

MULANJE MISSION HOSPITAL



Report to CCAP Blantyre Synod Health Board
Period: 1 March 2023 – 29 February 2024 (12 months)

Reported by:
Mulanje Mission Hospital
Management Team

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Management Memorandum from Mulanje Mission Hospital

Activity report 1 March 2023 – 29 February 2024 (12 months)

1. Hospital report

1.1 Activity report

The table below shows a summary of hospital and community activities for the year 2023-24.

Inpatient and outpatient services January 2023 – February 2024

	2023 Jan-Mar	2023 Apr-Jun	2023 Jul-Sept	2023 Oct-Dec	2024 Jan-Feb
MATERNITY SERVICES					
New antenatal attendance	594	577	589	629	422
Deliveries	577	641	574	527	384
Caesarean sections	136	138	122	114	84
Neonatal death rate (%)	1.2	1.2	1.2	1.1	1.0
Number of patients screened for cervical cancer	867	857	871	732	667
FAMILY PLANNING					
Number of persons receiving 3 month OCP	110	156	111	39	2
Number of persons receiving Depo-Provera	3568	1435	3300	3327	2416
Number of persons receiving long-term FP methods	146	131	98	100	69
CHILD HEALTH					
No of fully immunised under 1 Children	506	516	477	521	362
Underweight under 5s attending clinic	48	52	37	39	20
OUT-PATIENT SERVICES					
Out-patient attendance - under 5s	3954	4057	3052	3970	3277
Out-patient attendance	7473	7457	6401	7596	5990
HIV confirmed positive (15-49 yrs)	59	63	73	66	42
ART Clinic attendance	6381	5620	5815	5819	4342
NCD Clinic attendance	2548	2469	2312	2478	2066
IN-PATIENT SERVICES					
In - patient Admissions	1814	1735	1427	1386	955
In-patient Deaths	38	35	43	35	14
IP death rate (%)	2.1	2.0	3.0	2.5	1.5

Source: MMH HMIS files

1.2 Nursing and Clinical services

Quality improvement programs

Mulanje Mission Hospital made a significant improvement in COHSASA standards. The hospital moved from a baseline of 38% to 63%. This meant that the facility has made progress in improving systems and patient care. In July 2023, the Ministry of Health introduced a Quality of Care (QOC) standards program which is a stepwise, quality, certification program. Under the QOCs, MMH had a baseline score of 61% and the hospital was certified as a two-star facility. The next assessment will be in July this year and the hospital aims to move to a three-star facility. Mulanje Mission hosted two hospitals that came to benchmark the progress in quality improvement.

To improve the quality of maternity care, the hospital revised maternity treatment protocols. A consultant from Queen Elizabeth Hospital assisted in the review of the document. This was followed by two day orientation of staff to the new guidelines. A team of hospital-based facilitators worked collaboratively with a consultant from the referral hospital to deliver the material to staff. This has significantly improved the care given to pregnant women at the facility.

Clinical services

Currently MMH employs five doctors. Due to a shortage of funded positions, the department recruited several intern clinical officers working under supervision. This is not ideal, but it allowed services to continue uninterrupted.

Specialized clinics continue to occur in the areas of eye health, NCDs and soon also surgery.

A data management dashboard was constructed, where management and staff can quickly see and compile data trends.

We have also developed a smartphone app “MMH Clinical Guidelines” available on Google Playstore.

Capacity building

In the period under review, one nurse finished an upgrading course and obtained a Degree in Midwifery. Two Nurses have also been sent for Degree courses. One of them is pursuing psychiatric nursing, she will be the first mental health nurse at the hospital. This will help improve mental health services, an area usually neglected in Malawi.

Chaplaincy

With support from MBF, the chaplaincy office trained 20 members of staff in evangelism. The aim is to integrate clinical care with spiritual care. A new group of staff will be trained in May.

1.3 Infrastructure

Completed projects

Here is an update of the projects that have been carried through in the financial year ending March, 2024.

1.3.1 General stores room

The following was done: Demolishing existing wall inside, re-doing internal walls, new ceiling and steel shelves.

The total cost of the project was K22,763,027.20 and by Iron Building Contractors
The project has been successfully completed.

1.3.2 Incinerator

We constructed an incinerator to replace the existing one which was not in good state.
This project costed K3,290,214.00

1.3.3 Septic Tank

We constructed a septic tank replacing the one which is full and damaged for male ward.
The project costed K4,986,817.00

1.3.4 Procurement of a utility vehicle

The hospital has 4 Land cruisers and one van. In order to reduce running cost in terms of fuel we have bought a second hand ex Japanese Toyota Voxy at the cost of K16,000,000.00, This is a 2200 cc petrol engine.

1.3.5. Procurement of dental chair

Following the completion of the Eye/Phsyio building, we are moving the dental department from OPD to the new site. We have procured a new dental chair which will enable our dental technician to provide efficient and quality service to the clients. The total cost is around K 15,000,000

1.3.6 Renovation of Maternal Child Health department (MCH)

We have renovated the Mother Child Health care department. Activities included

- a) Roof sealing and Painting
- b) Changing ceiling board
- c) Painting walls

This project is has costed K10,000,000 and is completed.

1.3.7 Youth Centre

In order to improve the service delivery to the Youth, the hospital embarked on refurbishing the youth centre by including the following

- a) Repairing and painting the youth hall and offices
- b) Creating a library for the youth
- c) Constructing a workshop
- d) Constructing sports ground (basketball, netball, tennis, volley ball. Total project cost was K65,000,000 and it has been completed.

1.3.8 Construction of Lwanje irrigation scheme.

As the hospital is continuing with the sustainable drives in the community, we have built another irrigation scheme in th MMH catchment area. The scheme covers 7 hectares irrigation land. The total cost of the project is K114,109,537.00 and was completed.

1.3.9 Renovation of TB Office

The old stores building has been turned into IT office, Ombudsman office and TB office. The total cost of the project was K9,500,000.00. The IT office will now be used as staff rest room.
Water improvements

1.3.10 A water filtration and chlorination installation was put in place before waterstorage tanks.

Now all water is drinkable at the tap. Cost +/- 7,000,000.

In addition, improvements were made to boreholes (flushing) and the mainwater pipe to the hospitals was re-laid with several tanks and valves renewed Cost 16 million MWK.

Upcoming projects

1.3.11 Renovating Bololo irrangation scheme and constructing new irrigation scheme

The Bololo irrigation scheme needs to be revamped by laying new pipes and replacing a tank. A new is under discussion as to which village will benefit.

1.3.12 Group Therapy Centre – a potential project to create this for Rehabilitation patients in the old PHC training centre.

1.3.12 Staff Apartments

We intend to increase number of staff houses as we continue to employ staff for various activities. We would like to renovate a building which was used a Primary Healthcare department as a hostel into a staff apartment block. This will accommodate two staff member and families.

1.3.12 Hospital Security Fence

The hospital is currently does not have the security fence which make it vulnerable to lose property. We therefore intend to construct a security fence estimated at K25,000,000.00. The project construction may be done in phases due to inadequate funding.

1.3.13 Autoclave

The current autoclave is not in good condition. In the event that we have identified a donor of funds, we would like to replace it. The cost is estimated at K10,000,000.00

1.4 Drugs and clinical supplies

MMH continues to experience challenges in maintaining continuity of essential drugs and clinical supplies. A number of factors have contributed, lack of supplies at Central Medical Stores and rapidly increasing prices in the year. The hospital has not experienced many stock-outs, but an increased fund-raising effort was needed to buy supplies on the commercial market.

The hospital received a donation of drugs from Global Assistance, and multiple donors contributed to a fund for drugs and supplies (the Bed Sponsorship Fund).

The Service Level Agreement prices are not realistic when compared to the real cost of medicines and staff costs, but too low.

2. Primary Health Care

MMH PHC continues to be busy in providing sound community preventive medicine with the following programmes:

1. Malaria vector control: Indoor residual spraying (IRS)
2. Orphan and Vulnerable Child Care
3. Prison Health
4. Sustainable Livelihoods
5. Palliative Care
6. Teenage pregnancy prevention and Youth Centre
7. Sustainable Maternal Neonatal Child Health
8. Environmental Health: TB, Covid-19 prevention and WASH
9. Cervical cancer screening

2.1 Malaria Vector control

In the year 2012; MMH started implementing Malaria vector control using Indoor Residual Spraying (IRS) in its catchment area, with larval source management (LSM) added in 2017. This season we used Klypson in a succesfull public-private partnership with Eastern Produce Malawi.

The table below gives a picture of coverage of the vector control program.

Year	No. villages IRS only	No. of villages LSM only	No. of villages LSM&IRS	Total no. of villages with vector control	% of villages with vector control	Total population protected	Total no of <5 yrs deaths
2011/12	0	0	0	0	0	0	20
2012/13	4	0	0	4	5.4	5,246	16
2013/14	22	0	0	22	30	16,136	10
2014/15	40	0	0	40	56	37,985	12
2015/16	55	0	0	55	76	47,121	6
2016/17	35	0	0	35	49	29,986	8
2017/18	46	20	6	72	97	82,702	1
2018/19	32	32	10	74	100	85,000	0
2019/20	46	3	7	59	80	72,500	0
2020/21	48	13	4	65	90	79,872	0
2021/22	20	3	3	26	36	5,286	0
2022/23	13	0	0	13	18	18,000	1
2023/24*	51	0	0	51	71	70,000	2**

*Period not yet fully over, ** to be verified

MMH has reduced under 5 year's malaria inpatient deaths from **16** in 2012/13 to **0** in the 2021/22 malaria season and one in 2022/23. Data for 2023/24 are preliminary. The malaria control successes are internationally recognized.

2.2 Orphan and vulnerable children care project

Mulanje Mission Hospital is supporting orphans in a programme for orphans and vulnerable children in the catchment area and beyond. Good Little Company and PWS&D are donors who are funding this programme. The goal of the programme is to improve quality of life for OVC in the MMH catchment area through the provision of health, education and training support.

Currently the project has around 553 orphans in care. 376 orphans are enrolled in primary school, 145 are under five children and 32 are in secondary school. 50 have completed vocational trainings from 2018-2023.

Activities in project include; life skills training, vocational skills training, nutritional support, livestock farming (Goat farming & Beekeeping) and kitchen gardens for economic support and better nutrition. 90 guardians were trained in beekeeping and averages of 10-15 guardians have started selling honey. 50 Psychosocial support volunteers were trained and conducts sessions during OVC clinics, the sessions dwells much on spiritual and psychological wellbeing of orphans in the villages.

During 2022 much emphasis was placed on updating policies and practices around safeguarding of vulnerable children and adults, resulting in improved follow-up and actions taken. We partner with the Mulanje police, social welfare office, and NGO's in the area.

2.3 Prison Health

At Mulanje Prison, MMH conducts a prison health clinic every Friday. Currently, there are 489 inmate, this is against designated 200 carrying capacity at Mulanje Prison. The following activities are also implemented:

- Environmental sanitation and personal hygiene with supply of items and vector control
- Nutrition – supplying soya pieces and cooking oil to supplement the prison diet.

2.4 Sustainable livelihoods (SL) programme

This programme, funded by multiple corporate and other donors, seeks to improve both crop and animal husbandry practices and adoption of appropriate farming technologies. The Model Village Approach is being used. Currently work is underway in 9 model villages, with 5 having graduated from the programme in the past.

Irrigation and agricultural production

The following activities were implemented during 2023/24 with funding from the Fane Valley, Good Little Company, Blacksbury Presbyterian Church and individual donations:

- Construction of the 7ha Luwanje irrigation scheme
- Maintenance and expansion of the lead-farmer network

People living with disability

With Christian Blind Mission a cohort of people with disabilities and their caretakers was formed, who were trained in 80 beekeeping and equipped with support materials. 225 members trained in inclusive VSL & A.

Landscape restoration

In partnership with Greenpop reforestation and landscape restoration is promoted. This work is also paid through persons offsetting their carbon emissions through MMH.

In 2023/24, the programme focused on restoring 12 hectares of land through natural regeneration management. The project also promotes sustainable forest management through the establishment of community nurseries as well as community training on community-based natural resource management, improved cookstove technology, and forest beekeeping. The project is implemented in four phases:

- Phase 1 Mlatho Hills in GVH Misanjo area
- Phase 2 Chole Hills in Mwanamvula Village
- Phase 3&4 Chole Hills in Mponda, Chikwenda, Matwika, Sikoya Villages
- Phase 5: planned for 2024 – concentration on existing villages.

Reforestation was also undertaken on Mulanje Mission and surrounding villages to reduce pressure on the local woodland in partnership with Mulanje Mission CCAP Church.

A new programme focusing on improved cookstoves was started on 1 January 2022 and resulted in the construction of over 5,500 “fast fast fire” stoves. Each stove has a GPS location and photo stored in a database.

Primary School Agriculture

True transformation of rural livelihoods must start with teaching children, we believe. The Primary School Agriculture Network project is being implemented in 21 primary schools in the catchment area of the hospital with support from Ansbach fuer Malawi and individual donations.

Activities include livestock rearing, vegetable gardens, fruit orchards, cooking demonstrations and an award for the best performing school.

The overall objective is the development of sustainable approaches to improve nutrition of primary school children and through improved knowledge on keeping livestock and producing crops and fruits among >11,000 primary school learners and >40 teachers in the catchment area and their families

Activities included

- Training and engagement of 80 teachers in various improved agricultural technologies
- Procurement and distribution of various fruits tree seedlings and establishment of orchards

Livestock

A livestock pass-on programme is in place which more and more reduces the need to buy new goats for the programme. 130 goats were passed on. The goats are kept in good health by trained para-vets: community based lay veterinarians who do immunization and treat disease. Thirty para-vets are trained and equipped and receive continued support.

Beekeeping and other income generation

The hospital equipped many beekeepers in the past years, to which more were added in 2023/24. In total 580 beekeepers are active who sold 3,500 kg of honey back to the hospital.

A fourth member of staff in the SL department was recruited, specifically to improve value addition to agro products.

2.5 Palliative care

MMH palliative care continues to shine for providing APCA level 2 palliative care services. It has 2 nurses who specialized in palliative care, our palliative care clinician left in early 2023. Currently the cohort has 195 patients, mostly with HIV and cancer related diagnoses.

We successfully advocated for inclusion of palliative care services in a service level agreement with the government. This means patients from our catchment area can access a free service, with the government providing 70% reimbursement. The deficit is covered by the Presbyterian Church of the USA, and a partnership with Buurtzorg Nederland.

2.6 Teenage pregnancy prevention and Youth Centre

The Youth Centre was completely renovated and a workshop for 3 different groups of artisans (tailor, carpenter and welder) was constructed. Graduates from the vocational training programmes can use these for starting up their business.

The EMMS-funded teenage pregnancy prevention programme was continued. Teenage pregnancy is a huge problem in the area. The current teenage pregnancy rate is around than 30%.

The goal of the programme is to work towards reducing HIV infection amongst adolescent girls and boys, reduce teenage pregnancy rates, enhance access to sexual reproductive health services and rights information and provide economic opportunities through school and vocational training support, so that youth can have hope for the future. We are doing the following activities:

- Training of influential leaders in sexual reproductive health
- Offering youth friendly health services to adolescents girls and boys in the catchment area; since the project started 100 to 120 adolescent girls and boys on quarterly basis are benefiting from the modern youth Centre clinic
- Capacity building; training of health service provider in YFHS; 12 health services providers have been trained.
- Back to school program: the project is supporting 60 girls in government secondary schools
- Economic empowerment through vocation skills training, since the project started 110 girls have been trained and 10 boys.

2.7 Maternal Neonatal and Child Health

Mulanje Mission Hospital continues implementing the Sustainable Maternal, Neonatal and Child project with support from Presbyterian World Service and Development as a sustainability phase of the past MNCH project.

The main goal of the project is to contribute to reducing child and maternal mortality and morbidity through high quality hospital maternal, neonatal and Child health services, raising awareness and expanding knowledge around SRH and other services which MMH provide amongst community members, and sustaining the activities of community structures such as VSMCs, VHCs, and CBDAs contributing to MNCH.

The activities which were done include procurement of Infection Prevention Materials and Sexual and Reproductive Health materials, Supportive Supervision for Village Safe Motherhood Committees, Village Health Committees and Community Based Distributor Agents . This supervision helps to promote and maintain good standards of work and ensures that providers follow relevant standards, policies and procedures.

Safe motherhood audits and Trainings for Health Care Workers and Volunteers were also done. This helps to improve care and to have updated information for quality service delivery respectively.

Meetings with the HAC and HCAC were also conducted. This is very important because it helps to establish feedback between the Health facilities and community. A major challenge remains the low uptake of long-term family planning materials. Successes are high uptake of vaccinations, low neonatal mortality and low asphyxia rate as below:.

<i>Quality indicators</i>	<i>MMH</i>	<i>National</i>
% of babies born asphyxiated	5,5%	>20%
Maternal mortality rate	43/100,000	381/100,000
Neonatal mortality rate	14/1000	27/1000

2.8 Environmental Health (TB, WASH and COVID-19)

The tuberculosis control office was strengthened with a new office and a motorbike, aiming to improve case detection and follow-up. We work together with USAID and DAPP in this area.

The environmental health department implemented major activities under the EMMS-funded Mokwanira project. During 2023/24, the project has improved water and sanitation problems in several government and CHAM health facilities in Mulanje and Phalombe, such as pit latrines and solar powered pumps and boreholes. The healthcenters targeted so far are: Chinyama, Nkomaula, Mpala, Milonde, Mulomba, Dzenje, Muloza, Chiringa, St Joseph's Mitengo and Namphungo. Several villages also received boreholes, in total 5. A water chlorination and filtration system was installed at the hospital, providing drinking water of good quality.

2.9 Cervical cancer screening

The hospital continues to provide cervical cancer screening and immediate treatment to women at MMH and in outreach clinics. Some of the resources are provided by Partners in Hope, who have also stationed a nurse and Clinical Officer at the hospital, reporting to MMH management.

2.10 New initiatives

The department is working on a new proposal in the area of primary health care with Buurtzorg (Netherlands). We are also looking at expanding irrigation with another site.

3. Human Resources

3.1 Opportunities and Challenges

Through new developments, mostly the Eye/Rehab/Dental clinic donors have provided support for extra staff. However, these are temporary solutions.

A huge challenge is the recruitment ban through CHAM in place since August 2021. MMH is actively advocating for opening of recruitment as this causes enormous challenges in our cashflow and daily operations.

3.2 Staff changes March 2023 – 29 February 2024 (12 months)

New staff	Position	Date of joining
	Laboratory Technician	06-03-2023
	Optometry Technician	13-06-2023
	Assistant Agriculture Officer	05-07-2023
	Clinical Officer	10-07-2023
	Clinical Officer	12-07-2023
	Assistant Accountant	01-08-2023
	Clinical Officer	11-12-2023
	Nurse Midwife Technician	01-02-2024
Resignations	Position	Date of leaving
	Nurse Midwife Technician	10/03/2023
	Senior Clinical Officer	20/03/2023
	Nursing Officer	30/03/2023
	Patient Attendant	31/03/2023

	Clinical Officer	05/04/2023
	Nursing Officer	15/06/2023
	Clinical Officer	03/07/2023
	Nurse Midwife Technician	10/03/2023
	Senior Clinical Officer	20/03/2023
	Patient Attendant	31/03/2023
	Clinical Officer	05/04/2023
	Nursing Officer	15/06/2023
	Nursing Officer	22/03/2024
	Nurse Midwife Technician	29/03/2024
	Nursing Officer	30/03/2024
Termination		
Dismissals		
	Clinical Anaesthetist Therapist	10-03-2023
	Patient Attendant	17-11-2023
Retirement		
	Senior Nursing Sister	30-10-2023
	Patient Attendant	30-06-2023
	Patient Attendant	01-07-2023
	Senior Hospital Attendant	01-07-2023
	Assistant Accountant	31-01-2024
	Ground Worker	31-01-2024
	Ground Worker	29-02-2024
Deaths in service		
	Ground Worker	08-04-2023
	Patient Attendant	13-08-2023

3.2 Staff on training programmes

Name	Post	Programme	Starting date
	Clinical Officer	Bachelor of Science in Internal Medicine	February, 2021
	Nurse Midwife Technician	Bachelor of Science in Nursing and Midwifery	April, 2022
	Nurse Midwife Technician	Bachelor of Science in Nursing and Midwifery	February, 2023

	Clinical Officer	Bsc of Science in Trauma & Orthopaedics	February, 2023
	Senior Nursing Sister	Bachelor of Science in Mental Health & Psychiatric Nursing	February, 2023
	Clinical Officer	Diploma in Clinical Ophthalmology and Cataract Surgery	September, 2022
	Snr Assistant Accountant	Bachelor of Accountancy	October, 2018

3.3 Staff returned from training programmes

Name	Programme	Date reported for duties
	Bachelor of Science in Midwifery	January, 2024

3.4 Government replacement freeze and payroll problems

As reported above, since August 2021 a replacement freeze has been in place. This has, in summary, led to the following deficits:

37 members of staff lost on the government payroll, leading to a monthly loss of MK 15.156.978. Annually at this rate we will reach a deficit of MK 181.883.738 by March 2025.

A separate document is available on this issue.

4. Likuni Phala factory

The LP factory continues facing difficulty in supplying appropriate quality and quantity of products to MMH beneficiaries. The Medical Director, Administrator and Accountant are all involved in trying to improve the performance. The financial status has somewhat improved in the past year, but this continues to drain energy from other areas of work and is not a sustainable solution.

In the recent past, a court order resulted in losses up to MWK 10 million on the hospital account. Basically, it is not possible for MMH to run a professional factory because there are very few customers in the area, and fierce competition, making it difficult to provide enough cashflow and base products.

The Board is advised to decide, in concurrence with Blantyre Synod, on the viability of continuing to have this factory on the Mission. Separate management and ownership arrangements would be preferred, whereby the factory is split off the hospital.

5. Financial report

The hospital continues to be supported by the Malawi Ministry of Health, through the payment of salaries via CHAM. The Service Level Agreement reached with Mulanje DHO is due to be paid for several months, with outstanding amounts going back to 2015.

The total outstanding SLA payment is MK **164.811.750** as per 28-02-2023. This is 60% more than the debt in the previous report (MK 65.000.000 as per 28-02-2023) and a huge burden on the financial balance.

Income and expenditure statements for April 2023- December 2023 will be presented to the Synod Health Board together with the Budget for the 2024-25 financial year. The income is estimated at MWK 3,874,834,978 and expenditure at MWK 3,831,481,839.

Submitted for the information of the Blantyre Synod Health Board.

For more information and reports: see www.mmh.mw

MMH Management Team

13th March, 2024

