



# Mulanje Mission Hospital

## Newsletter

July 2020

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### Editorial Comment

*By Dickson Chisale*

Dear friends, partners and colleagues of MMH.

It is our hope that this newsletter will bring you a snapshot of life at MMH especially this time around as we are going through the COVID-19 pandemic. Our community is busy as ever. The COVID-19 pandemic is on the rise in Malawi. MMH has managed a number of COVID-19 positive patients with one death recorded. You can get more details on how the coronavirus is affecting people in Mulanje below.

We were lucky to have a large stock of medical masks, which are now obviously used a lot. MMH is producing some personal protective equipment such as protective gowns in a project with local tailors. A video of this is available on our website [www.mmh.mw](http://www.mmh.mw)

Of course, the normal medical work does also continue and it has been our aim and focus to do this as well as always.

Malawi has gone through a political transition. The government is now led by a new president, Dr Lazarus Chakwera, who was installed a few weeks ago.

The new government is facing enormous challenges—the COVID-19 pandemic, the economic damage secondary to this, the burden on young people who have not been to school, and so forth.

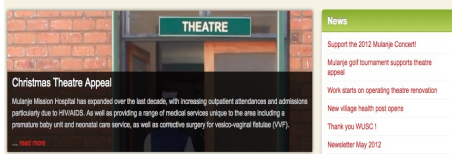
Please continue standing with the people of Malawi in your prayers and support. We appreciate it.

With all best wishes from MMH,

*Dickson*

**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)**

**Please send feedback to**  
**[info@mmh.mw](mailto:info@mmh.mw)**

### **PRODUCTION OF PPE FOR HEALTH WORKERS AND PROVISION OF INCOME TO LOCAL TAILORS — By Tabu Gonani**

Globally, there are a lot of challenges that have come due to Covid-19. The pandemic has affected the health sector, education and even economic activities. The increase in demand for PPEs in health sector has made them a scarce resource and where they are available, the prices are very high.

Mulanje Mission Hospital like any other hospitals has an obligation to protect its workers and staff. However the cost of the protective wear was a big challenge. In view of this, the hospital with funding from EMMS, embarked on a program aimed at producing PPEs locally.

This program targets to produce 800 disposable gowns, 800 head gears and 2000 cloth face masks. With funding from EMMS, the hospital bought cloth

and sewing material from local shops.

Local tailors within the MMH catchment area were identified to do the job. The tailors are very grateful because the job gives them an opportunity to receive a source of income on top of what they get when they do normal work. One tailor said he is happy because there are times when they literally have no work to do and cannot feed their families. He said he will use the money to buy iron sheets for roofing.

While protecting employees through provision of PPEs, the hospital has also supported the local economy and business of its' local tailors.

*Tabu Gonani is the Principal Nursing Officer at MMH*

Mulanje Mission Hospital (MMH) is one of the implementing partners for the EMMS funded project called “Chifundo” (Compassion) in the southern part of Malawi, central Africa. We implement the self-sustaining agriculture system called Conservation Agriculture (CA) in the 12 districts of the Southern region.

Chifundo project sees food security as a key catalyst to engender long-term nutritional security among palliative care patients and remove palliative care families away from hunger and poverty. Conservation agriculture is implemented by MMH in its mentee health facilities to attain the goal of increased nutritional security through increased agriculture production among palliative care families. This has been very successful in increasing production of staple food. In the project, referral gardens (at health facilities), patient field schools (PFS) and farmer promoter (trained volunteer lead farmers) are used at all mentee health facilities.

***Referral & Patient Field Schools***

The PFS plots and referral gardens are the learning centers for patients and

guardians facilitated by lead farmers trained in the Chifundo project. Patients and guardians get deep understanding of conservation agriculture techniques in demonstration plots and learn how to farm with minimal cost for inputs and sustaining soil fertility. Volunteer lead farmers train patients and guardians during palliative care clinic days at the health facility’s referral garden and PFS in the community.

***Increased Capabilities of Palliative Care Families due to Activities Initiated by PFS Groups***

The self-sustaining farming system adopted in Chifundo project makes changes like increased technical know-how of palliative care families due to participation in PFS groups. Some of the highlights of the changes include; increased knowledge from experimental plots, decision making capability, increased crop production capabilities, improved storage, handling and processing.

Inspired by the agricultural outputs, palliative care families have adopted the CA practices implemented at PFS and refer-

ral gardens at their own plots. This improves nutrition security among palliative care patients which in turn brings uplifts their general health status and the effect of medical treatment.

***A case study***

Among the beneficiaries of the project is a 52 year-old man, Henderson who together with his family was failing to produce enough for the family. Adopting the CA practices learnt at PFS, the family has recently managed to harvest enough for the family at low input cost. The family has also engaged in irrigation farming which brings economic security to the family. The family has managed to buy a dairy heifer from field outputs hence boost in protein supply for the patient.

Mr. Henderson is just one of the best examples among beneficiaries in the catchment area of MMH and its mentee health facilities. It is anticipated that many palliative care families will adopt the CA practices learned in the PFS in order to attain nutrition security through food security.



*Impression of patient field schools and referral gardens with healthy crop*

Hello! I am Fatsani Manase—a medical officer at Mulanje Mission Hospital (MMH). On behalf of the MMH Covid-19 Taskforce, in which I am part of the team, I would like to tell one story of many in our Covid-19 response.

Being one of the main hospitals, perhaps the most reliable hospital, in Mulanje



*Triage and controlled entry at the hospital entrance*

district it is unsurprising that MMH was the first to identify and treat a Covid-19 case in the district.

It was late May, 2020 when our hospital received a sick gentleman who had a bout of fever, cough and deteriorating breathlessness. This patient was in emergency state. He was then admitted in our designated Covid-19 isolation ward. As Covid-19 suspect, he was taken sample that tested Covid-19 positive. Testing is done in central facilities, in our case at the College of Medicine in Blantyre.

This was our first case and, despite all preparations, was a shock to staff. Our dedicated staff still worked tirelessly in providing care that he needed in the

isolation ward. The patient required one week of oxygen, steroids and antibiotics before we saw marked improvement in his condition. He eventually got better and discharged on to self-quarantine and his life was saved.

Currently there are 30 confirmed cases and one death in the district (as of 20th July 2020).

However such success stories did not come without heavy costs and implications on the hospital. The personal protective equipment available are expensive to source and sometimes hard to find. For this single case, we required a lot of PPEs for health workers to use in the treatment. Most of available PPEs are not reusable hence demanding constant supply.

The government decree that those staff who have treated a Covid-19 patients should be quarantined for two weeks, and receive large allowances, causes problems, too. The government envisions treatment centers, one per district, but unfortunately some of these are inadequately equipped. A hospital like MMH would possibly be better suit-



*Tailor working on gowns for medical workers*



*Worker donning PPE before entry in the Covid-19 isolation ward*

ed to treat the majority of Covid-19 cases in the district, but under the prevailing guidelines and absence of government support this would lead to an unacceptable shortage in the workforce.

MMH is advocating for an updated government policy around quarantine of workers treating COVID-19 patients with the Ministry of Health and the Christian Healthcare Association of Malawi. We are cooperating with other mission hospitals and some of our international partners to bring the mission hospitals' role in the picture at the Ministry of Health. We're assisting the District Hospital, the designated treatment centre, too in the meantime.

Health workers are not immune for Covid-19: 2 of the 30 district cases were staff from MMH, who have so far recovered successfully.

I'd like to extend special appreciation to our health workers and partners and donors for the support you have rendered towards our Covid-19 response. We ask you to continue supporting us in prayers and material assistance. Your help is protecting lives both of the sick and the healthy ones! Thank you.

***The MMH COVID-19 appeal is still open. For more information please check the website [www.mmh.mw](http://www.mmh.mw) or email us.***

Water is life. For this reason all water sources need to be protected to ensure that potable water is supplied to meet people's needs under MMH's water sanitation and hygiene program.



*Namijingo borehole maintenance*

In Malawi and Mulanje, a common source of water is a borehole.

These are drilled up to 50 m deep to reach permanent ground water and use a handpump to deliver water.

Though strong and durable, regular maintenance of boreholes is vital to the continuous supply of good water to members of the community.

The communities using a borehole are themselves responsible for borehole maintenance. After setting up a new borehole, a water committee is trained who can do simple maintenance themselves. For larger spare parts, the primary health care department can assist.

We are happy with the support from Copper Creek church in North America, which helps to keep spare parts available and water committees trained.

I and my team are involved in selecting locations for new boreholes, and the maintenance of proper latrines, so that the groundwater remains clean for the

future. To retain groundwater, we also work with villages in various reforestation activities, for example at Mlatho Hills where a hilly area is being reforested.



*Stream on Mulanje Mountain - an important source of water*



*Borehole maintenance at Salamba village*