



Mulanje Mission Hospital

Newsletter

July 2021

Mulanje Mission Hospital
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Malawi

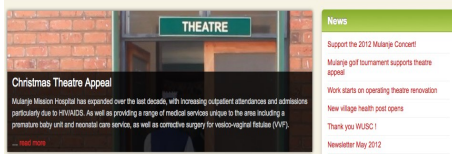
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Editorial Comment

Dear friends and partners,

The third wave of COVID -19 is now worsening in Malawi. According to the Malawi ministry of health COVID -19 situation update of 18 July 2021, the positivity rate is now at 26.8% from 2% in May 2021, with over 250 admitted in treatment units. Recently the WHO and CDC declared Malawi a COVID -19 high risk country.

The pandemic continues to negatively affect the lives of many Malawians. The social economic situations of people is getting worse every other day mainly due to rising costs of basic commodities including medicines and medical supplies. Hospital beds and PPE are becoming in short supply in some health facilities. Currently, MMH has admitted five COVID -19 patients in its isolation ward with a constant influx of new cases.

The hospital has employed a new pharmacist by the name Ganizani Supedi. His coming has eased the pressure of work at the hospital pharmacy. As a team, we are so grateful to have him on

By Dickson Chisale

board. We are ready to support him so that together we can improve the pharmacy. Ganizani who joined the hospital early June 2021 now explains; "my name is Ganizani Supedi, I am 35 years old, a pharmacist by profession. After my tertiary education, I worked with Kamuzu Central Hospital for one year as an interneer and then joined a private retail pharmacy where I worked for 8 years. During my practice, I have developed skills and gained experience which will help in my new position."

Thank you for your interest in our work.



▲ **Ganizani Supedi**

Back from School



We are happy to announce that Clinical Officer Griffin Sombani has graduated from a Bachelor of Science in Obstetrics and Gynecology. Griffin has returned to work at MMH now.

One of the many things that he will be doing is supervising difficult gynecological and obstetric cases and performing gynecological surgeries. We are happy to have him back.

The training for Griffin was generously supported by Blacksburg Presbyterian Church from the USA.

In the past few months hospital management has prepared an overall budget for the coming financial year, which as started on the 1st of July. Never an easy task, this year it proved even more complex with considerable loss of income and higher costs during the Covid-19 pandemic. The budget committee decided that this year there would be no room to increase salary top-ups at MMH; but many other expenses are essential and cannot be reduced without sacrificing quality of care.

A third wave of Covid has reached Malawi and since the last three weeks our COVID-19 Treatment Centre is treating critically ill patients again. All staff had a chance to be vaccinated; but the vaccination coverage in the surrounding community is still very low and vaccines have currently run out of stock in Malawi. The COVAX facility will probably ship more doses of the vaccine to Malawi in August. We are grateful for any support that can be offered to procure gloves, facemasks, cleaning materials and other essential goods this time.

We plan to continue upgrading care for children by renovating the Intensive Care Unit in the next six months. This has been supported

through a magnificent series of concerts by the Friends of MMH at the English Reformed Church in Amsterdam. The hospital has also started preparations for an Eye Clinic. A Clinical Officer will start training in Eye care and Eye Surgery soon, and we hope to start constructing a clinic towards the end of 2021. This work is supported by 'Christian Blind Mission', who also invest in our Sustainable Livelihoods Programme with a focus on people with disabilities. This partnership is strengthening our mission to provide care to all those who seek our services, with a special focus on the most vulnerable.

With a growing Malawian middle-class, we are taking small steps at a time to generate more income from clients who can afford slightly more expensive medical treatment. For example, a small private Pharmacy has been established at the hospital, we now offer ultrasound for the determination of gender in unborn babies, and we have plans to improve the experience of our inpatient private patients. These are very gradual and much discussed steps, as we are determined not to lose our focus on the rural community we serve. At the same time, and especially during the pandemic,

it is becoming clear that a strategy to increase local funding is important.

The hospital has been selected to undergo an extensive accreditation programme which works towards universal Southern African standards. All departments are now assessing their procedures against these standards. Though it requires considerable paperwork, the programme makes staff members aware that every part and everybody's effort counts if we are to provide optimal care.

After a long period of acute staff shortages, the hospital has been allocated two Doctors and an extra Pharmacist. This is a blessing and we hope to build some houses in the near future to be able to accommodate everybody appropriately.

Students are continuing to rotate through MMH – eight Malawian medical students recently finished the Family Medicine rotation, we had two Dutch medical students in their final years and provide placements to many nursing students. The hospital supports 8 staff members on capacity building programmes – varying from a Bachelors' in Internal Medicine to a Masters Degree in Accounting.

The Primary Healthcare Department is especially busy with work on water and sanitation and tuberculosis control. The control of tuberculosis has been taken aback during the pandemic; and many health centres in Mulanje do not have adequate water and sanitation for their clients. A new development too is a greater effort to prevent and alleviate the consequences of teenage pregnancies, which have skyrocketed in the past year. And so we move into the Malawian dry season in the coming month. Thank you for your interest and please keep in touch.



▲ Newly renovated paediatric ward

Our clinical placement at Mulanje Mission Hospital has been an experience worth sharing.

Mulanje has a beautiful terrain. Mulanje Mission hospital has a conducive environment and the premises were a pleasure to work in.

The whole team at Mulanje Mission Hospital has a very good commitment and attitude towards the delivery of health services. The leadership of the facility support the staff materially and financially in the service delivery. In this regard, all the activities pertaining to health service delivery are accounted for. Through service level agreements (SLA), communities with lower so-

cio-economic status are prioritized. We were also impressed with the availability of health services in remote areas through the outreach clinics.

Holistic care is delivered with further support to the community to ensure continuity of care. This is done through several activities that involve the communities, an example is the incorporation of the youth in various programmes at the youth centre.

Despite the success stories we saw, a problem is the shortage of staff (health workers) which in turn leads to a heavy workload. However, we found all staff at MMH ready

to teach us and this was of great importance to our academic success.

All in all, we were happy to do our placement at MMH and would consider working in such a hospital in future!.

Written by medical students:

Precious Mijoya, Emmanuel Kamanga, Olivetta Chitanje and Mario Ommar

MBBS year 4, College of Medicine, Blantyre



▲ Students Precious Mijoya, Emmanuel Kamanga, Olivetta Chitanje and Mario Ommar with MMH doctors and supervisors of the College of Medicine



On 30th June 2021, MMH had the rare privilege of meeting the presidential advisor on Safe Motherhood, Mrs Dorothy Ngoma.

The aim of her visit was to appreciate the work MMH is doing toward safe motherhood and to discuss some issues affecting provision of

care. During the encounter, Mrs Ngoma appreciated the work the hospital is doing towards saving mothers and new born lives. She noted that the hospital had registered two maternal deaths in 2019/2020 and two again in 2020/2021. She therefore challenged the hospital to work towards

achieving zero maternal deaths. She also stressed that traditional healers should be included in health education to ensure that they refer pregnant women to the hospital as soon as they can. Mrs Ngoma also mentioned that although the hospital has reached the national target on newborn deaths, it should now set its own target to ensure that neonatal deaths are reduced to the lowest level possible.

During the meeting, the hospital presented the challenges being faced which includes inconsistent supply of some items and essential drugs and the need for more nursing and clinical staff to be recruited. As a team we are motivated to reduce the maternal and neonatal deaths to a minimum at Mulanje Mission Hospital and we are also grateful to Presbyterian World Service & Development that they help us to achieve this goal.



▲ Presidential Advisor with MMH staff

Vocational training for young mothers

- by Dr. Lisanne Glas

Sometimes girls fall pregnant because they have little hope for their future. They feel they have no career ahead of them and so don't mind becoming pregnant. They and their families do not see school or vocational education as accessible and valuable.

As we started off the new teenage pregnancy prevention program this year, we agreed with EMMS International to give young girls support for secondary school and also help young mothers to become financially independent through vocational training, aiming for them to get a diploma and have better chances for their and their babies future.

Pregnancy shouldn't mean an end to a girls' aspirations. Helping them to stay in school or to go straight to vocational training rather than early marriage makes it less likely that they will get pregnant (again). It

helps to break the vicious cycle of poverty were they can fall into.

In the month of July we have interviewed 20 girls who dropped out of school due to their pregnancy. They have been interviewed for a training in vocational skills so that

they will become more financially independent and stable.

We are happy to announce that 20 very motivated young mothers have been selected and will soon be trained as bricklayers, welders, carpenters, mechanics and tailors!



▲ Interviewing one of the young mothers for the vocational skills training

Mokwanira is a project that is looking at a wide range of activities such as, water and sanitation, Tuberculosis, community structures and gender-equality in 20 health facilities in Southern Malawi under both Government and the Christian health association of Malawi. This is funded by through EMMS International, a UK based organizations. This article aims at explaining in brief what this project has achieved in water and sanitation area.

Muloza and Chinyama health centers have so far benefitted from Mokwanira Water and sanitation project. Both are government facilities under Mulanje District Hospital. Chinyama and Muloza are very busy clinics which serve patients from both Malawi and Mozambique, both facilities also have maternity services.

When Mulanje Mission Hospital Primary Health Care staff visited the two health facilities for need assessment, they found no running water and no separate toilets for male and female staff at Chinyama.

At Muloza, the project has fixed broken pipes and extended running water to other important rooms. At Chinyama, the work is underway, the contractor is constructing pit latrines for both staff and patients, again separated between male and female.

When the needs assessment team went there, they found no running water. When staff and patients want water, they go to the borehole which is at a staff house. The contractor is going to put a submersible pump into this borehole so that water is pumped into raised water tanks and then to taps in offices

and clinics, wards and staff houses. This means hand hygiene and cleaning of offices, wards and clinics is going to be improved, very important in infection prevention including COVID-19!

For water to come out, the contractor will fix a old plumbing system which was put long time ago when they were constructing the facility. Water closet toilets which are there but stopped working more than 20 years ago will be usable again.

When our team went to introduce the project to Mulanje District hospital, the management there was very excited. They told us that there are a lot of health facilities

which could need help because of underfunding from the government. Together we selected the neediest 6 facilities of which Muloza and Chinyama tops. The other 14 health facilities that have been selected will be in other districts. We hope to use the current attention on infection prevention during the Covid-19 pandemic to have a positive effect on health services in the long term.

It is great that we can work on the provision of basic water and sanitation at all these 20 remote health centres involved and we thank EMMS International for making this possible.



▲ Installing solar panels to run the waterpumps at Muloza Health Centre

The Bed Sponsorship Fund

The Bed Sponsorship Fund is there to provide care for the most vulnerable patients coming to MMH.

For example, George N. (picture). He says: "I suffered from a chronic leg wound for many years. This means I could not work, farm or provide income to my family. A skin grafting procedure two years ago at another hospital had failed. I was without hope".



When our surgeon met George in March, he made a plan for treatment. From March to May this year, the wound was cleaned and dressed several times a week at the hospital, until a successful skin graft could be performed in May. George stayed in hospital for two weeks, and following this he continued coming for daily wound care. George: "I continue thanking the nurses and clinicians who helped me every day as my life has been transformed". The wound has now closed.

The expenses for this procedure have been covered through the Bed Sponsorship Fund. We cannot provide such care to other patients without your support. Please consider a donation to the Fund so that more patients can be assisted.

US\$ 850, €700 or £600 provides one bed at MMH for one year. These funds are used for **drugs, medical supplies and other expenses** to provide free care to the most needy.

Thank you for your support!