



Mulanje Mission Hospital Newsletter

Volume 14 issue 2

May 2013

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**

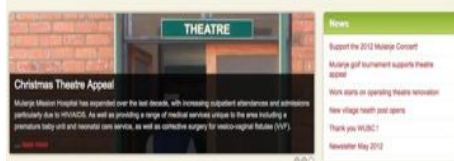
**Hospital accounts:
407275 (\$)
286818 (£)
380873 (€)**

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

Thank you once again and welcome to MMH Newsletter.

We are so thankful to our friends and partners for the solar installation at our hospital. This will certainly ease our work in the face of perpetual electricity black-outs. We have the hottest sun in this part of the world that scorches our backs 10 hours a day and it will be a good thing to use some of this sun to light our way in the dark of the night; and believe me nights here in Africa are pitch black. Our corridors and some of the wards are well lit at night even during power outages and the night staff can carry on with their duties without a hitch. This has indeed improved patient care and safety. We hope this technology will in future spread to the entire hospital departments because it can save us on electricity bills and maybe the extra money we save might also trickle down to improving patient care.

In January this year we hosted six 4th year MBBS students from the College of Medicine (COM) in Blantyre who had come for a four week Family Medicine clerkship. For the COM to send their students to us it means we are one of the highly reputable hospitals in the land as far as patient care, mentorship and standards are concerned. We have a strong and committed clinical and nursing team not forgetting the dedicated support staff that has indeed put us on the map thereby prompting even the COM to take notice. We hope this partnership will grow and certainly be mutually beneficial to both institutions. We are thankful to the students who came because apart from learning skills from us, we also learned a lot of current trends of patient care from them.

On the same note I am very pleased to announce that myself and two other colleagues from MMH, Hilda Dauti and Francis Nkhoma, have been selected for the Bachelor of Science (BSc) course in general Surgery at College of Medicine (COM) in Blantyre since May 2013. Out of hundreds of Clinical Officers that applied, only 18 of us were picked for the program and 3 people from MMH alone

by Sam Matandala

representing 17% of the total intake. This has been a long awaited program because for so long clinical officers have had no clear career paths. Most clinical officers have ended at the diploma level without any other way of upgrading to degree level and some have opted to pursue other degree courses that have little relevance to the clinical field.

The BSc. Surgery program has been developed specially for clinical officers who meet the minimum entry requirements for the University of Malawi and this four year course will be run by the College of Medicine and Clinical Officer Surgical Training (COST) Africa project. Clinical officers provide the bulk of clinical care in Malawi where the Doctor-patient ratio is so very low, but they lack the scientific basis for the care they provide so this program is indeed very welcome. The aim is to equip clinical officers with scientific knowledge and technical skills to manage the majority of emergency surgical and obstetrics/gynae conditions to minimise unnecessary referral to central hospitals. We will also be equipped with appropriate ethical and cultural standards as well as administrative and management capabilities to enable us achieve good quality care and management in the functioning of District/Mission hospitals as clinicians.

Before the end of this year there will be yet another intake of Clinical Officers at College of Medicine for the Bachelor of Science programs in Orthopaedics, Paediatrics, Obstetrics and Medicine. This is an exciting moment for all Clinical Officers in Malawi.



Sam, Hilda and Francis at the COM▲

Mulanje Mission Hospital: The Solar Story....

Dr. Ruth Shakespeare

For many years, one of the big challenges for staff providing good quality patient care at MMH has been the unreliable electricity supply. In 2011, the widespread petrol and diesel shortages across Malawi meant that our generators could no longer be relied upon during blackouts, and MMH management team decided to investigate the possibility of solar power as an alternative strategy. Recent developments in solar technology, particularly improved batteries, have made this a very attractive option and solar power can be generated in Mulanje on 358 days of the year!

Our system was designed and procured by Solar Without Frontiers, an NGO based in Cork, Ireland, working with Wind and Sun, a UK based company who supplied much of the equipment. Once installed, the maintenance costs of solar are low, but the initial costs of panels and batteries needed to be raised. So work began with our partners at the English Reformed Church in Amsterdam who were full of enthusiasm for the project. They organized a concert in November 2011 and worked with Wilde Ganzen and Rotary International to add value to the money raised. Solar with-



Technicians from Solar without frontiers delicately installing the precious solar panels

out Frontiers raised funds for us from Irish Electric Aid, Wind and Sun gave us a generous discount, individuals from partner churches in Scotland and Northern Ireland added to the funds and by September 2012 we were ready to ship the equipment to Mulanje.

Solar without Frontiers raised their own funds to come to MMH in February to install the system and we have not looked back! Whenever there is a power cut we now have a reliable backup supplying light, suction and oxygen for children's ward, labour ward and the nursery, and basic emergency lighting for theatre. At night solar powered LEDs

keep the hospital corridors lit. MMH wishes to thank all our wonderful partners for their contributions to this huge improvement!

In the next phase we hope to further improve theatre lighting and install solar pumps for our boreholes, the adult wards are asking when their turn will come....

Any interested organizations please get in touch!



The hospital corridors are not only clean but also well lit at night even during blackouts. ▲

College of Medicine students fall in love with MMH

by COM year 4 students

In January Mulanje Mission Hospital welcomed six of us 4th year students from the College of Medicine for our family medicine clerkship, a four week component of the University of Malawi MBBS degree. The hospital, as we soon found out, afforded us an opportunity to meet and appreciate a wide variety of patients as seen not only in Mulanje, but many other parts of Malawi and beyond.

The time, effort and heart put into serving these patients - young and old- never ceased to amaze and inspire us. We are in awe of the kindness and positivity, support and accommodation that the staff at MMH has shown us, enriching our knowledge on a daily basis, making



The COM students at the hospital entrance ▲

it a place where learning is limited only by your curiosity. Every day at MMH was a chance to become more hands on, an approach that is an integral part of learning in medicine. As we come to the end of our clerkship, we hope that the staff at MMH continue to welcome and provide a similar opportunity for growth to the upcoming groups of students, and keep doing the magnificent job they do everyday.

Abdullah Tarmahomed, Bernadette Chimera, Irene Kasunda, Mpho Khoabane, Nginache nampota, Thato Hlothoane. College of Medicine Year 4 (2012-2013).



The College of Medicine in Blantyre ▲

Sponsor a hospital bed
email:
director@mmh.mw



Front line SMS project

by Towela Maleta (HIV leadership & management fellow)

MMH has been supported by the World University Service of Canada (WUSC) to develop text messaging to improve follow up care services for our patients. The goal of the Frontline SMS project is to improve treatment and health care outcomes of community members accessing long term health care services including HIV, TB, palliative care and maternal and child health services, and preventing mother to child transmission of HIV (PMTCT).

These services were prioritized following an institutional review, including a review of patients records and in depth interviews with department heads, and a survey to determine the feasibility of using cell phones in health care with our rural community.

In TB case management, frontline SMS is being used to send diagnostic sputum results to patients through their mobile phones. It is also being used to send reminder messages to patients about subsequent checkups during the treatment regimen. Text messages are also

sent through frontline to TB focal persons in primary health centres where patients continue their care following the intensive treatment phase at MMH. Village heads have also been oriented to the frontline SMS approach to facilitate their role in reminding patients of subsequent checkups as long as patients agree to this approach. The objective is to promote adherence and minimize the number of TB patients with unknown treatment outcomes.

In palliative care, frontline SMS is being used to link patients receiving palliative care with community home based care teams. It also improves communication between the clinical team and home based care providers for joint patient visits and care continuity. Twenty home based care (HBC) providers were oriented to the SMS approach for a day. Fourteen community based organizations (CBO) have been assisted with one, two or 3 cell phones depending on the size and geographical coverage of the CBO. It is expected that with increased collaboration between clinical

and community, HBC team volunteers will be more able to assist palliative care patients and clinical teams will be better informed of patient status and thus more able to prioritize home visits. We hope that improving communication will increase patient satisfaction with our services.

In antenatal care, general antenatal care compliance messages including adherence to prevention of mother to child transmission of HIV (PMTCT) treatment regimens are sent to pregnant women through frontline via community safe motherhood committees. The safe motherhood committee members take messages to all pregnant women in their village either during community meetings, or on individual basis. It is hoped that with more information and encouragement about care compliance through their peers women may be more able to adhere to antenatal care and PMTCT. The project is currently in its first quarter of implementation but promises to be very rewarding and improve our links with the community.

School health program leaves a mark at Kachere Primary school *by Jane Mweziwina*

School health assessment is one of the public health interventions that provides an opportunity for school going pupils to adapt well to their new environment. In most of Malawi's public schools, these assessments are very important because the schools are often overwhelmed by a huge pupil population but with very minimal resources. Teachers can be overwhelmed by their teaching job and as a result they do not have time to look at other factors that influence teaching and learning apart from delivering the content for the day.

During environmental assessment the whole school surrounding is inspected and assessed to ensure it does not harbour any hazards for the learners. If there is a playground for instance, it has to be free of hazardous objects and materials. The school latrines and water sources are also assessed to ensure that they are safe for use.

Assessments usually target pupils who have just started standard one and two. This is to ensure that their various physical and psychological needs are attended to. Visual acuity is checked to ensure that



A nurse doing an oral exam on a pupil ▲

those with sight problems are located where they will be able to see properly in the classroom. Other learners with special needs like those with hearing impairment or other problems are identified so that special attention or appropriate referral is made. The school is also assessed for general needs for example if the teachers have been trained in first aid and if the school has a first aid kit to enable it to handle emergencies appropriately.

Oral health is another area that is focused on. Screening is done and appropriate health education and other relevant interventions are offered.

After conducting the various assessments, health promotion sessions are conducted

according to the identified needs. The common areas we find that need to be addressed are hygiene, prevention and first aid management of injuries, and oral health care.

After each school health assessment feedback of findings is given to the school management team, the school committee (with representatives from the community and parents), and ministry of education officials are also present in case some of the interventions require policy direction.

You will appreciate the importance of school health programmes, however the service is not routine for all primary schools because resources to conduct such an exercise are not easily made available. MMH has been able to carry out a number of such assessments with financial assistance from Edinburgh Medical Missionary Society International, and the Presbyterian Church of Champaign supported the oral health supplies. It has made a big difference among teachers and pupils at Kachere 1 and Lisanjala primary schools. The programme has benefitted over 350 pupils from the two schools. Two further schools will benefit by the end of June this year.