



MULANJE MISSION
HOSPITAL

April 2024-
March 2025

PRIMARY HEALTH CARE IMPACT REPORT



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1. INTRODUCTION

Mulanje Mission Hospital remains committed to delivering quality health care and strengthening public health in the MMH catchment area and beyond. Between April 2024 and March 2025, the Primary Health Care department continued to provide integrated services across the many areas described in this report. This work is made possible by all staff who are committed to delivering quality health services. MMH works closely with communities and volunteers to improve health outcomes, without them, this work would not be possible. This report presents an overview of our programmes with some highlights and challenges faced during the year.

PARTNERS

The success of these programs, in the reported period, is made possible through the support of numerous partners and individuals, as detailed in the table below.

<i>Partner</i>	<i>Country</i>	<i>Partner</i>	<i>Country</i>
Action Renewables	UK	Maja Foundation	Netherlands
Ardbarron Trust	UK	Moyo/Ansbach für Malawi	Germany
BleuBird	UK	Presbyterian Church of the USA	USA
Buurtzorg	NL	Presbyterian World Service & Development	Canada
Protestantse Gemeente Bodegraven	NL	Sight2020	UK
Christian Blind Mission	Italy	Stichting Leer Anderen Helpen	Netherlands
Copper Creek Church	USA	St Andrews and St Georges West Church	UK
Demonstrate Love	USA	Stichting Nieuwe Waarde	Netherlands
Eastern Produce Malawi	Malawi	Stichting Steun Malawi	Netherlands
EMMS International	UK	Stockbridge Church	UK
English Reformed Church	Netherlands	The Church of Scotland	UK
Fane Valley	UK	The Good Little Company /Denis Lynn Foundation	UK
Friends Of Africa	NL	Verburg Charity Foundation	Netherlands
Greenpop	South Africa	Wilde Ganzen Foundation	Netherlands
Individual donors			

2. REGIONAL CONTEXT

Mulanje Mission Hospital (MMH) is located in the southern region of Malawi, near the border with Mozambique, and serves a catchment population of over 100,000 people in 74 villages. The area is predominantly rural, with high levels of poverty and extreme poverty. Southern Malawi, including Mulanje, faces a high disease burden, particularly from HIV/AIDS, malaria, malnutrition and rising non-communicable diseases. The region is also prone to environmental challenges such as deforestation, seasonal floods and the impact of climate change, which further affect livelihoods and health outcomes. MMH plays a vital role in providing quality healthcare and community outreach in this challenging yet resilient context.



Malawi has a 32% teenage pregnancy rate among 15–19-year-old girls (DHS 2024)



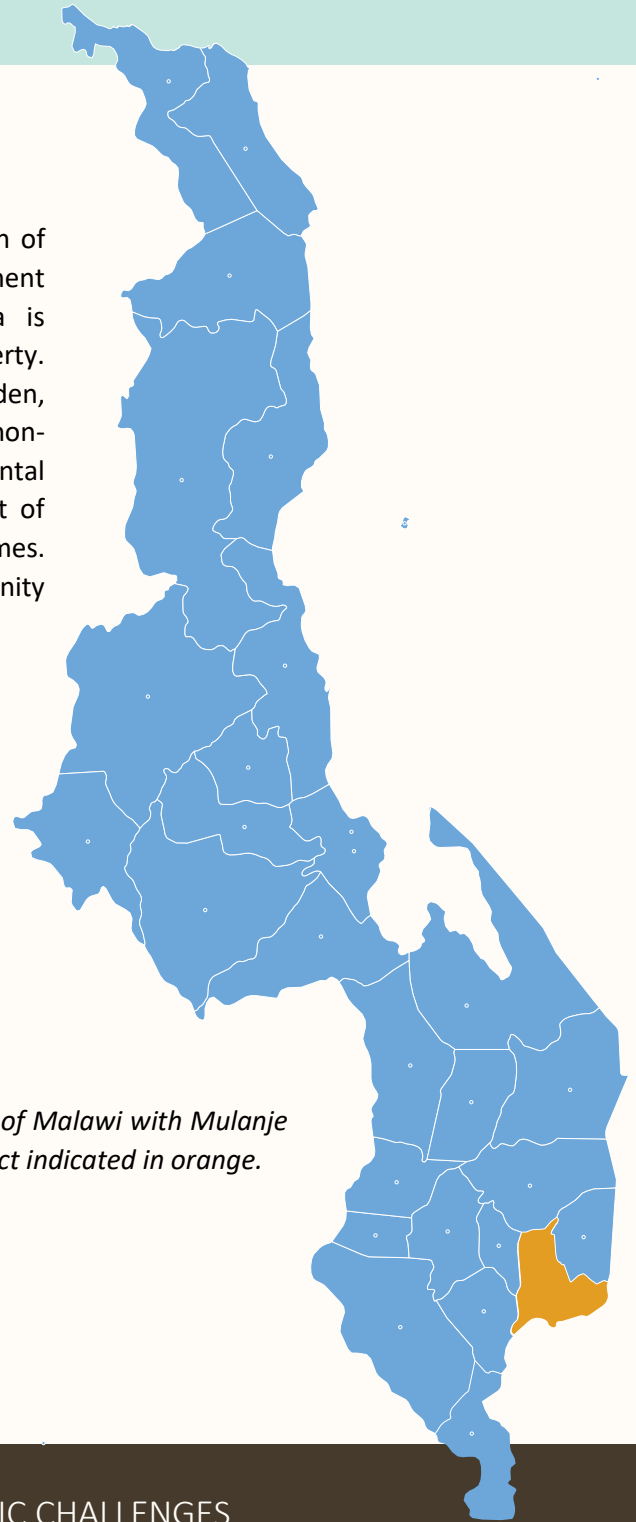
There is a high prevalence of HIV/AIDS in the region. Around 15% of the adult population is HIV positive.



Mulanje is the most densely populated district in Malawi (DHS 2024), which affects resource distribution and healthcare access.



Around 80% of the population are small-scale farmers, many struggle to have enough food year-round.



Map of Malawi with Mulanje district indicated in orange.

ECONOMIC CHALLENGES

Mulanje, like the rest of Malawi, continues to face severe economic challenges. High inflation is making it difficult for families to afford basic goods and services. At the same time, a shortage of foreign currency has disrupted the importation of essential supplies, including medical drugs. To illustrate: drug prices have more than doubled between March 2024 and April 2025. This has led to more pressure on the hospital's limited funds.

CATCHMENT AREA



14 HEALTHPOSTS

Spread throughout the catchment area are 14 health posts where medical care is provided to the communities in 74 villages. These health posts bring a wide range of healthcare services to local communities.

In May 2025, the construction of Mlatha health post was completed. This will help reach remote communities towards the west of the catchment area.

In the reporting year, a total of 240 outreach clinics were conducted, offering services such as NCD care, cervical cancer screening, anti-retroviral treatment, family planning, under-five clinics, immunisation, rehabilitative and palliative care.



PROGRAMME OVERVIEW

3.1 MATERNAL, NEONATAL AND CHILD HEALTH

Mulanje Mission Hospital aims to protect the health, well-being and rights of women, children and adolescent girls, and to reduce maternal and neonatal mortality and morbidity. The MNCH programme operates on two main fronts:

Firstly, the MNCH programme maintains and supervises the quality and availability of lifesaving care at both facility and community levels. Secondly, the MNCH programme works on community awareness and health education by working closely together with volunteers in village committees. This mobilises and empowers communities to recognise early signs of mother- and child-health issues and improves health knowledge, leading to earlier referrals to health facilities.

3

Maternal deaths at MMH in 2024-2025, this is about half the Malawian average.



No major stockouts for MNCH and family planning drugs/equipment.



ACTIVE VOLUNTEERS



580 Village Health Committee members (VHC) - concerned with overall health, hygiene and sanitation.



812 Village Safe Motherhood Committee members (VSMC) - concerned with maternal and newborn health.

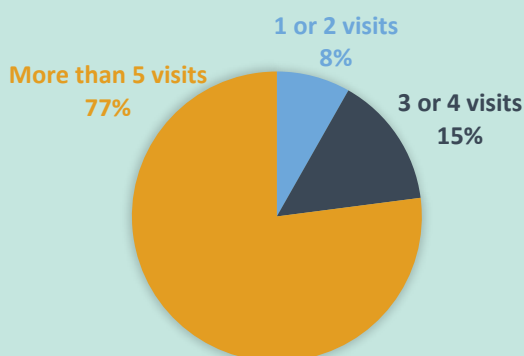


116 Growth Monitoring Volunteers (CMAM) - prevention and management of malnutrition.



86 Community Based Distribution Agents (CBDA) - distribute drugs and family planning methods.

AMOUNT OF ANC-VISITS PER WOMAN IN 2024



HIGHLIGHT

Since 2017, the proportion of women initiating antenatal care (ANC) in their first trimester more than doubled, rising from 11 percent in 2017 to 26 percent by 2024. Even more dramatic gains occurred in regular ANC attendance: in 2017, about 20 percent of pregnant women completed five or more visits; by 2024, that figure reached 77 percent. As shown in the graph, these improvements reflect both the engagement of Safe Motherhood Committees and enhanced quality of facility-based care.

3.2 PRISON HEALTH

People living in prison are among the most vulnerable to health risks due to overcrowding, poor sanitation and limited access to care. Mulanje Prison was originally built for 200 inmates but now houses more than 450 men and women from both Mulanje and Phalombe District. This overcrowding increases the risk of infectious disease outbreaks and creates barriers to delivering quality healthcare. To address this, Mulanje Mission Hospital sends a multidisciplinary health team to the prison every Friday. This team includes a clinician, a nurse, a pharmacist (from Mulanje District Hospital) and an HIV Testing and Counselling (HTC) provider. When needed, an Environmental Health Officer also joins to assess and respond to sanitation-related challenges.



Prison is designed for 200 inmates and currently holds more than 450 inmates

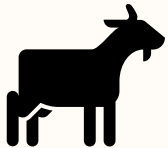
CHALLENGES

Transfers of prisoners continue to pose a challenge. Even when infectious diseases are well controlled within Mulanje Prison, they frequently resurface following the arrival of transferred inmates. While temporary quarantine of new arrivals would offer a straightforward mitigation strategy, this remains currently unfeasible due to the lack of adequate space and infrastructure.



3.3 SUSTAINABLE LIVELIHOODS

The core aim of the Sustainable Livelihoods (SL) programme is to assist communities build sustainable livelihoods and strengthen resilience to climate change while addressing the needs of vulnerable groups. Most of the work was carried out in 10 model villages in the catchment area.



275 goats distributed to 75 beneficiaries

This year a 10-ha irrigation site was constructed at Tambala, this is the 7th irrigation scheme in the catchment area



HIGHLIGHT

TAMBALA IRRIGATION SITE COMPLETED

MICRO ECONOMIC DEVELOPMENT

A great way to improve livelihoods is by empowering farmers to add value to their agricultural products. This year farmers were trained in chili sauce production. Mulanje is also well-suited for beekeeping. Honey production has become a valuable source of additional income. This year, SL started producing beeswax candles with local farmers



300 new beekeepers trained;
900 total beneficiaries



MWK 91,000,000 (about
45,000 USD) saved by 67 VSL
groups



More than 250 candles have
been sold.

EDUCATION

Through the Primary School Agricultural Network, the programme supports 19 schools in equipping the next generation with practical farming skills. Activities include school gardens, livestock management, tree planting, and environmental conservation education. These initiatives not only improve nutrition and food security at the school level but also foster a culture of sustainability and climate awareness among young learners, teachers and their communities.

FARMER TRAINING



30 Lead Farmers
& 30 Para-Vets
trained, reaching
2,980 farmers



4,895 farmers
trained in
conservation
agriculture

CLIMATE-SMART AGRICULTURAL PRACTICES

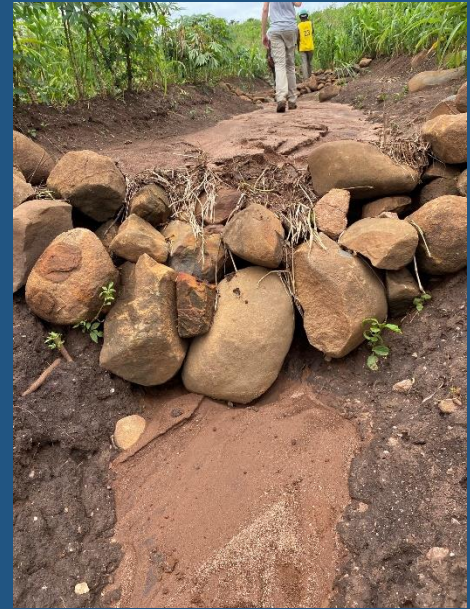
To combat the effects of erratic rainfall and soil degradation, the SL team promotes climate-smart techniques such as marker ridge and contour ridge construction, vetiver grass planting and check dam building. These methods help reduce soil erosion, improve water retention and restore soil fertility. Combined with agroforestry, crop diversification and green manure, these practices are equipping farmers to adapt to climate change and increasing productivity in a sustainable way.



4 agroforestry trainings conducted



210 marker ridges constructed



Marker ridge with a check dam



2025 Forestry Season Launch at Sikoya village



11,000+ Changu-Changu Mbaula built (90% of target)



6 tree nurseries in different villages established



50,000 seedlings raised and planted from 7 nurseries

CHALLENGES

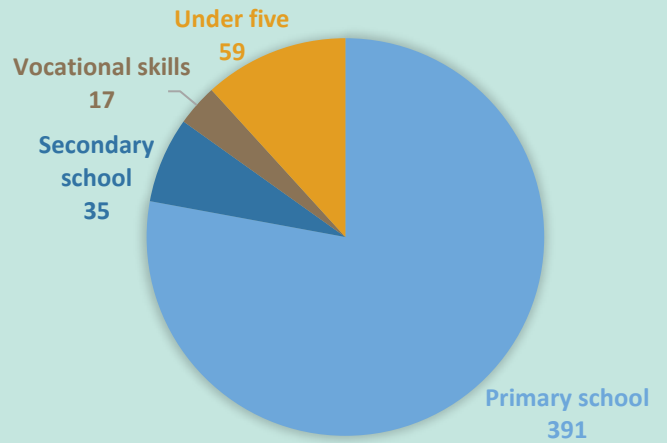
Rising input costs: without external support, it is becoming increasingly difficult for farmers to access essential agricultural inputs.

Climate impacts: El Niño-related dry spells have led to reduced agricultural productivity.

3.4 ORPHANS AND VULNERABLE CHILDREN

Mulanje Mission Hospital supports orphans and vulnerable children (OVC) through a community-based programme. The OVC programme focuses on at-risk children and their guardians and provides them with comprehensive support. To combat malnutrition, the programme provides supplementary feeding with infant formula and fortified porridge. OVCs also receive free medical care, school essentials for primary and secondary education and vocational training for those out of school. In order to economically empower the OVC households, families are supported with goats, beekeeping training and equipment and backyard gardening skills.

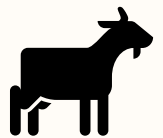
OVC IN THE PROGRAMME



OVC beneficiaries from Vocational Skills Training



391 children supported in primary school
 35 children supported in secondary school
 17 OVCs completed a vocational skills training



20 goats distributed amongst OVCs as part of the goat sharing program



23,000 kg of fortified porridge distributed



672 tins of lactogen (formula milk) distributed to babies

ECONOMIC CHALLENGES

Due to extreme inflation, the cost of living has increased. Many families are struggling to provide healthy meals and basic necessities for OVC. Therefore, the programme is indispensable at this time of economic difficulty in Malawi as a safety net.

3.5 REHABILITATION CLINIC

The Rehabilitation Department at Mulanje Mission Hospital was established in January 2023 to help people with disabilities or impairments regain functional abilities and improve quality of life. Services include physiotherapy, occupational therapy, speech therapy and provision of and training with assistive devices. Care is provided at the hospital, during outreach clinics and through home visits.



48 group sessions done



8 outreach clinics conducted



24 assistive devices distributed



a questionnaire to assess improvement of quality of life was developed

CHALLENGES

The main challenge is that, with only one physiotherapist available, services are interrupted during staff leave or outreach activities.

1036

PATIENTS SEEN

At the rehabilitation clinic



3.6 YOUTH AND TEENAGE PREGNANCY PREVENTION

The Youth Centre at Mulanje Mission Hospital has grown substantially over the years. A variety of activities and services are offered, such as youth-friendly health services, education support activities, providing learning opportunities through a library and vocational skills training. The centre also engages youth in life skills development and sustainable livelihood activities to promote self-reliance and well-being.

LEARNING ACTIVITIES



The Youth Centre houses a library and since this year, also offers computer classes to help young people develop basic IT skills.

3504

Library visits

344

Computer class visits

HEALTH SERVICES



Youth Friendly Health Services provide young people with access to confidential, non-judgmental care, since this year YFHS is also offered on Saturdays.

1135

Youth received youth friendly health services

WORKSHOP AND VOCATIONAL SKILLS



The Youth Workshop serves as an incubation centre for 4 welders, 3 carpenters and 2 tailors. It provides hands-on training and income-generating opportunities, equipping young people with skills for self-reliance and future employment.

RECREATION AND SPORTS



The basketball court is a hub for fun and active recreation, hosting regular sports events and matches. Youth talent shows are a major highlight, drawing large crowds, with around 1,800 attendees across four events.

3.7 MALARIA VECTOR CONTROL

Mulanje Mission Hospital continues its strong commitment to malaria prevention and control within its catchment area. Since 2012, MMH has implemented a comprehensive malaria vector control programme to reduce the burden of this disease. An important component of this programme is Indoor Residual Spraying, which is carried out annually at the start of the rainy season. IRS involves spraying long-lasting insecticides on the interior walls of homes, where malaria-carrying Anopheles mosquitoes rest. When the mosquitoes come into contact with the treated surfaces, they are killed. Combined with other interventions such as the promotion of insecticide-treated bed nets, early diagnosis, and effective treatment, IRS has proven to be a highly effective tool in reducing malaria cases in the MMH catchment area.



63 villages covered with indoor residual spraying

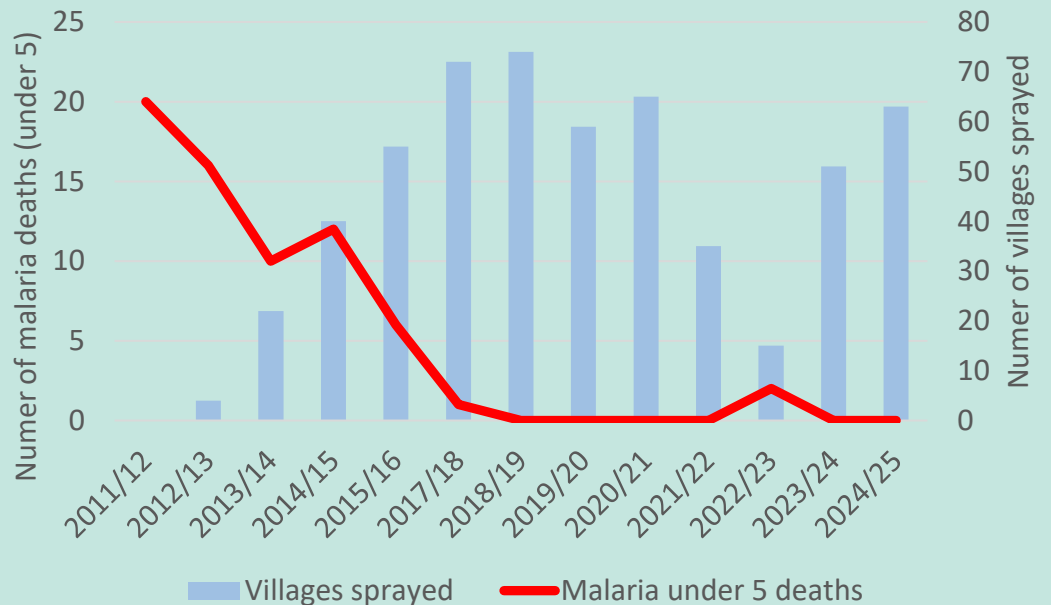


57,507 people benefitted from the programme



Malaria under 5 deaths and number of villages sprayed

0
UNDER FIVE
MALARIA DEATHS



3.8 WATER, SANITATION AND INFECTION PREVENTION

Access to safe water, good sanitation and hygiene (WASH) are crucial to human health and can prevent many infectious diseases. WASH, together with immunisation, is the core business of the Environmental Health Office at MMH. This year, important progress in improving access to safe drinking water and sanitation across its catchment area has been achieved. By drilling new boreholes, maintaining existing ones and working closely with trained community water point committees, the programme helps ensure a reliable water supply and better hygiene.

This year, besides all regular immunisations, MMH launched a vast HPV vaccination campaign for girls aged 9–14. This campaign, which aims to prevent cervical cancer later in life, was a major success.



63 BOREHOLES
MAINTAINED



7 BOREHOLES
DRILLED



community member collecting water at a newly maintained borehole



HPV VACCINATION CAMPAIGN

This year, our team continued the HPV vaccination campaign to protect girls aged 9–14 from cervical cancer. Health Surveillance Assistants (HSAs) worked closely with schools and communities to raise awareness, register eligible girls and administer the vaccine. Thanks to strong community trust and collaboration with teachers, we achieved high acceptance rates. More than 2,000 girls have been vaccinated so far. The campaign is ongoing, with efforts now focused on reaching girls as they turn 9, ensuring continued protection for the next generation.

2358

Girls (9-14 years) vaccinated
against HPV

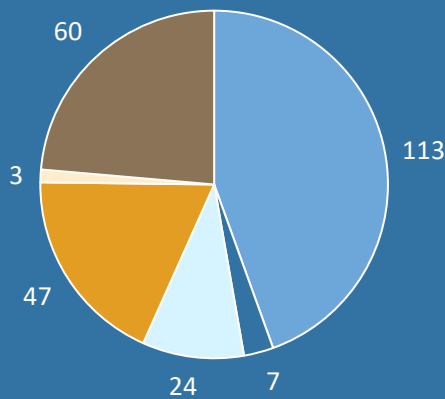
3.9 PALLIATIVE CARE

Palliative care at Mulanje Mission Hospital has been offered since 2005. The programme provides integrated and compassionate care to patients with life-limiting illnesses, focusing on pain alleviation and symptom management as well as emotional and spiritual support. As of March 2025, 245 patients are in care. Services include hospital consultations, ward reviews and home visits for patients unable to travel. Home-based care volunteers play a vital role in identifying patients needing care and supporting families. Palliative care is also provided in outreach clinics, with a new clinic at Salamba already serving 14 patients since its launch in January 2025.

254

PALLIATIVE PATIENTS IN CARE

DIAGNOSIS OF PATIENTS IN CARE



- Kaposi Sarcoma
 Cervical Cancer
 CVA/Stroke
- Cerebral Palsy
 Hepatitis B and C
 Other

Most palliative care patients are HIV positive. This is reflected in the fact that almost half (47.2%) are suffering from Kaposi Sarcoma (KS) or cervical cancer, both of which are associated with HIV.

HOME-BASED CARE VOLUNTEERS



Catherin Dangwe, a home-based care volunteer for the PC programme

Mulanje Mission Hospital has trained home-based care (HBC) volunteers to support palliative care in the catchment area. These community members provide essential care to palliative patients. Their work includes helping with bathing, feeding, basic nursing tasks, offering emotional support and counselling patients and families.



MMH trained 68
Home-Based Care
Volunteers

3.10 HIV/AIDS AND TB

With an HIV prevalence of around 15% among the 15–49 age group, Mulanje is one of the districts with the highest HIV burden in Malawi. Mulanje Mission Hospital plays a central role in the district's HIV and TB response. MMH offers services that include prevention, testing, treatment and long-term care.

The ART clinic began in 2004 with just 35 clients; it has expanded significantly. By March 2025, over 6,000 clients are currently alive on ART (Anti-Retroviral Therapy). The hospital provides routine HIV testing, index and self-testing, viral load monitoring, post- and pre-exposure prophylaxis, while also supporting adolescents through quarterly Teen Club sessions. TB services are fully integrated into the HIV programme and include active case finding, diagnosis and treatment.

Despite limited staffing and resource constraints (exacerbated through the USAID stop), the programme continues to achieve high linkage to care and viral suppression rates.

18,224

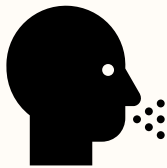
PEOPLE TESTED FOR HIV

185

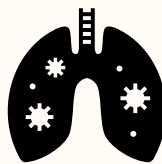
HIV-POSITIVE RESULTS

6,358

CLIENTS ALIVE ON ART



1,946 suspected TB cases tested



85 TB-positive cases
100% started treatment

CHALLENGES: IMPACT OF USAID WITHDRAWAL

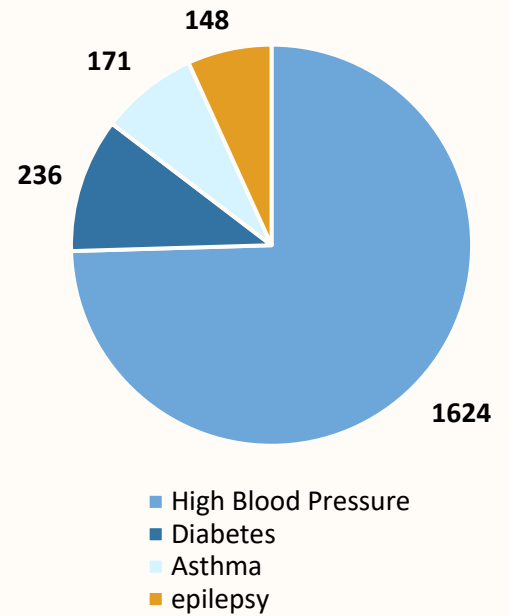
The withdrawal of USAID support in early 2025 has been felt by the service delivery at Mulanje Mission Hospital. The main affected areas are HIV testing and treatment, malaria care, TB services and family planning.

The most immediate loss was human resources. The ART clinic, which was previously staffed by USAID-supported personnel, saw all of them leave in February 2025. Most have been temporarily allowed to return since June 2025, but four staff members have been permanently lost. Similarly, the TB programme lost six USAID-funded staff responsible for screening, follow-up and sample collection. None of these posts have been formally replaced.

The hospital and Ministry of Health are doing their best to maintain continuity of care, but the future remains uncertain.

3.11 NON-COMMUNICABLE DISEASES

Non-communicable diseases (NCDs) such as hypertension, diabetes, asthma and epilepsy are chronic conditions that are becoming an increasingly significant health concern in Malawi. They are now the second leading cause of death among adults, after HIV. Effective treatment and control are essential to prevent complications, reduce disability and save lives. In response to this growing burden, Mulanje Mission Hospital established a NCD clinic in 2019. Since then, the clinic has grown steadily and now provides care to over 2,150 active patients. This high patient load places increasing demands on both the static clinic and its outreach services. The need for a well-organised and well-resourced NCD programme is therefore essential to maintain quality care.

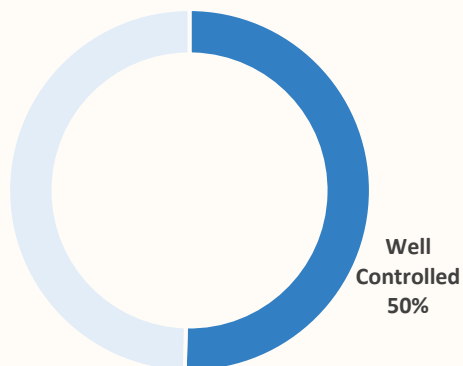


An NCD volunteer checks a patient's blood pressure.

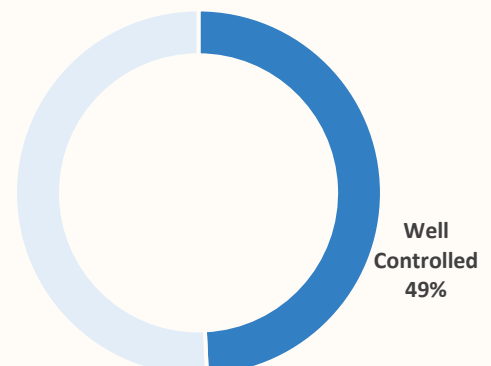


NCD care is currently delivered through 11 outreach clinics on a monthly basis.

Well Controlled Hypertension



Well Controlled Diabetes



3.12 EYE CLINIC

Visual impairment is a major yet often overlooked public health challenge in Southern Malawi. Cataract, a condition that can be reversed with a 20-minute surgery, remains the leading cause of blindness in the region. In Mulanje District alone, an estimated 6,850 individuals are bilaterally blind and 26,000 suffer from severe visual impairment. Across the entire Southern Region, over 150,000 people are in need of cataract surgery. To address these challenges, Mulanje Mission Hospital established a fully functional Eye Clinic in 2023. Eye health is not only transformative for individual patients but also holds great promise for economic empowerment, as restored vision directly improves mobility, productivity and quality of life.



34 cataract surgeries
were done



953 reading glasses
were distributed

1496

PATIENTS SEEN

At the eye clinic

2409

PATIENTS SEEN

At outreach



CHALLENGES

Due to high inflation rates caused by a persistent economic and forex crisis, there has been a sharp rise in the cost of construction materials. The Eye Theatre, originally scheduled for completion in January 2025, has been delayed and remains unfinished to date. Despite these challenges, MMH and the Verburg Charity Foundation remain fully committed to completing the facility in the near future.

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