



# Mulanje Mission Hospital Newsletter



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## **Editorial —by Arie Glas**

With the joy of a new child born in the family of the Editor, a word from the medical director this time. As the year winds down and we reflect during this holiday season, we would like to thank all of you for your support rendered during 2019. Many patients could be helped this year, with an increase in the number of deliveries and free basic services for mothers and under five children from the catchment area. We look

back on yet another successful malaria control campaign using a new class of chemicals, now almost finished. We celebrate ongoing success in the Sustainable Livelihoods Programme, with more Model Villages being transformed. There are many more achievements to celebrate, some of them documented in this Newsletter. All of us at MMH wish you a blessed and peaceful festive season, and we look forward to working with you again in the coming year!

## **Christmas Appeal—by MMH management**

During this Christmas season, we would like to draw your attention to the plight of sick children in Mulanje. At our hospital, sometimes very sick young patients are admitted to the Paediatric ward. During the coming year, we hope to improve the facilities available to these children, with a funding need of approximately 16.000 Euro/17700 USD/ 15000 GBP.

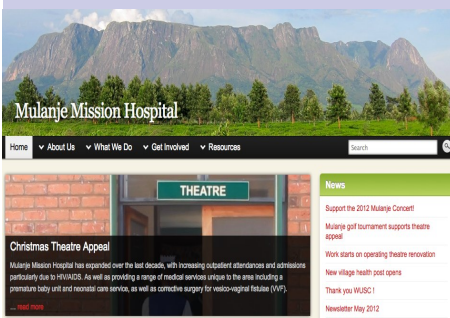
childrens' ward will also be renovated. The entire project will take course over two years, with next year seeing an upgrade of the Intensive Care Unit for children, the unit for children with burns and the isolation ward. Attention is paid to minimizing the ever present risk of infection transmission in the hospital through smart design and adequate equipment.

MMH will increase the space available for resuscitation and hope to install solar powered medical equipment like life-saving oxygen machines.

You can donate via the account numbers listed to the left of this page. For friends from the Netherlands, please contact the Medical Director as your donation can be doubled by Wilde Ganzen.

During these improvements, the general

**Keep up to date with all the  
news from MMH.  
MMH website  
is regularly updated**



**Visit our site at  
[www.mmh.mw](http://www.mmh.mw)**

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***Current small resuscitation room room; to be increased in size***

## First Family Nutrition and Agriculture Conference at MMH—by Christopher Mwale



On the 6th of December, the first annual family nutrition and agriculture conference took place at the Thandizini Ressource Centre. The objective of this day was to share experiences among implementors of the Chifundo Project. This project is aimed at palliative care patients who live in hard-to-reach areas. The project, funded through the Edinburgh Medical Missionary Society (EMMS) by UK-AID, is a combination of clinical care, improvement of healthcare facilities in hard-to-reach areas, and improving

nutrition for palliative care patients.

The palliative care patients and their families are taught improved farming technologies that promote food security. Planting of crops in pits, application of organic manure and establishment of kitchen gardens are some examples.

On the day itself representatives from all project partners were present; from Nkhoma Mission Hospital, David Gordon Memorial Hospital, the Palliative Care Association of Malawi and

the Palliative Care Support Trust.

These organizations mentor other health facilities, whose representatives were present too. The mentee facilities are assisted to set up palliative care in their area, including improved nutrition.

The conference was attended by government and non-government officials and the local chief. The programme centered around sharing experiences, business meetings between project partners, and showcasing improved farming techniques.



*Showcasing locally produced herbs with health benefits*



*Christopher Mwale – Chifundo Project agricultural officer*

## Young Women Leadership Training - By Mary Manduwa (picture)

Young Women Leadership Training is a program organized by the National Organisation of Nurses and Midwives of Malawi (NONM) for the purpose of imparting leadership skills in young female nurses practicing nursing and midwifery in different medical institutions in Malawi. Candidates from different medical institutions such as government hospitals, CHAM hospitals, private hospitals, nursing colleges, as well as those practicing in non-governmental organizations take part.

Diplomas in leadership and management skills are awarded to participants after successfully undergoing 9 sessions of different courses which include: leadership and management, labor legislations in Malawi, industrial relations systems, management development, public resource management and negotiation/ collective bargaining just to mention a few.



The program aims to empower young female nurses and equip them with leadership skills enabling them to be

courageous and influential leaders/managers in the nursing profession as well as in their communities. Additionally, the training aids in professional growth and development as young nurses get a certificate and skills for them to practice in another level of leadership and management.

The program is designed to train young female nurses with leadership traits and are interested to participate in this training. I was privileged to be one of the beneficiaries of this training; currently a participant of the 2019 cohort. I have so far enjoyed the training and look forward to use the skills gained to improve my work as a ward in charge of Female Ward.

Deepest gratitude to MMH for allowing my participation in this training and for the support given during this period of training.

## Celebrating the opening of digital X-ray and NCD clinic

Early December, the opening of the new X-ray department and the non-communicable disease clinic were celebrated. Rotary Limbe is our partner for the Non-communicable disease department project, whereas the digital X-ray department was funded by a host

of international and local partners. Below some pictures of the opening, with the chairman of Rotary Limbe Ben Nda, the Deputy General Secretary for Blantyre Synod Rev. Kanjerwa, and Traditional Authority chief Chikumbu.

Both these projects are making a very positive contribution to the health of people in Mulanje. For more information, pictures and a report on the x-ray project see our website on [www.mmh.mw](http://www.mmh.mw).



## 8th year of malaria vector control at Mulanje Mission Hospital - Tikondwe Katumbi

I feel lucky that I have been at this hospital through the past eight years to witness the impact of IRS (Indoor Residual Spraying). This is the main contributor to successful malaria control in our area..

Let me start writing this article by thanking Dr Ruth Shakespeare who has just retired, who together with Mike Wade, Jane Mweziwina and John Munthali introduced IRS at Mulanje Mission hospital in 2012, all of them have since left MMH and they are working elsewhere in Malawi or abroad.

It does not only take a scientific proof to notice that IRS has changed lives of people around the area because just by observation and hear what people say you will be convinced that people have seen change. Those who know MMH will agree on reduced number of inpatient admission due to malaria particularly at Children's ward. Some uninformed readers may argue that patients do not come to MMH because it is a paying hospital, I will say no because under service level agreement (SLA), all malaria patients receive free medical treatment at the hospital, this argument may also not be true because hospital used to have children's ward full in malaria peak season but now it is not the case.

When you are chatting with people in the village they will tell you that nuisance due to mosquitoes and other insects of medical importance like fleas and cockroaches is now less. Villagers are now enjoying peaceful nights.

We just experienced another indication that mosquitoes are now rare in the area in September this year when we wanted to catch live mosquitoes for sensitivity testing. We labored for 2 days and hardly found mosquitoes; we caught only 2 anopheles mosquitoes in a day, on the third day Prof Pemba who was leading us decided that we should go to an area which has never been sprayed before. We were shocked to find a lot

of anopheles mosquitoes enough to do the tests within 2 hours, we were all amazed with this difference between areas which are only 40km apart.

This is not the first time I am writing about reduction of malaria related death in under five years children, but this time I am looking at achievements in 7 years which we are expecting to maintain in the 8th year. The death caused by malaria has reduced from 20 before IRS to 0 in the 6th and 7th year of IRS.

There are some villages which we monitor to measure number of individuals who are malaria positive. To have this result we use MRDT and randomly test people in villages. Outcomes we get every year are impressive, for example one village had initially above 50% of its people tested being malaria positive. Tests in subsequent years showed convincing reductions, in the last test which was done in 2018, malaria positive individuals were only 16%.

As the project, we make sure we are doing IRS which is of good quality and cost effective. We are working with partners like IVCC, Syngenta, Sumitomo, NMCP, Good Little Company, Ardbarron Angelo, PWS&D, Fane Valley, Ministry of Health, University of Malawi and other individuals too numerous to all mention here. These partners have been so important to the program because of various skills which they possess. Without these partners it would not be possible to attain these achievements.

In order for us to achieve quality IRS which have led to this tremendous achievement, we make sure we use the right pumps, trained spray operators, follow environmental protection rules, use right PPEs and use of right chemical. Since inception of IRS, we have used 3 groups of chemicals: Pyrethroid, Organophosphate and Clothianidin. Pyrethroid was the first to be used and stayed for 3 years before it showed weakness in knocking down mosquitoes, we then switched to Organophos-



*Spray operator, December 2019*

phate which we have used for four years, this group of chemical is still strong but we have changed to Clothianidin in 2019 to prevent development of resistance.

MMH is working with aforementioned partners since inception of IRS, but, in the 8th year we have been joined by a new partner called Sumitomo Chemical, Environmental Health Division. Apart from being a manufacturer and supplier of Sumishield, they are also supporting us in monitoring through the Malaria Alert Center (MAC). MMH is very happy with the involvement of this malaria research institution because we will have a comprehensive scientifically sound project monitoring.

Let me highlight a few social economic benefits our community is enjoying as a result of reduced malaria burden, one important thing is that economically they are gaining because they have plenty of time to do their businesses including farming, they are using the money they would have spent because of malaria disease on other important development activities. Children are able to attend school lessons than spending time at the hospital: the list of benefits is endless.

Many thanks to all those involved!

## Supporting Village Beekeeping and Reforestation - by Ruth Shakespeare

Another article – but I'm sure by no means the last - on the importance of reforestation. In the last two decades Mulanje has lost much of its tree cover through logging for timber and fuel wood, charcoal burning and overgrazing. This has resulted in the drying of rivers and streams, soil erosion, poor crop yields, loss of shade from the hot sun, loss of wildlife and birds and the disfiguring of a beautiful mountain area that could generate more income through tourism. Mulanje Mission Hospital supports a range of activities designed to combat the effects of climate change and deforestation - training the

community in agroforestry and conservation agriculture, developing community tree nurseries, tree planting in reforestation and riverbank conservation schemes, cultivating school orchards and village managed woodlots, generating income from trees through beekeeping, and promoting fuel-efficient cooking stoves.

Already, through agroforestry and beekeeping training, we are seeing communities where women used to walk many kilometres searching for firewood, now growing and selling tree seedlings, protecting their wooded areas, making and using fuel efficient stoves and using the

income from honey sales to send their children to school. Right now, beeswax is treated as a waste product from the hives, yet we could boost the incomes of local beekeepers and their families further by building a small plant to process beeswax, producing candles, shoe polish and floor polish for the local market. £5000 will enable MMH to set up a beeswax processing unit, buying beeswax from local village beekeepers, and producing marketable products. All profits from sales will be returned to the community to support more hives, beekeeping equipment and training.

### Supporting this project will:

Reduce poverty in the area through employment creation

Support income generation from beekeeping and sale of honey and beeswax

Encourage reforestation

Reduce soil erosion, soil nutrient loss and risk of flooding

Help to conserve water catchment areas and wildlife habitats

Create a brighter future for village programme members including orphans and people living with HIV / AIDS

Restore the beauty of the local landscape

To support this area of work, please go to the gofundme site below, or contact the Medical Director

[www.gofundme.com/f/supporting-bee-keepers-and-reforestation-in-malawi](http://www.gofundme.com/f/supporting-bee-keepers-and-reforestation-in-malawi)



*Planting trees: hand in hand with honey production*

*Carpenters producing beehives*

## Malnutrition and children—by Precious Kadzongwe (*picture*)

MMH is one of the hospitals having a Nutritional Rehabilitation Unit (NRU) programme. This article addresses malnutrition, its gravity on the ground, what has so far been done to address it, challenges and it closes with suggested resolutions to the problem.

**What is Malnutrition?** Malnutrition is a medical or pathological state that results from a deficiency or excess of one or more essential nutrients. In Malawian children, this is usually under-nutrition.

**How bad is the problem?** According to Malawi's National Statistical Office (2014), the under 5 population is estimated at 2.9 million. Over 142,000 of them suffer from acute malnutrition and 42.4 % or 1.2 million are chronically malnourished. In accordance to Cost of Hunger in Africa (COHA) 23% of all children mortality cases are associated with malnutrition.

### **What has MMH done about it?**

From April 2018 to April 2019 MMH registered 49 children were identified with the most severe form of malnutrition (severe acute malnutrition, SAM) and admitted for life saving treatment. 36 children recovered successfully from SAM, 9 children died, 3 were referred (non-responders) and 1 defaulted representing a 73% cure rate, 18% death rate, 6% non-responders and 2 % defaulters respectively.

MMH has also several programs in place to resolve this problem. For instance:

Community sensitization through the PHC department

Established three clinic centers; where

hospital staff are allocated for screening and detection of malnutrition.

Timely referral in all cases who are receiving therapeutic feeds based at home, and who develop a medical condition or complications for further management at the facility.

Extended programs were put in place across all hospital departments for screening of malnutrition i.e. in the outpatient clinic, under five clinic,



general wards, HIV department and antenatal ward.

Monthly review meetings and death audits are done to enhance quality improvement in SAM management.

MMH with funding from Malawi government, provides the identified children with SAM with essential therapeutic feeds to rectify the problem.

### **What are the challenges MMH faces in dealing with malnutrition?**

Though there are programs in place to tackle Malnutrition, MMH still faces some setbacks in achieving 100% cure rate. Some of these factors are:

- Patient delays in reporting to the facility
- Sometimes, cases of SAM present with chronic underlying conditions ie malignancies

- Inadequate knowledge of malnutrition among staff; resulting in poor management of clients
- Poor breast feeding and care as a result of early child bearing
- Lack of care and support in orphaned children resulting in poor adherence to the programme especially those enrolled in outpatient therapeutic feeding programmes.

### **What is be done to resolve these challenges?**

All women bearing children at early stages are educated or trained on techniques on how to enhance breast feeding to their babies and emphasized on the possible dangers that can result to poor breast feeding and this should be done before there discharge from the hospital. The value of the six food groups should

always be emphasized as they are lactating.

Community sensitization through PHC is an ongoing focus, as is improvement of the local food situation through the growing Sustainable Livelihood Programme

Ongoing trainings and orientation are given to all members of staff to improve the quality of care and early management for SAM cases.

Orphaned children under the programme are followed closely to prevent deterioration and receive support

Skilled medical practitioners are from time to time assigned to attend clinics, to aid in proper strategies for referral to NRU if danger signs are encountered.