



Mulanje Mission Hospital

Newsletter

December 2024

Mulanje Mission Hospital
CCAP Blantyre Synod
PO Box 45 Mulanje
Malawi

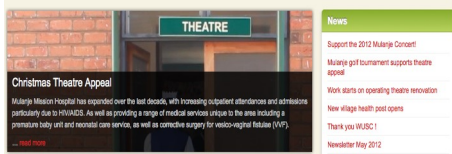
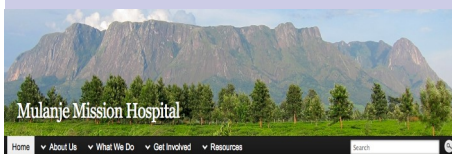
E-mail:
director@mmh.mw

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

By Dickson Chisale

Dear friends, development partners and donors across the world.

The year 2024 is now coming to an end. A time to reflect on the love and blessings from our God and a time to prepare celebrating the birth of Jesus. There is a lot to be grateful for. Malawians are also ending this year in painful economic hardship. This is playing out in shortage of fuel, shortage of forex and large price increases of basic goods and services. The most challenging is the high cost of farm inputs for small scale subsistence farmers. All these problems are heaped on already vulnerable people. The hard economic conditions are affecting all sectors of our economy, which has an impact on MMH too. As a result, the number of vulnerable people

is growing and cases of children with malnutrition are sadly rising too. MMH is taking many initiatives to support vulnerable families; for example through promoting improved farming practices, provision of nutritional flour to malnourished patients, supporting students in vocational skills training such as welding, carpentry, plumbing, tailoring, bricklaying and other outreach programmes. The needs are large and in this time of year we would like to ask you to continue standing with the hospital in 2025.

Because, if we stand together, a lot can be achieved. We present you some examples in this Newsletter. Many patients are helped and many programmes are bearing fruit. Thank you very much!

Meet Chisomo Layisani, intern Clinical Officer

Hi, I am Chisomo! I'm working at the hospital as intern clinical officer since september this year. I'm 22 years old. My mum comes from Mulanje, my father from Lilongwe and I grew up in Blantyre. After secondary school I graduated in clinical medicine at Malamulo College of Health Sciences in Thyolo. I will work at MMH for at least one year to complete my training. I find the hardest part of my work the weekend and night calls! What I really like is that my training is hands-on compared to the theory I learned at school. The teaching environment is very nice and I get help from colleagues.



▲ *Chisomo, intern clinical officer*

MMH held a one-week surgical camp from 25 to 29 November 2024 which focused on inguinal hernia repairs. An inguinal hernia is a bulge or protrusion that occurs when the bowel pushes through a weakness in the muscle or tissue that holds it in place. With the help of Dr Ben Widmann, surgeon and Dr Madalitso Kumwembe, surgical resident, both from Nkhoma Mission Hospital and supported by the Medical Benevolence Foundation, hernia repairs were done through the Lichtenstein procedure. Three clinical officers and one medical doctor were trained and mentored, currently they are able to successfully perform the procedure.

Before the camp, we did hernia repairs through the Bassini technique but currently the Lichtenstein procedure is being performed which is simpler and has better outcomes as it uses mesh rather than sutures only. During the camp some cases which we operated on were received from



Δ Surgical teaching in progress

Mulanje District Hospital because they have a very long waiting list for their elective surgical procedures including inguinal hernias. The camp helped

to assist these patients and also helped to enhance skills and knowledge of our members of staff at the facility.

Young supporter raises funds for the hospital

- by MMH management



This is Seth Rode, a young MMH supporter. He has raised 300 euros for the care of patients at the hospital. Seth (10 years) used his pocketmoney and sales of some of his toys. With the funds, MMH will be able to help patients, such as the gentleman we write about on the next page. It is almost always

possible for patients to contribute something, but not always the full hospital bill. Large health expenditures can lead to deep poverty for a family, for example because they need to sell all their land. To sponsor these people is a critical need. Seth, you are a great example to us all.

A patient greatly helped through the Bed Sponsorship Fund

- By Dr Lisanne Glas

Two months ago a very sick patient came to our hospital, weeks of intense care resulted into his successful discharge as a healthy patient this week. What a joy!

He came with very severe wounds on his right lower leg, a so called necrotizing fasciitis. He also had diabetes with poorly controlled blood sugars and a fungal meningitis, which is an infection of the protective layer surrounding the brains, and severe malnutrition with a weight of only 43kg. Endless amount of times we took him to theatre for debridements of the wounds, he received soy blend porridge to gain weight, antibiotics, antifungals and insulin injectables.

Daily sugar checks made sure his sugars were well controlled. The ward team did a great job in managing this very challenging case. After 2 weeks of staying in our hospital his savings were finished and he wanted to go *home*, we convinced him to stay and paid his remaining bills through the Bed Sponsorship Fund. All infections were successfully treated and he gained 13 kg (!) dur-



▲ Our patient with some of the Male Ward team who did a great job

ing his admission. Our surgeon did a successful skin graft on his wounds 2 weeks ago which have taken very well and this week we had the joyful moment of discharging him gratefully, he was (literally) dancing out of

our ward and we danced with him! Thank you so much to all who have contributed to his care at the hospital through the Bed Sponsorship Fund.

HPV vaccination

- By Céline la Croix (Medical Student)

Dear MMH community,

My name is Céline, a 6th year medical student from Utrecht University, The Netherlands. During my final 12-week rotation at MMH, I spent six weeks in the primary health care section, where I had the opportunity to contribute to a

project aimed at increasing coverage of HPV vaccination, which greatly reduces the risk of cervical cancer. Currently, rates of it in Malawi are among the highest in the world.

Despite government provision of the HPV vaccine since 2019, our

research found that the coverage remains alarmingly low. Through data analysis, interviews, and stock assessments, we identified key issues that need to be addressed, such as low vaccination coverage, high drop-out rates, deficiencies in documentation, and challenges in

vaccine procurement and documentation, with missing patient distribution, addressing barriers to distribution. Interviews with health information and incomplete records vaccination uptake, improving personnel and school staff of vaccine doses administered. To documentation methods, and highlighted misconceptions about address these challenges, several implementing reminder systems. the HPV vaccine, lack of awareness, recommendations were made, These interventions aim to improve and certain cultural beliefs as including increasing awareness and the effectiveness and reach of the barriers to vaccination uptake. The education about the HPV vaccine, HPV vaccination program at MMH study also found deficiencies in improving vaccine procurement and and reduce cancer in Malawi.

Culture and bacterial sensitivity testing at MMH**- By Dr Marleen Zijdeveld**

Antimicrobial resistance is one of the top threats to global public health, according to the World Health Organization. Research has shown that resistance against commonly used antibiotics has increased over the past years in Malawi. At MMH we also see an increase in cases with certain infections which do not respond well to the common antibiotics. Since September, the laboratory at MMH has increased the practice of doing cultures (of for example urine or pus), to find out which bacteria are causing the diseases we meet. Following that, the sensitivity of that specific bacterium is tested to find out to which antibiotics the bacterium is resistant or sensitive. In the nearby future we aim to introduce blood cultures as well.

Currently, the results of culture and sensitivity are guiding clinicians in treating the patients appropriately. The data will be a valuable source of information to guide future decision making in combatting antimicrobial resistance.



▲ *Laboratory technician Aaron Galeta working on cultures*

Other efforts to rein in resistance and around the hospital and include the reinforcement of appropriate antibiotic prescribing handwashing, proper sanitation in practices.

Christmas Appeal

The Need

Mulanje is a large district with rough terrain. For over ten years, the hospital truck has ferried building materials, tree seedlings, farm inputs and many other items for community programmes across dirt roads. Our truck is now old, often breaks down and needs replacing.

This season, we ask you to help fundraise for

A young, second-hand truck costing

US\$ 25,000 / £ 20.000 / € 23.500

The truck will enable MMH to:

- Safely and quickly stock essential drugs
- Carry out community programmes effectively
- Support immediately with emergency items and humanitarian aid in times of crisis
- Efficiently carry around all the items a hospital requires

Will you help us to get a truck for Mulanje Mission Hospital?

In € via Tikkie [LINK](#)



www.mmh.mw/donations

via Paypal [LINK](#)



The health in the community we serve is influenced by many factors. Some of these we can control, and others we cannot, but to respond is almost always possible. Sometimes, simple mathematics will tell us what we can achieve and what not. To give you an example: studies have shown that 25% of adults in Malawi live with high bloodpressure. That translates to approximately 13.000 people in our catchment area alone. The clinic at MMH currently serves about 3,000 persons with hypertension and diabetes, and though it can grow, to quadruple it in the near future would be a huge challenge at our current staffing levels. This shows that apart from treating many patients, considerable effort should be directed to influencing those factors that lead to hypertension; in our area mostly high salt intake. To cut a serious dent in salt intake, individual lifestyle changes are required, as well as government regulation, for example regulations for the amount of salt in processed foods. Until now, in Malawi such legislation and widespread health education is virtually absent. So, what to do?

In 2024 we started implementing the Chitsanzo ("model") primary care programme. In Chitsanzo we aim to increase the reach of basic healthcare, such as that for hypertension but also other chronic conditions. Treatment will be provided, but an essential element will be much more emphasis on large scale community education and screening. We may be challenged to treat

each patient with high bloodpressure with medicines, but we can educate everyone on how to reduce their chance of developing it and improve self care. We hope to model a primary care service that can be multiplied across Malawi. The lessons learnt in this programme, that is implemented with a partnering primary care organization from Holland, will be documented and shared. Our aim will be to provide the evidence that is needed for Malawi's policymakers - so that the healthcare system and ultimately the nations' laws support healthier communities and help protect against chronic disease.

The past year has also seen work on the eye theatre, which gradually moves towards completion. Many people have benefitted from glasses and eye surgery and gradually the service became implemented in our daily routine. For 2025 our main goal will be to increase the numbers of those helped. To support that, this month ninety healthcare workers from all across south Malawi were trained in primary eye care and will be referring to the eye clinic here.

There are always small renovations needed at the hospital too, such as the refurbishment of the nursery ward, now completed, and painting of the Pharmacy. The Ombudswoman, TB officer and IT officer received a new working space this year. We continued renovating some of the oldest housing on campus. An unused building is currently being con-

verted to two apartments.

The primary care department received a major grant in kind from USAID through the government, enabling us to provide malaria vector control in a record number of villages. We presented our malaria programme at several international meetings, showing that a small but focused local organization can very well provide malaria control interventions. A clinical improvement has been the reintroduction of culture and sensitivity testing and the launch of fresh maternity guidelines in print and our Clinical app. A strategy meeting in November refocused senior staff for the year ahead. If you are interested, check our website for the strategic plan.

A serious challenge in 2024 remained the continued government ban on staff replacement. We have lobbied intensively with government, our proprietor and through the press, but it seems the funds to allow proper staffing are just not there at the moment. We appreciate this is not what many would like to hear; as we all hope gradual reductions of aid become a possibility. But given this situation, how wonderful is it that all services continued without interruption this year. We have even taken steps to have a critical care area staffed 24/7, increased our support to dental and eye patients and much more.

So, we look forward with confidence, knowing that we are provided for in times of need.

Sometime after Dr. Lisanne and Arie came to Malawi to start their job in Mulanje Mission Hospital, their friends in Arie’s hometown village of Mariëenberg asked themselves how they could help and support the work of the hospital. In 2019 their ideas resulted in founding Stichting Steun Malawi, SSM, (foundation to support Malawi).

Since then different activities have been and are still carried out. Every year in November the foundation buys a lot of potatoes and eggs from a local farmer. Announcements are made in the local press and in the different churches, saying that the “Malawi group” will approach every household in the villages to sell potatoes and eggs. On a fixed date about 40 people go out with their own cars to sell the food products. Usually they have a lot of fun; at the meeting point cakes, coffee and soup are distributed. There is even a match attached to it: who sells most potatoes? The winner gets a trophee. Recently 7000 kg of potatoes and 2000 eggs were sold, re-



sulting in 2000 € for MMH. Another activity is selling “rollade”, a traditional piece of meat. Some people order up to 30 or 40 pieces, having asked all their family members and friends to buy one. Every year SSM asks the three local churches to allow them a collection for MMH. This also raises good money. Besides these activities, the foundation has a website and people can donate money in a very easy way via this website. Some people do so on a

regular base.

In 5 years time SSM has collected 87000 € for MMH, far more than the Dutch friends ever thought they would raise. In some cases donations were multiplied through cooperation with Wilde Ganzen.

The money was used for different purposes, such as the Sustainable Livelihood work the Eye clinic, a new dental chair and renovation of staff houses.



Preparations for annual potato/egg sales

◀ Trophy holder for 2024, Mr Jaspers holding the cup!