



Mulanje Mission Hospital

Newsletter

July 2022

Mulanje Mission Hospital
CCAP Blantyre Synod
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Malawi

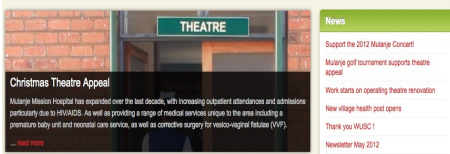
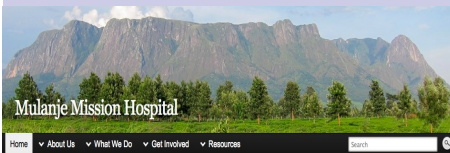
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Editorial comment

By Dickson Chisale

Dear friends and partners,

As everywhere in the world, the effects of the war in Ukraine and COVID – 19 continue hitting hard on Malawi. The prices of products such as food, and fuel have more than tripled. The prices of medicines have also risen a lot resulting in many government hospitals running without vital and essential supplies.

MMH has not been spared on the increase of costs of expensive medicines and supplies and without external support, the hospital wouldn't have operated effectively. We have been able to buy the most essential drugs and reduce the amount of stock-outs to a minimum.

Many Malawian farmers have failed to harvest enough maize (staple food) this

last season, especially the southern region where MMH is situated. This is partly due to the sharp increase in prices of fertilizers and storm Ana which hit the area, last February, followed by irregular rainfall. However, the Sustainable Livelihoods program has helped many farmers to be more financially stable and adapt to climate change. The harvest of honey has never been this much and many people are learning how to be less dependent on artificial fertilizer. It is great to see such an empowerment going on in our catchment area. We provide you a snapshot of our work on these pages, and hope you enjoy the reading!

With best wishes from Mulanje

Clinical Officer specializes in Obstetrics/Gynaecology

Long time MMH employee, Major Ramarikhane has successfully completed his Bachelor of Science in Obstetrics and Gynaecology at the College of Medicine. This is a three-year program, starting with medical basics such as anatomy, but quickly progressing to practical training on the busy wards in the central hospital in Blantyre. With these new skills Major will continue to improve the health of pregnant women and those with reproductive conditions, of which we see so many.

We are grateful to the 'Anker' church in Nieuwegein, the Netherlands for supporting Major during his degree.



Noncommunicable diseases (NCDs) are responsible for nearly 40 million deaths each year globally, representing almost 75% of all deaths worldwide. Amongst others, this includes deaths from chronic diseases such as cardiovascular disease, diabetes, and chronic respiratory diseases. NCD deaths represent an emerging global health threat and now exceed all communicable, maternal, and perinatal nutrition-related deaths combined. The majority of these deaths occur in low- and middle-income countries, where growing numbers of people are affected by NCDs and health systems are often not equipped to respond effectively.

In Malawi, NCDs are increasingly contributing to the burden of disease, they are now the second leading cause of deaths in adults after HIV/

AIDS in Malawi. They account for 16% of all deaths with 17% in males and 14% in females. Malawi has very high levels of hypertension at 32.9% in adults, which is much higher than many countries in the region.

MMH started a NCD clinic about 5 years ago and has increased its capacity over the past years, with the latest addition of an epileptic clinic last year. We are now treating 2500 diabetes and/or hypertension patients, 300 asthma patients and 100 epileptic patients on a regular basis.

As MMH we felt the need to make a standardised guideline to improve quality of our clinic. This guideline is a guidance towards the prevention and control of NCDs and is intended for use by all health care personnel working in the NCD clinic. It is

hoped to enable the early detection and appropriate management of non-communicable diseases.

The training was conducted for 32 health care workers of different departments. It was very useful and fruitful to sit together, discuss the latest scientific approved methods of prevention and treatment and talk about how we can improve our NCD clinic even more. I would like to take this opportunity to acknowledge the efforts of dr Daniel Chiluzi, Tiyamike Lupenga, Thokozani Kamwendo, Felix Tembo, Mary Chipole and Honest Makande. And also, a big thank you to the Rotary club Malawi for funding this training.

At MMH we believe we are now able to manage NCDs and prevent complications as much as possible!



▲ *Participants practicing with a risk prediction tool for cardiovascular disease*

Majorobela, Clinical Officer and featured on the frontpage, is passionate about ensuring pregnant women being prepared for birth and for complications that can arise. Here he gives the reader an idea of what this entails in daily practice. *(the editor)*.

Birth preparedness (BP) is a strategy to promote the timely use of skilled maternal and neonatal (child) care during childbirth based on the theory that preparing for childbirth reduces delays in obtaining skilled care.

Complication readiness (CR) is a strategy or plan to promote early access to a skilled care in a case of obstetrics (i.e. pregnancy, labour and puerperium) complications.

Birth preparedness and complications readiness (BPCR) encompasses the process of planning for normal birth and anticipating the actions needed in the case of an emergency.

To be able to be prepared for birth and possible complications, women and their families need to know about the signs of onset of labour as well as danger signs during pregnancy and puerperium (the period after birth) for the health of the woman and the baby*

Aims of BPCR:

- To reduce delays in seeking, reaching and receiving care
- To promote skilled birth attendance and facility deliveries

Elements of BPCR:

- Registration of pregnancy (Ante-natal care)
- Knowledge of danger signs

- Plan to where to give birth
- Plan for a skilled birth attendance
- Plan for funds for every expenses relating to birth and in case of complications
- Identification of closest medical facility in case of complications or emergencies
- Plan for transportation
- A birth companion
- An identified support to take care of home and other children while the woman is away
- Identification of compatible blood donor in case of emergency

Advantages of BPCR:

- Helps ensure pregnant women can reach for professional delivery care when labour begins.
- Reduces the delays to professional care that occur when a

woman experiences obstetric complications.

- It ensures the readiness and timely utilization of skilled maternal and neonatal (child) care.

Advice given to women at the maternity service at MMH:

Once pregnancy is confirmed

- Endeavor to prepare for your birth
- Make plans on how to handle any emergencies or complications that may arise
- Never wait until pregnancy enters the last trimester (last 3 months) before making plans

Concludingly:

No one prays or wishes for any complication, but endeavor to plan against all odds so that even if it arises, you and your baby will come out safe and sound!



Maternity and nursery team of nurses

It's winter in Mulanje and we've had a few quite chilly weeks. Now with the days lengthening the sun also returns and, apart from warmth, generates electricity from the solar panels on our roofs. The solar extension project is almost completed. There are some teething issues, of course, which the maintenance team and many kind advisors are gradually working through. During many days solar production exceeds our direct needs and we can charge batteries for use at night. Have a look at www.mmh.mw/solar for a live view of the system.

It's been good that we did this project mostly during 2021, as many items became extremely expensive and building and installation materials are now sometimes double the price. We struggle to buy imported goods, such as almost all medicines, surgical supplies and fuel are. This leads to difficult resource allocation decisions to be made.

The hospital wards continue to re-

ceive a large variety of clients, but striking is the increase in numbers of those with non-communicable disease over the past few years. On my last weekend call, adult patients were for a large part admitted with complications of diabetes and hypertension. This asks for new skills and new pathways of care compared to the "traditional" focus on infectious diseases and surgery.

To respond to this, a fresh guideline was written by clinicians and nurses, and staff training sessions held this month. The guideline covers the optimal treatment of diabetes, hypertension, asthma and epilepsy in this setting. Much medical evidence has been generated in western countries, with very different patients and circumstances, which poses a particular challenge for assessing what is the best approach here in rural Malawi. The guidelines and rigorous training will help to manage these chronic conditions.

Farmers in the area who are in-

involved in one of the five irrigation schemes implemented are now getting ready for their second harvest. On village visits we meet parents who report their children are in school and indeed look very well nourished and happy, whereas previously food was scarce for them a significant part of the year. A sixth 10 ha. solar irrigation scheme is under construction.

We are getting prepared for commencing physiotherapy services and eye care. Construction of the new building is now at final stages with an access road still to be done.

Eye care needs significant medical equipment, part of which was donated and part will come new from India. We plan that by the end of 2022 the first cataract surgery can take place at MMH. This will initially be done by visiting surgeons, until a Clinical Officer will have finished an ophthalmic surgery course.

Thank you to all who make all this work possible.



▲ *Eye and physiotherapy building in progress*

Kitchen gardening can play an important role in food security and farmer’s wellbeing, so we should promote it! These are some of the kitchen gardens of orphans and vulnerable children at Nakhumwa and Chitambi Villages. They are able to buy writing materials and other essential materials after sales. This has assisted them to attend school without problems.



▲ *Kitchen gardens for healthy meals*

Irrigation farming is another, more capital intensive method of increasing food security and household incomes. MMH is currently constructing a 6th small-scale scheme (10 hectares at Sikoya Vilage), funded by Fane Valley from N-Ireland.



▲ *Food and Economic Security through Irrigation Farming*

Environmental conservation During the 2021/2022 season the programme introduced the “Changu Changu Mbaula” activity where 1,200 beneficiaries are targeted. Currently, 480 people have already been reached from January-June. The project seeks to increase access of households to improved cook stoves. These stoves are much faster and hotter and use less wood than traditional open fires.

In this project, an online database was set up and is maintained with

▼ *Changu Changu Moto: ‘Fast Fast Fire’ improved stove*



▲ *Mwamadi Irrigation Scheme*



the GPS location of each stove, the actual usage and a photograph. During a recent village meeting, ladies and gentlemen reported many benefits such as reduced cooking time, reduced time spent collecting firewood and better meals as staple and sauce are ready together.

Sustainable Livelihoods programme— an update (*continued*)

Forest regeneration

Currently over 16 hectares is being restored and 88,000 trees are planted this year. This is an important way of combating effects of climate change in the catchment area.

Economic empowerment

Village Savings Loans and Associations are being enhanced amongst community members, about 1,150 members are taking part in the activity. A total of K51,750, 000.00 (USD 50,182) were realized during the period between January, 2021 and January, 2022.

40 youths from different Youth clubs were provided with improved chickens on a pass-on basis. Each member has received 5 hens and 1 improved cock. The first beneficiaries will pass-on the same number of chickens to the second beneficiaries after hatching. This will help the youths to have more chickens and eggs to sell to get money for their daily needs. Youth are also trained in bee keeping and are provided with beehives and other materials for bee keeping and honey processing

Focus on people living with disabilities—400 of these community members

have been included in the programme to ensure no one stays behind.

Primary School Agriculture Programme The Primary School Agriculture Project focuses on enhancing hands-on learning among learners, and the ability of schools to provide nutritious meals, utilizing fresh local products from the school gardens and the communities. All the schools in our catchment area now have Orchards, Woodlots and vegetable gardens. They provide meals to pupils once a week and teaching opportunities every day.



▲ *Natural Resource Management Committee (Mlatho area) with beehives in the background*



◀ *A community member using crutches with live-stock*

Primary school kids enjoying their self-grown meal



Meet this patient, we will call her Esther. More than two months ago she was admitted to the female ward of MMH. The reason for admission was a severe infection of the muscles of her right upper leg.

At the time of admission she couldn't walk and she was in severe pain. Esther had to undergo several operations, whereby large parts of her upper leg muscles had to be removed. It is not easy for her, staying in the hospital for so long, leaving her household and her four children behind. It asks a lot of patience and courage. Last week she went to theater again, this time for a skin transplantation of the wound, for which skin of her other leg was used. At the time of writing the skin transplantation is taking well. Esther is walking around in the hospital, with a big smile on her face. The Bible book Proverbs says: 'Who shall find a strong woman?' (Proverbs 31: 10) We found that strong woman in this patient.



▲ *Esther recovering from surgery*

Thank you to all who made donations made for the Bed sponsorship program. This program supports patients like Esther, whom are not able to afford long and costly (but very much needed) admissions.

Empowering girls through education and vocation skills—By Wise Ndawa

Mulanje Mission Hospital believes that healthy, educated and empowered women and girls are powerful agents of change in society. If girls are supported, they gain opportunities to speak up for their rights, and advocate for their communities. They are able to rise in social standing, and they can feed this into future generations. Girls have the right same right to education as boys. Educated girls can make informed choices and from a far better range of options. Educating girls saves lives and builds stronger families, communities and economies. An ed-

ucated female population increases a country's productivity and fuels economic growth. Empowering girls is essential to the health and social development of families, communities and countries.

Based on this, 60 young teenage mothers are supported to complete either primary/secondary school or pursue vocational training.

This is part of a wide range of activities under the Teenage Pregnancy Prevention programme carried out with EMMS International from Scotland. The programme was developed



in response to the extreme rise in teenage pregnancies seen during Covid-19.