

# PRIMARY HEALTH CARE

## ANNUAL REPORT 2020 – 2021

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## Acronyms

MMH	Mulanje Mission Hospital	AEHO	Assistant Environmental Health Officer
PHC	Primary Health Care	TP	Teenage pregnancy
SL	Sustainable Livelihood	ANC	Antenatal Care
MOH	Ministry of Health	FP	Family planning
HCW	Health Care Workers	CA	Conservation agriculture
IP	Infection Prevention	VSL	Village Savings and Loans
NND	Neonatal Death	GVH	Group Village Headmen
MD	Maternal Death	HSA	Health Surveillance Assistant
VSMC	Village Safe Motherhood Committee	MRDT	Malaria rapid diagnostic test
VHC	Village Health Committee	CHAM	Christian Health Association of Malawi
CBDA	Community Based Distributor Agents	IRS	Indoor Residual Spraying
CMAM	Community Management of Acute Malnutrition	LSM	Larval Source Management
OVC	Orphans and Vulnerable Children	PPE	Personal protective equipment
SRH	Sexual and reproductive health	DDT	Dichlorodiphenyltrichloroethane
OPD	Outpatient Department	TB	Tuberculosis
MDH	Mulanje District Hospital		
VIA	Visual inspection with Acetic Acid		

## **1. Introduction**

Mulanje Mission Hospital is committed to providing quality health care and public health programmes in our catchment area and to all who seek our care.

In the year 2020/2021 (the financial year runs from July to June) the Primary Health Care department continued to offer integrated public health services in its main focus areas of intervention, which comprises of Prison Health, Sustainable livelihoods, Orphan care, Mother, newborn and child Health, Teenage pregnancy prevention, Malaria vector control, Environmental health, Palliative care and COVID-19 vaccination role out. Below we have written a summary, activities and achievements and challenges of every individual project.

## **2. Staffing**

Head of department is the PHC Coordinator, also an Environmental Health Officer. Deputy Head of department is a registered community nurse, who is also a vice-Principal Nursing Officer.

### **Staffing per section**

#### ***Environmental Health Office***

1. 2 Environmental Health Officers
2. Assistant Environmental Health Officer (currently vacant)
3. 68 Health Surveillance Assistants

#### ***Maternal and Child Health Nurses and Clinicians***

1. Medical Officer PHC
2. 5 Community Health nurses
3. 4 Nurse Midwife technicians
4. 1 Senior enrolled Nurse midwife
5. 1 Primary Health Care Clinical Officer

#### ***Orphan care***

1. Medical Officer PHC
2. Project Officer
3. 1 Community health nurse
4. 2 Home craft workers

#### ***HIV and Aids***

1. 1 HIV/AIDS Coordinator
2. 5 HIV/AIDS counselors

#### ***Sustainable Livelihoods programme***

1. 1 Project Officer
2. 1 Assistant project Officer
3. 3 Home Garden workers

**Teenage pregnancy prevention**

1. Medical Officer PHC
2. 1 Project Officer

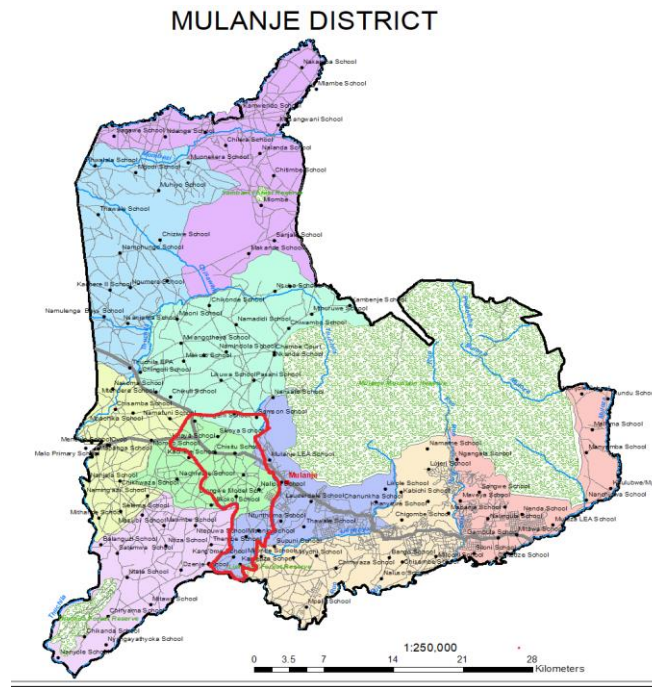
**Youth Centre**

Youth volunteers

**3. Catchment area**

Mulanje Mission catchment area has a total of 72 administrative villages and a population of about 92.000. Each village has a Health Surveillance Assistant but in some instances one can have more than one village because of shortage of human resource.

Mulanje is one of the poorest areas in de world with a high prevalence of HIV/AIDS. 80% of the people in our area are small-scale farmers and it is the most densely populated district in Malawi (DHS, 2018). There is a high prevalence of teenage pregnancy, 31% of the Malawian women aged 20-24 years delivered before the age of 18 (UNICEF, 2019).



**Figure 1: Map of Mulanje District with MMH catchment area in red**

## 4. Projects

### 4.1 Prison Health

#### 4.1.1 Summary

Mulanje Prison is located at Mulanje Boma (the administrative Centre of Mulanje district) and serves both Mulanje and other districts, such as Phalombe and also neighboring country Mozambique. The facility was designed to keep 200 prisoners but currently has 326 inmates (as per assessment of June, 2021). It has both male and female cells, 8 in total. There is a room which was used as a holding cell but is now our clinic.

The specific situation in Malawi with delays in the judicial system means that many prisoners are held in captivity without having their case been tried in court yet.

#### 4.1.2 Activities and achievements

With support from several Scottish churches such as *St. Andrews* and *St. Georges West* in Edinburgh and *Stockbridge Church*, MMH is able to provide basic health services at the prison. This happens during weekly clinics, attended by a nurse, a clinical officer, HIV test provider from MMH and a pharmacist from the Government Hospital.

MMH gets drugs from the local Government hospital. However, some drugs are out of stock there, so they are still sourced from MMH Pharmacy.

Through the Prison health project, MMH has been giving free Health passports to inmates for proper documentation and continuation of care. Before this, inmates were using small papers which could easily get lost.

The major medical problems at prison this year were: Respiratory tract infections, Skin diseases including Scabies, diarrhea, sexually transmitted infections and hypertension

During a mass screening in June 2021, it was found that malnutrition is no longer a large problem in the prison. (See table)

Category	Percentage (total 326)
Severely malnourished	0%
Moderately malnourished	0.6%
Normal weight	89%
Overweight	5.8%

*Table: nutritional status of inmates at Mulanje Prison. In 2019-2020 there were 2 cases of severe malnutrition and 17 of moderate malnutrition at the prison but this year there are no cases of severe malnutrition and only 2 are for moderate malnutrition.*

The above data shows that the Prison Health Project has successfully eliminated severe malnutrition. However, looking at the amount of food available, malnutrition is still a risk at the prison.

During the year 95% of prisoners had their blood pressure checked, with 21% of prisoners having high blood pressure. 95% also had their HIV status checked.



**Picture 1: A clinician doing weekly clinic at the prison**

During the Christmas season, a nice meal was prepared for all prisoners in cooperation with Mulanje Mission CCAP Church.

#### **4.1.3 Challenges**

Congestion at prison means there is an ongoing risk of diseases prevalent in crowded conditions, such as scabies, COVID-19 and tuberculosis. The space available for the clinic at prison is rather small and it has become a big challenge to keep the COVID-19 measurements.

## **4.2 Sustainable Livelihoods Programme**

### **4.2.1 Summary**

Mulanje Mission Hospital continued with the implementation of the Sustainable Livelihoods Project in Mulanje District during the period under review.

The beneficiaries were households of Traditional Authorities Chikumbu, Mabuka and Nkanda in Mulanje District, Southern Malawi and learners in ten primary schools in the area. Most of the work was carried out in the 10 model villages in the catchment area.

The project supports ten primary schools through the School Gardening Programme. Activities in primary schools include gardening, introduction of livestock and expansion of environmental conservation and tree planting.

This program has been made possible with support from *the Good Little Company, Blacksburg Presbyterian Church, Greenpop, Stichting Steun Malawi, the English Reformed Church (ERC) and Wilde Ganzen, Christian Blind Mission, Greenpop* and various individual donors contributing to the programme and to carbon offsetting. Involvement of different stakeholders like the government extension workers, teachers and community at large have assisted to increase the coverage and timely completion of activities.

#### 4.2.2 Activities and achievements

Activities	Achievements
Enhance Farmer to Farmer Extension Activities	22 Lead Farmers trained
	22 Para-Vets Trained
Mounting of demonstrations plots of various technologies	984 follower Farmers trained and mentored by the Lead Farmers
	18 Demonstration Plots mounted with various technologies (Community Gardens)
Train Farmers on conservation agriculture (CA) practices	897 Farmers trained
Train Farmers on Backyard Gardening	1384 Farmers trained
	1265 Backyard Gardens established
Train Farmers on Crop Diversification and Food Budgeting	1396 Farmers Trained
Train Farmers on Integrated Pest Management	1396 Farmers Trained
Livestock productivity	132 Young Goats Passed-on
	68 Raised Standard goat stables constructed
Village Savings and Loans Groups active	820 Active members
	45.000.000 MK (58.000 USD) saved
Community gardens	154 Farmers involved
	990.000 MK Generated (1.275 USD)
Irrigation schemes	4 enterprises Generated
	9.426.800 MK Generated (12.000 USD)
Bee Keeping	72 Farmers Involved
	1.356.000 MK Generated (1700 USD)
	266 Bee Hives Procured & Distributed
Scaling up soil and water conservation practices	173 Marker ridges constructed
	173 Areas under Water Harvesting Technologies
Energy Cook Stove Production	342 Community members trained

In the *Carbon Compensation programme* individuals compensated their carbon emissions through flights, travel and other sources of greenhouse gases. The funds were used for treeplanting in the area.

Through a special grant from *ERC/Wilde Ganzen* around COVID-19, the project conducted improved home gardening training to improve economic stability. The target was to train 720 households in 36 villages on improved home garden technologies. This was achieved and the project has been successfully completed. The table below gives a summary of this COVID-19 response.

Activity	Number of Beneficiaries
Home Garden Trainings	720
Crop Diversification and Food Budgeting	150
Land & Water Resources Management	150
Total	1,020

The reconstruction of a 10 HA gravity fed Mwanamvula Irrigation Scheme is another success story to the project. The project is going to benefit over 150 farmers of Mwanamvula and surrounding villages.



Picture 2: Mwanamvula irrigation scheme



Picture 3: Mlatho hill reforestation area

#### 4.2.3 Challenges

Due to the COVID-19 pandemic, especially the third quarter, teaching activities were delayed as there were restrictions on group meetings.

Another challenge was the discrepancy between various non-governmental organizations working in the area. Some are used to give beneficiaries financial incentives to take part in activities, which MMH does not do. With this insistence on participation and self-development, the SL program has to put in an extra

effort to recruit participants during early stages of projects. However, in the long run this is what we believe will create lasting change.

## 4.3 Orphans and vulnerable children

### 4.3.1 Summary

The goal of this programme is improved quality of life for orphans and vulnerable children through the provision of health, education and school support with support from *the Good little Company* and *Presbyterian World Service & Development*.

The project is targeting orphans and other vulnerable children in the catchment area of MMH, as well as exceptionally needy children from within Mulanje district but outside the catchment area. The target is 700 orphans to be recruited in the program.

### 4.3.2 Activities and achievements

Activities	Achievements
Fortified porridge	15.055 kg has been distributed to all orphans
Lactogen	881 tins of lactogen have been distributed for babies whose mother doesn't have milk or is an orphan
Primary School	445 orphans are going to primary school and get school uniforms, bags and shoes
Secondary school	26 OVC are going to secondary school and have received school bags, uniform and school shoes, school- and examination fees
Vocational skills training	16 OVC enrolled in various programmes
Training of Orphans in bee keeping	50 OVC have been trained in beekeeping
Life stock farming	90 goats have been distributed
Pass-on program	70 OVC have been passed on from one orphan to the other
Volunteers trained	40 psychosocial support volunteers have been trained
Safeguarding training	235 members of staff have been oriented on safeguarding
Adverse Childhood Experiences (ACEs) screening	All OVC >5 years were assessed quarterly
Life skills training	90 OVC have been trained in sexual reproductive health



Picture 4: OVC benefitting from goat pass-on program

#### 4.3.3 Challenges

COVID 19 misconceptions at community level have affected orphan care clinics. We have also noted that many guardians lack knowledge in preparation of nutritious food for children.

### 4.4 Maternal, Newborn and Child Health

#### 4.4.1 Summary

With support from *Presbyterian World Service & Development* we aim to reduce child and maternal mortality and morbidity by improving the quality and supply of essential health care services at both the facility and community level. We want to reach this by improving the skills and attitudes of health care workers. It also ensures that the facility has quality standards and that resources are available.

Our Cervical Cancer Screening and early treatment programme is there to screen women to prevent cervical cancer, the most common cancer in women in Malawi. The screening method in use is called Visual Inspection of the cervix with Acetic acid (VIA).

#### 4.4.2 Activities and achievements

Activities	Achievements
SRH supervision	2 supervision sessions have been conducted.
Procurement of essential supplies	No stock outs have occurred
Clinic days provided for immunization, growth monitoring, ANC and FP	228 clinic days
Procurement of family planning materials: Depo-Provera, IUCD, condoms, OAC and Implanon.	Number of days of Stock-outs: Depo provera/Sayana: 10 , IUCD – 3 Rest none

Training sessions conducted and number of staff members attended.	SRH: 44, ANC: 25, FP: 15, HBB: 15, PMTCT:18
Number of infection prevention supervision completed and reported	4 supervision sessions have been conducted
Amount of health care workers trained in IP standards	15 health care workers
Number of safe motherhood cases during audits reported	NND-44 (6 were a backlog of previous year) MD-2
Number of VSMCs and VHCs actively disseminating information on MNCH	All of all supervised villages
Number of villages supervised (VSMC, VHC, CBDAs)	25
Health education sessions conducted	337 community members
HAC/HCAC meetings held	1 meeting held
CMAM volunteers trained	38 CMAM volunteers have been trained
CMAM volunteers submitting reports	20 CMAM volunteers submitting reports
Vitamin A supplement to 6-59 months children given	6.370 children in the villages
De-worming with Albendazol to 6-59 months children done	4.827 children in the villages
Cervical cancer screening with VIA	2.789 women screened
VIA positive	56 (2%)
Cervical cancer suspect	65 (2.3%)



Picture 5: Nurses during VSMCs, VHCs, CBDAs supervision



**Picture 6: practical session during CMAM training**

#### **4.4.3 Challenges**

The COVID-19 pandemic presented a significant challenge. Especially during the first and third quarter, activities involving groups had to be postponed.

The pandemic has also led to higher-than-average prices of maternity supplies such as drugs and gloves. Due to several COVID-19 appeals ran by the hospital, and the funding available through this project, most stock outs could be avoided.

With the increased demand for staff in the Covid-19 treatment unit and screening points, it has been difficult to create enough time for trainings. We expect this to have an impact during the second year of the project, as the workload around Covid-19 is now higher. The hospital continues to have an inadequate staff establishment, for which we continuously lobby with the government/Christian Healthcare Association of Malawi. It would be necessary to add at least six nurses on the payroll.

The maternal death audit revealed that communities still struggle with appropriate and timely access to healthcare. In this case, a patient would likely have benefited from earlier treatment, rather than seeking traditional healthcare first. It is really important to continue working on community awareness and especially the VSMC to continue engaging the local population.

## 4.5 Teenage Pregnancy Prevention and Youth Work

### 4.5.1 Summary

The goal of this work is towards reduced HIV infection and teenage pregnancy amongst adolescent girls and enhance access to sexual reproductive health services and rights information. The supporting donor is *EMMS International*.

### 4.5.2 Activities and achievements

Activities	Achievements
Supervise youth clubs and mentor network	34 mentors supervised 20 youth clubs supervised/meetings
Ensure adequate provision of youth-friendly health services at MMH through well trained nurses and clinicians	14 condom outlets established 7.321 condoms distributed 668 youth seen at YFHS 1 meeting with YFHS team 635 Youth done HIV testing
Give comprehensive sex education in primary and secondary schools	20 comprehensive sex education sessions conducted 1.200 participants in comprehensive sex education trained
Life skills workshops	50 adolescents who attended life skills workshops
Youth talent show	584 participants
Radio programmes	4 radio programmes organized
Training of chiefs, GVH, church elderly	26 GVH trained in SRH 100 Influential leaders trained in SRH
Community dialogue sessions held	15 community dialogue sessions were held 235 adolescents and 269 parents participated
Male motivator training	50 men trained
Girls at secondary school	0 girls at secondary school, to start January '22
Girls on vocational courses	20 girls started vocational training

### 4.5.3 Challenges

Misconception about sexual health amongst adolescent girls and boys are making some to make wrong decisions. Adolescents' girls and boys in hard- to-reach areas are having problems in accessing (reproductive) health care services.

## 4.6. Malaria Vector Control

### 4.6.1 Summary

The goal of this project is to reduce malaria transmission and thereby reducing morbidity and mortality due to malaria infections. In 2020-2021 the project was funded by *the Good Little Company*.

Indoor Residual Spraying involves spraying insecticide onto interior walls of houses so as to kill anopheles' mosquitoes which cause malaria. A long-acting formulation is used, when the mosquitoes land on the walls they are killed by the active ingredient of the chemical.

Larval Source Management involves modifying breeding sites of mosquitoes so that either mosquitoes are unable to breed or larval are killed before they become adults. A chemical proven to be only killing mosquito larvae is used.

Since the establishment of IRS at MMH, we have used well-trained villagers as spray operators. In 2020/21 spray operators formed 5 teams of 6 people who are supervised by HSA. In turn these team leaders are supervised by Environmental Health Officers.

During 2020/21, MMH used Actellic 300CS, in its IRS project. Actellic 300 CS will be used interchangeably each year with either Sumisheid or Frudora fusion. This interchangeable way of using chemicals helps in managing chemical resistance of mosquitoes. Malawi's Ministry of Health Insecticide resistant management plan stipulates insecticides should be changed yearly.

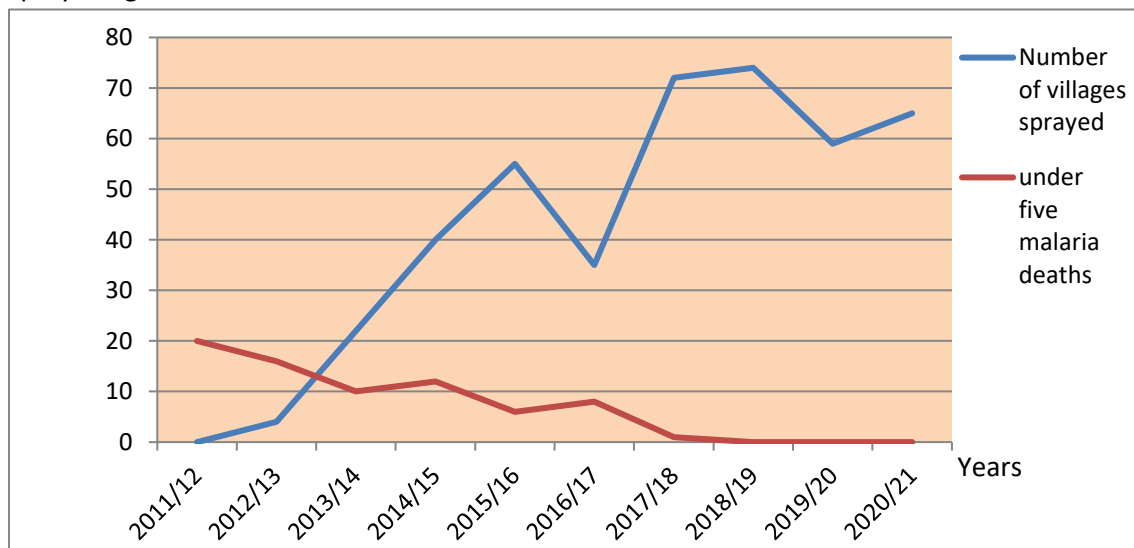
#### 4.6.2 Activities and achievements

Activities	Achievements
Villages sprayed with IRS only	48 villages
Villages sprayed with LSM only	13 villages
Villages sprayed with LSM & IRS	4 villages
Villages on vector control	65 villages
% of villages with vector control	90% of the villages
Total population protected	79,872 people protected
Total of Under five deaths in hospital compared to neighboring hospital (Phalombe DH)	0 under five deaths compared to 3 of the neighboring hospital
Average deaths in past 5 years compared to neighboring hospital (Phalombe DH)	1.8/year compared to 5.8/year in neighboring hospital
Malaria positive rate in intervention area	5% compared to 53% 7 years ago



**Picture 7: A spray operator dressed in a recommended PPE**

The diagram below is showing a graphical presentation of the relationship between quantity of villages sprayed against under five malaria deaths at MMH.



**Figure 2: Number of villages sprayed versus under five malaria deaths at MMH**

### 4.6.3 Challenges

Vector control is very effective but also expensive. MMH therefore concentrates on high burden areas, to make optimum use of the available funding. We are performing a review of malaria burden in all 72 villages in June 2021 to make a good selection of areas to be sprayed. In our strategic plan for malaria control more emphasis will be given to third generation bed nets; which are going to be distributed towards the end of 2021 by the Malawi government.

## 4.7 Water, sanitation and infection control: Mokwanira and Copper Creek project

### 4.7.1 Summary

Mokwanira is a project that is looking at a wide range of improvements such as water and sanitation, tuberculosis, community structures and gender in 20 health facilities in Southern Malawi under both Government and Christian health association of Malawi. This is funded by *True colors* through *EMMS international*. The aim of the TB part is to improve case detection of tuberculosis (TB) and reduce community transmission.

With help from Copper Creek Church, we were able to maintain 19 boreholes in the villages of Bwanali, Salimu, Niyali, Manyangala, Luwanje, Sitolo, Bokosi, Mangani, Namputu, Ngolowera, Ekhamuno, Majawa and Kandulu.

### 4.7.2 Activities and achievements

Activities	Achievements
Health care centers provided with running water	2 Health care centres
Health care centers provided with latrines	1 health care centres
Community Tb Sputum Collection Points (TB CSCPs) health centre start ups	6 health centres
Attendants benefitted from TB CSCP initial training	220 attendants
Health centres benefitted from refresher training in TB CSCP initial training	3 health centres
Attendants benefitted from refresher training in TB CSCP initial training	28 attendants
Training of health centre management committees training	2 health centres
Bore hole maintenance in villages in catchment area	19 boreholes have been repaired



Picture 8: Mitengo health centre management committee training



Picture 9: Kandulu village community members maintaining a borehole

#### 4.7.3 Challenges

Many health facilities in Mulanje District need renovation and improvement of water- and sanitation facilities. This is truly a large task.

## 4.8 Palliative Care and the Chifundo project

### 4.8.1 Summary

The Chifundo project addresses needs of poor families in hard-to-reach, rural Malawi, served by poorly resourced health facilities, increasingly needing palliative care due to increased incidence of cancer and other life-limiting diseases at this stage in the AIDS epidemic, and due to projected increases in Non-Communicable Diseases (NCDs). It offers a holistic approach, providing pain relief and treatment of symptoms alongside social and spiritual support ill patients with life-limiting illness and their families. They are also supplied with food supplements and trainings in how to improve nutrition from home grown food. The project also supported the existing palliative care clinic at the hospital.

### 4.8.2 Activities and achievements

Activities	Achievements
Mentorship at other health facilities, including the delivery of drugs and supplies, home visits and palliative care consultations	6 health facilities
Training conducted on smart climate Agriculture	8 health facilities trained
Training on various improved agricultural practices that promote food security	180 palliative care family members trained
Support of lead farmers with push bikes, back packs and gumboots	180 palliative care family members trained
Percentage of palliative care families that have adopted the new and improved organic farming technologies	162 palliative care family members (90%)
Referrals of palliative care patients to demonstration gardens	278 patients
HAC training conducted at several other Health Facilities and hospitals	8 health facilities trained
Set up of Referral gardens	8 gardens
Pastor training given by hospital chaplain	In all 6 mentee facilities
Sustainability planning meetings with an aim of handing over the project to District Health Offices and facility management	In all 6 mentee facilities



Picture 10: A home visit during mentorship session at Montfort Hospital in Chikwawa District

### 4.8.3 Challenges

No challenges were experienced.

## 4.9 HIV and AIDS

### 4.9.1 Summary

The impact of HIV/AIDS in Malawi is huge, and especially so in Mulanje. Out of the total population between 15 and 49, 8.8% is infected with HIV. The prevalence is higher among women (10.8%) than men (6.4%). The prevalence in the Southern region is twice as high as that in the Central and Northern regions, and Mulanje is especially hard-hit. Here, 25.9 % of women between 15 and 49 are HIV positive, as well as 14.2% of men in the same age group. (DHS, 2015-16).

As Mulanje Mission Hospital we join the 90-90-90 set of goals made by the United Nation's programme on HIV/AIDS. The goal is that 90% of people who are HIV infected will be diagnosed, 90% of people who are diagnosed will be on antiretroviral treatment and 90% of those who receive antiretrovirals will be virally suppressed.

### 4.9.2 Activities and achievements

Activities	Achievements
HIV tested at MMH	14.249 persons
HIV tested newly positive	883 (6.2%)
HIV patients on treatment	6.712 persons
HIV patients with well suppressed viral load	4.610 (68.7%)

### 4.9.3 Challenges

It is a difficult task to test 90 % of our population, there is still a lot of stigma on HIV and AIDS and therefore people are reluctant to get tested. With challenging logistics of accessing second-line antiretroviral

regimens, it is still a challenge to switch to a next line of treatment when there is treatment failure. Also treatment adherence is sometimes poor, being two of the reasons of the relatively low number of patients with well suppressed viral load.

#### **4.10 COVID-19 Vaccination and case management**

The hospital is a vaccination site for the AstraZeneca and now Johnson and Johnson vaccine. During the year, the hospital was able to vaccinate a total of 775 persons with the AstraZeneca vaccine. There is also a treatment Unit for severe Covid-19 at the hospital. Follow-up of Covid-19 cases happens through the Environmental Health Office. Representatives of the department are active in the District Rapid Response Team for Covid-19. Some of the work done by the Environmental Health Office was supported by Care Malawi.

### **5. Vote of thanks**

Another year has passed and we are grateful for the work that we have done with the help of many donors. We thank *St. Andrews and St. Georges West*, and *Stockbridge Church, the Good Little Company, Fane Valley, Presbyterian World Services & Development, EMMS International, Blacksburg Presbyterian Church, Greenpop, Stichting Steun Malawi, the English Reformed Church and Wilde Ganzen, Christian Blind Mission, Greenpop, Copper Creek Church, Care Malawi, Nieuwe Waarde*, and various individual donors. We thank them for supporting us in providing holistic care to those in our catchment area and look forward continuing to work with you.

MMH 06/09/2021