



Mulanje Mission Hospital Newsletter

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Mulanje Mission Hospital

CCAP Blantyre Synod

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Editorial Comment

Easter is here and I know it is not thanksgiving season but here at MMH we have a lot to be thankful for.

We are thankful for the good leadership that keeps our hospital running smoothly, we are thankful for the brotherly love, peace and hard-working spirit amongst the various workers that make MMH tick, we are thankful for our neighbours, patients and clients who trust us with their lives. We are thankful for our donors and partners who continue to support our cause.

Sam Matandala

We are thankful that despite the floods that devastated our communities, our people are slowly picking their pieces together and going back to their normal lives and we are ever thankful for all those who have assisted our people in whatever way possible during this trying time.

We are thankful for God's sacrifice in his Son Jesus Christ the redeemer of men. We are thankful for Easter.

Happy Easter.

Staff Development at MMH

By Mr Pearson Soka, -Hospital Administrator

MMH is one of the outstanding mission hospitals in Malawi in terms of provision of quality service, staff retention and general administration. The hospital attributes this to continuous efforts in terms of staff development through several programs, locally and further afield. Our clinical and nursing staff are crucial in keeping standards of care up to date.

One way to motivate staff and at the same time meet the hospital's standard of care is to send staff for further studies - either diploma or degree programmes to acquire more skills and knowledge. Staff qualify for consideration by the capacity building programme after working with the hospital for a period of two years.

When going for training, a formal training bond is signed between the staff member and the hospital. It is agreed that the employee upon qualifying, will continue working with the hospital for a minimum period of two years. This arrangement has improved staff retention, as well as improving the quality of care provided to our clients as a result of the skills and knowledge gained.

MMH is also a teaching hospital. The hospital is utilized by Mulanje Mission College of Nursing and Midwifery and the Malawi College of Medicine for student placements.

Well qualified personnel who provide quality

services are important for the supervision and guidance of these students.

The hospital has so far sent

- 12 nurses for degree programmes in nursing
- 10 nurses for diploma in nursing
- 3 nurses—certificate in community nursing
- 2 laboratory technicians for a degree
- 1 pharmacy technician for a degree programme
- 3 clinical officers for a degree programme
- 4 medical assistants for diplomas in clinical medicine
- 4 accounts/administration personnel for diploma programme
- 6 administration, accounts and primary healthcare personnel for degree programmes and currently
- 4 clinical officers are doing a degree programme in surgery and
- 4 nurses are studying for nursing degrees

The hospital would like to thank all our donors and partners for your continued support to the capacity building program to make it a success. Indeed capacity building is expensive in terms of costs however the benefit is high and Mulanje Mission is proud to say that the benefits of these programmes far outweigh the cost. This is why we are saying thank you to all our donors and your continued support is appreciated.

Medical Director's desk

Dr. Ruth Shakespeare

**Give thanks
with us for
the beautiful
rainbows
that we see
in the area
around
MMH at this
time of the
year.**

**We wish all
our readers,
partners and
supporters a
very Happy
Easter.**



Visiting as students, returning as Doctors

January 2015 saw two volunteer Doctors arrive at MMH. First Dr Cheryl Keel, who previously visited Malawi with a Presbyterian Church of Ireland Go See Malawi team in July 2010. Cheryl and her husband Johnnie will be working at MMH from January to July, Cheryl as a Medical Officer in the children's ward and nursery, and Johnnie with the maintenance team.

Dr Ben Jacka spent some of his childhood years in Blantyre, but first came to MMH as an elective medical student from the University of Melbourne in 2011. He has visited again since, and each time MMH has made good use of Ben's skills in coaxing our aged



Dr Cheryl Keel

IT systems and computers back into working order. Since his first visit, Ben has qualified and spent two years as a junior doctor in Australia. He will be working as a Medical Officer at MMH for the next two years.

Welcome Cheryl and Ben!



Dr Ben Jacka



Continuous learning: Nurses professional responsibility *by Tabu Gonani - Matron*

The Nurses and Midwives Council of Malawi recently released a press statement reminding nurses to finish off their CPD points before registration in June. In the past few years most nurses have looked at CPD as a way of fulfilling registration requirements. But the question is; Is CPD just for professional registration?

In one of the workshops that I attended I heard a nurse say 'I am here just to pass hours away, I have learnt everything I need to know in college.' I felt sorry for him. The truth is that the knowledge that we get from Nursing College is just a small portion of a large body of knowledge that exists in the nursing world. It is an individual's responsibility to make sure they acquire the extra knowledge that they need depending on a person's field of interest.

In this modern world, there are a lot of journals, books; internet articles that can help nurses acquire more knowledge.

It is important as nurses to learn new ideas and put them into practice. Research is on-going in the nursing world and a lot evidence based interventions are being discovered. It is time we moved from giving 'traditional' nursing care to evidence based nursing care.

Knowledge is power. As nurses, when we have knowledge we do not only have the ability to reason well, but also have productive discussions with clinical department colleagues and can give proper education to patients and



▲ Nurses need to continuously keep themselves abreast of new knowledge and standards of practice.



It is important for nurses like these to continue with learning which at the moment these pictured nurses are doing in various colleges ▲

clients.

Just as most nurses love to move with fashion in terms of clothes, let us also move with fashion in terms of knowledge. As nurses we should know what is current in the nursing world, what interventions are currently recommended and why.

Most nurses have moved with technology to own phones with internet facility. Apart from social interaction, internet phones can be a great source of information. Nurses can access a lot of articles using their phones and gain more knowledge.

As nurses we need to be curious to learn new ideas and get answers to the difficult situations that we meet each day. Every time we meet challenging situations in the work place we should

be eager to learn more about the situation through reading.

Learning is an on-going process that starts at birth and ends at death. It is every nurses' professional responsibility to learn. CPD shouldn't be just for fulfilment of council requirements. Let learning be part of our daily life as this can help us grow professionally.

Let me finish by welcoming Mrs S. Sabuni and Mrs N. Kalimbuka back from school. We are confident that the knowledge that you have gained will help improve services at MMH.

THE NURSING DEPT WISHES
YOU ALL

A HAPPY EASTER

Sponsor a hospital bed

email:

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Prison Health Outreach Service by MMH

by Tikondwe Katumbi

I was a stranger, and ye took me not in: naked, and ye clothed me not; sick, and in prison, and ye visited me not.

Matthew 25:23 is the verse that motivates Mulanje Mission Hospital to run an outreach health service at the only district prison. The main objective of the program is to improve health and living conditions of inmates regardless of their background or the crimes they may have committed.

The prison health project started in July 2014 with fact finding where we discovered that the prison in question was keeping more prisoners than designed. The water system and toilets were in shambles, no health workers were visiting them, there were deaths of an inmate every month. There were not even buckets in cells to flush down human waste. These are just some of things that we discovered during the baseline survey.

The hospital, in partnership with our prison health donors, have worked hard to solve some of problems. We bought two buckets for each cell, the toilets for staff were fixed, and 8 outdoor water closet toilets for prisoners which had broken down but were still in use are now fixed. Waste which used to leave a sorry sight and bad smells is now a thing of the past.

Our base line findings indicated that there used to be at least one death of a prisoner every month. Now things have changed because the medical team make sure that every sick prisoner is treated on the spot. When we arrive at the prison we start our day with screening of inmates from head to toe, we start with very sick ones and the rest are attended to later. If the case is beyond the

capacity of the outreach service we make sure that person is referred to the nearest health facility. This has dramatically reduced the mortality rate.

Most prisoners who die are those who are HIV positive, they lose a lot of weight in prison due to lack of enough food and poor diet. Some prisoners were started late on ARVs when they were already very sick. The Mission team give supplementary foods like plumpy nuts and make sure they start taking ARVs. MMH has a very supportive management team that make sure the prison is visited every Friday.

Prison management, Inmates and the Ministry of Health are so thankful for what Mulanje Mission Hospital is doing at Mulanje District Prison supported by our partners in Edinburgh and Australia.

MMH flood disaster response

by Sheilla Mangwiyo Asst Environmental health officer

This year floods that hit the southern region of Malawi did not spare the catchment area of Mulanje Mission Hospital. Many things were damaged including toilets. MMH has a catchment area of 72 villages, with 18 783 households. These households lost 3653 pit latrines due to heavy rainfall.

Toilets are one of the structures that are important in one's life. Sanitation and hygiene is achieved when toilets are available. So MMH with partnership from many donors from all over the world have been able to help the surrounding community with the reconstruction of toilets.

MMH provides cement and soft wires for casting of slabs that will act as sanitation platforms for toilets, and also provides iron sheets and nails for roofing. Thus we are able to provide a toilet for MK10000 which is about USD23.

The benefiting communities are showing

much interest and the project has been received with great enthusiasm. Men, women and young people are working at the construction sites. Some people are bringing their own equipment from their homes like hammers and wheelbarrows to help in casting slabs. Work in the construction sites starts at 6:00 am and finishes around 6:00 pm every day. People are working in shifts so as to allow everyone to participate. Women are here and there singing songs that are stating their happiness.

The beneficiaries are the ones that were most heavily hit by the disaster. At the moment the first beneficiaries are from Gulumba, Namputu, Mphika and Chitambi villages.

We have also refurbished the old isolation ward at MMH to serve as a cholera ward as and when necessary. Many thanks to the Scottish Government and Edinburgh Medical Missionary Society for their support for this work.



Women are helping to mix the concrete ▲



Men preparing the steel for reinforcement ▲

Good Samaritans of orphans at MMH

by Tikondwe Katumbi

It is a sad situation to see a child who has lost both parents being taken care of by a very old grandparent who has no source of funds. It is even more shocking to see orphans taking care of themselves because under these circumstances priorities for children become upside down. Education for a child is not considered a priority, a guardian would choose to hold back a child at home and not send them to school. If by chance that child goes to school, he could lack basic things like breakfast, clothes, and general home support.

Presbyterian World Service and Development (PWS&D) and EMMS from Canada and United Kingdom respectively are good samaritans of these children here in the Mulanje Mission Hospital community. These two organisations are making life for these

orphans easier.

EMMS started this project at MMH with an emphasis on under five orphan children. When a child aged 0-5 has lost their mother, they are registered at the Primary Health Care department for free medical care and nutrition support in terms of infant formula and Likuni Phala (flour from maize and soya beans). The EMMS fund has helped a lot of desperate children and guardians for more than 10 years now.

After 5 years we discharge these children from the EMMS orphan care project and they used to miss out on education opportunities. This was the reason why we partnered with PWS&D to take care of these orphans from 5 to 15 years - primary school going age in Malawi. The PWS&D project initially had an extra component of school support which

helped pupils close to Apatso private school with fees and uniform.

In July 2014, the PWS&D project extended school support to all orphans in the catchment area at their nearest schools. This saw an increase in orphans supported at school from 75 to 350. To make the project sustainable, we have also introduced livestock production in orphans homes so that they have source of funds to cater for some basic needs and help them in future to pay school fees at secondary school.

This orphan care project has reduced mortality and morbidity rate of orphans and also increased primary school enrolment. In future we would love to be able to add secondary school scholarships for orphan children graduating through the programs.