Mulanje Mission Hospital Newsletter

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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:
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286818 (£)
380873 (€)

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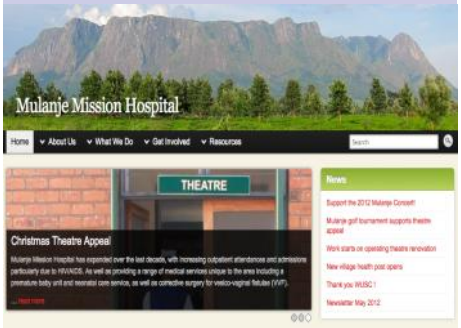
MMH website

is regularly updated



Visit our site at www.mmh.mw

Please send feedback to

info@mmh.mw

Editorial comment

by Sam Matandala

Merry Christmas to you all and may the grace of our Lord and Saviour Jesus Christ be upon you especially in this festive season. Christmas is always a special time of giving, laughter and joy but unfortunately not so for many Malawians because it is also the peak of the malaria season and many will probably spend their Christmas in hospital beds or queues. Fortunately for our catchment area and the staff community we had almost all the houses sprayed with mosquito repellents and we are hopeful that we won't have so many malaria cases from the vicinity.

The theatre project is progressing very well and everyone can't wait to have two operating theatres. On our website there is a special Christmas appeal for the completion of our theatre and also for various items of theatre equipment and it is our prayer and appeal that in this season of giving you find it in your heart to remember us.

As the year is coming to a close let me on behalf of my colleagues at Mulanje Mission Hospital and also our beneficiaries, the patients we treat , thank you our donors and partners for once again seeing us through another year. We thank you for all your donations and visits and we certainly are looking forward to a great year with your continued support and prayers.

Mr. John Munthali, our administrator, beckoning on Christmas to come soon as he stands beside the Christmas tree put up in the reception area.▲

Mr. Timothy Sabuni, one of our senior Clinical Officers, decided to resign to go back to his home country Tanzania. He joined MMH in 2001 as an intern Clinical Officer and during the eleven years he has been with us he has been instrumental in the improvement and strengthening of the clinical team. He was always a mentor and role model to his fellow clinicians and always put his patients first. He dedicated himself to help the most helpless - that is why he was keen to perform VVF repairs in women who had been rejected by their husbands and society just to help them get their life back. We will miss him greatly and may the Lord continue guiding him.

Enjoy reading our newsletter, a very Happy Christmas to you all.

Nursing College update

by Mrs Susan Sundu

The college has been requested by government to train 20 Community Midwives as part of a presidential initiative. Government had proposed 1st October 2012 as the opening date, but it was left to the college to decide when to start the course. Mulanje Mission College of Nursing and Midwifery will be ready for the new students in January 2013. This means that in January the College will have two different groups of students, an intake for Nursing Midwifery Technicians and another one for Community Midwifery students.

The ever clean Nursing College administration block▲

Mulanje Mission Christmas Quiz

Dr. Ruth Shakespeare

How much do you know about MMH? Have fun answering these questions, and enjoy searching for answers on our website

www.mmh.mw

1. When and where was the first Presbyterian mission in Malawi founded?

2. Who is our newly appointed matron at MMH?

3. How high is Sapitwa, the summit of Mount Mulanje?

4. Translate into English ' tikadye nsima ndi nyama'

5. Who was the author of the Memorial History of Mulanje Mission?

6. What is the name of the fortified porridge used in nutrition programmes in Malawi and made at MMH?

7. Which visitor from Northern Ireland made the six short videos of work at MMH which are featured on our website?

8. What is the role of Apatsa at Mulanje Mission?

9. How many villages have been included in MMH's malaria spraying programme this year?

10. Which Christmas carol is the favourite of our Abusa, Rev Chigwenembe?

We wish you all a very blessed and peaceful Christmas

Palliative Care team goes an extra mile

by Jane Mweziwina

Palliative care is one of the services that is new to most hospitals in Malawi. It is a service that is not part of the essential health care package yet it is one of the essential services especially for people with terminal illnesses. The provision of the service here at Mulanje Mission Hospital is entirely dependent on financial assistance from our partners.

MMH is providing both hospital and community based palliative care services. There is an outpatient clinic that is run daily from Monday to Friday and those that are very ill are admitted in the hospital. There are other patients who are treated in their homes because they are not able to travel to the hospital for the service. These patients are noted either due to missed appointments or through the help of community volunteers who report the need for palliation services in the home.

Dave Mpate inspecting the damaged house in the background▲

During one such home visit, the palliative care team came across a client who had the roof of her hut blown off by the wind. It took an exceptional initiative of the team to organize resources both material and human to put back the roof and enable the patient to have good shelter. Palliative care involves more than just the medical treatment, it takes into account all the factors that would improve or worsen the patient's quality of life.

Sponsor a hospital bed

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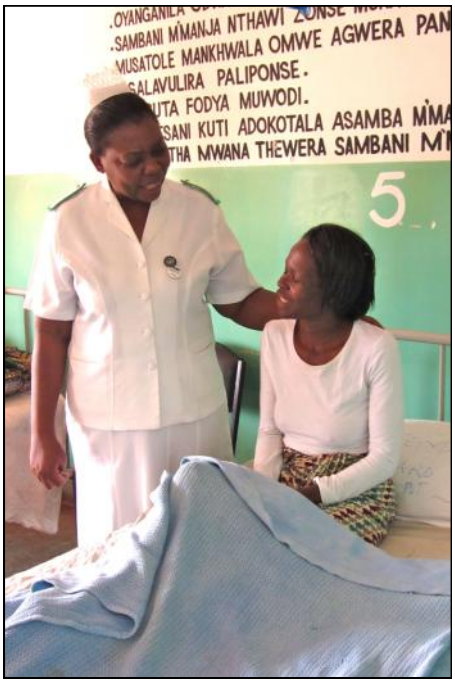


Mulanje Mission Hospital shines in KMC

by Joyce Siska

Globally, every year, 7.4 million children die before their 5th birthday, with increasing progress since 2000 related to Millennium Development Goals.

Over 40% of these deaths occur in the first month of life, the neonatal period. Research has shown that preterm birth is the second cause of death in children, after pneumonia. 1.1million babies die directly from complications of preterm birth. Potential for premature babies lives to be saved is through Kangaroo Mother Care (KMC). In KMC, the baby is cared for skin to skin with mother for 24hrs a day for days or weeks thereby providing thermal care, increased breastfeeding, better weight gain, reduced infections and KMC also links to supportive care if needed, facilitating earlier discharge.

Malawi has already played a leadership role for scaling up KMC. It started in Zomba Central Hospital in 1999 and now has 121 facilities providing KMC throughout the country.

MMH was one of the first Mission Hospitals to initiate KMC services in March 2005. Back then low birth weight and premature babies were nursed in the nursery where mothers were told to breast feed their babies at scheduled times, with one midwife to take care of up to about 20 babies. It was difficult to closely monitor and observe each and every baby as such many were left unattended, hence increasing risk of death.

The initiation of KMC saw many newborn lives being saved such that towards the end of 2005 neonatal deaths at MMH decreased from 25% to 8%. Since 2005 for the subsequent 7 years there has been increased survival rate at Mulanje Mission KMC. By 2011/12 the total number of babies who were admitted to KMC was 167, and survival rate at discharge was 97% and death rate was 3% which shows a good progress.

Mulanje Mission KMC is a big centre as the whole of Mulanje District sends all the low birth weight (LBW) and premature babies to us. We have one Registered Nurse Midwife, three Nurse/Midwives, two Ward Attendants and one Patient Attendant full time working in the KMC ward and daily ward rounds are done by the clinical team.

The recent assessment which was done in September 2012 by Save the Children, reported that Mulanje Mission Hospital is one the hospitals which is doing well in KMC implementation. They were looking at these areas:

1. **Service provision**: they were assessing initial counselling, routine education, assisting/coaching mothers on KMC, baby's vital signs checking and documentation which are excellently done.

2. **Staff coverage**: They found that a ward nursing round is done at least once daily, 24hrs coverage by a nurse and clinical ward rounds are done more than three times a week.

3. **Documentation**: information in the KMC register is updated and properly documented. All discharged babies are appropriately recorded in the follow up book.

4. **Inclusion in the routine report discussion**: any low birth weight baby is reported in the daily morning report sessions. LBW/KMC data is part of HMIS reports and discussions.

5. **Supplies and equipment**: They found that a weighing scale (digital baby scale with 1g to 20g analogue) is available, feeding cups, appropriate NGTs (size 6 and 8), Infection Prevention utensils and solutions (buckets with chlorine solution) are also available.

6. **Conduciveness of the KMC unit**: These were the findings: head adjustable beds, running water for hand washing, the room was well illuminated, clean room, windows were closable, toilets within reach, bath rooms are within reach.

7. **Follow up system**: Follow ups are done in the KMC unit and the facility keeps traceable physical addresses of babies which is commendable.

8. **Integration of KMC into normal maternity**: high percentage of LBW/ premature babies from the maternity unit were referred to KMC unit and well documented.

9. **IEC materials and management protocols**: The following are well stipulated and displayed: KMC eligibility criteria, danger signs in babies, feeding charts and KMC posters.

Despite doing well in KMC there are some challenges.

- **Food**: the hospital does not provide food to patients, many mothers who are referred from other facilities find it difficult to stay without food as a result they end up absconding or discharged on request. Inadequate supply of baby formula for orphans and babies whose mothers are sick also poses a challenge.

A proud mother stands by a Christmas tree with her baby strapped to her chest▲

- **Linen**: flannel triangle and rectangle clothes and small blankets are not adequate.

- **Shortage of equipment** e.g. oxygen, bag and masks.

- Inadequate supply of calibrated feedings cups.

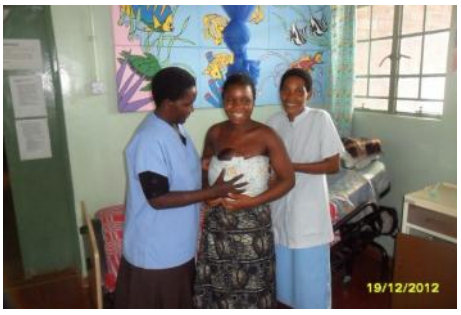
- **Knowledge deficit** on KMC by some nurses, clinicians and patient attendants on KMC.

- **Poor referral system by other facilities**: babies are sometimes referred late with extreme weight loss hence difficult to gain weight and some babies reach our hospital already dead due to hypothermia because they have not travelled in the KMC position.

Mulanje Mission Hospital has sixty Nurse/Midwives, out of these four Nurse/Midwives were originally trained in KMC, the rest are doing on job training. Thanks go to all staff for being cooperative in implementing KMC. Thanks also go to the Hospital Management for the commitment shown in supporting KMC.

Lastly we are also grateful to our donors for their continuous support financially and materially.

God bless you all.



KMC staff assist a mother to strap her baby onto her chest▲

Successful Indoor Residual Spraying campaign

Tikondwe Katumbi

13th November is a date to remember because it is the day when Mulanje Mission Hospital embarked on an Indoor Residual Spraying project, the first of its kind in the history of the hospital and Mulanje District.

It all started on 5th November, when a group of eight spray operators, a supervisor, two Team Leaders, Wash person, Stores Clerk and two Information, Education and Communication personnel were trained for five days on how to operate a WHO approved Hudson Sprayer.

An officer In-charge at Mulanje Prison asked us to spray prisoners' cells at a stakeholders meeting we organized on 13th October, 2012. The basis of his complaint was that it is difficult for prisoners to use mosquito nets because they are overcrowded. We took a practical part of the training to serve the local prison on 9th November 2012. It was a good experience; prisoners were very happy and grateful.

Information about spraying was spread like bush fire before the big day on 13th November in the following villages; Mwamadi, Robeni, Luwanje and Nakutho. Important messages for this operation were; we are using a chemical called Fendona, it is for malaria vector control, keep ten liters of clean water, remove kitchen utensils, food and removable goods, wait for two hours after spraying before entering the house, open windows and doors after two hours for thirty minutes then enter the house, sweep the floor and dump dead insects into the pit or burn them. Chemicals used in IRS do not kill mosquitoes instantly like Doom or Pyrethroids knock down. A Mulanje Mission mosquito sensitivity test which was done by the Dept of Biology at Chancellor College - a group of ten mosquitoes was put in four tubes impregnated with different chemicals. A tube of Fendona was the most effective killer, but the last mosquito was knocked down after forty minutes. The chemical stays on the wall for more than four months. IRS is not a substitute for insecticide treated nets. Long lasting insecticidal nets and all integrated malaria vector control measures should not stop because of IRS despite it being a very useful control measure.

Prisoners watching their cells being sprayed▲

Reception in the villages was overwhelming so much so that even villages beyond our four targeted villages wanted to receive the same treatment from us. This was difficult because we had limited resources, if resources had allowed we could have sprayed 21 villages with a high incidence of malaria.

This activity earned us more achievements than challenges evidenced by a record breaking coverage of 95% above minimum 80% WHO recommendation.

A few households could not allow us to spray in their houses because of cultural beliefs. This rejection was in two categories; some people refused spraying of the whole house while others allowed us to spray all rooms except one. A few people said that some people keep dangerous charms in their houses, they believe that if these charms are disturbed they stop working or something bad will happen in their families. This should not be a cause for public health worry because it is practiced by very few people.

This operation was very tough but it was made possible because of our supportive Management, Mulanje Mountain Conservation Trust who loaned a vehicle, the District Commissioner and all stakeholders in Mulanje, Chancellor College, National Malaria Control program, Mulanje District Hospital, Mulanje Mission staff members and donors.

Traditional Birth Attendant turns around

by Jane Mweziwina

Malawi is one of the countries with the highest maternal mortality rate (MMR) in the world. The current MMR is 675/100,000 live births. In an effort to reduce this burden, the government of Malawi has revised various policies, one of which is the changing of the roles of traditional birth attendants (TBAs)

Mulanje Mission Hospital with support from Uchembere Network trained a number of TBAs on their current roles. These roles include advising pregnant women to attend antenatal care within the first trimester of pregnancy, advising women to deliver at health facility and to go back to the hospital for postnatal check up and promoting exclusive breastfeeding among others.

Mai Chiotcha from Mamela village was one of the TBAs who attended this training. After being trained she started implementing what she was taught. Mai Chiotcha facilitates a class of antenatal care lessons for all pregnant women from her village on every 20th of each month. She has a class for postnatal women on every 5th of the month. Upon asking her what she does with the women, she explains:

"I tell them that it is important to go for antenatal care services as early as possible and with their husbands. It is at these clinics where services like HIV testing are offered. If they test positive they are counseled appropriately and appropriate drugs that would help preventing passing on HIV to the unborn child are also provided there and then. It is important because the nurses are able to know whether the baby in the womb is fine or not, they have the knowledge, skills and equipment to do that."

Mai Chiotcha during one of her sessions▲

The antenatal class for Mai Chiotcha has a minimum of 12 antenatal mothers per session but sometimes it goes up to 20. Women from neighboring villages are also coming to attend the lessons having appreciated their importance. The future plan for Mai Chiotcha is to encourage men to attend these classes together with the women and to include other lessons as demanded by the audience. This is an exciting story since research has shown that TBA deliveries have substantially contributed to the high maternal mortality ratio. It is a fact however that people in the rural communities have confidence in TBAs and some are still going to them for assistance. Bravo Mai Chiotcha for the turn around. It is our hope that many more will emulate this best practice.