



Mulanje Mission Hospital Newsletter

July 2019

Mulanje Mission Hospital

CCAP Blantyre Synod

PO Box 45 Mulanje

Malawi

E-mail: director@mmh.mw

**National Bank of Malawi
P.O. Box 945 Blantyre**

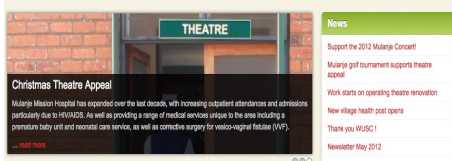
**Hospital accounts:
407275 (\$)
286818 (£)
380873 (€)**

SWIFT CODE: NBMAMWMW

**Keep up to date with all the
news from MMH.**

MMH website

is regularly updated



Visit our site at www.mmh.mw

Please send feedback to info@mmh.mw

Editorial Comment

by Dickson Chisale

Dear readers,

During the last rainy season, Malawi received a lot of rainfall. The heavy rains destroyed houses and toilets across the country. In an effort to ensure good sanitation in the community, the hospital through many generous donations provided materials for latrines. This project is still in progress and so far over 18,000 households have benefited. Boreholes are also being drilled. According to the Environmental Health Officer, these will help prevent cases of diarrhea and other water born related diseases, as people will regain access to clean water for household use.

Other ongoing projects are the renovation of the Non-communicable diseases clinic, which is all but finalized and includes an improved area for private OPD. This will relieve congestion as experienced by patients before. The the Labour Ward is being repainted and refurbished. In this newsletter you can also read about the X-ray project that was just completed last month.

We wish to thank all those who support the work done.

Greetings to our friends and partners from all at MMH!

Welcome to the new editor

A warm welcome to the hospital Pharmacist, Mr. Dickson Chisale, as the new editor of this Newsletter.

Dickson explains:

‘Mr. Samson Matandala, the previous Newsletter editor, resigned from MMH. From this year, I have resumed the role of editor. I am very grateful for the wonderful work Samson has done to keep the Newsletter alive, and his effort has really helped our readers, partners and donors to keep abreast with the ongoing hospital activities. I hope you will continue enjoying reading this and subsequent Newsletters in future’.

Dickson has worked at Mulanje Mission Hospital since 2008. He started his career as Pharmacy

Technician, firstly at a private hospital in Blantyre and then here at MMH. Dickson: ‘my drive to work at MMH is to serve the local communities. I want to be part of the team seeing the hospitals’ mission being achieved.’

We wish you good luck and a creative pen!



Best Nurse/Midwife competition - by *Tiyamike Lupenga, Deputy Matron*

Nurses celebrate International Nurses Day on 12th May every year. This day is commemorated in honour of Florence Nightingale who has been the role model for all the nurses globally. It is specifically designed as a means to spread awareness about the commitment and contributions made by the nurses towards the wellbeing of the society at large.

National Organization of Nurses and Midwives of Malawi (NONM) organize a function in honour of this day every year. They award nurses with outstanding performance from almost every hospital in Malawi. Mulanje Mission Hospital (MMH) was contacted to submit a name of the best nurse.

MMH took this opportunity to motivate other nurses as well by choosing and awarding the outstanding nurses for various departments, out of which the overall best nurse was chosen. Mrs. Linda Mwafulirwa Gama emerged the best out of all the outstanding nurses from differ-

ent departments and was also awarded by NONM.

The Association of Malawian Midwives (AMAMI) also celebrated the international midwives day. They too, awarded midwives with outstanding performance from various hospitals. MMH conducted another poll to choose the best midwife and Mrs. Linda Mwafulirwa Gama emerged the winner as well.

The double success of Mrs. Gama shows that she is really an outstanding nurse/midwife in every aspect of the nursing and midwifery profession. She is dedicated and respectful to patients/clients. She works tirelessly and is always committed to her work. She dresses professionally and always upholds to the professional standards. As a nurse/midwife leader she is a role model to the nurses in her department and the hospital at large.

I, therefore, would like to congratulate Mrs. Linda Mwafulirwa Gama for this achievement.

Congratulatory wishes also go to all nurse/midwives who were outstanding in different departments.

CONGRATULATIONS!



Linda Mwafulira ▲

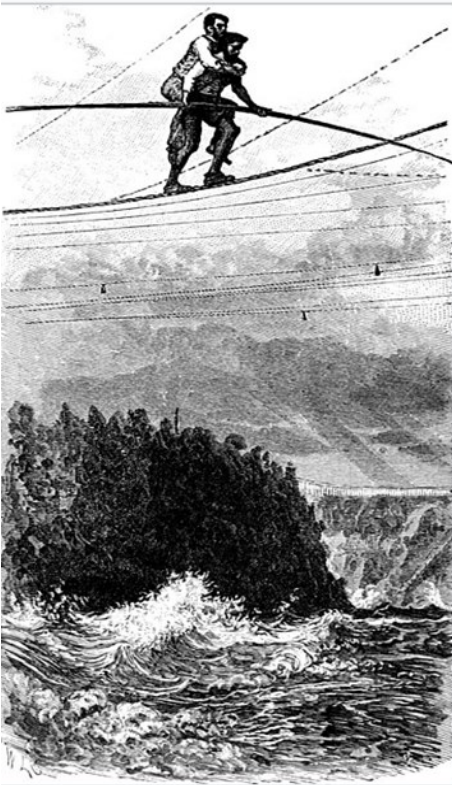
Juggling on a tightrope: ten years in Mulanje—By *Dr. Ruth Shakespeare*

Blondin's first crossing of the Niagara Falls, in 1859, was a much-celebrated feat in a life packed with them and like his other achievements was carefully prepared for and executed. He tried to enlist the support of the Niagara Falls Gazette which first declared the attempt a hoax and then decided he was mad. The New York Times said Blondin was a fool who ought to be arrested. Bands on both banks played as he began his crossing and

took his time. He stopped and lay down for a rest at one point and stood on one leg for a while. The crossing took him a little over 17 minutes. After a pause he went back across on the rope, much faster the second time. In further crossings Blondin introduced variations - he carried his manager across on his back, he crossed blindfold, on stilts or in a gorilla costume, he pushed a wheelbarrow across. Perhaps juggling skills and tightrope walking

should be part of the training for Medical Directors at MMH, with the demands of daily life often resembling a high-wire stunt with many opportunities for the unwary to stumble!

It is true everywhere, but particularly so in low resource settings such as Mulanje, that the determinants of people's health are broad, encompassing so much more than access to health services. MMH's mis-



Blondin crossing the Niagara falls on a tightrope (1859)

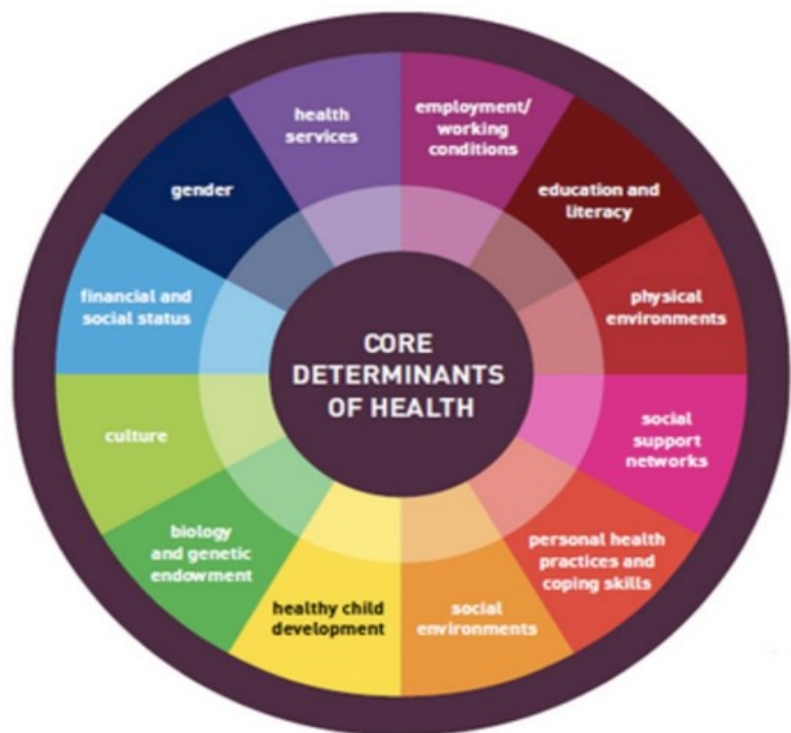
sion is to improve the health of people living in our rural community, despite extreme poverty, climate change, food insecurity, lack of educational opportunity, widespread fear of witchcraft, poor infrastructure, shortage of skilled professional workers, long-standing donor dependence – deep-rooted, entangled challenges which resist simple solutions. Public health successes are the result of long-term change, and tend to be about adversity avoided – model villages where people are not hungry, orphans who can and do go to school, soil erosion prevented, people who don't get malaria, cholera risk controlled, healthy babies born without problems, a hospital with electricity and water 24/7.

One definition of the Medical Director's job might be perhaps to lead MMH so as to achieve the best health outcomes possible for our community with the health dollar entrusted to us. A lot of prayer, planning, technical skill and practical hard work goes into this task. The primary determinants of disease in Mulanje are economic, social and environmental, so our response must be equally diverse. The prioritisation of scarce resources across the competing demands of public health programmes, community based care and hospital services is endlessly challenging. As time passes, I hope that the judgement on my ten years as Medical Director of MMH may be that my circus skills were just about good enough – that I didn't drop too many balls too many times,

that mostly I managed to stay on the tightrope – and I would like to thank all my family, friends and colleagues in Mulanje and further afield who were holding the net when I occasionally lost my balance.

So to the many friends who through their prayers, their practical help and their encouragement have supported me in all areas of our work at MMH – my grateful thanks.

And to Dr Arie, who now takes over the role and is balancing across the rope for the first time, my huge support and admiration for his enthusiasm and dedication to the MMH community. Let's assist him all we can, for it is not a simple job.



Determinants of health: why are people (un)healthy?

Introduction of digital X-ray at MMH - by Dr Arie

In June, a new Xray machine was installed at the hospital. This was the result of an almost two year long process, that couldn't have been completed without the help of many organizations and individuals. Allow us to quickly take you through the process that led to this improvement. Digital X-ray is quickly becoming the standard for radiographic investigations. It's advantages are: less exposure to

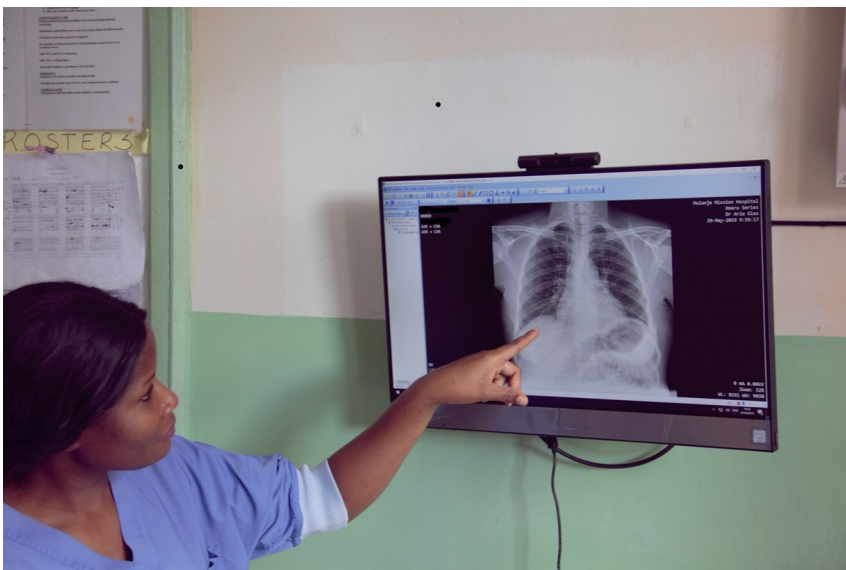
radiation for the patient compared to older machines, better archiving, no more need for developing x-ray films with chemicals, and no more need to buy film. Another major advantage in our setting is that the newer machines like ours can use solar power. From early 2018, we sought advice from various people and organizations who had experience with digital X-ray, such as at the orthopedic hospital in Blantyre. A list of specifica-

tions was drawn up, and based on this we contacted multiple suppliers. After multiple team discussions and consultations the team settled for a Fuji machine, delivered by a supplier in South Africa. The total cost of this project, in excess of 90.000 US dollar, was covered by generous donations from the Camellia Foundation and Camellia PLC, the English Reformed Church WhiteAbbey Church in N. Ireland, the Medical Benevolence Foundation, Drs. Creighton who raised funds during their wedding, and others through the Church of Scotland.

While other hospitals in Malawi have also started using digital X-ray, quite unique is the fact that across our hospital 4 viewing screens were installed. This allows clinicians and nurses to access, review and annotate X-rays right at the workplace, without the need to walk to the X-ray department.

So far, over 520 X-rays have been shot, mostly for our own patients but also for those at other hospitals. Transferring images to other facilities can happen through a CD; in addition it has become much easier to consult doctors and specialists when particularly difficult problems are encountered. But, for our patients, the most notable improvement has been the availability of X-ray at all times using solar power, even on Monday when Mulanje is usually without grid power!

We wish towards thank all who contributed to this project with time, money or technical expertise.



Nurse Mirriam Mumba studying an X-ray on Female ward



The refurbished X-ray room with new X-ray machine

Drilling a new borehole

The flood relief effort, launched in March following the heavy floods after cyclone Idai, aimed at drilling four boreholes in total.

Here you can see some snapshots from the borehole being drilled at Luwanje Healthpost. Permanent access to clean water is essential

to prevent waterborne diseases like typhoid fever and cholera, and a basic human right.

