BRIEF HISTORY OF THE PRINCESS MARIE LOUISE CHILDREN'S

The history of this hospital dates back to 1915, when an eminent Gold Coast, Dr. F.V. Nanka Bruce, during the debate in the Gold Coast Legislative Council brought to the attention of the government the very high infant and maternal mortality in the country.

Sir Gordon Guggisberg, the then governor of the gold coast took a view of this and decided that there was a real need for a children's hospital in the spring of 1925, Her Highness Princess Marie Louise the granddaughter of Queen Victoria, the then queen of the British Empire was invited by Sir Guggisberg to visit the Gold Coast colony as part of an extensive West Africa tour. It was during that visit that the Princess laid the foundation stone of the new children's hospital and consequently being named after her at its commissioning in 1926. The Princess Marie Louise Children's Hospital (PML) stands as a living testimony of close historic links between Ghana and the United Kingdom.

Among the very early medical personnel who worked at PML Hospital was an enterprising British doctor, Cicely Williams, a product of Oxford University. She gave two outstanding contributions to medical practice in the country with tremendous impact on the entire developing world. Dr. Willams laid the foundation for integrated medical care for mother and child thus, bringing to birth todays maternal and child health services (MCH). Her pioneering studies in nutritional disorders in children led to her description of the protein Deficiency Syndrome, kwashiorkor which was published from this hospital in 1933 thus putting the Gold Coast on the medical map. PML Hospital today does not only see malnutrition cases but also encounter quite a number of specialised paediatric cases.

From a humble beginning and through the pioneering work of many dedicated doctors like Dr. Susua Ofori Atta, Dr. D.B Scott, Dr. H. Wozniak, Sinclair through to others like Jutton Addy and BANDOR, Dr. (Mrs.) Herman Odor of recent past, PML has grown from lapses and founds to become a specialised hospital in the country. PML is a hundred and eight (108) bedded hospital.

DEMOGRAPH LOCATION

The Hospital is located in the business district of Accra. It lies in the Northern part of the Ashiedu Keteke Sub-metro of the Accra Metropolitan Area. It is boarded on the North by Kinbu Road and part of the Railway line, South by Asafoatse Nettey Road, East by Kojo Thompson and Pagan Roads and West by Part of the Railway Line.

POPULATION

The resident population is composed of middle to low class citizens and made up of various ethnic groups across the country. There are a floating number of people which inflates the population throughout the year because of the business nature of the area comprising of shops, stores, super markets and five large markets.

The Konkomba area is a densely populated area located towards the Western part of the catchment area. The area has poor sanitary facilities and therefore uses the Korle Lagoon as a dumping place for both dry and wet refuse. As a result of this mode of disposal of waste, communicable diseases especially malaria and diarrhoea conditions are regularly reported from the area.

The influx of people from all parts of the country to seek greener pastures has resulted in the population density leading to drug addiction, rape and other violent behavior hence the name Sodom and Gomorrha given to some portion of the area

The catchment population is 139,488 (year 2014 estimates), which forms a third of the population of the Sub Metro. The Ghana Statistical Service reviewed the population of the Ashiedu-Keteke Sub-Metropolitan area and the table below shows the age group and percentage of population that the Hospital has to serve as below.

Indeed, the hospital actually serves beyond this population size since clients come from both within and without the region.

SERVICE DELIVERY

PML has come a long way. Apart from medical care; it actively pursues other services such as control and offers Reproductive and Child Health, Family Planning, Nutrition Rehabilitation Service, Dental, Eye, Ear, Nose and Throat, Asthma, Physio Therapy HIV/AIDS, Child Developmental and Sickle Cell Clinic. It also has a Theatre, Blood Bank, Laboratory, Pharmacy, Radiology, New Born Unit and Morgue.

Major diseases prevailing in the area are of public Health importance. Communication disease still remains a problem because of the sanitary conditions, poor drainage system, overcrowding, drug addiction and rape. Malaria continues to be the highest cause of outpatients visit and exacts the demand on the service followed by diarrhea disease, acute respiratory infection, anemia, malnutrition and HIV/AIDS.

SURGICAL CASES

Presently, the hospital does not undertake any surgical cases and as a result such cases are referred to Korle- Bu Teaching Hospital or Ridge hospital.

WARD AND ADMINISTRATIVE BLOCK

A three storey building was later put up in 1991 in addition to the old block. This building has the X-ray unit, laboratory, consulting rooms, injection/dressing rooms on the ground floor. The first-floor houses two wards: Reverend Father Campbell Ward for Kwashikor/Malnutrition cases. Worthy of note is the fact that inpatient services rendered here are partially free of charges. Caritas Italiana Ward, the second ward is adopted by St Roses Old Students Association caters for all other medical care at a cost to the patients. The Susan Ofori Atta and Cicely William Wards are on the second floor and they have been adopted by the Knights and ladies of Marshalls and 31st December Women's Movement respectively. There is also a small nursing unit with an incubator on this floor. The Administrative block is on the third floor.

The hospital also has an emergency unit and this is adopted by the seventh Day Adventist Church.

Outpatient management of malnutrition takes place at the nutrition rehabilitation centre where mothers are taught how to care for the malnutrition centre where mothers are taught how to care for the malnutrition child at home.

There has been a marked improvement in our laboratory services with the establishment of a blood with the assistance of the rotary international club Gospel church and other pharmaceutical companies.

PML was awarded the best specialised hospital in the year 2005. Within the past decade attendance at the Out-patient Department has all most doubled.

Other successes chalked by the hospital include the construction and completion of an Ultra-modern theatre and intensive care unit which was championed by the Hospital Board Chairman

MISSION STATEMENT

■ To work in collaboration with all partners in health to ensure that every individual, household and community in the greater Accra region is adequately informed aboutt child health and has equitable access to high quality health and related interventions.

OUR VISION

A specialized hospital offering integrated services in the prevention and management of childhood illness.

PERFORMANCE INDICATOR	2014	2015	2016	2017
Total Demarcated CHPS zone	6	6	6	6
Number of functional CHPS zone	6	6	6	6
Proportion of population living within functional CHPS zone	20,614		139,488	139,488
Number of Nurses (All categories)	147	190	123	118
Number of Doctor	11	7	7	13
Number of CHO's	3	3	3	
Number of Outpatient Attendance	60,246	60,843	56857	56,109
Number of Outpatient Attendance by Insured clients	31,752	35,837	34783	35745

- Princess Marie Louise Hospital is 90 years.
- Foundation stone laid in 1925 by Her Majesty Princess Marie Louise, granddaughter of Queen Victoria of Great Britain.
- The hospital was named after her when it was commissioned in 1926.
- · Among the early doctors who worked here was Cecily Williams.
- Her interest was in Maternal and Child health as well as Malnutrition (Under nutrition).
- Dr. Cecily Williams worked at the hospital between 1929-1956
- She recognized a group of symptoms associated with poor nutrition and named the condition "KWASHIORKOR"
- Kwashiorkor is today used internationally to refer to a severe form of acute malnutrition characterized by swelling of the body starting with the feet, affecting the legs, hands and the rest of the body as the condition becomes severe

- In the early years of PML most of the cases seen were under nutrition related, however in recent years other medical cases are seen.
- The hospital has a total 108 beds,
- On average, the Outpatient Department attendance is 165 clients per day.

TOP TEN CAUSES OF MORTALITY JAN-DEC, 2015-2017

2015				2016				2017			
2013	2013										
RANK	DISEASES	CASES	%	RANK	DISEASES	CASES	%	RANK	DISEASES	CASES	%
ST 1	PNEUMONIA	53	17.5	ST 1	SEPTIACAEMIA	46	13.65	ST 1	SEPTICAEMIA	31	17
2 ND	SEPTICAEMIA	47	15.5	2 ND	MALNUTRITION	45	13.35	2 ND	PNEUMONIA	31	17
3 RD	MALNUTRITIO N	40	13.2	RD 3	PNEUMONIA	40	11.87	3 RD	MALNUTRITION	24	13
тн 4	AIDS/HIV	23	7.6	тн 4	ANAEMIA	17	5.04	^{ТН} 4	HIV/AIDS	15	8
5 TH	ANAEMIA	19	6.3	тн 5	MALARIA	12	3.56	тн 5	DIARRHOEA	8	4
^{тн}	MALARIA	14	4.6	^{тн} 6	ТВ	10		^{тн} 6	HEART DISEASES	7	4
7 TH	DIARRHOEAL DISEASES	11	3.6	7 TH	DIARHOEA	9		7 TH	ANAEMIA	7	4
8 TH	SEVERE NEONATAL JAUNDICE	11	3.6	8 TH	HIB/AIDS	9	2.67	8 TH	HEPATITIS	6	3
9 TH	OTITIS MEDIA	1203	2.17 1	9 TH	URTI	7	2.08	9 TH	MALARIA	5	3
10 TH	ANAEMIA	1174	2.11 9	10 TH	SEIZURE	7	2.08	10 TH	MENINGITIS	5	3
	ALL OTHER	6049	10.9 2		ALL OTHER	135	40.06		ALL OTHERS	46	25

	DISEASES		DISEASES			

TREND ANALYSIS OF TOP TEN CAUSES OF OPD MORBIDITY, JAN-DEC 2015-2017

2015				2016				2017			
RANK	DISEASES	%	CASES	RANK	DISEASES	CASES	%	RANK	DISEASES	CASES	%
1 ST	MALARIA	16838	30.39	1 ST	Upper Respiratory Tract Infections	11763	28.47	1 ST	Pneumonia	53	17.5
2 ND	URTI	14115	25.47	2 ND	Uncomplicated Malaria suspected	9695	23.46	2 ND	Septicaemia	47	15.5
3 RD	DIARRHOEA	4785	8.635	3 RD	Skin Diseases	4424	10.71	3 RD	Malnutrition	40	13.2
4 TH	SKIN DISEASES	4424		4 TH	Diarrhoea Diseases	4158	10.06	4 TH	AIDS/HIV	23	7.6
5 TH	SEPTICEAMIA	2029		5 TH	Acute Urinary Tract Infection	1941	4.70	5 TH	Anaemia	19	6.3
6 TH	ACUTE EYE INFECTION	1851		6 TH	Pneumonia	1347	3.26	6 TH	Malaria	14	4.6
7 TH	ACUTE URINARY TRACT INFECTION	1656	2.989	7 TH	Septiceamia	1190	2.88	7 TH	Diarrhoeal diseases	11	3.6
8 TH	PNEUMONIA	1287		8 TH	Anaemia	1189	2.88	8 TH	Hepatitis	11	3.6

			2.323								
9 TH	OTITIS MEDIA	1203	2.171	9 TH	Otitis Media	1129	2.73	9 TH	ТВ	11	3.6
10 TH	ANAEMIA	1174	2.119		Acute Eye Infection	1128	2.73	10 TH	ARI	11	3.6
	ALL OTHER DISEASES	6049	10.92		All other diseases	3358	8.13		ALL OTHER DISEASES	63	21

TOP TEN CAUSES OF OUT- PATIENTS ATTENDANCE 2016

RANK	DISEASE CONDITION	NUMBER OF CASES	%
1	Upper Respiratory Tract Infections	12812	31
2	Malaria suspected	8427	20
3	Diarrhoea Diseases	3484	8
4	Skin Diseases	3226	8
5	Septiceamia	2245	5
6	Acute Eye Infection	1663	4
7	Acute Urinary Tract Infection	1581	4
8	Pneumonia	1560	4
9	Otitis Media	1476	4
10	Anaemia	1159	3
	OTHER DISEASES	3497	9

Brought in Dead	12812	31
Re-attendance	8427	20