



Mulanje Mission Hospital

Newsletter

October 2020

Mulanje Mission Hospital
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Editorial Comment

By Dickson Chisale

Dear friends of MMH, partners and colleagues.

It is our hope that this newsletter brings to your attention the achievements of MMH during the last third quarter of the year 2020, and the challenges faced in the period.

During the last three months, MMH has been putting much needed effort to control the spread of COVID-19 disease. The financial and material donations made to our hospital have enabled us to buy all necessary personal protective equipment as well as medicines to help manage any suspected patients.

Traffic control and hand washing of health workers and all patients right at the gate, social distancing and provision of free cloth masks to some needy patients coming and entering our hospital has been a priority. MMH's COVID-

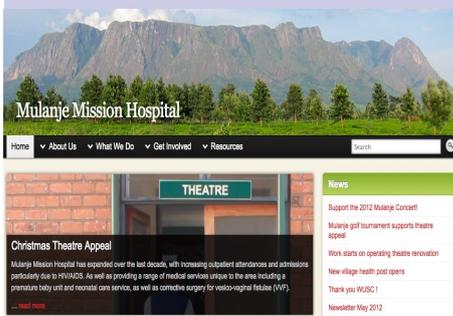
19 team has been making follow ups on any suspected cases, those people with travel history and their contacts around the catchment area. For these reasons, MMH has significantly contributed to the reduction of cases in the catchment area and beyond. In fact, most COVID-19 cases in the district were picked up at MMH. We have not seen large numbers of very sick patients due to the virus.

There has been a reduced demand on out-patient health services. Patients were reluctant to come to hospital. An information campaign with all village health committees and chiefs has resulted in continued good uptake of maternity and HIV services, and no noticeable reduction in these, whilst uptake of other services is returning to normal now as well.

Enjoy the Newsletter!

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

Welcome to a new member of staff

We welcome Arthur Chikatentha, who has joined MMH as Human Resource Management Officer in May 2020.

Arthur, originally from Blantyre, is 27 years old and holds a diploma in Human Resource Management. He worked at a community hospital in HR before applying for his current position. At his previous job, he especially contributed to the implementation of new Conditions of Service. And before that, Arthur worked in the banking & consultancy sector. This business experience is very welcome at our not-for-profit facility.

Arthur has settled on the mission and we look forward to work more with him!



Arthur Chikatentha ▲



House construction ▲

Staff houses — The hospital is developing and growing yearly.

A two bedroom semi-detached house is underway being constructed for nurses. We all know that a nurse is a full partner of a patient. After a day's long with the client, he / she has to rest in a good, well-constructed house. The new houses have two well ventilated bedrooms, a spacious combination of dining and sitting room, a tiled bathroom, shower room and kitchen.



The new ashpit area ▲

en. The houses will finish with hot water taking an advantage of the sun in Africa by installing solar geysers. We are thankful that this work could be undertaken.

Ashpit and incinerator

No healthy hospital in Malawi can run without an incinerator and ash-pit for medical waste. The ashpits at MMH, containing the remains after incinerating medical waste, were full and the incinerator needed maintenance.

With support from Whiteabbey Church, a new large ashpit has been constructed.

This will last the hospital for many years to come.

A special thanks to Whiteabbey from the hospital Infection Prevention team who had sought for a solution once the previous ashpits were full.

Honey processing room

The hospital introduced bee keeping under the Sustainable Liveli-

hoods Programme. Quite large amounts of honey are now being sold through MMH.

To obtain a certificate under the Malawi Bureau of Standards, a good processing room was needed.

We have just constructed a good room with a tiled bench providing good water for processing, and adequate weighing facility.

We have also constructed underneath shelves where the ready-



Honey processing room ▲

made product will be kept.

And goodbye...

This is my last article for the Newsletter. After twenty years of service at MMH, I will retire by the end of this year. Thanks be to all our donors, all concerned parties who are always spending sleepless nights, praying and thinking about Mulanje Mission Hospital. May the good Lord bless you all. Remember that God blesses the hand that gives.

May I wish Mulanje Mission Hospital management, staff and all donors the best as this will be my last article after working with Mulanje mission Hospital for twenty years.

See last page too...

As the world continues struggling with incurable diseases, palliative care has become the backbone in the health care system allowing people with life limiting/life threatening illnesses to be free from all kinds of pain—being it physical, social, psychological or spiritual . As the WHO puts it: freedom from pain is a human right.

Context of the palliative care work

Malawi as a country with a population of 17,000,000 people , we have almost 1,700,000 people who are in need of Palliative Care Services. With funding from UKAID through EMMS in the Chifundo Project, Mulanje Mission Hospital (MMH) is working towards this in the rural hard-to-reach areas of the southern part of Malawi.

Palliative Care Mentorship

Mulanje Mission Hospital Palliative Care Clinic under the Primary Health care Department was given a task to mentor 6 health facilities to level one and two of the African Palliative Care Association standard in the provision of

palliative care services. These health facilities are Chilinga Mission Health Centre in Phalombe District, St Luke’s Mission Hospital, St Montfort Mission Hospital in Chikwawa District, Trinity Mission Hospital in Nsanje District, Makapwa Health Centre in Thyolo District and Thambani Health Centre in Mwanza District.

Since Chifundo project was initiated in July 2018, MMH has mentored Chilinga and Makapwa Health Centres to level one and St Luke’s Hospital to level two of the APCA standards. Trinity, Montfort and Thambani are in the process of being mentored by Mulanje Mission Hospital Palliative Care Department and will soon be audited by Ministry of Health [MOH] and Palliative Care Association of Malawi [PACAM] to attain the recommended levels of APCA standards.

Palliative Care Service in Covid 19 prevention.

As the world continues struggling with the COVID 19 pandemic, Mulanje Mission Hospital Palliative Care Department through the Chifundo Project embarked on



Home visit during mentorship at Trinity Hospital in Nsanje district ▲

fighting COVID-19 through prevention of the spread of the pandemic in its mentee facilities. This was done through procurement and distribution of COVID-19 prevention materials that were delivered to these health facilities to help in the fight against the Corona virus. These materials included Foot Operated Hand Washing equipment, liquid hand washing soap, chorine, head gears, infrared thermometers, glycerin, spirit, mops, gumboots, heavy duty gloves, buckets, etc. Funds were freed from group activities that could not take place under social distancing guidelines.

The facilities staff were also trained on prevention of infection, if not done already.

We would like to thank all those in Scotland and other places, who made this COVID-19 prevention effort but also the palliative care mentorships and clinical work possible.

Let’s continue making a life free from pain a reality for all!



Delivery of Covid-19 prevention materials at Trinity hospital ▲

Like so many people around the world, our family had very different expectations for 2020 then the way it turned out. From the end of March until early September, we were unable to physically be at Mulanje Mission. I'd like to take you along a reflection on this period.

What had happened? The reason to leave Malawi early March, was for our one year old daughter who needed a medical check-up after she had been very ill last year.

Mum Lisanne and daughter Mischa went alone, for what was to be a quick visit. However, it was discovered she needed further treatment. We decided to come together in the Netherlands for the initial weeks, then make further plans.

On arrival in Holland, within a few days the Covid pandemic became a serious reality with travel restrictions and border closures.

A difficult dilemma followed – should I travel back while still possible? There wasn't much time to contemplate, as within a few days all international airtravel to Malawi was suspended.

We, like many others, were by then holding our breath – what was going to happen? How could we prepare ourselves for a wave of very sick and dyspnoeic patients; whilst protecting staff members caring for them? Leadership on the ground was now provided by our MO-in

charge, Dr Macpherson, who stepped in as acting Director of the hospital, followed by Dr Fatsani. It was hard to realize all I could now do is support the efforts at the hospital remotely only.

With the team on the ground communicating their needs, we set to work on several fundraising efforts and making plans in case Covid would hit Mulanje hard.

For me and my colleagues this was the first time we had to work with Zoom and e-mail all the time; that was until now not part of office culture in Mulanje. Moving forward we learnt how to keep each other informed. We set to develop various projects; were succesful in getting our oxygen supplies ready, procure PPE and also produce our own, and get all staff at MMH and facilities we mentor trained and equipped.

The sense of urgency felt in the Netherlands wasn't quite the same in Malawi – for very good reasons some here believed western countries were exaggerating this particular infectious disease compared to other, deadlier ones. On the other hand, no one knew how bad Covid-19 would play out in Africa, and so denial crept in, too.

As MD, one of the key elements of this role is translating between different cultures and almost different realities. Grappling with this; I did a

series of online talks for our partners abroad, on the impact and context of Covid in Malawi. This was a fun and also personally helpful way to articulate needs but also put things in the right perspective.

There was more time for reflection and making future plans with new and old partners then when at the hospital.

There was also a strong sense of being in the wrong place at the wrong time. It took time for Lisanne and me to work this out – but it did, guided by the recommendation in Phillipians 4 "Do not be anxious about anything, but in every situation...with thanksgiving, present your requests to God. And the peace of God...will guard your hearts and your minds"

During these months, it became even more apparent how well the senior leadership at MMH is capable of managing the hospital, and I will never forget those who stepped forward to fill in gaps and those who organized a locally appropriate response to the pandemic.

Beyond all the loss and grief Covid-19 inflicted, it also brought MMH a stronger teamspirit and brought out leadership qualities.

We returned to the country a month ago. It is fantastic to be back at the Mission . It's also much better to be able to check on someone in person rather than via a digital tool!

Did you know...in the past six months, this also happened at MMH...:

- *1455 deliveries were conducted*
- *388 caesarean sections were performed*
- *1000 women were screened for cervical cancer, and treated in the same session if needed*
- *13400 children visited a growth monitoring clinic*
- *3500 patients were admitted as in-patients and 7500 people adults were tested for HIV-infection.*

Goodbye !

MMH says goodbye to Hilda Dauti, who worked as Clinical Officer at the hospital for 12 years.

She started here, fresh from school as a junior colleague.

After eight years, she returned back to school to complete a degree in Surgery. This has helped patients undergo complex surgery, and helped save those with life-threatening complications during childbirth.

Of course, at the goodbye party there were presents and speeches followed by cake...

Hilda, we wish you all the best in your future plans. We will remember you for your loving attitude and commitment to individual patient care.



We also say farewell to Mr Ndongo, maintenance supervisor, who retires after 20 years to concentrate on his church ministry. He writes: "when I arrived at MMH in 2000, there were only 55 houses, against over a 100 now. An extra theatre has been built, many College hostels... Many hospital beds were added too. As I go out, I wish you all the best. Put love first, and fear God". Thank you, Mr Ndongo !

