



Mulanje Mission Hospital Newsletter

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Mulanje Mission Hospital

CCAP Blantyre Synod

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Editorial Comment

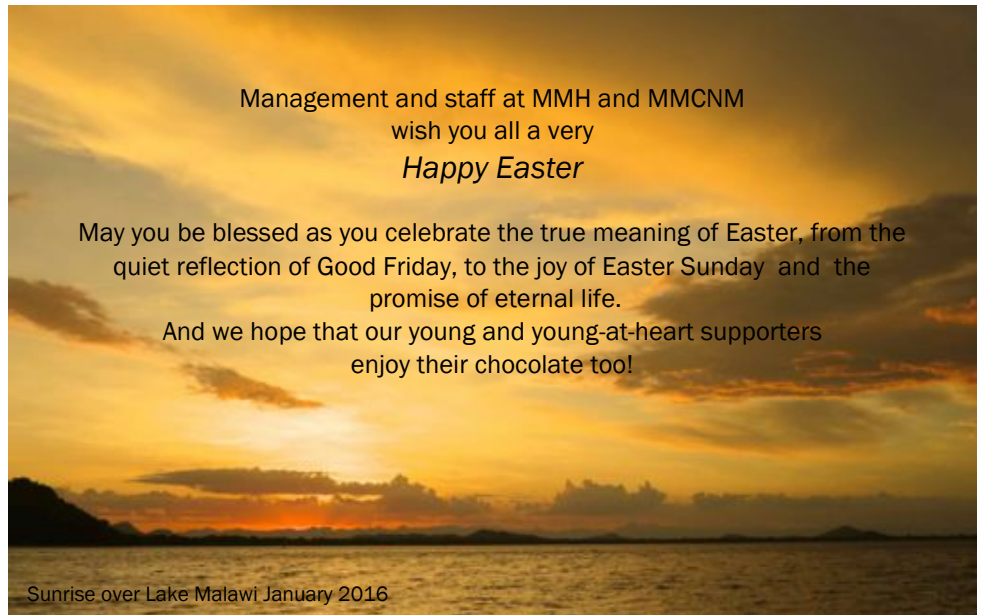
Medical Director

No editorial from Sam Matandala this month—he is hard at work with Hildah Dauti and Francis Nkhoma, completing their last few months of study for BSc Surgery degrees. We wish them well, and look forward to the enhanced services that MMH will be able to offer on their return from school. We welcome Dr Isobel King, a doctor who qualified in Edinburgh two years ago and has joined MMH for a year. And we also welcome Evelyn Dzidekha, our new secretary in the Admin office, who will be taking a leading role in the production of this newsletter in future.

Management and staff at MMH and MMCNM
wish you all a very
Happy Easter

May you be blessed as you celebrate the true meaning of Easter, from the quiet reflection of Good Friday, to the joy of Easter Sunday and the promise of eternal life.

And we hope that our young and young-at-heart supporters enjoy their chocolate too!



Sunrise over Lake Malawi January 2016

METHOD PROJECT: A SMILE for PALLIATIVE CARE PATIENTS IN MULANJE

Tikondwe
Katumbi

Malawi Education and Training for HIV and Other Diseases (METHOD) Project is very new at MMH. Funded by DFID, through our partners Edinburgh Medical Missionary Society International, it is going to help MMH become a Centre of Excellence for palliative care.

As a preamble, palliative care is an approach that improves the lives of patients and their families facing problems associated with life limiting illness, preventing and relieving suffering by means of assessment, treatment and care of pain and other problems. It is a holistic approach, physical, psychological, social and spiritual. Palliative care started at MMH more than 10 years ago. Since that time, MMH has been offering a basic palliative care service. In 2014, the Palliative Care Support Trust helped us to grade the level at which MMH was offering care, based on African Palliative Care Association (APCA) Standards. There are three APCA levels, one to three.

The grading exercise found that MMH was at level one and one of the objectives of METHOD is to move from level one to level two. When this is done, we will be hosting BSc palliative care students from Malawi College of Medicine so that they have experience of level two palliative care as part of their training. We are also building a house to accommodate BSc students, and look forward to a new vehicle to allow us to take students on home visits. Some of the gaps which need to be filled to attain palliative care level two status are developing a volunteers policy, improving social welfare, providing childrens palliative care, formalising the referral system and ensuring the availability of palliative care essential drugs.

The project has funding to help MMH to fill these gaps, and will directly benefit some of our poorest patients. Before SDGs, the project was also tackling MDG 1 which is to eradicate extreme poverty and hunger. We believe the project will save patients time and money, which could be wasted on less effective or even harmful treatments. Patients and guardians will be assisted to return to economic productive activities.

So far, MMH has intensified palliative care awareness by engaging a local community radio station. MMH palliative care services feature in their health programme every Monday and Thursday. MMH is also trying to improve stocks of PC drugs, and is taking care of social and spiritual needs by providing needy patients with food, soap and sealing leaking roofs using plastic sheets as well as support through local churches. New partners for these areas of work would be very welcome.

Orphans of hope - Tikondwe Katumbi

To be an orphan is a very bad experience for children in Malawi because of the gap parents leave in relation to hunger and poverty. Most poor rural parents cannot leave their children with any financial security when they die.

Currently we are helping about 600 orphans who have lost both biological parents. I estimate the number of orphans who have lost one parent to be more than 4000 in MMH catchment area. I would like to write about one arm of MMH orphan care, school support. As I have written in past newsletters, we started school support by assisting orphans who were referred to Apatosa Private Primary school, close to the Hospital.

When MMH and PWS&D started this project, it was mostly very young school children (3-6 years) that benefited. 9 boys and 5 girls who pioneered this project as small boys and girls are now in standard 8, and we hope next year they will start secondary school. There is another group of

31 children (12 girls and 19 boys) who started in higher classes at Apatosa, some of them have finished Form 4, but majority are still between forms 1 and 4 in secondary school. These children are giving hope to their families and communities and they are role models to fellow orphans.

The pathway of these children is not always rosy, because they meet problems like lack of support from their guardians, and as a result, may drop out of school, this is particularly common amongst girls. At present, MMH



Measuring children for school uniforms

school support is only for those at primary school, so children of secondary school age solely depend on the commitment of their guardians. On average school fees at a day secondary school are USD10 per term and USD 50 at a boarding secondary school. This is not easy for guardians to find because they also have their own children, and in the last two years levels of poverty have increased because of floods and drought.

So these days, the project has moved beyond Apatosa, helping orphans in the whole catchment area and beyond. The assistance is in terms of school support (school fees, uniform, shoes, school books and stationery), school gardens for improved nutrition, income generation projects for affected families such as livestock production, supplementary feeding for those who are malnourished, medical care and psychosocial support. We thank our partners old and new, Presbyterian World Service and Development, Good Little Sausage Company and Trutex for supporting this work.

MMH committed to the care of babies by Tabu Gonani, Matron

Among its range of services, MMH provides care for sick neonates, low birth weight babies and preterm infants. The last quarter was a special one for the hospital as we were privileged to care for triplets and quadruplets simultaneously. The first to be admitted were a set of triplets born on 23rd January 2016 at Mulanje District Hospital and were admitted at MMH Nursery the same day. The second set of babies, the quads were born on 05th February 2016 at Mulanje District Hospital and also were immediately referred to MMH. The two sets of babies received routine care for preterm and low birth weight babies. In the early days, the babies were fed through naso-gastric tubes and once they tolerated oral feeds, they were fed orally. Our team of nurses and attendants worked hard to ensure that the babies were well cared for. All the babies were put on kangaroo mother care and the results were so encouraging. For the triplets, weight gain was as follows;

BABY	ADMISSION WEIGHT	DISCHARGE WEIGHT
Baby 1	1440g	1900g
Baby 2	1700g	2050g
Baby 3	1010g	1660g

Two weeks after discharge, the mother was supposed to come for follow up visit, but failed because she had no transport. A team of health care workers arranged a home visit and the babies were doing well at home. Their weights on the visit were as follows; 3.3kgs, 3.1kgs and the third baby; 2.3 Kgs. The quadruplets also gained weight well;

BABY	ADMISSION WEIGHT	DISCHARGE WEIGHT
Baby 1	1445g	2520g
Baby 2	1360g	2600g
Baby 3	1200g	2260g
Baby 4	1335g	2005g

Unsurprisingly both mothers were unable to produce enough milk for the babies so the



Supplementary milk being given to a guardian before the babies went home ▲



The triplets with their Mum ▲

hospital supplemented their milk with formula. On discharge, both mothers were given tins of formula to continue supplementation of breast milk at home. The parents had limited resources to support the babies as one father was a local farmer and the other was a tailor. Their income was not sufficient to provide the babies with daily necessities. The hospital helped with knitted jerseys and shawls that come from different donors, soap and also provided money for the mothers and guardians to buy food throughout hospitalisation period. I would like to thank the nursery staff for their commitment to the care of these babies. And special thanks should go to all our partners without which the hospital would be unable to provide, milk, warm clothing, soap and food to the babies and their guardians. May God bless you all.

A day in the life of the Pharmacy by Dickson Chisale, pharmacy technician

The pharmacy dept at MMH is composed of one pharmacy technician, one pharmacy assistant and three pharmacy aids. The dept is well located for easy access by out-patients, and is close to the laboratory and family planning dept. The pharmacy is well secured, divided into two sections: the dispensary and the bulk store.

The pharmacy technician makes sure that the department is clean, and that drugs are dispensed to both outpatients and inpatients following good dispensing practices. We record all drugs dispensed and enter patient names in the register book. This information is available to any relevant authority or management as needed.

The bulk store is where we keep our entire pharmaceutical inventory. It has a reasonable space to keep a wide range of pharmaceuticals, including large quantities of anti-retroviral drugs and cotrimoxazole prophylaxis therapy. Currently the pharmacy is well stocked with drugs and other medical supplies, some of which may last for 3 months, others for longer. The recent bulk order was made possible by a generous donation from Malawi Workgroup Leeuwarden in the Netherlands.

The pharmacy has over the past 2yrs

been operating under unfavourable temperatures. The two air cons in the pharmacy stopped working and this was a big concern for the department especially during summer when temperatures were high. However, the problem was rectified when the medical director took an effort to find an expert in maintenance and servicing, and now the pharmacy has perfectly working air cons.

Of course we have challenges, including a large debt to the government Central Medical Stores Trust which came about due to the supply of drug kits from Unicef. The kits contained some drugs which were not useful to MMH, and despite requests to stop they continued to supply MMH with these drugs for over twenty months. Where possible we gave them away to other health centres, but many expired. We continue to try to resolve the dispute over who should pay for these drugs.

Despite our recent bulk order, the department needs to constantly replenish stocks and this is a challenge with high inflation and the difficult financial situation we face every month when doing our procurement. Another challenge is that some supplies are not

readily available in Malawi - for example suction tubes, or recently nasogastric tubes for premature babies in the nursery. Sometimes the hospital depends on visiting doctors from overseas who bring us such supplies upon request by our Medical Director.

Frequent black outs are also a problem for the pharmacy dept: when the electricity is off, the bulk store of the pharmacy department is very dark and you cannot see anything. Of course, there is a generator, but due to high prices of fuel, the genset is only on when there is an emergency need such as an operation. The pharmacy is proud to provide a service to all the communities in MMH catchment area, keeping as many essential drugs in stock as possible, keeping prices low.



Dickson Chisale & John Sanane outside the dispensary

New Leadership at MM College of Nursing and Midwifery by Robertson Bakuwo



Mr. Keith Lipato and students

Mr Mumudelanji Keith Lipato was appointed College Principal with effect from 1st February, 2016. Keith joined the college in 2000 as an Assistant Tutor. He holds a Master of Public Health from Virginia Polytechnic Institute and State University, USA and an International Certificate in Community Health from Oslo University, Norway. Keith received his Nursing and Midwifery training in Malawi. When asked to express his feelings on his latest employment, Keith had this to say.

"Firstly I would like to express my sincere thanks to my former boss Susan Sundu for having steered the college to greater heights. Secondly, I believe in servant leadership and I look forward to serving the interests of both students and colleagues".

The College Board also appointed Mr Mike Magwira-Mulele as Vice Principal. Mike holds a Masters in Nursing Administration and Development from University of Nairobi. He has been with the College for seven years.

Mrs Viola Chatsika was confirmed as the Dean of Academics. She holds a Bachelor's Degree in Nursing and will be finalizing her Masters in Public Health this year from Malawi's College of Medicine. Viola has been with the college for eleven years. Welcome to the new team!

Trutex changes the face of three Primary Schools in Malawi by Tikondwe Katumbi

A friend in need is a friend indeed; this is what Misanjo, Samson and Kanjeza primary schools in Mulanje can say about their new partner, Trutex. Trutex is a textile company based in the UK. After they learnt about the community based activities of Mulanje Mission Hospital through its Primary Health Care department, they thought of working alongside our orphan care project.

To see is to believe the saying goes, so Trutex and MMH agreed to do need assessments together in these schools to really understand the problems and needs of teachers and pupils. In October 2015, Robert and Ailsa, two representatives from Trutex, were taken to the three schools to participate in needs assessments at Samson, Kanjedza and Misanjo primary schools. We found that most of the problems were common to all three schools, with a few specific needs.

At Samson, pupils freely expressed the following problems; lack of water, books, few classrooms, few toilets, few desks, no uniforms, less teachers, inadequate shoes, and no porridge at school. Kanjedza added these issues; no good football ground, no buckets, no netball and football kit, no exercise books, no teachers houses.

When prioritizing these problems, Kanjedza pupils said lack of porridge at school is their main problem, seconded by lack of football and netball equipment and not having enough teachers because of their lack of accommodation. Textbooks and desks came third.

Samson School concurred with Kanjedza when they agreed that lack of porridge is the most challenging issue for their education.



Distributing clothes at Samson school ▲

Misanjo Primary School had the most pressing problem, and the whole community agreed on its significance. This is a water problem. The school used to have an Afridev pump, which was later replaced by a solar pump. The most important difference between the two types of pumps from the community point of view is that Afridev pumps are easy to maintain and spare parts are

primary school has not been functioning for more than two years now.

Trutex representatives saw these problems for themselves and responded like this; firstly, they sent more than 4000 shirts and jerseys for all the pupils and also sent money for school uniforms for orphans at the three schools. They are also helping to sustain the school feeding programme by initiating school maize and soya bean farming.



The soya garden at Samson school ▲



Children from Kanjedza showing off their new jerseys ▲

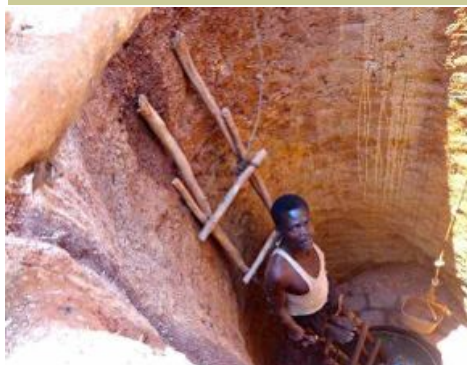
The Ministry of Education is currently encouraging that every school should make their own porridge flour through grain and legume farming. So this has made Mulanje Education Division Office very happy and they have requested MMH to increase the number of school beneficiaries. Trutex provides fertilizer and seeds.

The borehole at Misanjo has been tested, and MMH is working with the water department to install an Afridev pump which the school committee, pupils and chiefs want. There will be celebrations at Misanjo when the water supply is restored!

The next priority is to construct new classrooms at Kanjedza school— work will start in the next few months.

locally found, while a solar pump needs technical expertise when it breaks down and you cannot easily find spare parts. Because of this, the pump at Misanjo

More pictures from the recent work of the PHC team



Digging a well and then fitting a pump to improve the water supply at Mphika



We planted 800 tree seedlings in January

FOOD SECURITY – Felix Mkwate, Tikondwe Katumbi and Ruth Shakespeare

Malawi is facing the worst food insecurity in over decade. This is the result of late and very patchy rains in this wet season, limited affordability of fertiliser and seed, high prices of basic commodities such as salt, sugar and oil, very limited maize availability with high prices across the area as well as the aftermath of last year's flooding followed by drought. Temperatures have been higher than normal and the soil is dry – many parts of our catchment area and the surrounding area have experienced crop failure.

Many people are surviving on pumpkin leaves (nkwan) and maize husk ground into flour (madeya).

Cholera outbreaks have occurred in some districts, so far MMH has mobilised a response to one case of cholera in a young man from the Mozambique border area.

According to the Malawi Vulnerability Assessment Committee (MVAC), 2,833,212 people, 17.3% of the population, are food insecure in Malawi right now, whereas in 2014/15 only 695,600 people were affected.



Felix teaches about vegetable production ▲

Mulanje is one of the districts in the country which is most affected with hunger

Mulanje Mission Hospital Primary Health Care Department has been responding to food insecurity challenges for 13 years now. MMH provides sustainable farming activities for small-scale farmers in its catchment area of Traditional Authority Chikumbu, part of T/A Mabuka, and part of T/A Mkanda. Through community awareness and nutritional assessment campaigns we found that that malnutrition was the biggest problem for children less



Locally constructed goat kraal ▲

than five years - that was why the department embarked on community based farming in order to improve health status of malnourished children and chronically ill patients among the poorest families.

As so often at MMH, this work is supported by a number of partners, Blackburns Presbyterian Church, USA, Presbyterian World Service and Development, Canada, the Good Little Sausage Company and other individuals. Addressing food security is long term work. The main aim of MMH's food security programme is to reduce malnutrition in the catchment area by focusing on sustainable food production at community level as close as possible to the vulnerable people. As a hospital, our priority groups are guardians of children admitted to the nutrition rehabilitation unit, orphans and other vulnerable children, and people living with HIV.

Felix is MMH's Home Garden Officer, and does two things to make sure people can improve their food security - livestock husbandry and crop production. In 13 years, the project has seen remarkable achievements.

Implementation of livestock for volunteers started in May 2008 in partnership with Small Scale Livestock promotion project.



The community poses with some of the pigs donated by Dr. Ruth and Dr Clare

Initially the project targeted 4 villages, later on the project was extended to 5 more villages. Construction of livestock kraals is done by the beneficiaries themselves, the hospital provides them with livestock and construction materials such as nails and plastic sheeting.

Dairy goats have been bought by Blackburns, and also with funding from PWS&D and GLSC. These last goats have not yet started producing offspring, but we hope they will multiply and eventually all 600 orphans will benefit



Teaching on pig husbandry by Felix

Our Medical Director, Dr Ruth Shakespeare and her daughter Clare donated 7 pigs to 7 orphans families - one has produced 11 offspring, four of these will be passed on to other orphans and the rest will help the household to solve their own food problems. In the same Pig husbandry project, there are over 150 volunteers who have benefitted from pigs with funding from different individuals, including students from the Netherlands.

On crop production, MMH has facilitated the establishment of 9 home gardens with 25 members each, planting assorted vegetables and maize. They sell fresh maize because they make more money than with dried cobs. These home gardens share profits to buy food and other commodities and they also make contributions to help orphans and elders in their community. Some have been enabled to build decent houses and some have bought bicycles.

The overall outcome of the project is that families have become food secure, reducing malnutrition in beneficiaries and helping them to become financially independent.

As well as continuing to work with long term programmes to improve food security, there is an urgent need at the moment to provide food for those who are hungry. Would any organisations who wish to contribute to alleviating hunger in the immediate crisis in Mulanje, please get in touch with Dr Ruth Shakespeare, Medical Director director@mmh.mw