



Mulanje Mission Hospital Newsletter

December 2017

Mulanje Mission Hospital

CCAP Blantyre Synod

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Malawi

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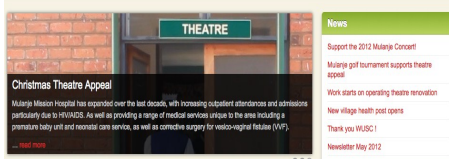
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the news from MMH.**

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is regularly updated



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Editorial Comment

Sam Matandala

It is that exciting moment of the year, Christmas and New Year holidays. The time to look back and take stock of what we have done and achieved in the diminishing year and rise up to usher in the coming year. 2017 has been a great year for the MMH family, we have achieved a lot in all fronts of development and at different levels of service delivery. We have had challenges but nevertheless experience and prayer has taught us to use challenges as stepping stones towards our goals.

We have had competent and motivated clinical and nursing teams evidenced by the reduced numbers of preventable mortalities in both medical and maternity areas, and also the sheer increase in the number of clients and patients visiting us is evidence enough that we have attractive service delivery. People have read in the local newspapers about how we have improved our services by rolling out solar power in all departments and therefore they feel safe to be treated at MMH - bearing in mind that even if there will be a sudden power outage, which is quite frequent by the way, their treatment won't be disrupted. The expected increase of malaria cases especially in the under-fives at this time of

the year is not seen due to indoor residual spraying by the PHC department. Our PHC department is doing a wonderful job in their outreach programmes and most people in our catchment have now developed early health seeking behaviours thereby reducing morbidity. We have not registered any cholera or diarrhoea outbreaks for some years now and this can only mean that our health education programmes by the PHC are on point. Congratulations.

We would like to thank our donors and partners for supporting us in our bed sponsorship programme which has helped a lot of deserving patients who would otherwise have failed to source health at MMH. Often times we receive very sick and desperate people who need our urgent care but they can't afford to pay for the services and it is always soothing to know that they can still be helped under the bed sponsorship initiative. We are so grateful and would like to encourage you to continue supporting this programme.

Have a Merry Christmas and wonderful New Year. May the peace and happiness that we wish for you touch everyone even in the far reaches of the Earth.



The Youth Centre drama group educating patients and staff alike about the new Service Level Agreement that MMH has signed with government, enabling MMH to offer free treatment to more patients from our catchment area. Good news!

2017: Looking back, looking forward Dr Ruth Shakespeare

Dear friends of MMH, development partners and colleagues,

Here we are at the end of 2017, another memorable year in the life of MMH. As we look back over the year, we thank God for many developments and opportunities to better serve our community. - MMH does not stand still!

This year we have seen many staff changes. In September we said goodbye to some very old friends of MMH - Mr and Mrs Gama retired having served MMH for 35 years, Ethel Misomali retired after 41 years at MMH, working most recently in the palliative care service, Roseby Malombe is still continuing to work for us after 36 years service and Norah Manyenje, retired after 35 years service, not to mention our plumber Mr Juma who retired after 39 years at MMH. Their work remains at the heart of MMH, and we trust that happy memories of MMH remain with them in their retirement.



Our retirees with their long service awards.

During the year we have been blessed with new staff too – Drs Arie and Lianne Glas from the Netherlands, Dr Gracious, who was posted to MMH as a medical student three years ago and has returned as a Medical Officer, Hastings Chitengu has joined us to lead the Sustainable Livelihoods programme, six nurses have returned from school, three with degrees and three with diplomas.

Diverson Mkwapatira has been appointed as Chief Clinical officer - a worthy successor to Mr Gama.

Amongst many, a few developments stand out this year – first our malaria control programme, ably led by Tikondwe Katumbi,. Started in 2012, this programme has transformed the lives of children and adults in the catchment area. This year we extend-

ed the programme by training community volunteers to use larvicide. Yes, we still admit one or two cases of malaria most days, but before the programme began, we admitted up to 70 children a day at the peak of the season – a huge change, and many lives saved. MMH malaria control programme has now been approved for co-funding by international partners, and Tikondwe's work has been recognized by an invitation to join the national malaria control programme committee – as the only programme in Malawi combining Indoor Residual Spraying and larviciding there will be



much interest in our results this year.

Solar - we have plenty of free sunshine in Mulanje, and the long power outages that plague our country no longer affect hospital care here. We have lights and power 24/7, and have recently signed a contract to add solar power for our laundry, and for a solar pump to improve our water supply. It remains to replace our elderly x-ray equipment so that radiology too can run on solar - MMH will then be able to provide the same quality of care despite any number of black outs and power outages - and we will all celebrate that!

Our laboratory has been moving forwards this year, with a revamp of the microbiology section. Now that is complete we will be able to offer new investigations such as blood cultures and antibiotic sensitivity testing.

Many other departments deserve a mention too – the maternity department, providing for many more deliveries since the opening of the new

antenatal ward in March, our

Sustainable Livelihoods programme, tackling poverty through agricultural development - agroforestry, lead farmer training, bee keeping, fish farming, solar driers, model villages, primary school gardens.

As I write work is underway to build a new orphan care clinic, and we are finalising plans for a small High dependency Unit to be opened next year. We also hope to revamp one of our outpatient areas, refurbish the postnatal ward, and build two new community health posts in the coming year.

None of this work would be possible without the support of our many partners, so let me thank you now:

Ansbach fur Malawi, the Ardbarron Trust, the Beit Trust, Blackburns Presbyterian Church Virginia, Copper Creek Church Illinois, Edinburgh Medical Missionary Society International, English Reformed Church Amsterdam, Fane Valley Co-operative Society Ltd, Formby URC, the Good Little Company, Malawi Work Group Leeuwarden, Presbyterian World Service and Development and the Presbyterian Church of Canada, St AGW Edinburgh, Stockbridge Parish Church Edinburgh and many other Church of Scotland congregations, Trutex, and all the individuals, too many to name, who have generously supported our work during 2017, a big shout out to you all, Thank you!!

I wish all of you, and the amazing staff of MMH, a very Happy Christmas, and every blessing in 2018.

Drones at MMH !!

Astrid and Thorsten Koenig from the English Reformed Church in Amsterdam visited MMH in September and have posted some early morning drone flights through MMH on YouTube.

Have a look:

Maternity unit fly past

<https://youtu.be/iBnmCCD5EU8>

Mulanje Mission Hospital Flight Through

https://youtu.be/_BzAHE7Jmxc

Safe Motherhood Symposium by Dr Arie

On December 2nd staff from the Clinical and Nursing departments participated in a clinical symposium on Safe Motherhood at St. Lukes Hospital Malosa, close to Zomba.

Mrs. Margaret Soka, Maternal and Child Health nurse in charge at MMH shared her research findings. As a part of her degree program she researched long term family planning methods by systematically interviewing twenty patients at the family planning clinic. These methods provide several years of protection from unwanted pregnancy, but are currently not used much at MMH, in fact not enough.

She discovered that a lack of knowledge and myths surrounding side effects of long term family planning methods among clients is one factor, which can best be dealt with by health education in the villages. Another finding is that we as health care providers might be a barrier by not always explaining all options to the client. Enough to learn from!

Our second contribution, by midwife Melai Maganga, was an overview of newborn care at MMH.

It led to interesting discussions with colleagues from other hospitals about the often simple, interventions that make a big difference for our

smallest patients. Sticking to clear protocols and continued nursing attention are surely among the most important things we do.

Lastly, two students from the Malawi College of Medicine presented a project they did at MMH during their four week Family Medicine placement. Looking at the relatively low number of patients who are being screened for cervical cancer, they identified problems and worked on solutions.

It taught us that with determination and a combined effort it was possible to overcome these problems relatively easily.



Margaret Soka presenting ▲

Every Life Matters

If you are considering donating to MMH or other organisations in Malawi this Christmas, please take a moment to read about the Every Life Matters campaign at EMMS International which will support future palliative care work at MMH. More info can be found on EMMSI web site

www.emms.org/everylife

Your support will go even further this Christmas as your gift will be matched, pound for pound, by the UK government. Every gift made between 3rd November 2017 and 4th February 2018 is doubled as part of the 'Every Life Matters' Appeal..



Continuing Professional Development

by Dr Arie

At MMH we are committed to career long learning for all our staff. As medical and nursing knowledge evolves and protocols change, the need for training is ever present.

There are several ways we accomplish this. Firstly, we hold weekly meetings which staff from different departments prepare and lead. In a 45 minute session a topic is presented and discussed. Examples of recent topics include the monitoring and care of patients in labour, how to evaluate and treat patients with testicular swelling, which can be a real emergency, and the management of seizures.

Weekly teaching ward rounds are held every Wednesday to discuss difficult cases and to teach our students.

Another way of learning is through real life

scenarios. A recent series of trainings on emergency resuscitations with mannikins refreshed staff on the skills they need for the sickest patients. Currently we are also introducing scenario training and drills in the maternity department, where critical situations are common.

Visits by medical specialists from outside our own hospital are another means of education. Typically, we will have a talk and then a teaching ward round by the specialist.

Perhaps the most important teaching moments are the two daily handovers, in which every newly admitted patient is discussed. Lastly, for selfstudy a computer with internet access and a library are available. We do have a wealth of digital documents brought in by medical officers and staff and CDs and DVDs for loan.

ESTABLISHMENT OF DISCORDANT COUPLE SUPPORT GROUP AT MULANJE MISSION HOSPITAL

by Wise Ndawa

Mulanje Mission Hospital has been providing HIV testing services in the catchment area from 2004 up to date. The hospital works with nine faith based organizations and 30 support groups. Membership of these support groups is now 500 women and 76 men.

A support group is a gathering of people who share a common health problem. These people come together in order to share experience, get information and provide emotional support to each other to cope with their conditions. It focuses on a specific situation or condition - in this case we are talking about support groups for people living with HIV and AIDS (PLHIV).

As of late the hospital noted that when couples come for HIV testing many of the results are discordant.

Discordant couples are those couples where one partner is HIV-infected and the other is not, where a couple is defined as two persons in an on-going sexual relationship

Many discordant couples may separate due to the complexities associated with HIV positive status

including stigma, strained sex life, greater responsibilities and failed trust.

In view of this the hospital has established a discordant couple support group with a total membership of 25 couples.

The aim of establishing this support group is to prevent infection in the uninfected partner and to live a positive life with the partner who is infected. The group meets every fortnight. Some of the activities that the group is conducting are

- Village banking
- Community awareness
- Door to door counseling

The hospital is supporting the group with different sessions to enhance positive living amongst couples e.g. psychosocial support, nutrition, and positive living. Since the group has just started they are working through challenges for instance the group has need to be trained and acquire some skills to continue promoting HIV testing amongst couples at community level.

So far the group is doing well since every fortnight a new couple is being registered in the system.

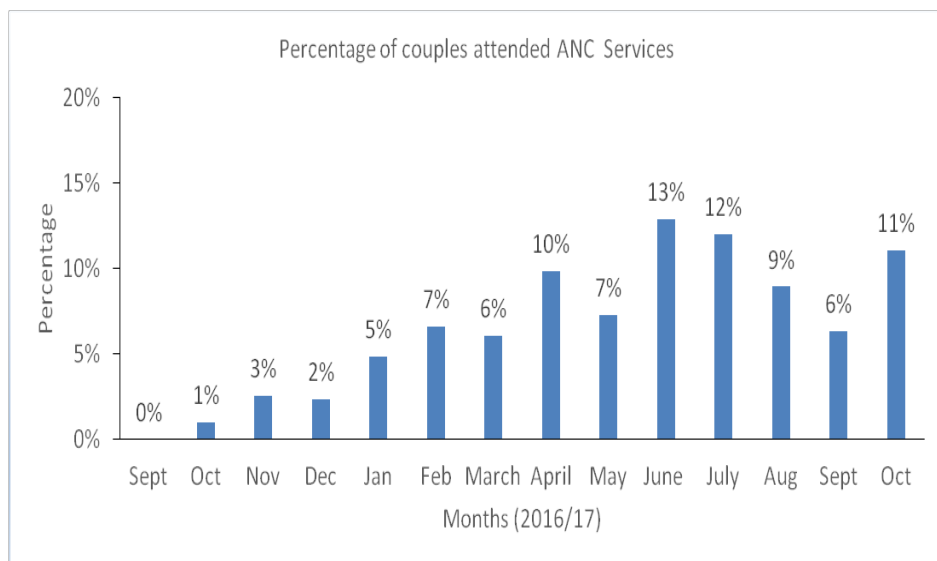
MULANJE MISSION HOSPITAL PROMOTING MALE INVOLVEMENT IN SAFE MOTHERHOOD _By Ezron Mwenibabu

It is well known how important it is for men to be actively involved in safe motherhood initiatives. Among others it improves uptake of Prevention of Mother to Child Transmission services, birth preparedness, attendance at antenatal care and also promotes love and care among couples.

This can positively contribute to reduction in maternal and neonatal mortality. But this is often not the case with our communities especially for men accessing maternal and child health services at MMH. For example, the turn up of men accompanying their spouses to access an-

tenatal care services is not very satisfactory - most pregnant women come on their own.

To change this, Mulanje Mission Hospital, through the Maternal Neonatal and Child Health project, started giving out a 'Male Motivation Package' to men who accompany their spouses to antenatal clinic and labour ward. This package comprises a 20 litre bucket, 2 tablets of soap and a wrapper (*Chitenje*), and this exercise started in April this year. The thinking behind this is to motivate more men to escort their spouses to health facilities to access maternal and child health services. Since this initiative started, we have seen some steady improvement in men's attendance. For example in September 2016, no man accompanied his spouse to clinic and as the graph illustrates the trend improved to October this year.



George Kaliati, one of the Nurses working in the antenatal clinic had to say that there is improvement on men accompanying their spouses compared to the past months.

"This initiative has really played a part as now some men accompany their spouses to the clinic and do understand the reason why the hospital encourages them to do so," Kaliati explained. He continued to say that the hospital, through the Primary Health Care department should continue sensitizing the communities on this issue.

"In the past it was not an easy thing to see a man beside his wife in the labour ward, caring for her, but now it is happening. The hospital should continue providing this package." Tiyamike Lupenga, Labour ward In-charge, explained on her part.



A couple showing off their gift ▲

TRANSFORMING LIVES THROUGH MODEL VILLAGES

by Hastings Chitengu

As a new addition to our Primary Healthcare services, Mulanje Mission Hospital is implementing a project called “Sustainable Livelihoods”. The project is using the Model Village Approach in order to increase the participation of our community.

A model village is a collection of households committed to work together with various organizations and institutions to achieve a common goal in agricultural development and rural livelihoods. The objective of the model village is to transform rural villages - empowering them to respond to their needs by maximizing their ability and assets to improve their livelihoods. These needs can relate to food and nutrition, health, social and physical infrastructure, and access and control of resources and benefits by men and women.

Currently, the project is working with four villages in Traditional Authorities Chikumbu and Mabuka, these villages are Bololo and Muliba in TA Chikumbu, Tambala and Wasi in TA Mabuka.

Walking around these villages you will see evidence of improved climate sensitive farming technologies, Solar fruit dryers, improved hygiene and sanitation practices: hand-washing facilities outside latrines, elevated dish stands made of tree branches, covered bowls of food and buckets of water, and pits to dispose of rubbish for manure.

Communities are now able to plan, implement and monitor their own activities with little support from external agencies, they are also able to call for support from various stakeholders when need be. The Model Village Approach aims at empowering communities to take control of their destiny. The outcome of using the approach is total transformation of the villages socially, economically and culturally.

It helps to ensure that service providers responds to demands and needs of rural communities in an integrated,



Focus group discussions at Tambala Model Village; enhancing community participation in decision making ▲

complementary and phased manner for sustainable impact.

During one of the trainings organized by MMH, on Leadership, Village Headwoman Bololo said that “There are always a few people who resist changing their habits, but to be successful, the entire village must commit. You need a strong leader in the village and the willingness of the community to support each other. If one person is still using unimproved farming technologies and poor health practices then it won’t work.” “As leaders we will ensure that the model village approach is implemented so that our children will enjoy the fruits of development with support from MMH and other stakeholders.”

Apart from training the local leaders, the project is also training farmers through their clubs. The trainings include: agroforestry, solar fruit dryers, manure making and application, village savings and loans, livestock pass-on program, natural resources management and permaculture. These training programmes are bringing benefits to the entire model villages. Farmers have improved their practices and are growing better crops, leading to improved family livelihoods. Through farmer clubs,

they continue to share information and invest in local farming development, while the broader community has greater awareness of safety on the farm and at home.

To make a concentrated effort in each village, the model village approach covers a period of 3 to 5 years. Areas of major focus include: Food security, Gender and HIV/AIDS, Nutrition, General Hygiene, Sanitation, Home management, and Farmer organization.

MMH will extend the programme to more villages next year.



Agroforestry - producing tree seedlings

KMC Acceleration Partnership Community of Practice by Melai Maganga

Malawi has a high rate of preterm births compared to worldwide rates, with 18% of live births occurring before 37 completed weeks of pregnancy. One-third of all newborn deaths result from direct complications of prematurity in Malawi. The government of Malawi has prioritised Kangaroo Mother Care (KMC) as part of their efforts to increase access to quality health services for mothers and children. The Malawi Every Newborn Action Plan (ENAP), launched in 2015, has an agenda to end preventable neonatal deaths and improve the quality of life of the survivors. Newborn deaths account for 42% of all under-5 child deaths in Malawi.

MMH is one of the mission hospitals that are currently doing well in KMC. Since initiation of the practice in 2005, the hospital has worked so hard to see the 6.2 % death rate in

those days go down to 0.3% last year. This is attributed to the hard work of the Nursery and KMC team. KMC being the cheapest and simplest way to improve weight and warmth of the baby including bonding between care taker and baby, it is paramount to take the practice into the community. As a hospital currently we emphasise on hospital follow up of the babies from discharge of 1.8kgs up until the required 2.5kgs normal birth weight because we do not yet have community KMC practice in the catchment area.

24-26 October 2017 were fruitful days for the hospital when it participated in the second international annual conference on scaling up KMC in the country under the theme **KMC Acceleration Partnership Community of Practice**. The hospital was among three hospitals se-

lected to teach and learn from the visitors from all over the world. The meeting included delegates from USA, India, China, Nigeria, Myanmar, Rwanda, Ethiopia, Bangladesh, Kenya, Uganda and the host Malawi. 15 visitors from different countries visited the hospital on 25th October, 2017. Among other strengths they mentioned were that our environment at MMH was conducive in terms of thermoregulation, good record keeping, reduction in deaths of the neonates on KMC, knowledgeable staff and adequate linen. The delegates were quick to point out our challenge in the continuation of KMC in the community and advised to implement this as soon as possible with help from our partners.

It is indeed our wish that we make community KMC practice in the catchment area a success.



Delegates and hospital staff ▲