



Mulanje Mission Hospital

Newsletter

March 2025

Mulanje Mission Hospital
CCAP Blantyre Synod
PO Box 45 Mulanje
Malawi

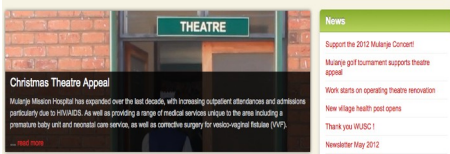
E-mail:
director@mmh.mw

National Bank of Malawi
P.O. Box 945 Blantyre

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

SWIFT CODE:
NBMAMWW

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 all over the world.

Easter period is fast approaching when Christians across the world celebrate the resurrection of Jesus Christ, demonstrating his power over sin and death and giving hope, renewal and the promise of eternal life for believers.

Mulanje Mission Hospital's current medical director, Dr. Arie Glas is now winding up his roles and responsibilities after serving the hospital as the director for 8 years. He and his family will be leaving Malawi for The Netherlands soon. The bond existing and their numerous achievements for the hospital will definitely make us miss them so much.

During his stay at MMH, Dr. Arie initiated and implemented many projects and programmes at the hospital and expanded already existing programmes. The eye clinic which started as a small entity has now

expanded to reaching out patients as far as over 120 km radius. As part of his dynamic vision for the hospital, Dr. Arie initiated construction of a magnificent and modern eye theatre which upon completion will improve health service delivery to patients and also acting as a referral centre for patients with various eye problems in the southern region of Malawi.

Dr Arie has expanded community health and sustainable livelihood services in various ways such as championing reproductive health services to the community for free, supporting bed sponsorship to the most vulnerable patients, promoting irrigation for the community, goat transfer, too numerous to mention one by one.

However, Dr. Arie will not leave us alone, there is Dr. Andrea Van Acker- Koning, very energetic and enthusiastic ready to take over directorship. We welcome you, Dr. Andrea, feel at home.

Meet Reneé

Hi, my name is Reneé Hankey. I am 24 years old. I am from Blantyre. I studied Business Administration at Malawi University of Business and Applied Sciences - MDC. I am working at Mulanje Mission Hospital as an Administrative Assistant.

What I love most about my job is the working environment; everyone here is friendly, very helpful when I need assistance, and I love interacting with different people every day. The hard part about my job is getting people to understand why certain things have been put in place in such a way at the hospital, as most people choose not to hear my point. I am looking forward to working and growing my expertise for many years at Mulanje Mission Hospital.



▲ **Reneé, Administrative Assistant**

As many of you know, Drs. Arie and Lisanne Glas are leaving the hospital in a month's time. The Primary Health Care (PHC) department is saddened by their departure, not only because of the strong bond built over the years but also because they have played a crucial role in the department's growth. The expansion of Primary Health Care means a lot for community health and sustainable livelihoods, as this is the section of the hospital that reaches out to the whole population which is mostly very poor living on less than a dollar per day.

I know readers are interested in their achievements within the department. The Glas family has significantly expanded community health and sustainable livelihood services in multiple ways. While it is impossible to list everything here, I will highlight a few contributions.

When the Glas family arrived at Mulanje Mission Hospital, there were only three irrigation schemes, now there are seven. These schemes have been a game-changer in villages, breaking the cycle of generational poverty. Irrigation initiatives have made communities food secure, allowing families to sell excess produce to pay school fees, purchase motorcycles for bike taxi businesses, and access healthcare services more easily. Some families have even managed to build decent houses and afford medical bills.

MMH also produces and sells honey in well-labelled bottles by doing so, a network of beekeepers, many of whom belong to minority groups such as orphans, people with disabilities. Others are those involved in reforestation projects. One beekeeper, for example, earned MWK 960,000



△ Drs. Arie and Lisanne Glas

(approximately USD 500) last season, a life-changing sum for a rural villager who might otherwise have had no income. The Glas family also introduced value addition for locally produced food items. Additionally, MMH runs a youth workshop where young men and women train in tailoring, carpentry, and welding. This kind of intervention is rare in Malawi but highly impactful, as these skills enable young people to become self-sufficient.

One project I cannot fail to mention is the Primary Health Care Chitsanzo Project. *Chitsanzo* is a Chewa word meaning "model", and this initiative

aims to bring PHC services closer to communities, ensuring that healthcare reaches all within MMH's catchment area. Through this project, MMH has, for the first time, implemented mental health and road safety interventions, addressing emerging public health concerns in Malawi.

In conclusion, as head of the PHC department, and on behalf of all PHC staff, I would like to thank the Glas family for their dedication to public health during their time in Mulanje. We wish them all the best and look forward to their future visits.

A Wound Healed at MMH After 15 Years Of Pain.

- By Dr. Daniel Chiluzi

This is a motivating story worth reading. A gentleman aged 38 years has had a wound for the past 15 years. This wound developed in 2010, starting as a small blister on his left leg, which gradually turned into a circumferential wound that grew bigger and bigger over time. This made it hard for him to walk because the wound caused him intense pain. He had visited several hospitals in Mozambique, where he stays. He was receiving medication, and later, a skin graft was done, but unfortunately, it failed, leaving him with an extra wound on his thigh.

He did not give up but crossed the bor-

der to Malawi, where he went to a certain famous hospital and was grafted again. It's very sad that even the second graft also failed, leaving him with a wound on the left leg, a scar on one thigh, and another wound on the other thigh.

It's quite motivating that after spending a lot of money on this problem, he did not lose hope but crossed the border again and presented himself to Mulanje Mission Hospital (MMH) in January this year. A biopsy was taken and revealed pyogenic granuloma. Because of the availability of culture and sensitivity testing at MMH, *Klebsiella pneumoni-*

ae, which was susceptible to ceftriaxone, was identified on the wound.

A month later, a culture and sensitivity test was repeated, and the results showed no organism on the wound. He then underwent his third skin graft, which was performed by our surgical clinical officer, Diverson Mkwapatira, Thandie Chiluzi (Male Ward Clinician), and Delipher Blaim (Theater Nurse In-Charge), and the skin graft was successful.

It's quite motivating to restore happiness to this gentleman after 15 years of pain.

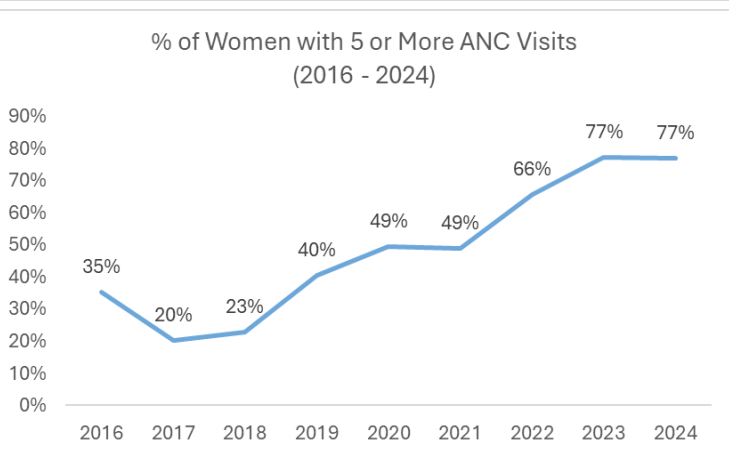
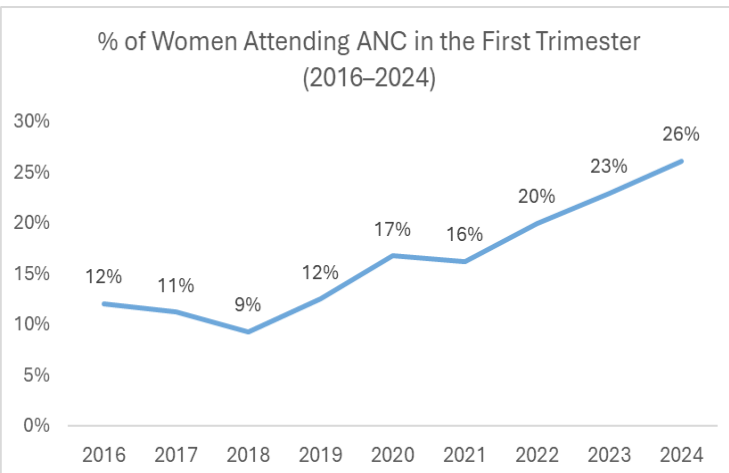
More Women Seeking Antenatal Care at MMH

- By Sue Sabuni and Thomas Van Acker

Mulanje Mission Hospital's Maternal Neonatal and Child Health (MNCH) programme, funded by Presbyterian Worlds Service & Development from Canada plays a crucial role in safeguarding the well-being of mothers, newborns, and young children in the catchment area. A vital part of good maternal and child health is to convince young mothers to go to the antenatal clinic early and visit regularly in order to receive checkups, screenings, and tests to monitor both maternal and foetal health.

Great advancements have been made over the years. The number of women attending Antenatal Care in the first trimester has risen significantly, from 12% in 2016 to 26% in 2024. Moreover, the percentage of women having five or more ANC visits has also seen a substantial increase.

This success can be attributed to many interventions, such as the service level agreement with the government, as well as effective preventive, curative, and educational services. A major factor in this progress is the community involvement through the Safe Motherhood Committees. These trained volunteers work alongside healthcare providers to promote the importance of early antenatal care and hospital-based deliveries. By quarterly supportive supervision under the MNCH programme we are able to ensure that these volunteers remain effective and responsive to community



needs, just one of the many steps towards improved maternal and child health.

Last month, Mulanje Mission Hospital was visited by two groups of donors: one from Northern Ireland and one from the MMH UK Charitable Trust. Their visit was a great opportunity to showcase the work we do every day and the impact it has. Over the course of several days, we took the visitors on a tour of the hospital, where they met with staff and interacted with patients in the wards. Additionally, we conducted field visits to see what the primary health care department and sustainable livelihoods programmes are doing.

One of my personal highlights of the visit was showing the donors our Changu Changu Mbaula cookstoves. With well over 12,000 stoves constructed, it has become a huge programme. Managing it with one project officer means we must trust our volunteers to do a lot of work. It was great to see that all the stoves we visited were in use. The donors



▲ *Visitors from Northern Ireland discussing PHC programmes*

recognized the effort behind it, which was encouraging to hear.

Why These Visits Are Important

With reports alone, it is hard to capture the full picture of the challenges and

successes we experience. Seeing things firsthand makes a difference.

For example, during the prison visit, the visitors from the UK Trust saw the situation firsthand: 500 inmates crammed into a prison built for 200 and a clinical outreach team providing healthcare from a storage room. Despite these difficult circumstances, it was also an inspirational visit. We learned that some inmates are teaching vocational skills at a nearby school, demonstrating resilience and a desire to contribute.

We are grateful for the support. Your funding is making an impact and changing many lives. Communities are being empowered economically, families have better food security, and through a network of 14 outreach clinics strategically spread throughout the catchment area, people have access to quality medical services they might not have otherwise. Thank you and see you again!



▲ *Rev. Thorsten and Dr. Astrid Koenig, visiting from the MMH UK Charitable Trust, with staff*

A Word of Farewell

- By Dr. Lisanne Glas

After many years of working at MMH it is time to say goodbye. Truly, this is with great sadness and pain in my heart.

I want to thank management, clinicians, nurses, patient attendants, ward attendants and all supporting staff for their tireless work and the lovely working environment MMH is and I have been able to be part of.

I don't take for granted the time we have had together. I think you are all amazing people, one by one, and I am

amazed by what this hospital has achieved over the past few years. We all know there have been major challenges the past few years: devaluations, cyclones, recruitment ban, just to name a few. I truly believe this place is a resilient and fruitful place despite all this and MMH is a huge asset to their catchment area. Please keep up to good work you do. In my heart, I will always feel connected to MMH and you will always be in my prayers.

To finalize this goodbye, I want to give

you this bible verse to stay inspired and motivated.

Isaiah 41:10

*So do not fear, for I am with you;
do not be dismayed, for I am your God.*

*I will strengthen you and help you;
I will uphold you with my righteous right hand.*

In thoughts and prayers with you, always.

New Houses Almost Completed

- By Pearson Soka

Two houses have been constructed and one is under renovation. These projects are now at completion stage. This will help in providing staff with good quality accommodation on the mission premises. We thank Stichting Steun Malawi for support!



It's been eight years since Lisanne and I joined Mulanje Mission Hospital. The time has come to say goodbye now and move on; therefore, a final word.

During my years here I have enjoyed the beauty of Mulanje very much. The tea fields, the scenery, our trees and birds. There have been many runs around for me, and I also took part in a few races on our mountain. They've been good times to organize thoughts and plan steps for whatever issue was at hand. I then often found that a good plan implied navigating a tension or dilemma in our work; of which I wanted to share a few here.

For example, we have shared many stories with happy endings in these Newsletters, pictures of progress and patients doing well after treatment. There are so many joyful occasions; a successful programme, that unbelievable sound of a child's first cry, witnessing a nurse providing professional care with love, the beautiful backdrop of the mountain seen from campus. However, a doctor at MMH witnesses many sad and tragic scenes, too. The death of a child; the unacceptable unavailability of cancer treatment too many. In that beautiful landscape, deep, chronic poverty and injustice. The ongoing loss of trees, corruption, the constant need to uphold accountability. In one single day at MMH, there can be so much to celebrate, and sometimes so much despair.

Another tension arises from the different speeds to which one has to adjust their gear. The ever-ongoing search for funding, proposal writing, pressing reporting deadlines, emails - whilst also moving at the pace of a rural community living on the rhythm of the

rains and planting cycles. It is not hard to move either too fast ahead and lose support, or get bogged down and face shortages of critical resources down the line!

This brings with it also the balance one needs to strike between leading decisively and making quick decisions, and the fundamental need to act in community, taking negotiated decisions with a wide group of colleagues and counsellors. In light of this, there is also tension between awaiting the right moment for a project to start, and the need for change immediately. Funders are often looking at three year timescales; and technological solutions seem attractive; however the eradication of poverty and its' manifestations in ill health require much longer partnership. So often the root causes are social, not technological. Quick, unsustainable solutions really help no one in the long run I learned; and sometimes the best course of action is to not do anything, just yet, in order to preserve resources for that one crucial thing that must be achieved.

The running around helped me a lot to get over frustrations and find an approach to bring around these tensions; articulated by music too, especially that of Bach, so often expressing joy and sorrow in one piece. To me, this two-sidedness of the work - satisfaction in progress and success versus so much that still needs to be done - provided a lot of energy and a healthy drive, perhaps just like the positive and negative poles of a battery create a current one can use. A tension mostly felt by my wife, Dr Lisanne of

Please note change in e-mail address:
arie@arieglas.com

MMH, has been the balance between family duties and work; and I would like to thank her for keeping up and supporting me throughout these years, apart from making a huge contribution on her own.

It has been very gratifying to have been able to support the medical team with resources they need; such as a modern X-ray machine and reliable electric power. Perhaps not mentioned enough is how overwhelming the pathology can be that patients present with at Mulanje Mission Hospital. The basic training for clinical officers, for example, is four years; but after that our staff are regularly confronted with cases that many senior consultants will have only met a few times in their entire career, after at least ten years of training. And that in their own field only - whilst Malawi's healthcare workers practise across many specialties at once! I truly admire the courage, common sense approach and wisdom with which I've seen colleagues approach many daunting cases. It was an honour and a privilege to make their work just a little easier. And also, of one thing I could be sure always: that there are many in the world who love and support the work at the hospital; and give freely to our work, trusting our team here to do what is right in any particular situation. That has been an enormous source of confidence and support - thank you all for all you did over the years.

I am very grateful that Andrea is here to now lead and support the work of the hospital. To have such a well-trained, committed doctor, with the support of her husband Thomas, is another blessing to our community. We can be sure that tensions will be there; let us support her and stand with the people of Mulanje.