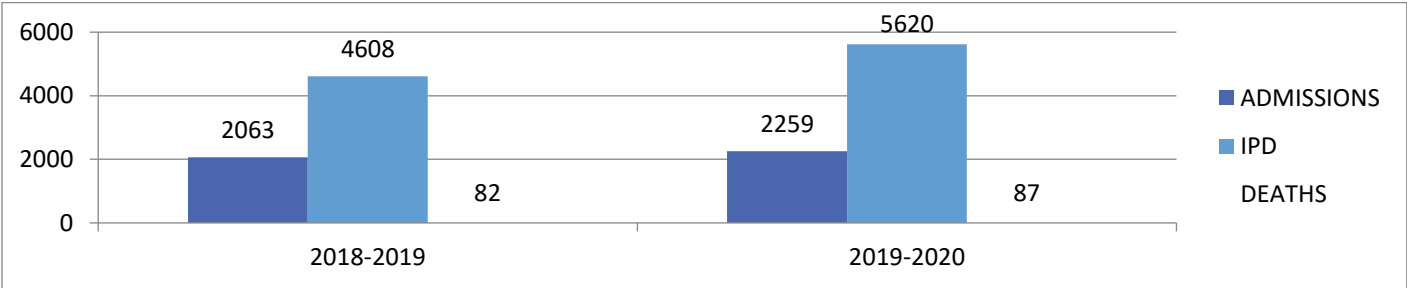


Figure 2.3.1. OPD Data

2.4. In-Patient Days

July 2019-May 2020 has seen an increase in number of St Luke’s hospital admissions totaling to 2,259. This could be due to the introduction of SLA in paediatric ward for selected villages, and reduction in medicine prices. There were sicker patients in 2019-2020 compared to previous period hence increased number of deaths

2.4.1. In-Patient Data



Our well experienced clinical and Nursing officers offer excellent and quality care to patients.

2.5. Maternity

One of the most important departments of St Luke's hospital is maternity. In 2019-2020 the department saw decrease in total ANC visit, however there was an increase in ANC visit of 1st trimester. There has been also increase in total live births by 7.1% and number of deliveries conducted by skilled personnel 6.4% there has been increase in number of caesarean deliveries compared to previous period by 27% of total deliveries making it higher than WHO recommendations, this is because most of the caesarian section are of a previous scar. There has been increase in obstetric complications but this has been because of changes in maternity register capturing more complications that previous registers. Number of post-partum hemorrhage has increased with 25% while eclamptic cases have risen with 30% but successfully treated.

2.5.1. Data Showing Maternity Services

	JULY2018-MAY2019	JULY2019-MAY2020	VARIANCE
ANC visit 1 st trimester	279	327	+17.2%
New ANC	2037	1429	-23.7%
Total ANC	3744	3006	-19.7%
TOTAL LIVE BIRTHS	2365	2535	+7.1%
Births by skilled staff	2319	2484	+6.4%
CAESAREAN DELIVERY	362	460	+27%
OBST COMPLICATIONS	463	672	+45%
MATERNAL DEATHS	3	1	-66.7%
LBWB	119	118	-0.8%
NEWBORN TREATED	316	504	+59%
PPH	47	59	25%
PRE ECLAMPSIA	26	34	30%

Figure 2.5.1. Data showing maternity service

2.6. Laboratory

76% of laboratory diagnostic tests have experienced reduction in prescription despite increase in number of OPD attendance. This may be due lack of knowledge, about availability, the use and interpretation of particular test by first line clinicians. This being the case; presentations on tests will be made.

TEST	2018-2019	2019-2020	PERCENTAGE
FBC	5196	4126	-26%
HB	2501	1681	-32%
CRP	577	207	-64%
Electrolytes	165	18	-89%
Sputum	295	154	-47%
MRDT	7255	5454	-25%
BF	1213	1869	+54%
Hep B	176	141	-20%
Pregnancy test	479	328	-31%
VDRL	2491	1793	-28%
Urinalysis	2905	2477	-15%
Stool analysis	66	55	-16,6%
Blood transfusion	629	505	-19%
Hep C	81	95	+17%
CrAg	50	75	+50%
CSF	71	99	+39%
Chemistry	5261	4053	-22%

Figure 2.6.1.; Showing laboratory Statistics

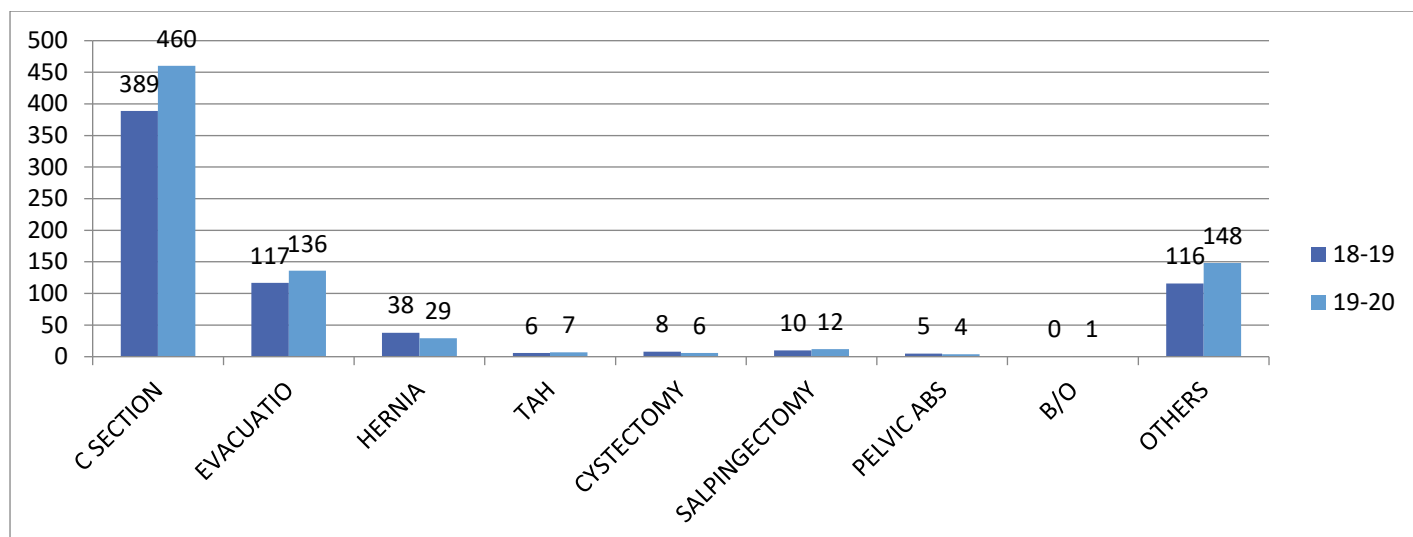


Laboratory staff working In front of and FBC and Electrolyte machine

2.7. Operating Theatre

There has been 17.7% increase in theatre procedures in 2019-2020 as compared to last period. These include emergency and elective caesarean sections, total abdominal hysterectomies both gynecological as well as obstetrics, bowel obstruction, cystectomies, pelvic abscesses, hernia repairs and others. This is due to team work, enough time for preoperative screening, more linen and gowns purchased hence more procedure per day. Meals provided during lunch time on elective theatre days has motivated team to work hard.

2.7.1. Theatre Procedures Statistics for The Year 2019-2020 Compared To 2018-2019



2.8. Clinics And Programs

Gynaecology and high risk antenatal clinics: have seen tremendous increase in number of patients seen with 292% and 242% rise respectively. Good performance of these clinics and departments have built confidence among patients hence patients coming even from long distances like balaka maching and Mangochi. However there has been decrease in mental health and paliative care patients being short of drug supply in mental health by the DHO. And most of new palliative care patients come from far away.

STI clinic: has experience rise in client than last period. This is due to rise of condition in the catchment area and also those cases from outside the catchment area.

CLINIC/PROGRAM	2018-2019	2019-2020	VARIANCE
High risk ANC	27	106	292%
GYNAECOLOGY	35	120	242%
STI	866	1287	48%
MENTAL HEALTH	2018	1948	0.3%-
PALLIATIVE CARE	352	306	13%-
DENTAL	4344	4518	1.7%
ORTHOPAEDICS	698	1136	62.7%
OLPHTHAMOLOGY	330	515	56%
NRU	50	57	14%

Figure 2.8.1.; Showing Data for Clinics & Programs

2.9. Health Centre's

Eight St Luke's health centres' have performed differently in the year 2019-2020. Chilipa has improved tremendously with positive variance of 21%, Gawanani with 18%, Mposa 16%, and Matope 11%. This has been because of transfer in of good hard working staff and transfer out of staff with issues. Other health centers have seen numbers going down with Nkasala 25%, Lulanga 21%, Nkope 20.5%, and Mpondasi 18.6 % fall. Some of the reasons have been addressed like at Nkope and Mpondasi.

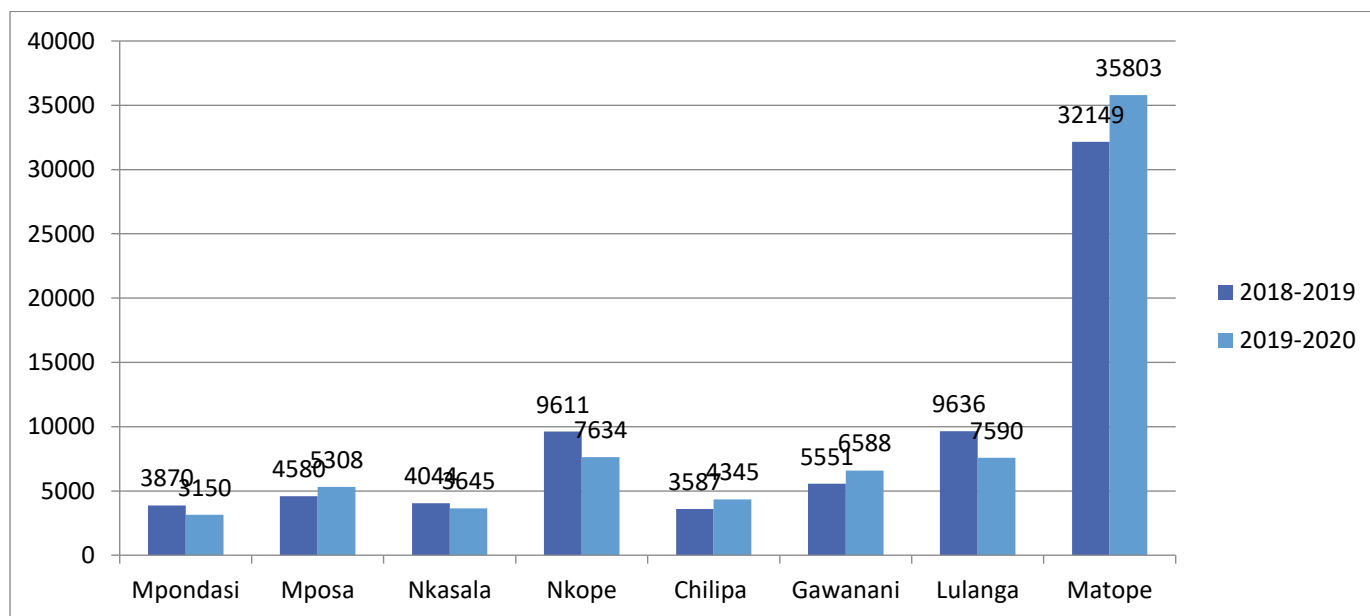


Figure 2.9.1.; Showing Health Centre Statistics



Health centres provide access to quality primary

health care services to the rural masses who makes 80% of the Malawi's Population. In the picture; A medical assistant at Mponda's health centres' attends to a patient.

2.10. Training and Education

Clinical department is an important department for daily training and education. As medical researches continue to take place, many new discoveries are made every day. Because of this reason there are also many trainings taking place in clinical department. Helping babies' breath, daily updates on COVID-19. Weekly career professional development presentations are but some of the education taking place in the department.

One clinician and two nurses have also attended full time case management training on COVID -19. The hospital has also oriented every nurse and clinician of St Luke's hospital and its health centres' on COVID-19 in the year under review.

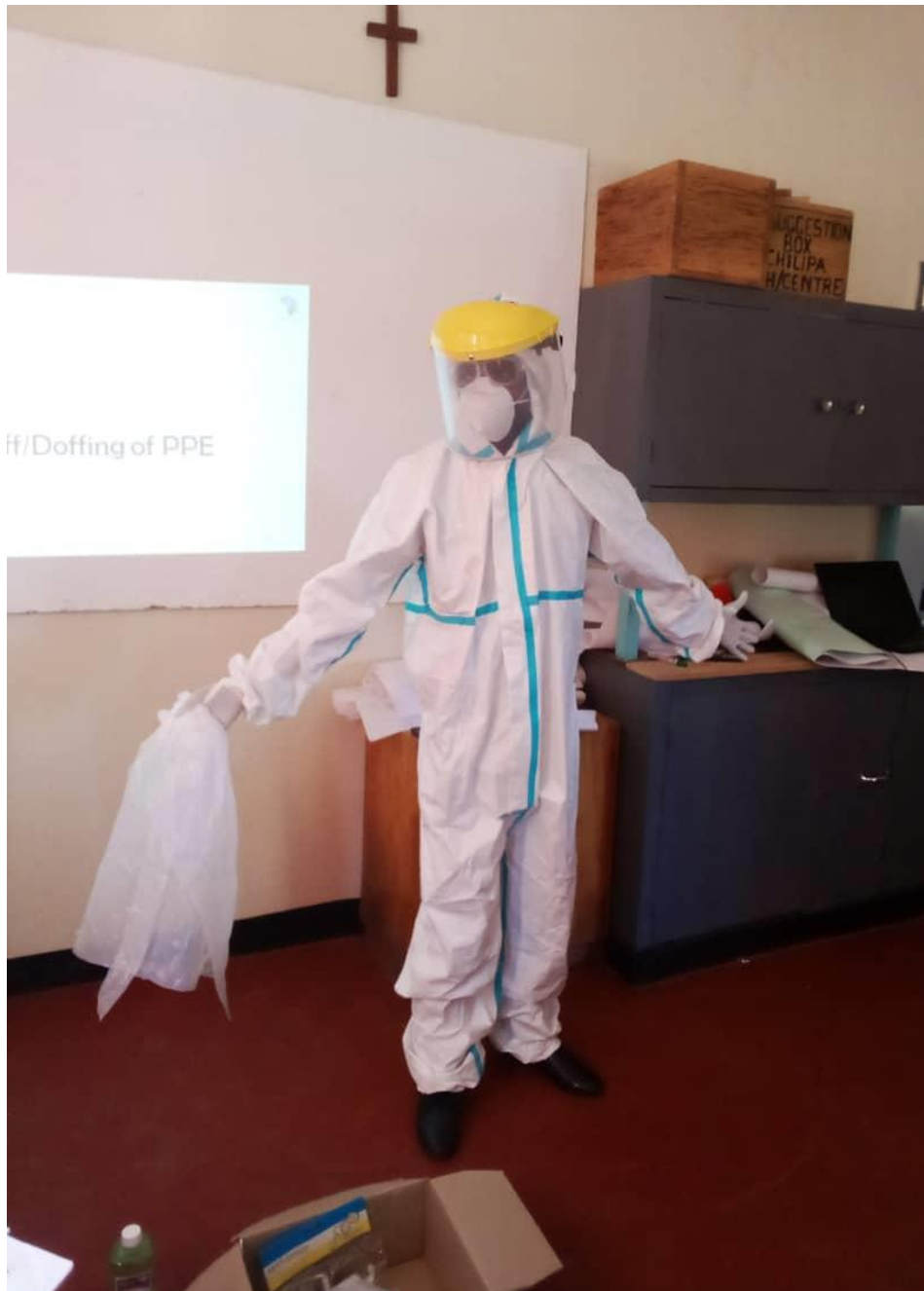
Achievements

- Improved professional attitude towards patients has improved number of both OPD and maternity cases seeking health care service.
- Increased number of children being admitted to Pediatric ward due to free services promotes activeness and enhances motivation of health care workers.
- Improved patient comfort due face-lifting of Nursery and Pediatric wards.
- Increased number of deliveries in 2019/2020 fiscal year as compared to 2018/2019 by 7.1%.
- Increased number of women who come to seek family planning services due to the incorporation of self-testing in cervical cancer in 2019/2020 compared to 2018/2019.
- Allocation of static clinician in Private ward and replacement modern delivery beds in private Labour ward has improved patients waiting time and comfort of midwifery services.
- Provision of staff uniform for the cooks.
- Provision of extra linen and insecticide treated nets promote patient comfort and prevent parasitic conditions.
- Staff orientation on COVID-19 this fiscal year has strengthened multidisciplinary team work and improved health service delivery.
- Procurement of extra PPE for HCW's safety has reduced anxiety related to the pandemic.
- Consistent maternal and neonatal death audits every Wednesdays and Fridays have improved identification of gaps in health service delivery compared to last year when the audits were done erratically.
- Provision of new mattresses to all wards and H/C's.
- Introduction of section Matrons has facilitated supportive supervision and hence improved patient care.
- Increase in number of women who seek maternal and neonatal services at Mpondasi H/C due to introduction of service level agreement.
- Availability of most diagnostic equipment e.g. BP machines, Thermometers, Pulse-oximeter.
- Availability of medicine and supplies throughout without stock outs.
- Funding of palliative care program.
- Maintain staffing levels in clinical department.
- Continued implementation of St Luke's and its health centers strategic plan with new maternity wings in Lulunga and Mposa health centre's, and new theatre at St Luke's.
- Dealing with fraud in OPD and dental departments.
- Continued functional surgical gynaecology and high risk antenatal clinics.

Challenges

- Delayed planned induction orientation of newly recruited hospital attendants due COVID-19 pandemic.

- Still not enough linen for patients.
- Increased number of teenage pregnancy contributes to preterm births.
- Lack of Low railed bed in L/W for patients with Eclampsia increases risk to physical trauma.
- Inadequate essential equipment e.g Oxygen concentrators and suction machines.
- Insufficient space for surgical postnatal ward which results into congestion as number of birth increases.
- Shortage of nursing staff in relation to work load.



Fighting Covid-19;- Hospital and health centres' staff underwent training on effective use of PPEs.

3. PRIMARY HEALTH CARE



3.0 Introduction

St Luke's Hospital Primary Health Care Department continues to offer essential health care that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in St Luke's Hospital and its health centres' catchment area and beyond. *An effective PHC must be* available, accessible, acceptable, affordable, attractive, practical and appropriate.

This is also in line with the mission statement for St Luke's Hospital and its eight health centres'. It also supports PHC activities to its various health centres' namely Nkope, Lulanga, Mponda's which are situated along the lake shore as well as Matope, Chilipa, Nkasala, Gawanani and Mposa health centres' which are situated in the Shire highlands.

It is the purpose of this report therefore to give an overview on how the Primary Health care department has performed the past financial year July 2019 to May 2020. It will also compare data for July 2018 to May 2019 and that of July 2019 to May 2020.

3.1 Health Centres' Under St Luke's Hospital

Introduction

St Luke's Hospital has eight health centres' situated along the Lake shore and in shire highlands where PHC activities are also supported by St Luke's Hospital PHC department

Table 3.1 shows a summary of these health centres' and the number of HSAs per each facility for the year 2019/2020.

Table 3.1: 2019/2020 St Luke's Hospital and its Health Centres Statistics

Name of Health Centre	Number of HSAs	Estimated Catchment Population
Lulanga	8	42,834
Nkope	14	30,893
Mponda's	23	20,776
Matope	08	19,808
Chilipa	06	19626
Gawanani	07	13,029
Nkasala	08	20,840
Mposa	14	34, 812
St Luke's Hospital	19	89,435

Achievements

- Routine maternal and child health clinics in all the health facilities.
- Routine family planning services in all the health facilities.
- Routine nutrition activities in all the health facilities.
- Conducted routine TB prevention activities in all the health facilities.
- Operational grounds department at each and every health facility.
- Conducted quarterly school health and sanitation around all the catchment areas of each and every health facility.
- Conducted Inspection of schools, market places, food Handling premises communities, water sources e.t.c.
- Environmental visits done.
- Conducted nutrition open day at Lulanga H/C.

Challenges

- There is need to Increase environmental visits.
- Vaccination done once a week in other health facilities.
- Inadequate HSAs in some of the health centres'.

Description of Programs

3.2 Maternal and Child Health Department

3.2.1 Introduction

MCH Department provides different services such as Antenatal care, PMTCT, Family Planning and under five clinics. These services are provided to mothers who are within and outside the catchment areas of St Luke's Hospital and its health posts. The department is comprised of Nurses, HSAs and support staff. The HSAs supports in under five and family planning both at static health posts and outreach sites including conducting village clinics

St Luke's Hospital used to have four outreach clinics namely; Minama, Chitenjere, Chiyaso and Malemia II, where only under five services were offered. However, during the period under review Antenatal and family planning outreach clinics were introduced at Chiyaso and Minama in Zomba and Nkalawire in Machinga. In May 2020 another outreach clinic has been introduced at Nsauka with under five family planning and Antenatal clinics.

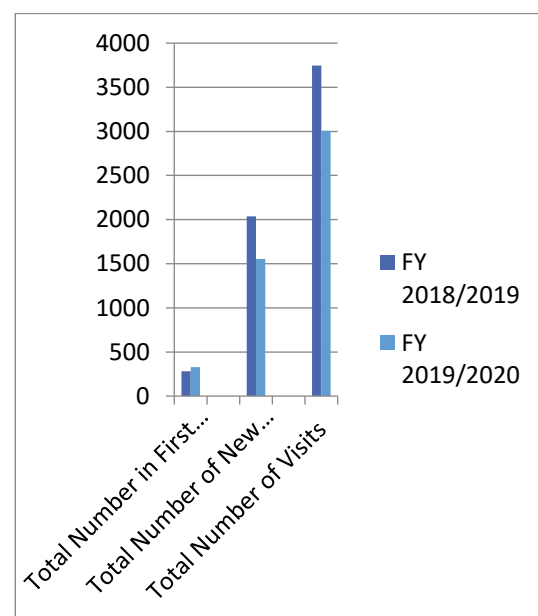
3.3 Antenatal Care Unit

3.3.1 Outcomes / Results for St Luke's Hospital ANC

Table 3.3.1: ANC data for 2018/2019 and that of 2019/ 2020.

Description	FY 2018/2019	FY 2019/2020	Difference
Total Number in First Trimester	0279	0327	0048
Total Number of New Attendees	2037	1553	-0484
Total Number of Visits	3744	3006	-0738

Figure 3.3.2.: Graph comparing ANC Data for FY 2018/19 and FY 2019/20



Strengths

- Women who started ANC during first trimester increased by 17.2% in FY 2019/2020.

- Opening of ANC and family planning outreach clinics at Nkalawire T/A Nkula; Chiyaso, Minama and Nsauka T/A Malemia.
- Health education done on the importance of starting ANC early in the first trimester and hospital delivery.
- All women on PMTCT were managed accordingly.
- Male involvement being encouraged during health talks at facility and community level.
- Construction of a new structure at Nkalawire for outreach clinics by well-wishers in progress.

Challenges

- New women who started ANC decreased by 23.76% in FY 2019/20.
- Inadequate sensitization for Minama and Chiyaso outreach clinics
- Increased pregnancies among young girls
- Most mothers often start ANC in second trimester.
- Need for maintenance of a structure for outreach clinics at Minama and construction of a shelter at Chitengere.

3.4. Family Planning Services

3.4.1. Outcomes / Results for St Luke's Hospital

Figure 3.4.1 shows a summary of family planning services statistics for the two consecutive financial years at our mother hospital, St Luke's Hospital.

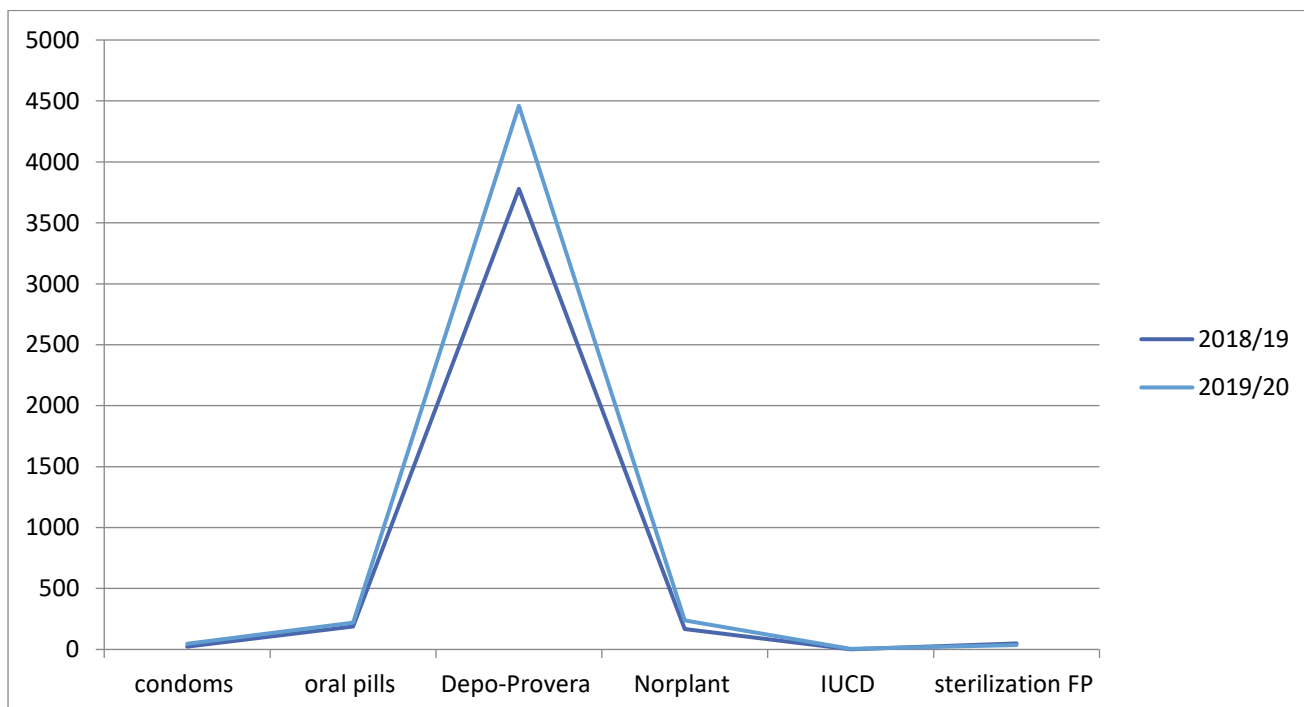


Table 3.4.1: Graph showing a comparison of Family Planning Services for FY 2018/19 and FY 2019/20

Strengths

- ❖ Total number of clients using each family planning method increased this year under review except those using sterilization method of family planning.
- ❖ Availability of contraceptives made it easy to assist all clients who preferred the methods.
- ❖ School girls came to access the family planning methods.

Challenges

- ❖ Injectable (Depo) is most preferred method of family planning by most women than long term ones
- ❖ Men have low knowledge on family planning services.
- ❖ There are no community volunteers on family planning services to support in sensitization.
- ❖ Inadequate trained personnel on inserting IUCD.

3.5. NUTRITION REHABILITATION UNIT

3.5.1. Introduction

The children who are managed are from two months equal to or less than 15 years old. NRU is the combination of three programs namely NRU, OTP and SFP.

3.5.2. Outcomes / Results

Figure 3.5.2 shows a summary of NRU statistics for the two consecutive financial years at our mother hospital, St Luke's Hospital.

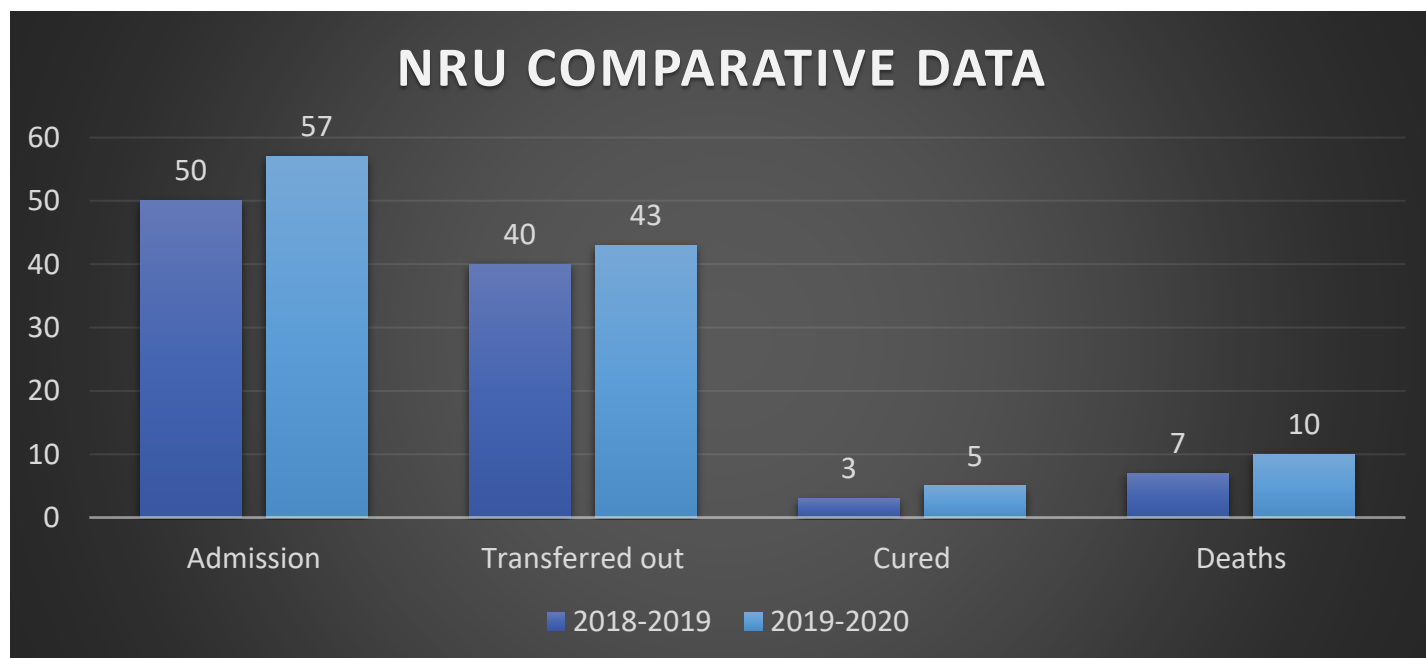


Figure 3.5.2: NRU Statistics

Strengths

- ❖ There is an increase of clients admitted in NRU by 14% in 2019/2020.

- ❖ Availability of NRU treatments materials such as F75, Chiponde and SFP.
- ❖ Team work and well organized staff at NRU and under five clinic.
- ❖ Provision of Linen at NRU.
- ❖ Cooking demonstrations done.

Challenges

- ❖ Inadequate knowledge on inpatient care by home craft workers.
- ❖ There is need for refresher trainings for community volunteers.
- ❖ Inadequate data for OTP for 2019/2020.

Recommendations

- ❖ Conduct training on the inpatient care for home craft workers and other necessary staff members
- ❖ To support cooking demonstrations with cooking materials for it to be effective
- ❖ To conduct supportive supervision to all eight health centres of St Luke's Hospital on nutrition programs
- ❖ To conduct quarterly review meetings with home craft workers, HSAs and community volunteers.

3.6. Homebased Care Program

3.6.1. Introduction

The main aim of the program is to assist those patients/clients who have chronic illnesses in their respective communities. Here at St Luke's Hospital, the program is being run through the community based organizations within our catchment area. There are seven CBOs and each has home based care volunteers. During the period under review another Organization doing Home Based Care has been added by the name of AIDO.

3.6.2. Outcomes / Results for St Luke's hospital

Table 3.6.2 shows a summary of home based care statistics for the financial year 2019/2020 at our mother hospital, St Luke's Hospital.

Name of CBO	Number of Volunteers	Number Clients/Patients
Makobo	04	52
Chiyaso	05	32
Hidaya	04	27
DAO	08	36
Limbikani	04	15
Mgwirizano	04	20
Tikambirane	04	20
TOTAL	33	202

Table 3.6.2: Home based care Statistics

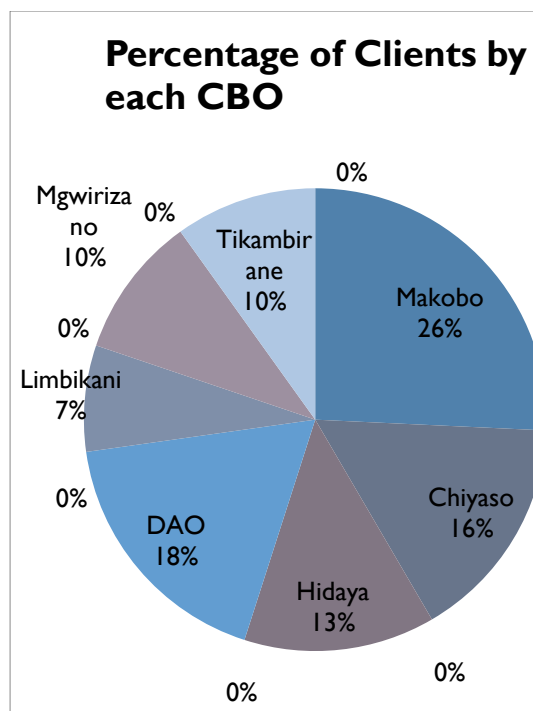


Figure 3.6.3: Pie chart showing percentage of clients by each CBO

Strengths

- Home visits conducted in some patients with hospital personnel.
- Good collaboration with volunteers.
- Committed and readily available volunteers.

Challenges

- Inadequate supplies and materials to use when assisting patients in the communities such as gloves, drugs etc.
- Drop out of other trained volunteers.
- Inadequate knowledge on new volunteers.

Recommendations

- To lobby for training of new volunteers and refresher training for old ones.
- To get support of supplies and materials from other well-wishers.
- To enhance active supportive supervision for volunteers in their communities.
- To enhance submission of monthly reports from each CBO to health facility and then to the DHO
- To collaborate with DHO on home based care programs

3.7. Tuberculosis Prevention Program

3.7.1: Objective

The objective of TB control is to improve TB case Management and reporting, and to increase accessibility of TB services

3.7.2. Achievements at St Luke's Hospital

Table 3.7.2 shows a summary of TB prevention statistics for the two consecutive financial years at our mother hospital, St Luke's Hospital.

DATA ELEMENT	2018-2019	2019-2020
New smear positive registered	9	15
Cured	9	13
Total registered clinical PTB,MTB detected, LAM,EPTB	66	76
Treatment completed	53	56
Treatment success	62	69
Deaths	13	22
Total No. of TB patients in facility TB register	84	74
Total tested for HIV	84	74
Total HIV positive	56	27
Total on ART	56	11

Strengths

- ✚ Conducted TB sputum collection points training with volunteers.
- ✚ Conducted follow-up visits for some TB patients.
- ✚ 100% Cure rate among new smear positive Patients.
- ✚ 100% HIV ascertainment, CPT and ART uptake.
- ✚ Orientation of health workers on TB.
- ✚ Conducted mobile Van screening for 2 days for the 1st time – seen over 400 cases.
- ✚ Availability of nutrition support.
- ✚ Availability of gene expert machine.
- ✚ Good team work.

Challenges

- ✚ Inadequate cough booth (sputum collection area for the out patients presumed to have TB).
- ✚ Low case detection.
- ✚ Lack of transport in SCP due to un maintained bicycles.
- ✚ Failure to conduct TB refresher training in all the health centres' due to inadequate funds.
- ✚ Low TB testing sites since some health centres' have no Microscopes for testing.
- ✚ No motivation for volunteers.

Recommendations

- ✚ To lobby for additional cough booths from partners.
- ✚ Intensify systematic TB screening.
- ✚ To conduct quarterly review meetings with SCPs volunteers.
- ✚ All chronic coughers to be triaged at the OPD.
- ✚ To fix all bicycles for easy transportation.
- ✚ To intensify follow-up visits to all TB patients.
- ✚ To source funds from well-wishers to extend TB refresher training to all health centre staff and purchase Microscopes for those who don't have.
- ✚ Community awareness and sensitization through – Health talks & Mass campaigns.
- ✚ Purchase of basic tools for volunteers.



The Hospital implements a nutritional program for TB patients funded by sonnyvank foundation.

3.8. Grounds Department

3.8.1. Introduction

The grounds department is responsible for making sure that all grounds around the hospital are in good conditions, i.e. land is kept clean all times by sweeping or slashing, planting and taking care of flowers, watering of flowers and shrubs etc.

Strengths

- Land scalping, planting of flowers and grass at the isolation area.
- Team work among ground workers.
- Construction of fence at the Incinerator in progress.

Challenges

- Inadequate materials and equipment's such as hoes, slashes, rakes, wheelbarrows, e.t.c.

- Inadequate ground workers.

3.9. Community Health Promotion Activities

3.9.1. Introduction

Health promotion and disease prevention can be achieved through planned activities and programs that are designed to improve population health outcomes. Health promotion programs aims to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risks of developing chronic diseases and other morbidities. Community participation is the basis of successful health promotion. The typical activities for health promotion, disease prevention and wellness programs include communication, education, policy, systems and environment.

Achievements

- ❖ Conducted sensitization campaign on TB prevention and screening.
- ❖ Inspection of food premises, water sources and schools done.
- ❖ Conducted focus group discussions on maternal and child health and SLAs for both pregnant women and under 12 children done.
- ❖ Out of the enrolled 15 students at tailoring school 12 completed their training.
- ❖ Managed goat farming project as income generating activity.
- ❖ Encouraged and mentored youth clubs in all the CBOs.
- ❖ Conducted health education on hygiene to patients and guardians at St Luke's Hospital COVID suspects are followed up.
- ❖ IEC given to community and OPD on different prevailing health conditions including COVID 19.
- ❖ Triaging is being done at the main gate and OPD's for all facilities.
- ❖ Good relationship with community through HAC.
- ❖ Good communication between Ombudsman office and community.
- ❖ Sensitization on Ombudsman office and use of suggestion boxes continues.
- ❖ Appointment of Ombudsman focal persons in communities and facilities under St Lukes hospital.

Challenges

- ❖ Inadequate IEC materials.
- ❖ Inactiveness of some village health volunteers.
- ❖ Some volunteers are not oriented and trained on their duties.
- ❖ Scabies outbreak during the period under review.
- ❖ Inadequate suggestion boxes for St Luke's and health centres'.
- ❖ Need for orientation for community ombudsman.

Recommendations

- ❖ To train untrained village health volunteers.
- ❖ To intensify supportive supervision of all CBOs and their activities.
- ❖ To purchase public address system for easy mobile van sensitizations.
- ❖ Purchase of additional suggestion boxes.
- ❖ To orient community ombudsman at St Luke's and health centres'.

- ❖ To intensify in IGAs at PHC chicken project, vegetable garden, tailoring, Restaurant e.t.c.
- ❖ Intensify in routine inspection of water sources at both ADUS water supply and WUA.
- ❖ Intensify on health education on disease prevention.
- ❖ Conduct community score card.

3.10. School Sanitation and Hygiene Promotion



One of the health education in schools

3.10.1. Introduction

For school age children, school health services are first and the most accessible point of contact with health services with potential to regularly reach most school age children with preventive, curative and supportive health interventions. Adequate provision of water supply, sanitation, hygiene and waste management in schools has a number of positive effects and contributes to a reduced burden of disease among children, staff and their families. Such interventions also provide opportunities for greater gender equity in access to education and create educational opportunities to promote safe environments at home and in communities. During the period under review, school health activities were intensified in 12 Schools and 24 CBCCs

Achievements

- Inspected food premises and schools.
- Conducted health education in schools.
- Screening of students for health problems.

Challenges

- Increased cases of early pregnancies for example at Nsalabani Primary school 13 STD8 girls were pregnant as they were writing their end of term exams.
- Inadequate resources for school health activities.
- Littering in some schools.
- More students were infected with scabies during the period.
- Closure of schools due to Covid-19.

3.11. Youth Friendly Health Services

3.11.1. Objectives

- To impart the youths, health workers, caretakers and community at large with knowledge on sexual, reproductive health and rights.
- To promote youth's accessibility to sexual and reproductive health services

Achievements

- Revamped old and established new youth clubs.
- Active youth clubs.
- Good support from management and supporting partners.
- Supported youth clubs in schools.

Challenges

- Knowledge gap on youth friendly health services on providers, Youths, caretakers and community.
- Lack of recreation materials and youth centre.
- Increased defilement cases in the catchment area with an average of 10 cases monthly.

Recommendations

- Conduct monthly recreation activities.
- Community sensitization through Health talks & Mass campaigns.
- Training of health care workers and peer.
- Lobby for recreation materials and youth centre.
- Lobby for establishment of one stop centre.
- Youth meetings.

3.12. Community based Organization Youth clubs

NUMBER	NAME OF THE YOUTH CLUB	NUMBER OF YOUTHS
1	MIKUNDI	115
2	SHUKURANI	15
3	TAKONDWA	21
4	TIWASAMALE	20
5	HIDAYA	97
6	CHIYASO	90
7	MAKOBO	102
8	LIMBIKANI	51
9	TIKAMBIRANE	21
10	MGWIRIZANO	50

11	TALANDIRA (MISEWE)	34
12	AIDO	55

3.13. Disaster Management and Disease Surveillance

3.13.1. Objective

- To ensure appropriate disaster and disease prevention, preparedness, response and recovery at local, institution and district level

Achievements

- Reestablishment of active rapid response team incorporating all institution departments.
- Orientation of 50% of all staff including health center's on Covid-19.
- Enhancement and adherence of COVID-19 prevention measures.
- Availability of temporary Isolation area.
- Availability of PPE's.

Challenges

- Knowledge gap in Case management and infection prevention measures.
- Most of the rapid response team members were not oriented.
- Not all staff were oriented on Covid-19 especially the support staff.
- Very few less than 5 were trained on case management of Covid-19.
- Need for constant supply of IP materials and PPE.

Recommendations

- Conduct quarterly review meetings on disaster occurrence and disease surveillance.
- Strengthen response teams in health centres'.
- Community sensitization through health talks & mass campaigns.
- Training of all staff members especially the rapid response team.
- Continue intensification of disease surveillance.
- Lobby for support of PPEs and soap for hand washing from DHO.
- Temporary fence around the isolation area.
- Lobby for case Covid-19 case management training from DHO.

3.14. Expanded Program On Immunization

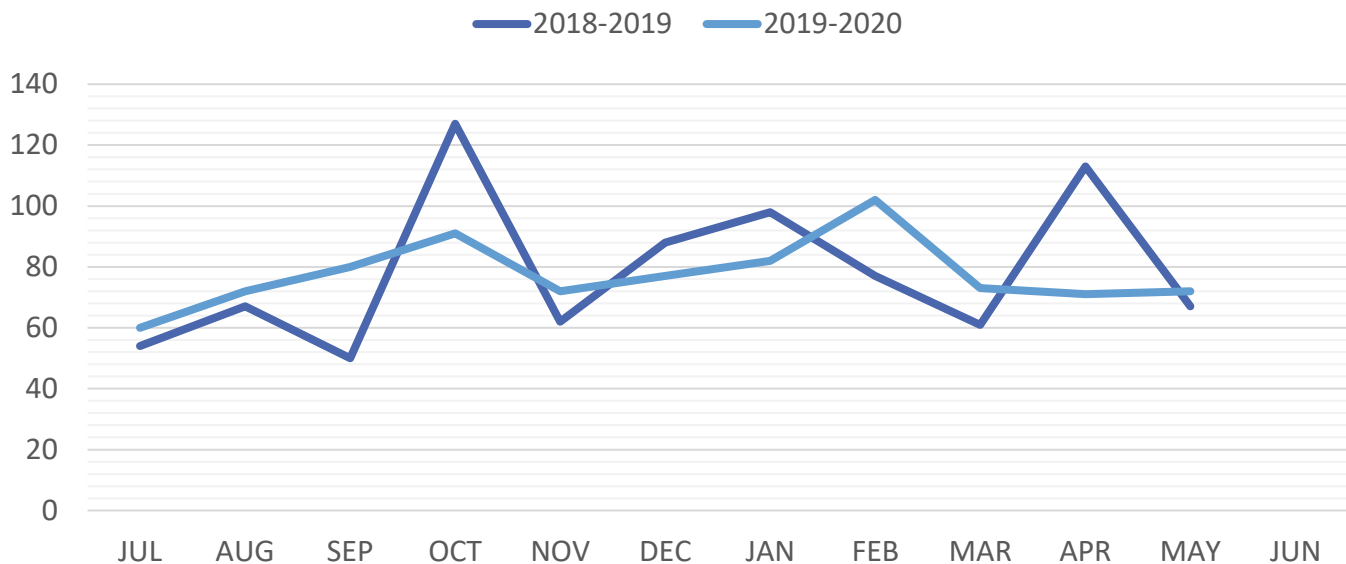
3.14.1. Introduction

EPI is a WHO program aimed at providing vaccination to all under one children and pregnant mothers. The main goal of EPI is to reduce mortality and morbidity rates due to vaccine preventable diseases. The objective or target of EPI is to ensure full immunization of children under one year of age at 90% coverage nationally with at least 80% coverage in every district or equivalent administrative unit.

3.14.2. EPI Data

Figure 3.14.2 shows a comparative Data for EPI for FY 2018/19 against FY 2019/20 at St Lukes Hospital/.

Figure 3:14.2. COMPERATIVE EPI DATA OF FULL VACCINATION



Strengths

- ❖ Over 100 % immunization coverage
- ❖ Routine outreach clinics are conducted

Challenges

- ❖ Inadequate transportation due to unrepaired motorbikes
- ❖ Improper documentation of new EPI registers by HSAs

Recommendations

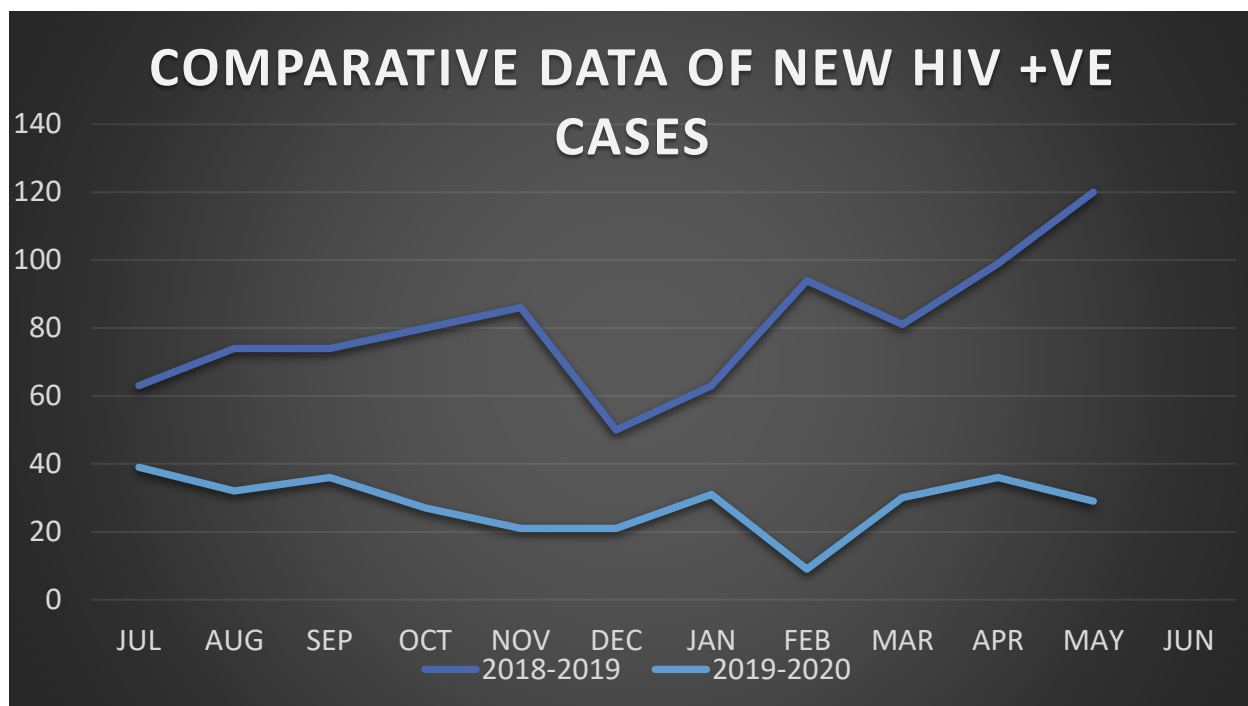
- ❖ Repair Motorbike's to ease transport problems
- ❖ Orientation of HSAs on documentation of new EPI registers

3.15. HIV Testing Service

3.15.1. Objective

- To increase coverage of HIV testing to all eligible groups

3.15.2. HIV DATA



Achievements

- Introduced HIV screening at OPD (meeting the client before he/she meets the clinician)
- Introduction of new HIV self-testing kit Oral Quick
- Good support from management and supporting partners

Challenges

- Inadequate staff – Few HTS providers

Recommendations

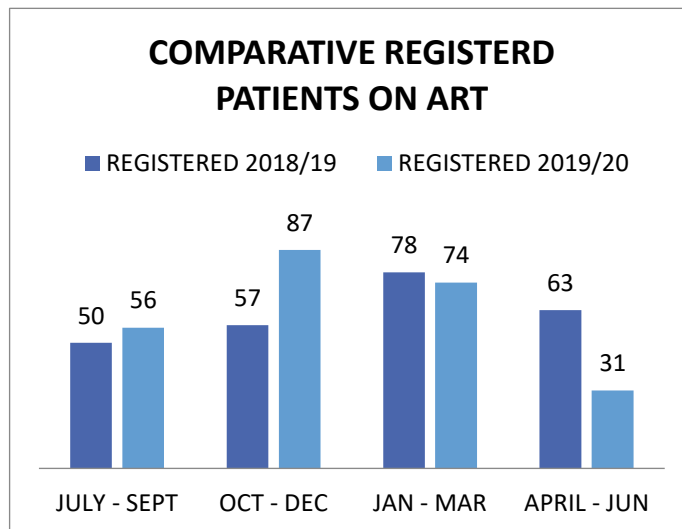
- Community sensitization through – Health talks & Mass campaigns
- Lobby for training of more HTS providers
- Introduction of supervision programs.
- Making fixed schedule for screening and testing all inpatients every morning

3.16. ART Services

3.16.1. Objectives

- ✚ To increase capacity building in ART management
- ✚ Making infrastructure a disability friendly
- ✚ Increasing access to ART

3.16.2. ART Data



Achievements

- Front slope for wheel chairs has been constructed.
- St Luke's hospital is still centre of excellent on ART provision.

Challenges

- Knowledge gap in ART management – In health workers as well as communities.
- Defaulter tracing is difficult.
- Inadequate supervision of HIV support groups.

3.17. Palliative Care Report 2019/2020

3.17.1. Introduction

St Luke's Palliative/Hospice is registered with the Palliative Care Association of Malawi (PACAM). Our services are delivered free to those with life limiting illnesses. We see patients in St Luke's Hospital premises and their own homes within catchment area. The integrated service offers support and care for patients facing an incurable life limiting condition in particular for:

- ❖ Management and monitoring of persistence symptoms including pain control.
- ❖ Management of emotional/psychological/spiritual issues.
- ❖ Management of family/social issues and end of life care.

3.17.2.What We Deliver?

The services we deliver are covered by the following three integrated pillars:

1. Specialist Care.
2. Supportive Care.
3. Education and Community Empowerment.

1. Specialist Care

At the core of what we do is provision of specialist care services. The focus of these services is on complex symptom control. The services we provide include:

- ❖ In patient care.
- ❖ Community home based care.
- ❖ Hospital based care.
- ❖ Telephone service and support.

2. Supportive Care

- ❖ Bereavement service.
- ❖ Counselling service.
- ❖ Volunteers to support patients.

- ❖ Care for vulnerable children.

3. Education and Community Empowerment

- ❖ Raising awareness about death dying and caring for people in the last days of life in our catchment community.
- ❖ Working in partnership with existing care givers to empower individual groups and wider community to care for people living and dying with terminal illness.

A GRAPHIC REPRESENTATION OF DATA FOR 2018/2019 VERSUS 2019/2020

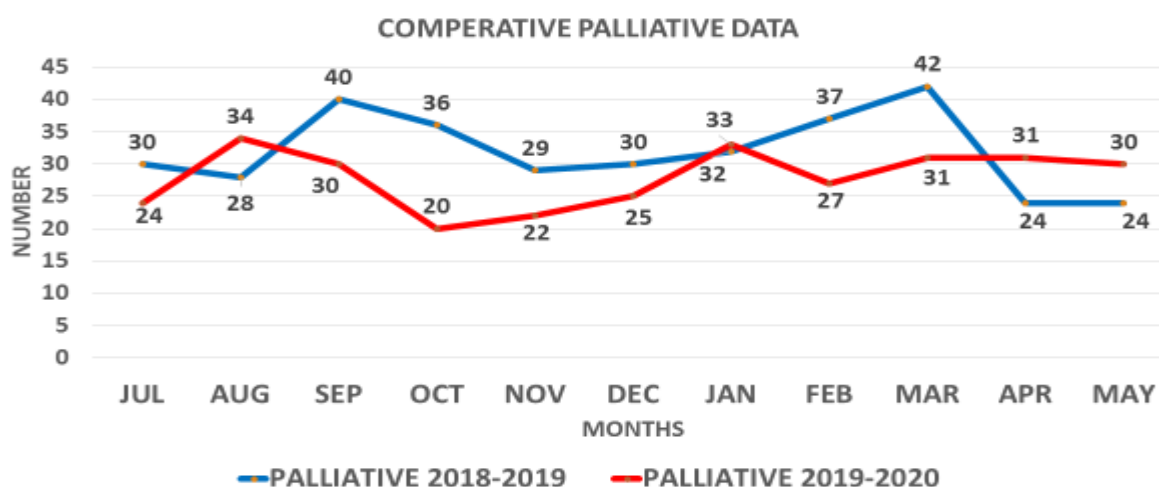


Figure showing data for Palliative Care

i. Objectives 2020/2021

The following are the objectives for the forth coming year:

1. To embed the national ambitions for palliative and end of life care. This will ensure that needs of patients are met (both for the living and dying).
2. To develop new and sustain existing relationships with key stakeholders and partners both local and international.
3. To achieve financial stability.
This will enable us to develop our services to meet the growing needs of those we serve through sustainable sources of income i.e. constructing a hostel as an IGA.
4. To focus on enhancing the wellbeing and resilience of our staff and volunteers through training.
5. To develop further our Information technology (IT) systems so that up to date vital key patient information is available across different clinical settings.
6. To increase capacity building of staff and volunteers.
7. To increase awareness of the community on palliative care service.

ii. Success Story

One of the major successful stories in the year 2019/2020 was an educational trip to United States of America (USA, Hospice of North West of Ohio) by the Chief Hospital Administrator, Mr Winas Boma and Molly Banda, the Palliative care nurse. St Luke's Hospital has been in partnership with Hospice of North West Ohio for over 15 years. The partnership started through Global Partners in Care (GPIC).

GPIC is international organization which helps in linking international partners with African Palliative Care sites that are just developing.

The trip was a five weeks visit (14th January 2020 to 19th February 2020). The aim of visit was to learn and share experiences in delivery of Palliative Care Services.

Program Achievements

- We are able to provide some of the basic needs of patients. (nutrition supplements, soap, blankets) etc.
- Able to meet some of the needs of the vulnerable children
- Able to follow up patients in their homes.
- Able to provide good pharmacological care to patients because of the availability of most of the essential drugs.
- We have well trained and hardworking providers.
- Very good team work.
- Able to provide spiritual support through office of Chaplain.
- Good support from St Luke's management team, DHO, PACAM, International partners.

Challenges

- Inadequate drug supply.
- No palliative care in some of our health centres.
- Failure of some patients to settle hospital bills.
- Inadequate support for children whose parents are sick/dead.
- No motivation in form of stipend for volunteers
- No Income Generating Activity. (We are only donor dependent)
- Few trained providers.
- Transport problems because the program does not have a vehicle of its own to serve this purpose.
- Lack of transport for volunteers in form of bicycles.

- No funds to train new palliative care providers and volunteers.
- Inadequate space for the provision of palliative care services at hospital.

WAY FORWARD

- Conduct quarterly meetings and attend conferences/update meetings.
- Community sensitization through – Health talks & community campaigns.
- Training of health workers including BSc for at least 2 nurses and 1 clinician
- Enhancing home visits for patient follow up and bereavement support
- Enhancing care for vulnerable children.
- Purchase of basic items such as food, blankets soap e.t.c.
- Payment of hospital bills for palliative patients who cannot afford.
- Purchase of palliative care medicines.
- Formulate income generating activities to support the program. i.e construction of a hostel.
- Introduction of outreach clinics in health centres.
- Stipend and purchase of basic tools for volunteers. i.e. back bags with medical supplies.
- The home visit program can run very well if it can have the vehicle of its own.
- Need for bicycles for volunteers.
- Hospital Management team to provide adequate space for the delivery of palliative care service at the hospital.

4. HOSPITAL OPERATIONS

4.0 Introduction

For the past five months, hospital operations increased due to increased activities in departments. This was amongst others, due to the COVID-19 pandemic and sensitization on free SLA for the under-five.

This report will highlight major events during the financial year 2019-2020, for the first quarter of year 2020. During the period under review, there were a lot of activities which took place at the Hospital. Thus, all departments which are directly involved in supporting these activities of the Hospital within this period are analyzed as follows;

3.18. Human Resource

Human Resources at St. Luke's Hospital are main drivers for organizational strategic objectives to be realized.

Organizational strategic goals can be achieved through competent, vibrant and stable workforce.

The report highlights human resources issues in all nine health facilities and these are St. Luke's Hospital, Gawanani Health Centre, Mposa Health Centre, Matope Health Centre, Lulunga Health Centre, Nkope Health Centre, Mpondasi Health Centre, Nkasala Health Centre and Chilipa Health Centre.

Human Resource will focus on the issues that have transpired between the duration of July, 2019 to June, 2020 fiscal year.

3.18.1. Table 4.1.1; Showing available Human Resource

NO	NAME OF FACILITY	NUMBER OF ESTABLISHED POST	NUMBER OF FILLED POSTS	NUMBER OF VACANT POSTS	PERCENTAGE OF POSTS FILLED
1	St. Luke's	225	207	18	92%
2	Lulunga	38	38	0	100%
3	Nkope	38	44	0	115.7%
4	Mpondasi	38	42	0	110.5%
5	Nkasala	38	26	12	68%
6	Gawanani	38	22	16	57.8%
7	Chilipa	38	24	12	63.2%
8	Matope	38	27	11	71%
9	Mposa	38	21	17	55%
Total		529	451	86	85%

3.18.2.Key Technical Personnel

FACILITY	DOCTORS	CLINICIANS	MEDICAL ASSISTANTS	NURSING OFFICERS	NMT/CMA
ST LUKE'S	1	14	3	4	36
NKOPE	-	-	2	-	5
MATOPE	-	-	2	-	3
MPOSA	-	-	1	-	2
MPONDASI	-	-	2	-	6
NKASALA	-	-	2	-	3
CHILIPA	-	-	1	-	4
GAWANANI	-	-	2	-	2
LULANGA	-	-	2	-	5
Total	1	14	17	4	66

Table 4.1.2.; Showing Key Personnel

3.18.3. PEPFAR Employees

St. Luke's is privileged by 12 additional staff employed by PEPFAR who have been deployed to our various health facilities. The deployment list and their cadres are as follows:

NO.	NAME OF FACILITY	NURSES	MEDICAL ASSISTANTS	LABORATORY ATTENDANTS	TOTAL
1	St. Luke's Hospital	2		2	4
2	Nkasala				0
3	Chilipa	2		1	3
4	Gawanani	1	1		2
5	Mposa				0
6	Lulanga	1	1		2
7	Nkope		1		1
	Total	6	3	3	12

Table 4.1.3.; Showing PEPFAR Employees Available

3.18.4.Newly Appointed Employees

St. Luke's Hospital has recruited 55 employees during July 2019 to June 2020 as follows:

- 3 Medical Officers
- 1 Orthopaedic Clinical Technician
- 1 Dental Therapist
- 1 Assistant Environmental Health Officer,
- 1 Nursing Officer,
- 3 Clinical Technicians

- 1 Medical Rehabilitation
- 3 Medical Assistants
- 18 Nurse Midwife Technician,
- 4 Community Midwife Assistants
- 1 Records Assistant
- 1 Accounts Assistant,
- 2 Cashiers
- 1 Home craft worker
- 9 Hospital Attendants
- 2 Security Guards
- 1 Driver
- 2 Ground labourers

3.18.5. Attrition Rate

St. Luke's hospital and its health facilities have experienced 25 attritions in various departments as illustrated underneath:

DEPARTMENT	POSITIONS	NUMBER	ATTRITION
NURSING	Nurse Midwife Technicians	5	Resigned
	Community Midwife Assistant	1	Resigned
	Hospital Attendant	1	Resigned
CLINICAL	Medical Officers	2	Resigned
	Clinical Technician	3	Resigned
	Pharmacy Technician	1	Resigned
	Radiographer	1	Resigned
	Dental Therapist	1	Declined the Offer
	Medical Assistants	1	Resigned 1
	Medical Rehabilitation	1	Resigned
ENVIRONMENTAL		0	
FINANCE AND ADMINISTRATION	Accounts Assistant	1	Resigned
	Driver	1	Resigned
	Security Guards	4	Absconded 2 Resigned 2
Total		23	

Table 4.1.4.; Showing Attrition Rate

3.18.6. Retention Strategies

St. Luke's hospital has developed these factors as retention strategies:

- Offering of training opportunities
- Rewarding and recognition of exceptional and high performers
- Increase in locum, hardship and call allowances

3.18.7. Promotions

In the fiscal year 2019/2020 St. Luke's hospital has promoted some employees as follows:

DEPARTMENT	POSITIONS	NUMBER
NURSING	Senior Nurse Midwife Technicians (Grade J)	1
	Home Craft worker (Grade M)	1
	Hospital Attendant (Grade P)	3
CLINICAL	Chief Anaesthetic Clinical officer (Grade I)	1
FINANCE AND ADMINISTRATION	Senior Assistant Human Resource Management Officer	1
	Head Security Guards(Grade O)	8
Total		15

Table 4.1.8.; Showing Staff Who Were Promoted

3.18.8. Training Opportunities

St. Luke's Hospital is sponsoring three officers in various trainings such as:

- Gift Kasiyafumbi; pursuing Bsc in Laboratory Technologist is about completion
- Benard Mlenga; pursuing Bsc. in Nursing and Midwifery at Kamuzu College of Nursing.
- Patricia Kaunda; pursuing Bsc. in Nursing and Midwifery at Mzuzu University.
- Judith Chiomole; pursuing Diploma in Nursing and Midwifery at St. Luke's College of Nursing.
- Sankhulani Banda at Malawi College of Health Sciences pursuing a Diploma in Nursing and Midwifery.
- Felix Chibwana at Exploits University pursuing Bsc in Accounting.

3.18.9. Staff Accommodation

Members of staff acknowledge the rental charges that they are paying to all institutional houses. Our partners have constructed 4 staff houses, 3 at St. Luke's Hospital and 1 at Lulunga health centre. Some of the staff houses in all health facilities are in dilapidated state and need urgent renovations

Achievements

- High commitment motivated and disciplined staff.
- Training and development of staff.
- Team work.
- Adherence of rules and regulations.
- Staff turnover has decreased.
- All health centres have a minimum of two Medical Assistants except Mposa.
- Timely payment of salaries and allowances.

Challenges

- Staff turnover rate is at 5.5%.
- Inadequate of staff houses to accommodate all entitled officers to be accommodated.
- Inadequate of rental houses especially in some of our health facilities.
- Poaching of health personnel staff by Government and other CHAM facilities.
- Frozen of recruitment of staff by Government.
- Stagnation of staffing levels due to absorption of PEPFAR employees into CHAM mainstream.
- Delayed replacement procedures.

Recommendations

- Lobby of construction of more staff houses.
- Intensify Performance appraisal system
- To orient employees on various:
 - (1) Employment act 2000
 - (2) Terms and conditions of service for St. Luke's Hospital
 - (3) Pensions act
 - (4) Labour relations act
 - (5) Training policy

3.19. Maintenance Department

During the period under review, there were a lot of maintenance activities which took place. These included maintenance of hospital buildings and hospital equipment's. Apart from maintenances, within this period there were also projects which were funded by donors. These projects were carried out under the supervision of the maintenance Team. Below are the maintenances and projects which took place both at St Luke's Hospital and in health centers within the period under review.

3.19.1. Major Projects

- Construction of new Maternity Ward at Mposa health center - Donor funded
- Construction of operating theatre building at St Luke's Hospital -Donor funded.
- Construction of Maternity Ward and two staff houses at Lulanga health center - Donor funded (NCA)

3.19.2. Renovations and Maintenances

- Renovation of PHC building at St Luke's Hospital -Donor funded.
- Repair of one staff house at Mposa health centre -Locally funded.
- Repair of In-charge's house at Mpondasi -Locally funded.
- Renovation of a staff house at Mpondasi health centre - by student of college of Medicine.
- Replacement of metal window frames to staff houses for security purposes at Nkope. Health center – Locally funded.

- Purchases and install (3 times) sub-immiscible water pumps which were stolen by thieves, Two at Chilipa and one at Matope Health Centre. -Locally funded.
- Repair of two houses for Nurses at Gawanani health center - Locally funded.
- Renovation of Pediatric and Nursery wards at St Luke's Hospital -Donor funded.
- Procurement of infant beds and Nursery equipment at St Luke's Hospital - Donor funded.
- Renovation of Antenatal wards at St Luke's Hospital - Donor funded.
- Construction of two semidetached bathrooms at St Luke's Hospital- Donor funded (Emmanuel International).

Strengths

- Hardworking and team spirit amongst members of staff in the department.
- Members work with minimum supervision.
- Quality work is done within the scheduled time.

Challenges

For the period under review, Maintenance department faced a number of challenges as below.

- Inadequate knowledge on the use of equipment by staff.
- Presence of unskilled personnel in the department sometimes affects work.
- Inadequate training to advance knowledge of staff in the department.
- Inadequate resources (finances) to carry out all the planned maintenance works for St Luke's hospital and all the health centers'.
- Inadequate staff houses in all health centers and St Luke's hospital.
- Inadequate protective working materials.

3.20. Transport

During the period under review the four Drivers at St Luke's, one at Chilipa/Nkasala Health Centers, one at Lulunga Health Center and one at Nkope Health Center had been utilized accordingly.

In terms of fleet, during the period under review we had quite a number of breakdowns. This mostly is attributed to the state of some of the vehicles we have, namely, Land cruiser Ambulance MH 2981 and Mitsubishi twin cab BP 2288. Due to increased operations, during this period we also had a number of services done by ourselves for six cars, and two which are still dealer service, by Toyota Malawi Limited. These are Toyota Hilux (BW 740) stationed at Lulunga Health center and Toyota Land cruiser (5148) stationed at St Luke's Hospital. Apart from the garage maintenances and the normal services, during this period under review tyres and batteries were also bought for four cars.

Achievements

- Good communication amongst Drivers.
- Good planning and scheduling of routes.
- Throughout the period under review there were no interruption in operations due to lack of transport.
- An Ambulance and a driver were deployed to Chilipa, to cater for Chilipa and Nkasala Health centres.
- Two Drivers sent for Defensive driving lessons, five more drivers pending to undergo the same training.

Challenges

- Inadequate Drivers.
- Three old cars still in use which breakdown most of the times, one at Nkope Health center and two at St Luke's Hospital.
- Inadequate working materials like gumboots, toolbox and working suits amongst others.
- Lack of car pit, to carters for minor services.

5. CHAPLAINCY REPORT

Thanks to God Almighty for giving me this noble task of ministering to patients, guardians, staff and families at this hospital. This is a very brief report

5.1. MONTHLY ROSTER

I always produce monthly preaching rosters which included the following activities: daily morning prayers, praying for patients undergoing an operation, Thursdays mass and administering holy mass to patients in the wards except this time of COVID19 pandemic, wards visitation, pastoral counseling e.g palliative care, pastoral in case of death every Tuesdays and Fridays, guardians and staff.

5.2. DAILY PROGRAM

Annually, producing daily program which included the following activities:

- (a) Morning prayers; these are prayers that are conducting every morning from Monday to Friday as our tradition, but for Wednesdays are for hymns and choruses.
- (b) Thursday mass; I always conducting mass in the morning and going around the wards if there are patients and guardians who would like to receive Eucharist except COVID19 period.
- (c) Counseling; this occurred on Tuesdays and Fridays more especially to palliative care patients and guardians, sometimes to members of staff.
- (d) Visiting the wards; I have been visiting all wards praying with patients and guardians and offering pastoral care.
- (e) Home visit; every Tuesday, I always accompanied the palliative team visiting patients in their homes. As chaplain, my role is to offer spiritual and pastoral counseling. I`m also one the palliative care providers because the hospital through the CHA office sent me to palliative care training in September 2019 at Chiradzulu district.

During home visit, I have also prayed with the bereaved families who lost their relatives who were under palliative care and who were admitted in the hospital.

STRENGTH

- ✚ Active committee members
- ✚ chaplaincy appeal fund
- ✚ printing new prayer and hymn books
- ✚ Receipt book (done)
- ✚ Attendance book
- ✚ Morning prayers Monday to Friday

CHALLENGE

- ✚ Time management during prayers- members
- ✚ Chaplaincy appeal fund contributions and income generating activities.
- ✚ Some of the preachers do not honor the preaching roster

VOTE OF THANKS

Chaplaincy office would like to thank lord Bishop, St. Luke`s hospital management through CHA, wards in-charges and committee for the wonderful support.

4. FINANCIAL STATEMENT

NOTES TO THE FINANCIAL STATEMENT

1. The Performance for Gawanani and Chilipa Health Centres has tremendously improved this year with Gawanani getting K5,015,675 this year compared to K3,886,875 last year giving us an improvement of K1,128,800 while Chilipa has collected K7,264,830 this year compared to last year's K5,780,070 giving us an improvement of K1,484,760. This improvement can be attributed to management's incessant supervision of the facilities in light of their poor performance the previous period.

Management worked tirelessly in a quest to instill discipline and quality patient care. We focused our attention on the facilities in order to turn around their performance which we are happy to report that our target was achieved. We continue to ensure that the standards that have been set should be maintained.

2. Mpondasi Health Centre has not performed to expectations this Financial period under review. It has collected Hospital Fee income of K6,503,800 this year in comparison to last year's K8,945,710, giving us a negative performance difference of K2, 441,910. This can be partly attributed to the Opening of Mai Babu Clinic within the catchment area of the facility which has taken most of the patients as their drugs are sold at a cheaper rate.

However, there is also a need for our members of staff to re-adjust their attitude to attract more patients to patronise the facility. Management will in the coming Financial Period focus attention on the facility to maximise its earning capacity by among other things; construct a Modern Maternity and also enhance the supervision of the facility.

3. Total Hospital Fees Income this year has improved by netting in K195,192,125 against last year's K193,890,827. However, against the budget we performed poorly as we had budgeted for K250,971,285 for the eleven months. We have therefore, revised our budget downwards to K227,067,600, comparing to the performance on the ground and also to have an achievable figure.
4. Service Level Agreement for St Lukes Hospital – Zomba and St Luke's Hospital Machinga were previously being accounted for in one vote. However, it was difficult to ascertain liability of individual clients (DHOs). We have therefore, started accounting for each separately.
5. Overall SLA income has risen to K141,755,319 from the previous period K113,059,160 giving us a difference of K28,696,159. The performance of SLA has been so good so that we have revised upwards in the proposed budget to K161,585,724.

6. Employment cost has risen by a difference of K96,459,395 from K519,752,577 to K616,211,972. This is mainly due to the 15% increment the government effected in the financial year and the risk allowance that was introduced due to the onset of the COVID-19 pandemic subsequently the budget overspent against the budget by K41,024,927.
7. Hospital operations expenditure for this year was at K59,892,691 which is almost at par with that of the previous year which was at K58,521,373. However, against the budget it is at a negative variance of K13,018,941. This vote was underestimated and has subsequently been revised upwards to K60,000,000.
8. The Statement of cash flow is indicating a negative balance of K69,465,174.14 as closing balance. This is so because the hospital uses an accrual accounting system where a transaction is recorded when it takes place and not when cash is paid. Subsequently, transactions for salaries were recorded in May even though the relative funding for the same was received in June. Therefore as at close of business on 31st June 2020, the accounts would indicate a deficit of the salaries account.

NOTES TO THE BUDGET

- 3- Overall, the performance of Hospital Fees Income at K195,192,125 has been poor as compares to the budgeted for K250,971,285 for the eleven months. We have therefore, revised our budget downwards to K227,067,600 to reflect the performance on the ground and also to have an achievable figure.
- 4- St Lukes – Zomba SLA income was budgeted at K18,000,000 this period under review. However, the performance exceeded the budget for the eleven months by K2,774,715. We therefore, have revised the SLA income for Zomba to K21,026,962 in the proposed budget. Similarly, St Lukes – Machinga was budget at K30,000,000 but we managed to get K42,025,833 in the period under review. We therefore, have revised the vote upwards to K45,846,472.
- 5- Overall SLA income has risen to K141,755,319 from the previous period K113,059,160 giving us a difference of K28,696,159. The performance of SLA has been so good so that we have revised upwards in the proposed budget to K161,585,724.
- 7- Hospital operations expenditure for this year was at K59,892,691 which is almost at par with that of the previous year which was at K58,521,373. However, against the budget it is at a negative variance of K13,018,941. This vote was underestimated and has subsequently been revised upwards to K60,000,000.
- 9- Income Generating Activities Expenditure was previously being budgeted and accounted for in the Operations vote. This posed a problem when it came to ascertaining whether a particular IGA

was making profit or not. To counter this problem, we now account for the expenditure of IGAs separately.

The expenditure budget for IGAs has in this proposed budget risen up from K1,200,000 to K4,310,000. This has been necessitated by the increase in the number of IGAs that we would like to engage in, in the new Financial Year.

10-Governance Costs vote has risen up in this Proposed budget at K19,494,000 even though in the year under review we only spent K10,337,956. This is so because we still have outstanding obligations to with governing bodies such as CHAM for previous periods that were never booked in the system previously and have to be settled. We intend to pay same in the proposed budget.

11- Lulunga Health Centre SLA income was budgeted at K29,400,000 translating to K26,950,000 for the eleven months under review. However, the performance was below expectations. This can be attributed to the opening of a Health Centre within the catchment area by government which is catering for Anti-Natal services. In light of the said, the proposed budget has been adjusted downwards to K25,189,996.

ST LUKES HOSPITAL JULY 2019 - MAY 2020 INCOME STATEMENT AND 2020 - 2021 BUDGET

		<u>JULY 19 - MAY 20 PRFOMANCE</u>	<u>JULY 18- MAY19 PERFORMANCE</u>	<u>PERFOMANCE DIFFERENCE</u>	<u>JULY 19- JUNE 20 BUDGET</u>	<u>11 MONTHS BUDGET TODATE</u>	<u>VARIANCE</u>	<u>JULY 20 - JUNE 21 PROPOSED BUDGET</u>	
<u>INCOME</u>		MK	MK	MK	MK	MK	MK	MK	
	HOSPITAL FEES INCOME								
	ST. LUKES HOSPITAL	92,890,432	92,829,295	61,137	123,122,856	112,862,618	(19,972,186)	103,503,600	
	MATOPE H/C	11,045,000	11,000,000	45,000	16,200,000	14,850,000	(3,805,000)	12,120,000	
	CHILIPA H/C	7,264,830	5,780,070	1,484,760	7,844,000	7,190,333	74,497	9,192,000	1
	NKASALA H/C	5,500,900	6,423,690	(922,790)	9,508,000	8,715,667	(3,214,767)	6,720,000	
	GAWANANI H/C	5,015,675	3,886,875	1,128,800	9,524,000	8,730,333	(3,714,658)	6,180,000	1
	MPOSA H/C	7,680,280	7,894,345	(214,065)	13,288,000	12,180,667	(4,500,387)	9,252,000	
	LULANGA H/C	9,426,600	9,877,910	(451,310)	16,670,000	15,280,833	(5,854,233)	11,484,000	
	NKOPE H/C	8,451,250	9,190,220	(738,970)	14,260,000	13,071,667	(4,620,417)	10,344,000	
	MPONDASI H/C	6,503,800	8,945,710	(2,441,910)	12,850,000	11,779,167	(5,275,367)	7,920,000	2
	BISHOP MALASA PVT	41,413,358	38,062,712	3,350,646	50,520,000	46,310,000	(4,896,642)	50,352,000	
	<u>TOTAL</u>	<u>195,192,125</u>	<u>193,890,827</u>	<u>1,301,298</u>	<u>273,786,856</u>	<u>250,971,285</u>	<u>(55,779,160)</u>	<u>227,067,600</u>	3
	SERVICE LEVEL AGREEMENT								
	ST LUKES - ZOMBA	19,274,715	38,565,075	(19,290,360)	18,000,000	16,500,000	2,774,715	21,026,962	4

ST LUKES - MHG	42,025,833	-	42,025,833	30,000,000	27,500,000	14,525,833	45,846,472	4
NKASALA H/C	8,874,831	8,536,687	338,144	10,150,800	9,304,900	(430,069)	9,681,634	11
GAWANANI H/C	8,584,143	7,527,683	1,056,460	9,600,000	8,800,000	(215,857)	9,364,520	
MATOPE H/C	6,019,122	6,148,330	(129,208)	7,440,000	6,820,000	(800,878)	6,566,315	
MPOSA H/C	13,230,468	10,465,418	2,765,050	13,200,000	12,100,000	1,130,468	14,433,238	
LULANGA H/C	23,022,290	23,744,405	(722,115)	29,400,000	26,950,000	(3,927,710)	25,189,996	
NKOPE H/C	9,123,435	9,427,769	(304,334)	12,000,000	11,000,000	(1,876,565)	10,014,136	5
CHILIPA H/C	8,563,914	8,643,793	(79,879)	10,800,000	9,900,000	(1,336,086)	9,462,452	
MPONDASI H/C	3,036,569	-	3,036,569	-	-	3,036,569	10,000,000	
TOTAL	141,755,319	113,059,160	28,696,159	140,590,800	128,874,900	12,880,419	161,585,724	

OTHER INCOME

GOVT SALARY GRANTS	588,869,111	508,742,059	80,127,052	574,692,880	526,801,807	62,067,304	669,644,345
SUNDRY INCOME	10,207,714	7,676,918	2,530,796	24,432,350	22,396,321	(12,188,607)	20,252,000
FOREIGN GRANTS	155,434,970	541,054,056	(385,619,086)	98,000,000	89,833,333	65,601,637	54,087,091
INCOME GERATING ACTIVITIES	3,064,200	3,104,643	(40,443)	5,268,000	4,829,000	(1,764,800)	4,900,982
DONATIONS IN KIND	32,568,284	27,200,000	5,368,284	49,200,000	45,100,000	(12,531,716)	58,500,000
OTHER LOCAL DONATIONS	200,000	72,553,845	(72,353,845)	-	-	200,000	
TOTAL	790,344,279	1,160,331,521	(369,987,242)	751,593,230	688,960,461	101,383,818	807,384,418

TOTAL INCOME		1,127,291,723	1,467,281,508	(339,989,785)	1,165,970,886	1,068,806,646	58,485,078	1,196,037,742
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	EMPLOYMENT COSTS	616,211,972	519,752,577	(96,459,395)	627,476,776	575,187,045	(41,024,927)	672,044,345	6
	OTHER EMPLOYMENT COSTS	63,850,524	59,422,167	(4,428,357)	107,873,920	98,884,427	35,033,903	76,682,000	
	SUPPLIES & SERVICES	119,330,774	141,030,708	21,699,934	132,000,000	121,000,000	1,669,226	132,000,000	
	INTERGRATED SUPERVISION	6,811,363	4,822,900	(1,988,463)	2,004,000	1,837,000	(4,974,363)	6,600,000	
	HEALTH OUTREACH	8,003,950	7,594,010	(409,940)	7,520,000	6,893,333	(1,110,617)	16,140,000	
	HOSPITAL OPERATIONS	59,892,691	58,521,373	(1,371,318)	51,135,000	46,873,750	(13,018,941)	60,000,000	7
	GOVERNANCE COSTS	10,337,956	16,238,813	5,900,857	20,000,000	18,333,333	7,995,377	19,494,000	10
	TRANSPORT COSTS	36,292,694	37,844,543	1,551,849	44,400,000	40,700,000	4,407,306	45,288,000	
	MAINTENANCE & REPAIRS	10,824,648	16,931,790	6,107,142	13,760,000	12,613,333	1,788,685	10,316,000	
	BUILDINGS MAINTENANCE	19,257,241	21,646,445	2,389,204	20,000,000	18,333,333	(923,907)	20,000,000	
	ENERGY COSTS	14,475,739	11,126,947	(3,348,792)	15,120,000	13,860,000	(615,739)	15,600,000	
	WATER	3,389,343	3,081,479	(307,864)	1,752,000	1,606,000	(1,783,343)	1,776,000	
	INCOME GENERATING ACTIVITIES	3,126,600	-	(3,126,600)	1,200,000	1,100,000	(2,026,600)	4,310,000	9
	DEPRECIATION	-	-	-	-	-	-	48,771,955	
TOTAL EXPENDITURE		971,805,493	898,013,752	(73,791,741)	1,044,241,696	957,221,555	(14,583,939)	1,129,022,300	
SUPPLUS / DEFICIT BEFORE CAPITAL EXPENDITURE		155,486,230	569,267,756	(413,781,526)	121,729,190	111,585,090.83	(43,901,139)	67,015,443	
CAPITAL BUDGET									

CAPITAL INCOME								
	MACS (Chilipa OPD)							70,000,000
	ST LUKES FOUNDATION/SONY VANK (X-RAY MACHINE)							150,000,000
	ST LUKES FOUNDATION/ICEAID (MPONDASI MATERNITY)							42,000,000
	ST LUKES P&L (VARIOUS CAPITAL ITEMS)							
	BEIT TRUST (THEATRE MED EQUIPMENT)							52,000,000
								314,000,000
CAPITAL EXPENDITURE								
	LULANGA MATERNITY	-	281,000,000	281,000,000				
	LULANGA AMBULANCE	-	27,200,000	27,200,000				
	MORTUARY	-	25,000,000	25,000,000				
	GUARDIAN SHELTER	-	7,600,000	7,600,000				
	NEW THEATER	-	124,184,148	124,184,148				
	CHILIPA OPD							70,000,000
	MPONDASI MARTENITY							42,000,000
	THEATRE EQUIP							52,000,000
	ADMINISTRATIVE VEHICLE							6,000,000
	ACC SYSTEM SERVER							2,000,000

DIGITAL X-RAY MACHINE							150,000,000
COMPUTERS							3,400,000
FURNITURE							2,650,000
PHARMACY SOFTWARE							2,500,000
DOMESTIC REFRIDGIRATORS							1,650,000
PRINTERS							1,200,000
OTHER HOSP EQUIP							5,000,000
MPOSA MORTUARY	35,886,127	-	(35,886,127)				
TOYOTA LAND CRUISER	37,988,600	-	(37,988,600)				
3 STAFF HOUSES	16,988,924	55,319,592	38,330,668				
TOTAL CAPITAL EXPENDITURE	90,863,651	520,303,740	429,440,089	-	-	-	338,400,000

FINAL SUPPLUS/ DEFICIT	64,622,579	48,964,016	15,658,563	-	-	-	42,615,443
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BALANCE SHEET AS AT 31ST MAY 2020

<u>ASSETS</u>	
<u>NON CURRENT ASSETS (FIXED ASSETS)</u>	
PROPERTY, PLANT AND EQUIPMENT	
opening balance	1,401,552,116.94
Additions	80,629,725.45
TOTAL NON CERRENT ASSETS	1,482,181,842.39
<u>CURRENT ASSETS (NON FIXED ASSETS)</u>	
INVENTORY	53,816,516.45
WHT (RECEIVABLES)	198,010.28
TRADE RECEIVABLES (DEBTORS)	238,428,197.66
AMOUNTS DUE FROM RELATED PARTIES	7,156,257.30
CASH ON HAND AND AT BANK	10,149,285.05
TOTAL CURRENT ASSETS	309,748,266.74
<u>TOTAL ASSETS</u>	<u>1,791,930,109.13</u>
<u>FUNDS AND LIABILITIES</u>	
<u>CURRENT LIABILITIES</u>	
TRADE PAYABLES (CREDITORS)	72,582,721.40
AMOUNTS DUE TO RELATED PARTIES	1,281,122.50
BANK OVERDRAFT	79,614,459.19
WHT (PAYABLES)	1,997,968.32
TOTAL CURRENT LIABILITIES	156,722,403.90
<u>FUNDS</u>	
CAPITAL FUNDS	1,568,681,852.67

UN ALLOCATED FUNDS	3,149,406.00
PROFIT FOR THE YEAR	64,622,579.05
TOTAL FUNDS	1,635,207,705.23
<u>TOTAL FUNDS AND LIABILITIES</u>	<u>1,791,930,109.13</u>

STATEMENT OF CASHFLOW AS AT 31ST MAY 2020

STATEMENT OF CASHFLOWS FOR THE PERIOD JULY 19 -MAY 20					
				Jul '19 - May 20	
		<u>OPERATING ACTIVITIES</u>			
		Profit for the Year		64,622,579.05	
		Net cash provided by Operating Activities		-197,265,123.23	
		<u>INVESTING ACTIVITIES</u>			
		Net cash provided by Investing Activities		-1,482,181,842.39	
		<u>FINANCING ACTIVITIES</u>			
		cash provided by Financing Activities		1,612,212,667.64	
		Net cash provided by Financing Activities		1,612,212,667.64	
		Net cash increase for period		-67,234,297.98	
		Cash at beginning of period		-2,230,876.16	
		Cash at end of period		-69,465,174.14	
		Net Cash increase for the period		-67,234,298.0	8

CONCLUSION

St Luke's hospital and health centres' are contributing effectively to the accomplishment of the universal health coverage by the delivery of the essential health package through its strategic plan (SHHSP 1,2018-2022) further more to the accomplishment of the sustainable developments goals (SDG 2030).

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