



Mulanje Mission Hospital

Newsletter

December 2022

Mulanje Mission Hospital
CCAP Blantyre Synod
PO Box 45 Mulanje
Malawi

E-mail:
director@mmh.mw

National Bank of Malawi

P.O. Box 945 Blantyre

Hospital accounts:
407275 (\$)
286818 (£)
380873 (€)

SWIFT CODE:
NBMAMWWW

Keep up to date with all the
news from MMH.

MMH website
is regularly updated



Visit our site at
www.mmh.mw

Please send feedback to
info@mmh.mw

Editorial comment

Dear friends of Mulanje Mission Hospital,

Christmas festival is approaching - the time people across the world celebrate good news and the promise of new life in Jesus Christ. In Malawi, we exchange gifts, cheer sick people in hospitals and visit family and friends. We as staff of MMH also wish to share with you the love of God.

Malawi started receiving heavy rains in December. Farmers have started planting maize, tobacco and other crops. This is the season when we have to be on the lookout for waterborne diseases. Already, MMH has registered 4 cholera cases early this month; and many cases are present in the country in one the severest outbreaks in years. This has come as a wake up call to strengthen efforts to control further spread through health

talks and community sensitization campaigns. The hospital promotes latrine construction too.

Another 'old foe' is making a comeback too: leprosy. Surveillance and education on early signs and symptoms of leprosy have been put in place.

Mulanje Mission Hospital is getting a new face as we see an almost completed construction of a building to accommodate an eye clinic, dental department and physiotherapy clinic. This is a milestone leading to improving the quality of patient care. We hope to provide a wide range of services; part of this is achieved by sending clinicians to study various programs such as ophthalmology and orthopedics. Let me on behalf of MMH staff thank you all for making a vision become reality. Merry Christmas and a blessed 2023!

By Dickson Chisale

Hospital Chaplain Rev. Mseu coming in

Rev. Samson Meu has come in as hospital Chaplain in September. Apart from his duties as Chaplain, he also serves five small churches in Mulanje. In his absence, pastoral tasks are carried out by the College Chaplain and Head of Station.

Rev Mseu is married and has 2 children. The Chaplain is present at the hospital on three days a week, during which he sees people in his office for spiritual counselling. He also visits patients and guardians on the various wards.

Reverend Samson Mseu ►



Mulanje Mission Hospital has over the years managed to integrate quality into its daily operations. The hospital believes that access to care alone is not enough. People must access services that are safe, timely, efficient, effective, equitable and patient centred. Investing in quality improves outcomes, client satisfaction and prevents errors from happening.

The MMH quality journey dates back to 2009 when we embarked on an infection prevention and control program and later in sexual reproductive health program. These standard based programs improved quality of services for patients and clients and instilled a quality culture in members of staff.

In 2021 MMH embarked on yet another quality improvement program under the Ministry of Health Quality Management Department. The program is based on COHSASA accreditation standards. COHSASA is a Cape Town based non-profit institute committed to set appropriate quality standards for sub-Saharan African hospitals. It is a very comprehensive program that focuses on all elements in the hospital including leadership, human resource management and administrative function. The baseline score for the hospital was 38% with areas such as risk

management getting as low as 12%.

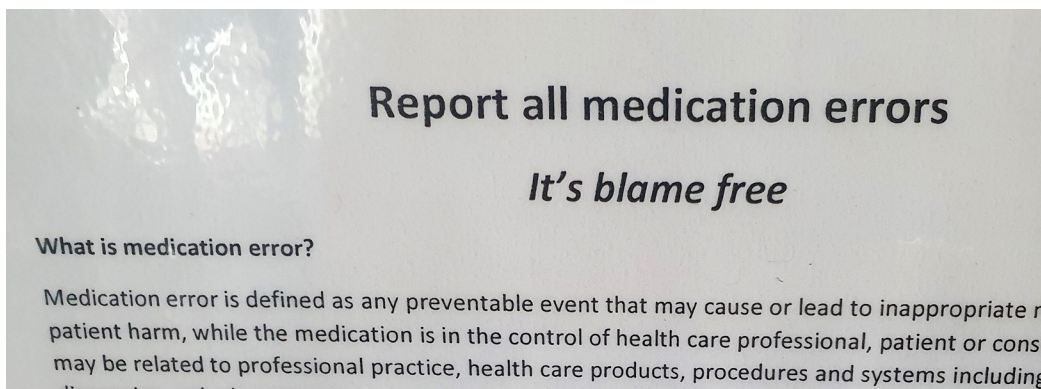
MMH views the score as a challenge to heavily invest energy and resources in continuous quality improvement. The primary goal is not to get accredited, but to use this as a tool to improve services for patients and clients.

Currently, there is a lot that has been done to improve care in this regard. Among other things, the hospital is working on the first ever certification basic life support training for its health workers with an aim of building staff resuscitation skills. There have also been efforts to improve medication safety and prevent errors. Recently, a system for reporting medication errors has been put in place. Medical equipment is being checked more regularly by a team. We are excited to report that for the first time in MMH history, the hospital has started using patient identification bands to improve patient identification and as a way of complying with the WHO recommendation to use two patient identifiers.

A lot of policies have been written to guide staff. A number of committees have been put in place to oversee different service elements. These include risk management, resuscitation and medical equipment management teams.

The hospital is also strengthening adherence to patient's rights. Currently an informed consent policy is in place and a general consent form has been developed. MMH has also strengthened feedback mechanisms from patients by re-establishing the office of the hospital ombudsman to deal with patient complaints, staff concerns and other situations. Several information and communications materials promoting patients rights awareness have been posted in strategic areas.

MMH needs support from its partners to achieve this. The hospital welcomes support ranging from training of staff in areas such as resuscitation, critical care, surgical safety, medication safety and medical equipment maintenance. We also need material support such as adequate resuscitation equipment. We also need stationary as we have developed many new forms. We call upon organisations or universities with similar interests to partner with us as we strive to provide better care to our patients and clients. MMH is committed towards providing care that is not only accessible but also of high quality. Our strategy is to make quality a concern for all staff, not just for senior management members and in-charges. We wish you a Merry Christmas and a prosperous new year!



▲ Report and work on medication errors: an example of quality of care improvement

NCDs (non-communicable diseases) are tackled. As you might have read in the previous newsletter, we have improved our NCD care by making a guideline and giving a training to health care workers concerning the prevention and treatment of these diseases and their complications. But because prevention is such a big part in the development of these diseases and their complications and patients play a great role in this, we decided to make a patient education video.

Physical inactivity, high salt intake, obesity and insufficient fruit intake are the biggest risk factors associated to these diseases in Malawi and therefore preventive approaches should be conducted where these lifestyle factors

are tackled. As you might have read in the previous newsletter, we have improved our NCD care by making a guideline and giving a training to health care workers concerning the prevention and treatment of these diseases and their complications. But because prevention is such a big part in the development of these diseases and their complications and patients play a great role in this, we decided to make a patient education video.

Last month we got together with a group of volunteers and health care workers and made a wide range of scenes together with video producer Seth English. Many colleagues have

contributed to the video: Nurse Mary Chipole speaks about a healthy diet, physical exercise and prevention of foot ulcers in diabetes. Clinical officer Felix Tembo speaks on hypertension and diabetes and how to prevent complications and on misconceptions on the different NCDs. Nurse Honest Makande explains about asthma, its prevention and on how to use an inhaler. Thokozani Kamwendo speaks about epilepsy and what care-givers should do when someone has an attack and how to minimize the attacks and complications. Together with a group of volunteers we also do a cooking demonstration to show how to make



▲ Healthcare workers acting out healthy cooking and eating for the videos

healthy meals. This video will be screened in the different outpatient departments. We hope it will improve the knowledge of our patients on these topics and help them to make healthier choices. Other videos are available too, such as on cervical cancer screening, and we hope to grow the database available for better health education.

Thank you for all who have contributed to this video. Prevention is the key!

Videoshooting



2022: a year of success and challenges

– by Dr Arie Glas

The year has passed with unbelievable speed here at MMH.

I wanted to give you a general update on what were the points of focus for us here, what struggles we faced and how we plan to go forward in 2023.

2022 started very wet, with late rains only really commencing in January. Many in our community had C-19 that month, but severe cases were rare this year. Compared to 2021 this was a big relief, since care was then very much disrupted due to the virus. Most preventive measures against C-19 were hardly adhered too in Malawi. This would have been difficult if not impossible for many people in any case.

The hospital spent resources on improving the C-19 vaccination status in the area, but this proved to be very tough among the general population, with coverage rates <10%. We did achieve good coverage in priority groups such as those with hypertension and diabetes.

February brought an enormous storm, Ana, which destroyed a major hydroelectric power plant on the Shire River, not yet repaired. Since then, blackouts are very common, outside Mulanje even more so than here, since there is some energy generation from hydroelectric schemes on Mulanje Mountain too. The damage to bridges, roads et-cetera was extensive, and we will never know how much fertile soil has been washed away down the rivers.

All of this was a good reminder of the need to improve the electrical system at the hospital, and continue working on soil protection and water catchment management.

In terms of electricity- the maintenance team and myself spent a lot of time fundraising for and thinking about the best way to complete it. We were blessed with three fantastic volunteers who came out to Malawi and did the job with us. The current situation is that, on sunny days, we do not need the national electricity grid.

When it is rainy or at night time, we do still rely on the grid. If that grid fails, we can survive up to 6 hours on our batteries, after which we have to use the diesel generator. Often within those 6 hours the sun will come up or clouds blow away and the generator can stay off. Over the past year we have very rarely had to use diesel, maybe 6 times, – all the better since it was often unavailable in the country.

The hospital now has a 3-phase power supply to all departments. In case of grid failure and a low battery, two phases switch off, leaving a third phase to supply critical loads (load means energy consuming processes). This setup ensures that solar energy is optimally used by all loads, but at the same time precious battery power can be prioritized for critical loads only. We will spend another few months finalizing an upgrade of the connection to the local transformer and optimizing the distribution over the three phases in each department. **Continued on page 6**

CHRISTMAS APPEAL 2022

Mulanje Mission Hospital has completed a new eye and rehabilitation clinic. We are ready to treat patients!



Will you help us?

The need: in Mulanje alone...

17.000 people are **blind** and can be treated with a short operation

16.000 persons with **disability** can benefit from rehabilitation therapy

How can you help?

€/ \$4 / £3,50 provides in-patient consultation for stroke patients

€/ \$ 10 / £8,50 provides 5 rehabilitation consultations

€/ \$ 40 / £35 provides vision-restoring cataract surgery

In € via Tikkie:



[Click here](#)



In £ via Paypal:



Use button on www.mmh.mw/fundraising-and-donations

The Sustainable Livelihoods team are improving the use of data and IT in programmes. For example, tree survival following planting is now more closely monitored using standard techniques. A database with improved cookstoves is operational and allows a geolocation, photo, and date use confirmed to be seen from anywhere in the world. The maize harvest in March and April was not great; now leading to very high prices and shortages. The only silver lining to these clouds is that it becomes more and more clear to everyone that sustainable farming techniques have to be embraced in order to survive. Many farmers haven't bought any chemical fertilizer this year as it was so costly.

Throughout the year, nurses and clinicians have focussed their quality improvement efforts in a formal accreditation programme. After a slow start, it is great seeing all departments take part and a sense of ownership and responsibility being fostered. We look forward, a bit nervously, to a mid-term scoring session by the Ministry of Health in January 2023!

Hospital management has led a strategic planning process – a report is about

to be finalized. This provided many fruitful discussions and can inform existing and new partnerships.

Our main challenge during 2022 has been a replacement ban for staff. This means that if a staff member left, the hospital will not receive salaries from the Ministry of Health for a replacement employee. One can imagine that over the course of more than a year, quite a number of nurses and others do leave. In some cases we have to leave gaps, in others scarce funding had to be allocated to self-finance replacement. All of this is closely related to the dire financial situation the Malawi Government is currently in – you can read more in an interesting report by the World Bank (search for Malawi Economic Monitor, December 2022).

Various capital projects were undertaken too – during the entire year we have worked on the new combined Eye/Dental/Rehabilitation clinic, which is almost ready. We hope to move into the building next week. Three houses were completed and the private male and female ward sections renovated. Just this month, a programme to improve use of the Youth Centre and pro-

vide a workshop for teenage mothers and orphans with vocational training was started.

The Primary Health Care team worked a lot on safeguarding and psychosocial support for orphans and vulnerable children. Work was undertaken to repair latrines too, following the storm.

In 2023 we will focus on getting the Rehabilitation and Eye service up and running, and the Youth programme in place—though one never knows what circumstances may force us to do! For those interested, let us know if you want to receive a copy of our strategic plan.

It is easy in a piece like this to overlook the quiet, daily duties of many: the nurses providing antenatal care in an outreach clinic, the health surveillance assistants in the villages, the clinical officers coming in to perform a caesarean section at night, the cleaners and handymen. These are however the efforts that make a difference each day in our community. Thank you all very much for your support and interest! We look forward to 2023 in confidence, hoping to have many fruitful interactions with partners across the world.

A TB survivor shares his story with other patients

- by Wise Ndawa

It came as a surprise gift to 20 tuberculosis (TB) patients who are on treatment at Mulanje Mission Hospital TB clinic when Austin Kaunde, a cured TB patient, visited other patients and donated to them 100 bags of maize flour and 100 tablets of soap.

Austin Kaunde once suffered from tuberculosis himself for a long time. He wanted to encourage other patients to adhere to treatment. Austin told the

patients to make sure they take drugs accordingly. He assured the patients that you can only get cured when you are following instructions from doctors and nurses, and told the gathering also: 'I am one of the patients who lost hope but here I am; I was cured and am a strong man! Austin got TB first in 2012. He followed treatment and was declared cured in June, 2013, but a re-

lapse occurred within 2013, upon which he was admitted in hospital for 60 days. Following discharge, he still had to continue treatment for 6 months. After this treatment Austin was finally cured in June, 2014. During this entire period Austin was being treated here at Mulanje Mission.

Currently Austin is a successful business man, running a shop.