

Management Memorandum from Mulanje Mission Hospital

Activity report 1 March 2024 – 28 February 2025 (12 months)

1. Hospital report

1.1 Activity report

The table below shows a summary of hospital and community activities for the year 2023-24.

Inpatient and outpatient services January 2024 – February 2025

	2024 Jan-Mar	2024 Apr-Jun	2024 Jul-Sept	2024 Oct-Dec	2025 Jan-Feb
MATERNITY SERVICES					
New antenatal attendance	595	554	558	618	295
Deliveries	582	622	526	488	314
Caesarean sections	120	114	108	104	63
Neonatal death rate (%)	1.5%	1.8%	0.8%	0.2%	0.3%
Number of patients screened for cervical cancer	826	784	681	538	454
FAMILY PLANNING					
Number of persons receiving 3 month OCP	2	75	133	89	103
Number of persons receiving Depo-Provera	3444	3425	3260	3360	2388
Number of persons receiving long-term FP methods	112	108	85	51	99
CHILD HEALTH					
No of fully immunised under 1 Children	545	530	535	444	332
Underweight under 5s attending clinic	35	35	48	34	13
OUT-PATIENT SERVICES					
Out-patient attendance - under 5s	5702	3913	3229	3905	1957
Out-patient attendance	9202	7544	7351	9091	4582
HIV confirmed positive (15-49 yrs)	64	51	40	56	34
ART Clinic attendance	5958	5572	5317	5525	3890
NCD Clinic attendance	2456	2559	2588	2700	1819
IN-PATIENT SERVICES					
In - patient Admissions	1534	1653	1512	1466	782
In-patient Deaths	23	32	25	20	8
IP death rate (%)	1.5%	1.9%	1.7%	1.4%	1.0%

Source: MMH HMIS files

1.2 Nursing and Clinical services

Quality improvement programs

Mulanje Mission Hospital was in November last year, awarded a 2-star status by the Ministry of Health in a function held at Crossroads Hotel. The quality improvement team is working tirelessly to improve the hospital status to a higher star rating. The Hospital continues to enhance quality care through its internal quarterly supervisions in infection prevention and reproductive health services.

To improve and standardise the quality of services, the hospital finalised the updating of its maternity protocol book with the help of consultants from QECH. Members of staff have been trained in the new protocols, and improved practices have been adopted. With assistance from Nest, the hospital also trained 12 members of staff in the care of Infants and Newborn babies.

MMH reopened full operations of the high dependency unit in July 2024. The hospital sent the four nurses allocated to the unit to Nkhoma Mission Hospital for orientation. Each nurse spent one week in the Nkhoma Hospital intensive care unit for training. Since reopening, the number of patients admitted to the unit has significantly improved.

Capacity building

In the period under review, one nurse finished an upgrading course and obtained a Degree in Mental Health Nursing. She is the first mental health nurse at the facility, and her presence will fill an important gap in patient care and reduce referrals of patients requiring mental health services. Two nurses have been sent for upgrading. One is pursuing a Diploma in Anaesthesia, the other nurse pursuing a Diploma in Community Health Nursing.

Clinical services

Currently MMH employs five doctors. Due to a shortage of funded positions, the department recruited several intern clinical officers working under supervision. This is not ideal, but it allowed services to continue uninterrupted.

Specialized clinics continue to occur in the areas of eye health, NCDs and soon mental health will be added. Data review was strengthened with the addition of an M&E officer at the hospital.

Chaplaincy

The chaplaincy office is providing spiritual care to patients. Of note, the chaplain is not present full-time at the hospital due to other duties assigned outside MMH's control.

1.3 Infrastructure

Completed projects

Here is an update of the projects that have been carried through in the financial year ending March, 2025

1.3.1 Eye theatre

The Eye Theatre is under construction. The total value of the project as at the time signing the contract was K238,939,251.80. However, the value of the project is likely to go up due to devaluation of the Malawi Kwacha. The project was supposed to be completed by 17th January 2025. The contractor requested for an extension of project period to 31st March 2025 due to unforeseen circumstances. The contractor may request for a further extension.

1.3.2 Renovation of an Old Primary Health Care hostel into two houses with three bedrooms each. The project is almost complete and staff may occupy the houses by 1st May 2025. Total cost of the project is K40,716,820.20

1.3.3 Construction of Mlatha Health Post

We are constructing a health post at Mlatha Village where the outreach clinics will be conducted. The project will be finishing by the end of March 2025. Total cost of the project is K26,888,250.05 The building has 4 consultation room and a waiting area.

1.3.4 Renovation of Kangaroo ward

Kangaroo ward (Nursery Ward) was partially damaged by the water tanks which fell of the building. The tank stand structure was weak. The damage was on the roof and part of the walls. The cost of renovating the ward was K31,420,943.50 and partly covered by insurance whilst some improvements were also done.

1.3.5 Renovation of Ekhamuno Health Post

This is one of the health posts where outreach clinics are conducted. The clinic required renovation by removing the ceiling which was eaten up by the termites and the raising the walls. The gutters also need a few maintenances. The cost of the maintenance works was K4,692,953.00. The works have been completed.

1.3.6 Renovation of Chibanthi Health Post

The scope of works and activities are similar to those of Ekhamuno Health Post as above. The total cost of the project was k5,498,975.00. The works have been completed

Upcoming projects

1.3.7 Improving the food processing room at Nutrition Rehabilitation Unit.

The project under the Sustainable Livelihoods project will focus on improving the food processing room to meet the Malawi Bureau of Standards specification for food processing unit.

1.3.8 Constructing Shelters for patients' waiting areas at X-Ray building and ART building

Patient seeking services under these building do not have a covered waiting area hence the need to construct the same. We are yet to identify the funding donor

1.3.9 Improving the Postnatal block

The Postnatal block need painting and repairing the toilets and bathroom. Also need to replace done doors

1.3.10 Renovation of MMH House number 33

This is one of the oldest houses at Mulanje Mission Hospital. The house needs a complete renovation. Activities include replacing the ceiling and trusses, re-plastering, painting, gutter placement

1.3.11 Hospital security fence

The hospital is currently does not have the security fence which make it vulnerable to lose property. We therefore intend to construct a security fence. The project construction may be done in phases.

1.4 Drugs and clinical supplies

MMH continues to experience challenges in maintaining continuity of essential drugs and clinical supplies. A number of factors have contributed, lack of supplies at Central Medical Stores and rapidly increasing prices in the year. The hospital has not experienced many stock-outs, but an increased fund-raising effort was needed to buy supplies on the commercial market.

The hospital received a donation of drugs from Global Assistance, and multiple donors contributed to a fund for drugs and supplies (the Bed Sponsorship Fund).

The Service Level Agreement prices are not realistic when compared to the real cost of medicines and staff costs, but too low.

2. Primary Health Care

MMH PHC continues to be busy in providing sound community preventive medicine with the following programmes:

1. Malaria vector control: Indoor residual spraying (IRS)
2. Orphan and Vulnerable Child Care
3. Prison Health
4. Sustainable Livelihoods
5. Palliative Care
6. Youth
7. Sustainable Maternal Neonatal Child Health
8. Environmental Health: TB, Covid-19 prevention and WASH
9. Cervical cancer screening
10. Chitsanzo project

2.1 Malaria Vector control

In the year 2012; MMH started implementing Malaria vector control using Indoor Residual Spraying (IRS) in its catchment area, with larval source management (LSM) added in 2017. This season we used a mixture of Actellic 300CS, Sumishield and Fludora Fusion in a successful public-private partnership with Eastern Produce Malawi.

The table below gives a picture of coverage of the vector control program.

Year	No. villages IRS only	No. of villages LSM only	No. of villages LSM&IRS	Total no. of villages with vector control	% of villages with vector control	Total population protected	Total no of <5 yrs deaths
2011/12	0	0	0	0	0	0	20
2012/13	4	0	0	4	5.4	5,246	16
2013/14	22	0	0	22	30	16,136	10
2014/15	40	0	0	40	56	37,985	12
2015/16	55	0	0	55	76	47,121	6
2016/17	35	0	0	35	49	29,986	8
2017/18	46	20	6	72	97	82,702	1
2018/19	32	32	10	74	100	85,000	0
2019/20	46	3	7	59	80	72,500	0
2020/21	48	13	4	65	90	79,872	0
2021/22	20	3	3	26	36	5,286	0
2022/23	13	0	0	13	18	18,000	1
2023/24	51	0	0	51	71	70,000	2
2024/25	65	0	0	65	88	88000	0*

*Period not yet fully over

MMH has reduced under 5 year's malaria inpatient deaths from **16** in 2012/13 to **0** in the 2021/22 malaria season for the first time, and they remain low. The malaria control successes are internationally recognized. This year, MMH was represented with presentations to the Roll Back Malaria partnership in Accra and Lusaka.

2.2 Orphan and vulnerable children care project

Mulanje Mission Hospital is supporting orphans in a programme for orphans and vulnerable children in the catchment area and beyond. Good Little Company and PWS&D are donors who are funding this programme. The goal of the programme is to improve quality of life for OVC in the MMH catchment area through the provision of health, education and training support.

Currently the project has around 513 orphans in care. 378 orphans are enrolled in primary school, 68 are under five children and 35 are in secondary school. 105 have completed vocational trainings from 2018-2025.

Activities in project include; life skills training, vocational skills training, nutritional support, livestock farming (Goat farming & Beekeeping) and kitchen gardens for economic support and better nutrition. 90 guardians were trained in beekeeping and averages of 10-15 guardians have started selling honey. 50 Psychosocial support volunteers were trained and conducts sessions during OVC clinics, the sessions dwells much on spiritual and psychological wellbeing of orphans in the villages.

2.3 Prison Health

At Mulanje Prison, MMH conducts a prison health clinic every Friday. Currently, there are more than 564 inmates; this is against designated 200 carrying capacity at Mulanje Prison. The following activities are also implemented:

- Environmental sanitation and personal hygiene with supply of items and vector control
- Nutrition – supplying soya pieces and cooking oil to supplement the prison diet.

2.4 Sustainable livelihoods (SL) programme

This programme, funded by multiple corporate and other donors, seeks to improve both crop and animal husbandry practices and adoption of appropriate farming technologies. The Model Village Approach is being used. Currently work is underway in 14 model villages, with 14 having graduated from the programme in the past.

Irrigation and agricultural production

The following activities were implemented during this period with funding from the Fane Valley, Good Little Company, Blacksburg Presbyterian Church and individual donations:

- Construction of the 7ha Luwanje and 10ha Tambala-Chikumbu irrigation schemes
- Maintenance and expansion of the lead-farmer network

People living with disability

With Christian Blind Mission a cohort of people with disabilities and their caretakers was formed, who were trained, 80 were trained in beekeeping and equipped with support materials. 225 members trained in inclusive VSL & A and 14 in vocational skills (Carpentry and Tailoring) and 25 in business management. 100 were trained in livestock management and provided with 5 goats each on pass-on basis

Landscape restoration

In partnership with Greenpop reforestation and landscape restoration is promoted. This work is also paid through persons offsetting their carbon emissions through MMH.

In 2023/24, the programme focused on restoring 12 hectares of land through natural regeneration management. The project also promotes sustainable forest management through the establishment of community nurseries as well as community training on community-based natural resource management, improved cookstove technology, and forest beekeeping. The project is implemented in four phases:

- Phase 1 Mlatho Hills in GVH Misanjo area
- Phase 2 Chole Hills in Mwanamvula Village
- Phase 3&4 Chole Hills in Mponda, Chikwenda, Matwika, Sikoya Villages
- Phase 5: planned for 2024 – concentration on existing villages.
- Phase 6 Sikoya, Kalumba and Kandulu for 2024-2026

Reforestation was also undertaken on Mulanje Mission and surrounding villages to reduce pressure on the local woodland in partnership with Mulanje Mission CCAP Church.

A new programme focusing on improved cookstoves was started on 1 January 2022 and resulted in the construction of over 10,000 “fast fast fire” stoves. Each stove has a GPS location and photo stored in a database.

Primary School Agriculture

True transformation of rural livelihoods must start with teaching children, we believe. The Primary School Agriculture Network project is being implemented in 21 primary schools in the catchment area of the hospital with support from Ansbach fuer Malawi and individual donations.

Activities include livestock rearing, vegetable gardens, fruit orchards, cooking demonstrations and an award for the best performing school.

The overall objective is the development of sustainable approaches to improve nutrition of primary school children and through improved knowledge on keeping livestock and producing crops and fruits among >11,000 primary school learners and >40 teachers in the catchment area and their families. Activities included training and engagement of 80 teachers in various improved agricultural technologies Procurement and distribution of various fruits tree seedlings and establishment of orchards

Livestock

A livestock pass-on programme is in place which more and more reduces the need to buy new goats for the programme. 148 goats were passed on. The goats are kept in good health by trained para-vets: community based lay veterinarians who do immunization and treat disease. Thirty para-vets are trained and equipped and receive continued support.

Beekeeping and other income generation

The hospital equipped many beekeepers in the past years, to which more were added in 2023/24. In total 800 beekeepers are active who sold 3,900 kg of honey back to the hospital.

The hospital has intensified value addition of other products such as Chilies, Candles and Cassava flour. Registration and Certification with Malawi Bureau of Standards is underway.

2.5 Palliative care

MMH palliative care continues to shine for providing APCA level 2 palliative care services. It has 2 nurses who specialized in palliative care, our palliative care clinician left in early 2023. Currently the cohort has 245 patients, mostly with HIV and cancer related diagnoses.

We successfully advocated for inclusion of palliative care services in a service level agreement with the government. This means patients from our catchment area can access a free service, with the government providing 70% reimbursement. The deficit is covered by the Presbyterian Church of the USA, and a partnership with Buurtzorg Nederland.

2.6 Youth program

The Youth Centre workshop is fully functional with 3 different groups of artisans (tailor, carpenter and welder). Graduates from the vocational training programmes are using these for starting up their business.

The EMMS-funded teenage pregnancy prevention programme was reduced in scale. Teenage pregnancy is a huge problem in the area. The current teenage pregnancy rate is around than 27%. The goal of the programme is to work towards reducing HIV infection amongst adolescent girls and boys, reduce teenage pregnancy rates, enhance access to sexual reproductive health services and rights information and provide economic opportunities through school and vocational training support, so that youth can have hope for the future. We are doing the following activities:

- Training of influential leaders in sexual reproductive health
- Offering youth friendly health services to adolescents

- Capacity building; training of health service provider in YFHS; 12 health services providers have been trained. 77 Youth mentors were also trained to increase the interaction about SRH amongst the youth
- Back to school program: the project is supporting 60 girls in government secondary schools
- Economic empowerment through vocation skills training, since the project started 110 girls have been trained and 10 boys.

2.7 Maternal Neonatal and Child Health

Mulanje Mission Hospital continues implementing the Sustainable Maternal, Neonatal and Child project with support from Presbyterian World Service and Development as a sustainability phase of the past MNCH project phases.

The main goal of the project is to contribute to reducing child and maternal mortality and morbidity through high quality hospital maternal, neonatal and Child health services, raising awareness and expanding knowledge around SRH and other services which MMH provide amongst community members, and sustaining the activities of community structures such as VSMCs, VHCs, and CBDAs contributing to MNCH.

The activities which were done include procurement of Infection Prevention Materials and Sexual and Reproductive Health materials, Supportive Supervision for Village Safe Motherhood Committees, Village Health Committees and Community Based Distributor Agents. This supervision helps to promote and maintain good standards of work and ensures that providers follow relevant standards, policies and procedures.

Safe motherhood audits and Trainings for Health Care Workers and Volunteers were also done. This helps to improve care and to have updated information for quality service delivery respectively.

Meetings with the HAC and HCAC were also conducted. This is very important because it helps to establish feedback between the Health facilities and community. A major challenge remains the low uptake of long-term family planning materials. Successes are high uptake of vaccinations, low neonatal mortality and low asphyxia rate as below:.

<i>Quality indicators</i>	<i>MMH</i>	<i>National</i>
% of babies born asphyxiated	4%	>20%
Maternal mortality rate	136 /100,000	381/100,000
Neonatal mortality rate	1.02/1000	27/1000

2.8 Environmental Health (TB, WASH and COVID-19)

Tb project used to work together with 5 USAID funded DAPP employees in many areas like screening and referring. Now that USAID pulled out in March 2025, MMH TB office needs to work extra hard to meet targets.

2.9 Cervical cancer screening

The hospital continues to provide cervical cancer screening and immediate treatment to women at MMH and in outreach clinics. Some of the resources were provided by Partners in Hope, who had also stationed a nurse and Clinical Officer at the hospital. Now all these staff's contracts were terminated because USAID pulled out. The services are continuing.

2.10 Chitsanzo project

This is a new project which aims at improving primary health care activities and developing Mulanje Mission Hospital as a model for primary health care in Malawi. The programme has three main intended outcomes: Improved health and reduced incidence of disease in the MMH catchment area through improved provision of PHC, Improved efficiency of healthcare provision by effectively using data in MMH, Malawi, and beyond and Primary Health Care in Malawi improves through effective advocacy of MMH best practices to decision makers. It intends to reach out to the whole population through a network of volunteers, increased staffing and additional activities like road safety campaigns and mental health awareness and services.

3. Human Resources

3.1 Opportunities and Challenges

Through new developments, mostly the Eye/Rehab/Dental clinic donors have provided support for extra staff. However, these are temporary solutions.

A huge challenge is the recruitment ban through CHAM in place since August 2021. MMH is actively advocating for opening of recruitment as this causes enormous challenges in our cashflow and daily operations. A small ray of hope is that in March, 2025 the hospital has been allowed to replace one doctor and one nurse, on a total of over 42 staff lost.

3.2 Staff changes March 2024 – 28 February 2025 (12 months)

New staff	Position	Date of joining
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	2 nd April 2024
	Nurse Midwife Technician	4 th April 2024
	Nurse Midwife Technician	4 th April 2024
	Nurse Midwife Technician	4 th April 2024
	Medical Officer	8 th April 2024
	Clinical Officer	6 th May 2024
	Clinical Officer	6 th May 2024
	Clinical Officer	6 th May 2024
	Intern Clinical Officer	6 th May, 2024
	Intern Clinical Officer	6 th May 2024
	Nurse Midwife Technician	3 rd June 2024
	Nurse Midwife Technician	3 rd June 2024
	Nurse Midwife Technician	3 rd June 2024

	Nurse Midwife Technician	3 rd June 2024
	Nurse Midwife Technician	3 rd June 2024
	Nurse Midwife Technician	17 th June 2024
	Senior assistant accountant	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Nurse Midwife Technician	1 st July 2024
	Ground worker	1 st August, 2024
	Bio-Medical Technician	1 st August 2024
	Radiographer	1 st August 2024
	Nurse Midwife Technician	16 th September, 2024
	Accounts Assistant	1 st October 2024
	Ophthalmology Technician	18 th November 2024
	HAD/HTS Counselor	25 th February 2025
	M&E Officer	24 th January 2025
	Administrative Assistant	3 rd February 2025
	Community Health Nurse	10 th February 2025
Resignations	Position	Date of leaving
	Orphan Care Nurse	29 th March 2024
	Nursing Officer	22 nd March 2024
	Nursing Officer	30 th March 2024
	Clinical Officer	12 th April 2024
	Clinical Officer	12 th June 2024
	Nurse Midwife Technician	14 th June 2024
	Nurse Midwife Technician	31 st May 2024
	Nurse Midwife Technician	31 st May 2024
	Nurse Midwife Technician	31 st May 2024
	Nurse Midwife Technician	5 th June 2024
	Nurse Midwife Technician	14 th June 2024
	Medical Officer	7 th November 2024
	Nursing Officer	1 st November 2024
	Optometry Technician	12 th December 2024
Termination		
Dismissals		
	Clinical Officer	2 nd April 2024
	Radiographer	19 th June 2024

	Security Guard	27 th November 2024
Retirement		
	Security Guard	31 st August 2024
	Patient Attendant	31 st October 2024
Deaths in service		
	Home Garden Assistant	22 nd December 2024`

3.2 Staff on training programmes

Name	Post	Programme	Starting date
	Laboratory Technician	Degree in Biomedical Sciences	November, 2024
	Clinical Officer	Bsc of Science in Trauma & Orthopaedics	February, 2023
	Nurse Midwife Technician	Diploma in Anesthesia	January 2024
	Nurse Midwife Technician	Bachelor of Science in Nursing and Midwifery	April, 2022
	Nurse Midwife Technician	Bachelor of Science in Nursing and Midwifery	February, 2023
	Nurse Midwife Technician	Diploma in Nursing	January 2024
	IT Officer	Degree in Information Technology	January, 2022
	Snr Assistant Accountant	Bachelor of Accountancy	October, 2018

3.3 Staff returned from training programmes

Name	Programme	Date reported for duties
Doreen Mkwaila	Bachelor of Science in Mental Health & Psychiatric Nursing	January 2025
Precious Kadzongwe	Diploma in Clinical Ophthalmology and Cataract Surgery	September, 2024

Felix Tembo	Bachelor of Science in Internal Medicine	January 2025
-------------	---	--------------

4. Likuni Phala factory

The LP factory continues facing difficulty in supplying appropriate quality and quantity of products to MMH beneficiaries. The Medical Director, Administrator and Accountant are all involved in trying to improve the performance. The financial status has somewhat improved in the past year, but this continues to drain energy from other areas of work and is not a sustainable solution.

Basically, it is not possible for MMH to run a professional factory because there are very few customers in the area, and fierce competition, making it difficult to provide enough cashflow and base products.

The Board is advised to decide, in concurrence with Blantyre Synod, on the viability of continuing to have this factory on the Mission. Separate management and ownership arrangements would be preferred, whereby the factory is split off the hospital.

5. Financial report

The hospital continues to be supported by the Malawi Ministry of Health, through the payment of salaries via CHAM. The Service Level Agreement reached with Mulanje DHO is due to be paid for several months, with outstanding amounts going back to 2015.

The total outstanding SLA payment is MK **151.204.801** as per 31-01-2025. This is a 9% reduction compared to the debt in the previous report a year ago, but continues to be a huge burden on the finances.

Income and expenditure statements for April 2024 - December 2024 will be presented to the Synod Health Board together with the Budget for the 2025-26 financial year. The income is estimated at MWK 4.328.622.334 and expenditure at MWK 4.304.636.652 with a positive balance of MWK 23.985.682.

Submitted for the information of the Blantyre Synod Health Board.

For more information and reports: see www.mmh.mw

MMH Management Team

17-03-2025