



Mulanje Mission Hospital Newsletter

April 2019

Mulanje Mission Hospital

CCAP Blantyre Synod

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Malawi

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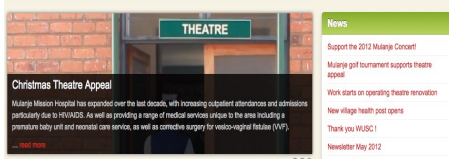
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Editorial Comment

Dear friends,

In this issue of the newsletter we draw your attention towards various projects in and around our community, but not after thanking all who have sent messages of support and assistance in the aftermath of the floods in this part of Malawi.

The article on the Sustainable Livelihoods Programme shows how improved farming techniques can help small scales farmers access new opportunities. On a different note, as the burden of disease in Malawi changes, towards more patients suffering from chronic diseases such as diabetes and hypertension, our responses and needs a hospital change as

well. You can read about reconstruction to cater for those needs on page five.

This month we also say goodbye to Dr Ruth Shakespeare, who has lead Mulanje Mission Hospital for ten years. Many issues of this newsletter documented challenges met during these ten years and positive change that was brought about under her leadership.

We feel blessed to have worked with her and we thank Dr Ruth for her tireless efforts towards the health and well-being of the population in our area, and for being a wonderful colleague and mentor.

A happy and peaceful Easter to all of you.

Arie Glas

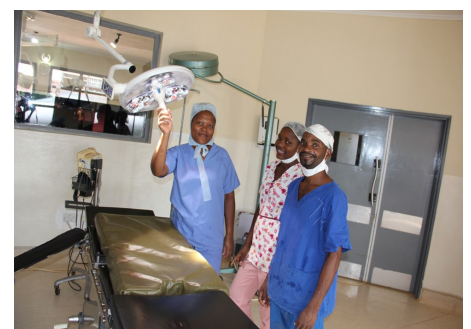
A new operating theatre light

Thanks to a generous donation at the end of 2018, MMH was able to procure a brand new theatre light for our second operating theatre. This is a world-class, low-energy consumption operating light.

Surgeries in this theatre were so far done using a quite old, and not very bright theatre light. Needless to say that a bright beam of light is an absolute necessity for safe surgery!

Through this support from the Netherlands, not only a light but also a battery back-up system could be installed, which is designed to last at least 5 years without maintenance.

This will make sure the light will continue to shine, even during power interruptions. It is a good example of how individual donations can make a difference towards patient care.



Theatre team with the new light ▲

All of us at MMH are very aware that around the time you read this, we will have said goodbye to Dr. Ruth Shakespeare. Dr Ruth has been Medical Director at MMH for about ten years. As this is also the time that she will retire, it seems right to take you past a few snapshots of her long and productive career at Mulanje Mission Hospital and elsewhere.

Dr Ruth qualified as a young doctor from St. Georges Hospital in London, no doubt a very different place now then it was back then. She started off as a junior doctor in the UK - in London and Poole but it seemed Africa had her interest very early on. Dr Ruth travelled to Sekhukhuneland, then still a very rural and remote area of South Africa where she worked as a general doctor. From what she's been telling, she enjoyed seeing children most and it must have been there where her passion for paediatric care took off. She trained as a paediatric consultant, but soon after switched to public health and worked in the UK. In the early nineties, a job with the Zimbabwean ministry of Health took her back to Africa. She worked among refugees and those hit

by cholera along the Mozambican border. Still, at MMH many years later, those experiences shape our cholera prevention and awareness efforts.

After moving back to the UK, she was involved in prison and mental health services in South West England.

After the children had finished university, she came back to Africa, settled in Mulanje and made use of all the skills learnt over a lifetime career. Initially on a two-year contract, she stayed on much longer and married one of the local gentlemen, Ken Rice. Her hobbies of bird photography, cheese making and 4x4 camping, not to mention various cycling trips with Ken kept her fresh for the duties ahead.

Dr Ruth has contributed a lot at Mulanje Mission Hospital. Her experience in public health has helped the hospital to focus on preventive medicine and community work – malaria control, safe water and sanitation, community clinics.

For many colleagues Dr Ruth has been a great inspiration. She has always been available for a chat or more serious talk, spotted problems early on and was a true mentor to many clinicians.



Dr. Ruth Shakespeare

She helped the hospital to nurture a culture of professionalism and accountability. Any colleague could find her for advice, while she helped expatriate staff and students understand the African reality. Through many of these conversations, long and short, one could sense a deep concern for the most vulnerable people that seek our help. Certainly we will miss the pleasure of hearing her wording an opinion on matters large and small!

Dr Ruth lead many projects, such as renovation and expansion of the operating theatres, the maternity ward and male ward. New wards such as antenatal ward and the high dependency unit were added and the facilities in the laboratory department and outpatient department were much improved. Staff houses and the Thandizani resource centre were realized as well. A very big improvement has been the introduction of solar power, which makes the hospital virtually off-grid and has helped many of our sickest patients.

The hospital management and staff are proud of Dr Ruth's leadership and management style and will miss her. Her legacy will live time immortal in the history of Mulanje Mission Hospital.

To all our donors and partners we say: thank you for the support you have given to her.



MMH management team, April 2019

Mary (*pseud.*) is a 36 year old small-holder farmer and a mother of 3 children who lives in one the villages in the hospital catchment area. Farming is her major source of income and each farming season, she typically plants 2 acres of maize and sorghum. Much of the soils in Mulanje have become less fertile, thus harvests are often poor. An additional challenge is the loss of crops within months of each harvest due to insects, rodents, molds and moisture. Using traditional storage practices handed down by her parents; she could not safely store her grains and protect them from deterioration. Forced to sell her grains at a giveaway price in the immediate weeks following harvests, Mary would then be forced to buy food to feed her family, but at a price many times higher. This endless struggle frustrated her efforts to provide for her family, and kept them trapped in a poverty cycle with few options to ensure her children were well fed- let alone create income to improve her and her family's quality of life.

As a member of Chisomo Farmers Club, Mary's situation rapidly improved when she was trained in Pre & Post Harvest Handling Systems by Mulanje Mission Hospital in a project called "Sustainable Livelihoods." The project is being supported by various donors such as GLC, Fane Valley, Blacksburg Presbyterian Church, Presbyterian World Service and Development and the Ardbarron Trust.

Mary is one of the 840 farmers from Traditional Authority Chikumbu and



Lessons in manure making

Mabuka who are direct beneficiaries of the Sustainable Livelihoods Project. Through the improved farming technologies trained at club level, she has managed to harvest 700kgs of maize despite the harsh weather conditions the district experienced in the 2017/2018 growing season. She stored 600kgs of maize which was enough to sustain the family for almost a year using the improved storage practices she learned at her club. As a result of her newfound ability to safely store her crops and control the timing of her crop sales for more favorable prices, Mary has been able to double her family's average income from K 30, 000.00 to K80, 000.00 after selling produces like soya, surplus maize and pigeon peas and onions.

In her own words, the extra income Mary earns provides her with what can be summed up in one word- **opportunity**. She can now afford to buy and sell cooked Cassava, earning income that she saves in the village bank set up in her club. Currently she has saved K12, 000.00 from the seven weeks of the groups' saving and has recently acquired a goat through the livestock pass-on programme. She also has ¼ acre of Onions, from which she supplies vegetables to the Mulanje Mission College of Nursing. Mary remains optimistic that things will greatly improve and she encouraged her fellow farmers to practice what they learned during trainings.



Onion field



'Double up' legume demonstration plot (two different varieties on one field)

I chose to have my elective in Malawi because I wanted to experience how another Southern African country is dealing with the difficult issues of healthcare and service provision as this will be relevant to my final year of study.

I also chose MMH because after having a lot of experience learning in central teaching hospitals where there are a lot of students for the number of patients, I wanted a mission hospital experience where the student-doctor and student patient ratio is favourable for learning. I also wanted an environment where I can openly express my faith and learn how to mix my Christian faith in the management of patients. MMH was also a good match because of its reputation of having a good elective program for international students so I would get the opportunity of working with other students and also share knowledge and skills.

Before departure I thought the hospital only did emergency operations and the rest of cases were referred to the central hospital. Knowing that English was the official language for Malawi I thought that the majority of people in Mulanje would have the basics for communicating in English. Also coming from a developing country, I was not sure about what to expect from the health care in Malawi if there would be enough basics to run the hospital and help patients. I was impressed when I arrived that there is an organized structure at MMH. More surgical procedures were done. It was surprising to note that even those who go to school, some are not able to communicate in English and it was heartbreaking to see that of the people from Mulanje, few girls actually pursue high school studies. Even though I had learnt some Chichewa at home, I needed assistance from the nurses to translate as I took the history and managed patients. The elective program is quite intense but creates an opportunity to increase my confidence in managing patients as well as to take their context into the picture. The HDU drills on some clinical emergencies we had every Wednesday morning in retrospect after starting

final year were very helpful because I learnt to think fast and consolidate my theoretical knowledge with a clinical scenario and address emergencies efficiently.

Every week we had a teaching session for one of the public health burdens in Mulanje such as severe acute malnutrition, Tuberculosis and malaria. It was a time one of the doctors taught us about these diseases and the public health interventions being done in Malawi and at the hospital. I found it relevant because these are some of the things that are burdening the health care system of Zimbabwe.



Victoria Changara

I also had a week long rotation in the public health department where I joined them in the field trips to the sites for malaria indoor residual spraying to measure effectiveness of the intervention. It dawned on me that setting up an intervention is not enough on its own but seeing the effect of it helps planning and a public health intervention should always be questioned and assessed to have maximal benefit. I also joined the primary health care team for the outreach clinics in remote areas and also in the prison. I was impressed on how the nurses spent time to educate the villagers on chronic diseases, importance of cervical cancer screening and contraception. Most of the people who attended were young people, most of whom young girls who were already mothers. Through these visits, I got to know some misconceptions in these areas with regards to uptake of contraception which subsequently has an ef-

fect on maternal and child health.

My elective helped me gain confidence in managing patients. Dealing with some patients who did not have resources, I created partnerships with my patients looking for the best possible way to treat at the same time within their budget. It was encouraging that the hospital would help to fund some patient care by the Bed Sponsorship Fund so that disadvantaged patients could at least get the health care they needed. Working with other students also challenged my way of thinking. Meeting other students from developed countries who have more experience with non-communicable diseases than African states helped me to understand that if I am training to be a doctor who is relevant to the world, with the epidemiological transition, I should be competent and confident with both infectious and non-infectious diseases. The partnerships I developed with these students also helped me improve my skills. The staff at the hospital also taught me to do clinical procedures that I would only get to do in my final year or during internship back at home. Through this elective I also got to travel to different places in Malawi. One of the places that made a lasting mark in my life was visiting the Chichiri National Monumental Museum. During my visit I got a deeper insight of the impact of the work of Dr David Livingstone as a Missionary Doctor in Malawi—how someone driven by their faith and beliefs; and passion for their career can make a lasting impact in a foreign land. Also having other missionary doctors working at MMH enlightened me on how I can merge my professional qualifications with my purpose and Christian values. From my elective I came back with a strong desire of volunteering as a medical doctor in disadvantaged communities and also some knowledge of how to plan for that in the long run when I am qualified. I had a priceless experience during my elective attachment that built up my character and helped refine my life's vision.

I find it an honour that I can be an ambassador for Mulanje Mission Hospital!

Thank you all.

A improved building for outpatient services — *By Enoch Ndongo*

The hospital has started reconstruction of the second outpatient department. This became necessary as more and more patients are being treated for chronic diseases such as diabetes, hypertension and asthma. On clinic days, congestion meant that the waiting area was overcrowded and those in wheelchairs had difficulty moving around. There was also a need for improvement in the private out-

patient service. The new OPD 2 will have four spacious consultation rooms, a roomy waiting area and ample space for health education. Appreciation goes to Rotary International and Rotary Limbe who are sponsors of this project and also contribute to health education around chronic diseases.

Inspecting progress in the outpatient department



Flood relief work - *by MMH management team*

Thank you to all of you who have been concerned for MMH during the recent floods, have been praying for us and have sent messages of support.

We did have very heavy rains here, and severe flooding in some areas but have been fortunate to only catch the edge of cyclone Idai and have not suffered the severity of damage seen in the far south of Malawi, Mozambique and eastern Zimbabwe. Nevertheless, there is considerable reparation to do

to restore water and sanitation in the villages in MMH catchment area, and, to avoid the common aftermaths of such floods such as outbreaks of cholera, this must be done quickly

Some houses have collapsed, and crops have been destroyed, but our immediate priority is safe water and sanitation. We currently estimate that about 4000 toilets have collapsed, and 3 villages are in urgent need of new boreholes to ensure a safe water supply.

It will cost £20 (\$27 or €24) to provide the basic building materials for the community to rebuild a pit latrine. A new borehole and pump is a larger enterprise, costing £4000 or \$5300.

The first latrines have already been rebuilt. Your contribution is still very welcome, please contact director@mmh.mw for more information.



Thuchila river after days of rain - in the dry season this riverbed is almost empty



The bridge between Mulanje and Blantyre during the floods