



Mulanje Mission Hospital

Newsletter

March 2021

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Editorial comment

By Dickson Chisale

Dear friends, partners and colleagues of Mulanje Mission Hospital. Easter period is fast approaching, it is the time when Christians across the world commemorate the suffering, crucifixion, death and resurrection of Jesus Christ. During this time, many faith organizations visit MMH to cheer up patients. Besides holding prayers and preaching the gospel, they also distribute some gifts to inpatients, such as sugar, soap, wrappers to pregnant women and new born babies. The prayers and the materials given to our patients strengthen their spiritual lives. We hope the joy of Easter will again be palpable this year.

The second wave of COVID -19 is now receding. Schools have reopened and people are doing their normal businesses again; of course with precautions. However, the pandemic has continued to

negatively affect the lives of many people in Malawi, MMH inclusive. The extreme increase in prices of medicines and medical supplies is exerting much pressure. Without outside support, MMH would struggle to provide essential and basic services to its community. The future may hold a third wave of COVID-19; though vaccination has also started in Malawi. All healthcare workers had a chance to receive a vaccine during the past weeks. Later those over 60 and those with underlying disease were also included.. In an effort to combat the pandemic, the government has distributed facemasks and other personal protective materials to various hospitals.

All in all, it is still a difficult time, but we are blessed with the hope of Easter, and the joy of support from across the world. We wish you a good season.

Welcome to a new staff member

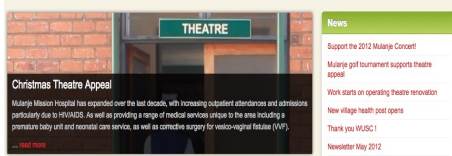
We congratulate Snowden Magonjetsa, who joined MMH in 2019 as an intern and has now become a Clinical Officer and a staff member of MMH.

Snowden, originally from Thyolo district, is 29 years old. He likes watching football, listening to music and loves eating rice prepared with local chicken.

He was trained at Malamulo College of Health Sciences. Prior to his clinical studies he has worked as a primary school teacher. His teaching experience is very welcome at our hospital where we always want to keep learning from each other.



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It has been a difficult beginning of the year for MMH. Healthcare workers have worked strenuously since the second wave which started in January. Despite the slow rise of COVID-19 during the first wave, we experienced a heavier case load this time, most likely the result of the more contagious South African strain.

Some numbers: Since this January we have diagnosed about 500 cases of COVID-19 in Mulanje district. About 30 patients were admitted to our COVID ward with a median



▲ **Principal Nursing Officer Mrs. Gonani**

age of 62 years, 65% was male.

Of these COVID-19 admissions 54% percent had a high blood pressure, slightly less than half wasn't known prior to admission. Of the admitted patients 35% had diabetes, slightly more than half was not diagnosed before. Sadly enough, 30% of the patients succumbed. We feel sorry for their spouses and relatives and want to thank them for their trust in us.

ICU capacity is small in this country so referring for further intensive care is often not possible. However, despite the limitations, much is

possible. Thanks to our donors, we have set up a well-run isolation ward with a reliable oxygen supply and with the necessary medicines and equipment.

And let us not forget others that are affected by COVID-19. Food insecurity, an increase in child marriages and a reduction in health seeking behavior are some of the very worrying secondary effects of COVID-19. Through our Sustainable Livelihood program, we help farmers to tackle the food insecurity and with radio programs we encourage people to still come to the hospital for their checkups or when ill. Very worrying; we have seen a doubling of our teenage pregnancies, from 20% in 2019 to 41% in 2020. This is most likely the devastating effect of the closure of schools due to the pandemic. The new program which we hope to roll out this year on the prevention of teenage pregnancies comes in perfect timing. We thank EMMS International for making this possible. The numbers concerning hypertension and diabetes indicate that there is a large need for pre-



▲ **Head of station Rev. Chikopa receiving the AstraZeneca vaccine**

vention and control. More than ever do we need to reach out to them and include those patients in our non-communicable diseases (NCD) clinic to control their blood pressure and sugar levels.

We are happy to announce that we have started the vaccine roll out this month, what a blessing to be protected against severe COVID disease with this vaccine!

It is obvious that tackling this pandemic needs a holistic approach, we as MMH therefor try to do our part and want to thank all joining us in the fight.



▲ **Principal Hospital Administrator Mr. Soka**

Waterpoint rehabilitation - *by Sheilla Mangwiyo, Environmental Health Officer*

Mulanje Mission Hospital serves 72 villages in its catchment area with an estimated population of 91,941. Most people in this catchment area depend on boreholes as their source of water. The environmental health office, together with health surveillance assistances and community members are the ones in forefront in borehole repairing.

During a needs assessment in 2019, many boreholes were found wanting in need of repairs. This assessment was carried out with the responsible waterpoint committees in each village. A donation by Copper Creek Church of Champaign, Illinois in February 2020 allowed the hospital to repair 35 boreholes over the course of a year. In some instances, the apron of the borehole was being repaired, like at Salamba village and Mitumbira village. The



▲ *MMH staff and community members rehabilitating the borehole at Chikwenda village*

aprons developed cracks, hence and quarry stone for making concrete for the apron. Other repairs in the borehole and through this encouraging contamination. MMH bought cement for this activity and the period was the maintenance of community member's sourced sand



▲ *Salamba village members repairing their borehole*

Ekhamuno pump. The pump is situated at Ekhamuno health post. This health post is visited by medical staff of MMH for services like ante-natal clinic, under-five clinic, anti-retroviral therapy clinic, HIV testing and family planning. MMH bought materials like cement, plumbing materials and pump while the community managed to source sand for the activity. MMH did the work together with the community. In total, this project resulted in the repair of 35 boreholes. We thank Copper Creek for their contribution towards health in Mulanje!

Mulanje Mission Primary school has a population of 2,576 learners and 54 teachers. In an ideal situation, there would be to several water-points to quench their thirst and to use for their personal hygiene.

For more than 5 years the school had only one reliable functional borehole which made it difficult for learners to keep their personal hygiene or find water to drink. That water source was also used by villages around the school which made it difficult for children to access it.

The second borehole which they previously used had a complex system which the school couldn't man-



▲ *Learners using the borehole*

age to fix because its spare parts are not locally available. Mrs Mulomwa, the head teacher at the school said there were also a lot of

injuries with the children when they wanted to use water because they had to swing on a wheel to pump water and then injured themselves.

With funding from Cooper Creek, Mulanje Mission Hospital helped it's neighboring school by changing the system of the old borehole to a *Af-ridev* pump system which is easy to use and to maintain. The borehole is now functional with fresh water and the children are happy.

The head teacher thanked MMH and Copper Creek for assisting them with potable water. Children can now easily draw water to put it at the classroom entrances for hand hygiene to prevent COVID 19.

Fighting Tuberculosis in the Mokwanira project

- by *Tikondwe Katumbi*

Tuberculosis (TB) remains a major global health problem. Globally in 2018, there were an estimated 10 million new TB cases of which 8.6% also had HIV (WHO,2019). WHO reports further that there were an estimated 1.4 million TB deaths worldwide with 17% (0.2 million deaths) among people living with HIV. In the wake of the COVID-19 pandemic, MMH and the Edinburgh Medical Missionary Society (EMMS) agreed that there is need to focus on diseases like TB instead of only focusing on COVID-19. We are working together in the Mokwanira project ("Thorough" in Chiche-wa) on TB, water and sanitation and other vital infrastructure.

A need assessment on TB was done in December 2020 by MMH. It showed that a lot of health centers in Mulanje and other districts in the southern region had trouble with detecting TB. Some did not have

enough TB sputum committees and some of the committees were not active because of lack of resources. This made them demotivated and inactive. Currently, we are working on (re-)activating committees in 6 health facilities in Mulanje district. New committees are established and old ones are re-activated through refresher trainings. Materials, such as reporting forms, ball pens, bicycles, note books and carriers, have been distributed. Based on the need assessment, the main challenges that contribute to inactiveness of committees is lack of motivation of volunteers, not in terms of money but lack of supervision by health workers and materials and other basic necessities. This project is helping in these challenges and committees are happy with it.

Another interesting development in the battle against TB is that MMH

now gives preventive therapy to all people with HIV who start anti-retroviral treatment. This combination drug, called 3HP, needs to be taken for 3 months (instead of 6 in the past) and eradicates inactive TB. In March a screening exercise was held at MMH, where all members of staff could get screened for TB free of charge. It's time to end TB!



▲ *Chinyama tuberculosis committee on a field visit*



▲ *Goats in their stable at Misanjo School*

Agriculture is one of the most loved subjects in school in Malawi; at primary schools it helps learners to be equipped with the basic knowledge of crop and livestock production. This is useful since 80% of the households in Malawi rely on small scale agriculture to get everyday food and as a source of income.

Most projects targets the whole community but this time MMH started its first agriculture project in primary schools. You are never too young to learn! The project involves both crop and livestock production and assists in nutrition of learners through the school feeding program. It is very sustainable since learners produce their own food. This project targets 10 schools for now, and soon more. One of them is Misanjo primary school.

Misanjo School has been successfully implementing the project since it began. Last season the school has managed to harvest 17 bags of maize each weighing 50 kilograms and five bags of soya beans. Misanjo school got the first position in

Agriculture. They won various prizes such as learning books, exercise books, plastic chairs, buckets, moppers, sweeping brushes and many others. The headteacher was excited since it is a struggle to buy learning materials and other supporting materials for the school.

Students have the chance to get hands on experience, they learn to relate what they learn in class and

what they see in the goat stable and in their garden. They learn about the housing, feeding and health management of goats. Reducing dependence on expensive fertilizer, the animal dung is used to make manure. They started with six goats but they now have ten. The closure of schools due to COVID-19 did not affect the goat health; the community took the responsibility of feeding and taking care of them. "The compost manure will be used in our field and we are expecting to increase the production this year" said Mr. Geoffly Namileka, focal teacher for the program. With the support from the various committees at the school, the project is going on well. Students have been very positive about the project and many of them have developed passion for agriculture said Namileka.

Lastly, there is also a agroforestry component. A good number of trees have been planted around the schools as part of conserving nature and also beautifying the school compounds and producing fruits.



▲ *School Agriculture Committee and two teachers from Misanjo school*

Data, data, data – we hear so much about it, but do we really understand the importance of data collection? At its most basic level, data is simply a collection of different facts, including numbers, measurements and observations, that have been translated into a form that computers can process.

Mulanje Mission hospitals with its many facilities has a wide range of data which is collected from different departments through HMIS Office (Health Management Information System). This data is collected daily and summarized and verified monthly, then prepared for storage. Copies are sent to head of Departments and posted on the Malawi Government Portal DHS2 .

Why is Data Collection so Important? Collecting data allows us to store and analyze important information about our

existing and potential work force, Data itself is a backbone of every organization for decision making and identifying problems, Data also makes your approach strategic, just to mention a few... Which data do we collect? As a hospital we have many facilities but after being summarized we come up with a Management Summary which includes the following indicators:

- Maternal Services: Number of Pregnant women starting antenatal care during their first trimester, Number and percentage of caesarean sections, Number of infections following CS, etc.

Family Planning: Number of persons receiving Depo-Provera, Number of persons receiving Norplant, Number of persons receiving IUCD (intra-uterine contraceptive devices), etc.

Pediatrics: Number of under-weight in under-fives attending clinic, Mal-

nutrition - inpatient deaths (under 5), etc. HIV: #of 15-49 years testing and serostatus result, HIV confirmed positive (15-49 years) new cases

Others: Admission, Mortality and Referrals are among some of the other data indicators.

Never lose sight of the fact that data equals knowledge. The more data we have, the better position we'll be in to make good decisions and take advantage of new opportunities. Good data will also give us the justification and evidence you need to back up these decisions so that we can feel confident explaining our reasoning. Without solid data, we are much more likely to make mistakes and reach incorrect conclusions.

We as MMH are therefore proud that we have a good record of our data, it helps us to make our work more insightful and fruitful.

HMIS Management data for the month of	Feb-21
Maternal Services	
Number of Pregnant women starting antenatal care during their first trimester	26
Total number of new antenatal attendees	190
% attending ANC during 1st trimester	14%
Number of caesarean sections	49
Number of deliveries attended by skilled health personnel	217
CS rate	23%
No of infections following CS	1
% of infections following CS	0.5%
Family Planning	
Number of persons receiving Depo-Provera	1,184
Number of persons receiving Norplant	19
Number of persons receiving IUCD	1
Number of persons receiving sterilisation method of FP	14
% of people receiving a long term FP method	3%
Paediatrics	
Number of under-weight in under-fives attending clinic	27
Total number of children attending under-five clinic	2031
% under 5s attending clinic who are underweight	1.3%

▲ Some of the HMIS data of MMH for the month of February 2021, used to improve care

The orphan and vulnerable children (OVC) project is a project that MMH implemented in 2006 to support orphans and vulnerable children in the catchment area.

Since then we have extended the project with a variety of different programs. In this article we will tell something about those programs.

The project is offering different programs that are supporting orphans in different ways. One of them is the livestock program, it has been successful in assisting orphans economically. They benefit from livestock farming in different ways: by applying the manure in their gardens, selling the offspring to meet household expenses and using the meat for consumption.

School support is another part of the program which motivates the

orphans to stay in school and get a diploma. They receive schoolbooks, a uniform and shoes and are assisted in school fees. They are encouraged to attend school every assessment.

Apart from school support they are also offered medical support to make sure that they remain healthy. This lowers the barrier for them and their caregivers to seek medical attention when there are sick.

Looking at the distance that these orphans travel for assessment the hospital has established outreach clinics to relief them from walking long distances to access health services. The extension of the orphan care clinics has helped our healthcare workers to continue providing quality health services.

Nutritional support has been one of

our key elements in the project. It has assisted in reducing malnutrition and supported family members to take care of orphans in their family without burdening their food supply.

Vocational skills is another part of the program that has been introduced to support out-of-school orphans. A lot of young people are unemployed and our orphans are not exceptional. Vocational skills training helps the orphans to gain skills and be able to support themselves economically and be independent.

The orphans also attend Life Skills training, which is designed to assist them in facing the complex challenges of growing up and making rational decisions about issues affecting their day to day lives.



▲ *Arriving at a remote OVC outreach clinic*