



Mulanje Mission Hospital

Newsletter

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**Mulanje Mission Hospital
CCAP Blantyre Synod
PO Box 45 Mulanje
Malawi**

Tel: +265 1 467044 / 095

Fax: +265 1 467022

E-mail: admin@mmh.mw

Hospital accounts:

407275 (\$)

286818 (£)

380873 (€)

**National Bank of Malawi
Victoria Avenue**

**P.O. Box 945 Blantyre, Malawi
SWIFT CODE: NBMAMMW**

A word from the Medical Director...

Dear friends,
Muli bwanji! Time flies, I can hardly believe that I have now been at MMH for almost five months. We have had many visits over the last few months – previous MMH doctors visiting from France, Germany, Australia and South Korea, dentists from the USA, and visits from supporting churches in Northern Ireland, the Netherlands, Scotland, America and Canada. It is always a privilege to welcome visitors. I particularly enjoyed seeing snapshots of my house c.1985 -1992 in photographs brought by Michel Kempf and Stefan Schwarz.

One of our rapidly expanding areas of work at MMH is the HIV/AIDS programme. We now see 4,300 patients every month for regular treatment as well as increasing numbers of women who start treatment during the antenatal period to prevent mother to child transmission of HIV. One thousand new patients are counselled and tested for HIV every month – about 200 of these tests prove positive. Our TB service has experienced a parallel expansion, with 50 new patients started on treatment in September. Last weekend we took part in the launch of Mulanje District circumcision programme – an important new evidence-based approach to preventing HIV infection.

This is all good news in terms of slowing disease progression, increasing survival and reducing HIV transmission, but puts a huge strain on our resources. We pray that funds will be forthcoming through our bed sponsorship fund to enable us to continue to develop this essential work.

May God bless you all,
Ruth

English Reformed Church Amsterdam saves the day *by Thoko Lipato*

26th August was yet another great day for MMH as management was able to present long awaited gifts to staff members for their good work and commitment towards Infection Prevention activities. Throughout the process of IP implementation it has been a Ministry of Health recommendation that when hospitals score a high percentage on external assessment the staff should be rewarded to increase motivation and reinforce good practice.

Hospital Management had promised that staff members would receive a gift, but unfortunately it was difficult to find funds to reward staff for the good work they have been doing.

God answered our prayers when the English Reformed Church of the Netherlands asked management about gifts for staff members when planning their visit to us. This was a wonderful opportunity to ask for support to purchase gifts for staff in appreciation of their work in the implementation of Infection Prevention activities.

I would like to thank ERC for the timely support and the flexibility they have shown. They showed so much love and kindness to us and this is not taken for granted.

Reverend John Cowie and his wife Gillian and Dr Astrid and Thorsten Koenig from the ERC presented the gifts. This was really appreciated by all the staff members. Each and every person received a gift and 15 staff members whose work had been outstanding were given an extra gift as well as a signed certificate of recognition.

We have the shield now and the



*Gillian Cowie presents a gift as
Dr. Shakespeare looks on ▲*

hospital has been declared infection free but our challenge is to maintain standards, as if these go down, the shield will be taken away from us - a very shameful thing to happen. Thus we still need support from well-wishers in terms of material resources for cleaning, and funds to keep staff motivated. We will continue working very hard to follow Infection Prevention standards when providing care to benefit the community we serve.

**Please sponsor a
hospital bed**



Visitors From Amsterdam

From the 24th to the 31st of August we received four guests from Amsterdam. The Reverend John Cowie and his wife Gillian, an experienced teacher, were accompanied by Thorsten Koenig, global director of research for a major corporation in the food sector, and his wife Astrid, Consultant Ear, Nose and Throat specialist. They visited on behalf of the English Reformed Church in Amsterdam (ERC) which has supported our hospital since 2001. In this article Astrid Koenig gives a brief report of their busy time with us.

On the first day of our visit, I spent my time in the Mother and Child Health clinic and then met with members of Tikondane, the HIV support group associated with MMH. Meanwhile the other members of the group had a tour of the hospital, visited the newly refurbished male ward and met with the Mulanje Mission Partnership Committee.

The next day the group again split up. I visited the HIV/AIDS Clinic while the others met with representatives of the Kirk Session, Abusa, the Reverend Chigwenembe, Wilson Kachikuwa, the Session Clerk, and Armstrong Khoza. Then we took part in a whole afternoon of celebrations marking the achievement of the hospital in being awarded the accolade of being a top Infection-

free hospital in Malawi, the first time a Christian hospital has won this award. It was a joyful event with dancing, singing and drama. Every member of staff received



The Medical Director receives her gift from Rev. Cowie as our Moderator looks on ▲

gifts to reward their efforts. We were glad to celebrate this with all the staff and enjoyed the pride of the people who had aimed for their goal and reached it. It was a

delight to see all the happy faces.

On Sunday, after church services, we shared lunch with members of the hospital senior management team, church representatives, and the headmistress of the Secondary School, further deepening the strong contacts between MMH and the English Reformed Church.

The final days were taken up with visits to the Nursing College, the Primary School and Secondary School, talks with the Medical Director and finally a plenary meeting with the Partnership Committee where we discussed the present situation and explored ideas for future cooperation between MMH and the ERC.

Our impression from this visit to the hospital was of many passionate people, doing a good job in very difficult circumstances.

Support our work — please sponsor a bed!

Email director@mmh.mw for more information.

Organised Children Association for Action

by Jane Mweziwina— PHC coordinator

The Mulanje Youth centre was set up with the purpose of reducing the incidence of HIV among young people. As such there are a number of activities that are conducted at the youth centre for young people around Mulanje Mission and beyond to access. Among them are peer education sessions on HIV prevention, indoor and outdoor games, manual work to keep the centre clean. In the course of implementing these activities we noted that children aged between five and twelve years are patronising the centre but there were no activities tailor made for this age group. This was when we thought to introduce a children's corner in order to bring in activities specially for these



Some of the kids attending the OCCA activities at the youth centre ▲

children. With assistance from two JICA volunteers the children's corner was set up. This children's group was branded Organised Children Association for Action (OCCA).

The organisation exists to promote children's rights, creativity

and passion for education in the child's life journey.

The activities that take place at OCCA are debates, group discussions, academic lessons especially science sessions, interaction and problem solving, counselling, games and competitions. OCCA so far has a membership of 46.

In August the children had an open science show that was patronised by a lot of children, the youth and their parents. This science show was organised to allow the children to showcase some of the activities they are involved in during their meetings. OCCA meet every Monday and Thursday afternoons.

My Craic in Belfast-Northern Ireland

by Mr. John Munthali

With sponsorship from Lindsay Memorial Fund through the Presbyterian Church in Ireland I had a rare opportunity to study Msc. Public Health at Queens University Belfast (QUB) in Northern Ireland from September 2010 to September 2011. QUB is a member of the prestigious Russell Group of Universities (top 20 Universities in the UK). This was a one full year course. I went to Northern Ireland with a lot of academic expectations and dreams. To be honest and frank almost all of my expectations were fully met.



John in Northern Ireland, it was definitely a cold day ▲

Northern Ireland is a beautiful country with an estimated population of around 1.7 million. It is also estimated that there are more cattle in Northern Ireland than people. Northern Ireland's weather is very unpredictable. In a day you can experience all kinds of weather. If you are going out on a trip you must be prepared to carry an umbrella, sun cream and coats because in a minute you can have rain and in no time it can be hot. Because the weather is so unpredictable in every conversation you may have you are guaranteed of being asked how you feel about their weather. Older women would always ask "how do you find our weather?"

Apart from the weather Northern Ireland has

so many gorgeous and historic places to visit and the people are so lovely. They are just so welcoming and nice like Malawians. Their accent though is hard. If you happen to be in Northern Ireland you had better make sure you visit one of the seven wonders-the Giant Causeway. This is one of the unbelievable works of God. The place has stones that you may think were laid down by the highest qualified architect to have ever lived on earth. It's hard to believe that they are as they are because of nature. If you are not into nature then there is the Titanic quarter worth visiting. This massive and genius engineering work of the Belfast people will blow your mind. The place has the nitty-gritty

details of how the Titanic was built.

Academic life was always challenging and demanding but at the same time exciting. Having stayed for some time without being in class I found it a little bit odd to be in class all week from 9 am to 5 pm. However, the whole programme layout made it fun and enjoyable. I really enjoyed being in class at the same time trying hard to grasp the Irish accent. The course is a world class with renowned professors behind it. I have no regrets having been to Queens University.

One of my memorable experiences in Northern Ireland was my attachment to Cregagh Presbyterian Church. I would describe Cregagh Presbyterian Church as a true reflection of the teachings of our Lord Jesus Christ. I was a stranger to almost all of the members but they were more than welcoming. I was involved in lots of activities when time permitted. I joined the walking group and the reading group. I think my stay was made easy because of the many friends I had in Cregagh Presbyterian Church. I will not forget the choir and the unique services they always have.

All in all my stay in Belfast was productive and full of fun.

MMH Hosts a Fellow in HIV/AIDS leadership & management

by Thoko Lipato

On 26th September 2011 we welcomed Dr Cornelius Huwa as Fellow in Leadership and Management in HIV/AIDS services. Mulanje Mission Hospital was selected to host the fellow after a concept paper was written for the College of Medicine, community health department concerning integration of HIV/AIDS services. Our Fellow, Dr Huwa, had written a proposal to the same institution which was about Integration, Monitoring and Evaluation of Opportunistic infections. This will provide a great opportunity to further improve our services at MMH.

The University of Malawi College Of Medicine is implementing the fellowship programme for Leadership and Management in HIV/AIDS services with support from the U.S Presidents Emergency Plan for AIDS Relief (PEPFAR) through the U.S Centre for Disease Control and Prevention. The goal of the fellowship is to bring an innovative approach to HIV/AIDS program management and leadership to address challenges inherent in the provision of integrated HIV prevention, care, treatment and support services in Malawi.

The fellowship programme is highly practical, as well as providing an intellectual, structured and focussed program where future Public Health leaders will have their professional development in leadership and management accelerated.



Dr. Cornelius Huwa beaming with joy to be associated with MMH ▲

The fellowship is a full-time, two year program under guidance of academic and host institution mentors.

Fellows will spend 75% of their time apprenticing at the selected host institutions and 25% at the College of Medicine attending short courses and seminars.

The provision of HIV/AIDS services at MMH since 2004 has given rise to many HIV/AIDS activities for example Home

based care and Palliative care etc. Since implementation it has been challenging to fully integrate these services. .

The goal of this project is to improve the quality of care being provided to patients/clients on ART, Palliative care and Home based care at the same time reducing the costs of administration for the institution.

The objectives for this project to accomplish are; a) to fully integrate HIV/AIDS services in all hospital and community services. b) to reduce duplication in HIV/AIDS services within MMH catchment area. c) to reduce patient client waiting times and streamline follow-up visits.

In preparation, before hosting the fellow the Management members and a senior Clinical Officer went for an excellent leadership training program for 5 days at University of Malawi, College of Medicine. Dr Ruth Shakespeare, Mrs Thokozire Lipato, Mrs Jane Mweziwina and Mr Mark Kalimbuka all attended this programme along with Dr Huwa. The objective of the training was to acquire start-up skills for initiating, designing, managing and operating an agreed project in collaboration between fellows and the host institution.

At the end of the two year project MMH should have model services in place for HIV/AIDS !

Palliative Care South-North trip to Vancouver

I was greatly honoured and privileged to travel to Vancouver as a South North volunteer under the World University Service of Canada UNITERRA program, visiting Providence Health Care (PHC) from 4th to 24th September, 2011.

I had a safe flight to \ Canada and on arrival at Vancouver International airport I was met by Jenica Burns and Nadine Griggs , two registered palliative care nurses from PHC who had visited Malawi in March this year. From the airport we drove straight to Burnaby Street in west end down town Vancouver where I was introduced to Brother Tom Maddix, my host. The following is the schedule for the three week program:

6th September, met Catherine Price from the Centre for intercultural learning (CIL). The objective of the course was to orientate me to Canadian society and to maximize my professional assignment.

7th September, Visit to PHC to meet key staff which included a meeting with Simin Tabrizi operations leader in the morning and a tripartite meeting in the afternoon through skype to Ottawa in which Carol Dobell was in attendance.

8th September, PHC palliative care ward attending rounds and getting familiar with their palliative care set up. Some of the activities on this day included a morning report, tour of wards and other facilities in the ward. Later Jenica took me to the registration office for my official ID as well as the library where I had access to books and internet.

9th September, I was assigned to the operating theatre with Dr Gas Chan, head of the acute pain service. In the morning we saw how to examine patients with chronic pain and later in the afternoon we were in theatre where patients seen during the day came for either intrathecal infusions or nerve stimulation using electrical current.

12th and 13th September, visited Marion Hospice a few kilometers from St. Paul's Hospital where PHC rent the entire 9th floor of a building housing senior citizens. Here, Jas Klair a clinical nurse leader for the centre, explained to me the daily activities of the centre and we visited patients in the ward. I was also told about the criteria for patients to be admitted into the hospice.

14th to 16th September, I moved back to St. Paul's Hospital HIV section and my first assignment was at the John Ruedy Immunodeficiency clinic. This is a centre of excellence in HIV management where AIDS patients come for treatment as outpatients. The clinic philosophy among others is to; improve HIV care by use of interdisciplinary approach, improve HIV care through facilitated access to specialist care, improve access to care by providing a mix of scheduled appointments and drop in care, to undertake research and develop a preceptor ship program for health care providers who will work with HIV positive patients in the community.



Dave with his souvenir from Canada ▲

I attended morning reports with a multidisciplinary team of physicians, nurses, dieticians, physiotherapists and occupational therapists. On 16th September I went across the road from St. Paul's Hospital to Dr. Peter Centre. This is a day and residential centre which provides health care support to adults with HIV/AIDS at high risk of deteriorating health. The residence is a 24 hour supported living environment that offers palliative, respite, and stabilization care to individuals who no longer find it possible to live independently. The centre provides meals and activities such as art and music

19th & 20th September, I went to Mount St. Joseph Hospital, another part of Providence Health Care, east of Vancouver where I attended morning reports as well as ward rounds. Here I had the opportunity to attend the palliative care week. The theme was Affirming life, Accepting life, Altogether.

21st September, I accompanied Lear Shapera clinical nurse specialist in wound and skin care to British Columbia Institute of Technology (BCIT) outside Vancouver city for a lecture on wound care to nursing students. This was a three hour long lecture which drew 80 nursing students. This nurse donated a consignment of wound dressing materials to Mulanje Mission Hospital and she promised to continue assisting us.

22nd September. I made a presentation on Palliative Care at Mulanje Mission Hospital. The presentation drew listeners from the palliative care team led by Professor Romaine Gallagher who opened the floor by describing the relationship between Providence Health Care and Mulanje Mission Hospital ,as well as how the Canadian Medical Foundation came up with the idea of live for change. The presentation touched on the background of Mulanje Mission Hospital starting from its inception to the current day. At the end I answered a few questions and a number of members expressed interest to continue helping the palliative care program at Mulanje Mission Hospital based on the challenges highlighted during the presentation.

23rd September, I attended an interdisciplinary pain management workshop.

24th September, there was a farewell reception for me at one of the restaurants facing the sea shore. Present were Mr. and Mrs. Klair Morritt, Nadine and Professor Gallagher.

by Dave Mpate

After the reception it was time to say farewell and we drove to the airport

Lessons learnt:

The use of steroids (mainly dexamethasone) for the treatment of chronic pain.

Use of intrathecal infusions and nerve blocks.

Management of opioid side effects.

Appropriate wound care.

Rehabilitation of HIV patients.

How funds can be locally sourced to run palliative care programs.

and a few observations on Canadian life:

Canadians are hard working and value time very much.

More obese people, especially the youth, and more older people

Drivers respect pedestrians by law in B.C.

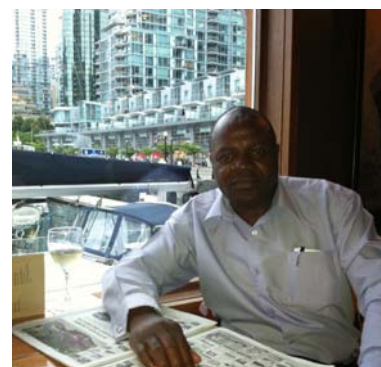
Proper disposal of garbage and recycling hence cities clean.

Cars are easy to access but parking them is a problem!

Conclusion

I would like to express my sincere appreciation and heart felt gratitude to the following institutions and individuals for making my trip a success:

- The country director and staff WUSC Malawi
- The executive director and Carol Dobell WUSC Ottawa - Canada
- Professor Romaine Gallagher and staff palliative care department Providence Health Care – Vancouver Canada
- The Medical Director and management of Mulanje Mission Hospital
- Jas Klair and her husband Andrew - Vancouver
- Jenica Burns and Nadine Griggs – St. Paul's Hospital
- Brother Tom Maddix – St. Paul's Hospital



Relaxing in Canada

We hope to develop further exchanges with WUSC Uniterra programme in 2012.