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Editorial comment

I welcome you all to yet another edition of Mulanje Mission Hospital Newsletter. The hospital is still up and running and most projects are being successfully completed thanks to you our partners and donors. On 19th May 2009 we are going to have a general election in the country and so far there is some peaceful campaigning going on and we pray that this will continue up to the time the winner will be announced.

Our hospital is doing fine in infection prevention, this was reviewed when a team from the ministry of health inspected

By Sam Matandala

our hospital recently. Our matron Mrs. Lipato has written more on this.

Our road is still in a bad shape. When it rains the road is flooded with run off water that our patients literally swim their way to the hospital. Our administrator, Mr. Munthali has written a detailed article about the state of our road and we included some recent pictures so that you have a vivid idea of what we actually go through.

Dr. Kalungwe our new medical officer is now settled in. He has written a detailed account of himself on page 2.

Editorial Committee: Mr. Sam Matandala and Dr. Roland van de Ven

Infection prevention at MMH *by Thoko Lipato — Principal Nursing Officer*

From the 14th to 16th April we were visited by a delegation of four people from the Ministry of Health which was led by the Deputy Director of the Nursing Services who had come to inspect the hospital on Infection Prevention activities. They went around in each and every ward and department assessing if infection prevention protocols or procedures were being followed by the staff when carrying out their duties. This is the race that Mulanje Mission Hospital has joined with other CHAM and Government Hospitals with support from GTZ and Government. Actually this project started a long time ago and many Government Hospitals already went through the assessment and some even got medals.

Fortunately there were smiles all over as staff members were celebrating the good results that the hospital had achieved. It was really good news to all of us because everybody from the ground workers to the Medical Director had a hand in producing these good results for Mulanje Mission Hospital. As such on behalf of Management I would like to thank all the staff members for the efforts that they had put in place and continue doing the good job. Let us not relax because the battle is still on. Because as shown by the results we are still far from reaching the targeted score which is above 85% in each area of assessment. But it has been encouraging because the improvement from the baseline data has been so great; from 38% last year to 64% this time around is such a big improvement.

I would like to thank our Quality Improvement Support Team (QIST) for the job well done. You have been so great and you did not get tired to knock into all the various offices when you needed IPC materials. Keep moving and continue working hard. Management will give you all the support. I would also like to thank the crew in the fol-



Our area of excellence in infection prevention: the laundry.

lowing departments for the outstanding performance; ground labourers, mortuary, Laundry, Isolation systems and our sterilizing area (CCSD). Please do not relax, keep on working hard. Good job everyone.

For the departments which did not do well please do not lose hope because there will be another assessment in three months time so work hard to hit the 85% mark. Know that your success is our success and we are going to put Mulanje Mission on the map as the cleanest hospital in the country. The success would also make our hospital more appealing hence will have more patients needing our services more than ever.

There were a few areas that were pointed out so far that needed some improvement. I would like to urge all staff members working in those areas to be committed as ever and work hard to improve the noted problems. Management has assured us of its support were infection prevention is concerned at our hospital.

Success always comes with its challenges and though we scored 64%, throughout the process we have been having so many hiccups especially the irregular supply of personal protective gear which has been largely attributed to lack of money.

Word from the Medical Director

Dr. Roland van de Ven

We had a good start of the new year, again with some milestones to be added to the history of the hospital. The extension of the Antiretroviral Therapy Clinic was finalized and we were honoured that the donors from the Netherlands made efforts to come and open the clinic officially. Despite the rains it was a colourful occasion.

The extension has geared us for the coming years to accommodate the ever increasing number of patients who are in need of ARVs. Currently just over 1,500 are still alive and on treatment. The extension does not only serve the patients who come for their ARVs, but also houses the palliative care clinic to enhance the linkage between the two programs. Despite the beautiful structures the



Some members of staff dancing with joy celebrating the opening of the ART building

interior however still awaits the pledged support from government to provide furniture and equipment.

While over the last year many new structures have been added, we have currently shifted focus towards the overhaul of some of the old structures. The renovation of the Mother and Child Clinic has reached an advanced stage. Two consultation rooms were added for the Prevention of Mother to Child HIV Transmission program. It enables us to offer counselling and HIV testing services to pregnant women in a private environment.

The number of people that are interested to know their serostatus has increased considerably. When HIV test kits are adequately available we test over a thousand clients a

month. A combination of increased campaigning and involvement of the youth has contributed to this achievement. The improved infrastructure is just complementing these efforts.

Privacy has actually become a core focus next to infection prevention. As part of the MCH clinic renovations the antenatal clinic has been modified as well to suit 5 private rooms rather than the division by block board and curtains. It will allow guardians or even husbands to join the pregnant women.

The coming year we hope to work on the labour room as well. Our wish is to construct separate rooms that will enable guardians to be present as well. We feel it will increase the uptake of delivery. It will be one of the efforts to improve the low uptake of institutional delivery the country is facing. Currently only 54% of pregnant women in Malawi deliver with a skilled birth attendant.

There are so many other plans to be mentioned, like the renovation of pharmacy and theatre, but let me refer you to other articles in this newsletter and our website as well. You will find for example a nice new proposal to join hands to work on our road.

We are grateful to share our work with so many well wishers and we look forward to work in partnership to serve our one common goal.



A representative from the Netherlands and Dr. Roland officially opening the newly built ART department

The newsletter as a PDF-file for easy sharing with all your friends, family, employees & acquaintances. Please send an e-mail to mmh@malawi.net to receive your next copy by e-mail.

You can also visit our new website: www.mmh.mw

First four months at MMH

by Dr. Peterkins Kalungwe

My name is Dr. Peterkins Kalungwe. I joined Mulanje Mission Hospital in January 2009. I was trained at the College of Medicine in Malawi and graduated in 1999. I started my education at a grammar school, Kamuzu Academy and then went to Chancellor College. I did only one year in Bachelor of Science but I decided to study Medicine. I applied to join the College of Medicine and was taken into the Faculty of Medicine and I studied medicine for five years at that college. I was among the first group of doctors to fully complete the training in Malawi. Previously the groups that graduated from the college had studied the pre-Clinical years of training in England, South Africa, or Australia, but we were the first to be trained completely in Malawi; we were the pioneers!

After finishing my training at the college I worked at Queen Elizabeth Central Hospital in Blantyre as an intern for eighteen months and from there I joined St Joseph's Mission Hospital, about twenty kilometers from Blantyre. Upon successfully completing my three year contract period, I decided to move up north hence I joined St. Anne's Mission Hospital situated along the shores of Lake Malawi. I worked with St. Anne's Mission hos-



Dr. Kalungwe at the newly refurbished administration block

pital for four years but due to extreme heat along the Lake shores I made a decision to move again back to the south but this time to Mulanje Mission Hospital also under the Umbrella of Christian Health Association of Malawi (CHAM). During the period I have been with these mission hospitals, CHAM has sponsored me to undertake a masters program in Public Health (MPH) hence my obligation to serve within CHAM institutions.

Here at Mulanje Mission Hospital I have taken on the position of Head of Clinical

department. The hospital is beautiful and the environment is cool and very wet during the rainy season. The hospital has three doctors now, five Clinical Officers, five medical assistants and a number of paramedics. It has several other departments apart from the general inpatient departments which include the Dental department, radiology department, HIV treatment centre, Primary Health care department etc-etc. My impression is that it is probably one of the busiest CHAM hospitals in Malawi.

My vision for this hospital is to see it becoming one of the best treatment centers in Malawi. This should be realized through continued good management of the hospital's resources in all aspects i.e. medical supplies, equipment and human resource. Already the hospital is well managed and a number of infrastructure developments are taking shape. Hopefully, with funds permitting from donors, we have plans to build a new theatre to replace the current old theatre and also expand or build a new dental department for the increasing number of clients we are experiencing now. As an individual, I hope the experience I have gained working with the different CHAM institutions shall benefit this hospital and the community in many ways.

Mulanje Mission Road Project

Over the years Mulanje Mission Hospital has seen tremendous growth of infrastructure and services. Notable infrastructures are the new Out patient Department, new and magnificent female ward, new corridors, laundry and the first mortuary fridge in the history of the hospital. All these developments have culminated into improved quality services being offered by the hospital. Consequently the hospital is experiencing an exponential growth of people from all walks of life seeking our services. In addition there has been high staff retention of qualified health workers especially nurses compared to the national figures because of the conducive environment created by these developments.

Despite all these achievements, the good services and the attractiveness of the hospital to qualified staff, the hospital still remains extremely inaccessible during rainy season. The main access is a 3 km long dirt road from the tarmac road (Nkhonya turn-off). This road and other feeder roads to the hospital are muddy without gravel and drainages such that with every rain season the rains cause massive and unexplainable damage to these roads rendering most of them impassable.

Ambulances, trucks and ordinary cars easily get stuck. The resulting inaccessibility forms a serious threat to the provision of the essential health care. Pregnant women have delivered on the way to the hospital, under-five children have died while rushing them to the hospital simply because cars can not reach the hospital in good time or are stuck on the way.

Consequently the hospital has been burdened with the responsibility of maintaining this main access road and it has strived hard for



Some of our patients wadding across the flooded bridge on the way to the hospital



The state of the main road to the hospital

by Mr. John Munthali—Hospital Administrator

the past two years to fill in potholes, patches and maintaining waterways. However, the maintenance the hospital does is a temporary solution considering that maintaining a road requires massive investment of funds.

The government of Malawi acknowledges the importance of this road but financial constraints makes it impossible to provide a lasting and durable road. 'Food for work programme' has been used in the past in which communities were asked to add sand and dig out the drainage. Holes were being filled but with every new rain season parts of the road are flushed out making it worse.

The hospital can not manage to spend huge sums of money, time and manpower every year in providing a temporary remedy and it is high time for a durable solution. The hospital is therefore looking for partners abroad who can contribute to the 'road-project' the hospital plans to embark on. The objective of the road-project is to increase permanently the accessibility of Mulanje Mission Hospital to all people seeking health services from the hospital. The hospital intends to upgrade the earth road from the main road (Nkhonya turn-off) to the hospital to a 3.6m wide bituminous road with a proper drainage system. For 60 million kwacha it can be done. This sounds a lot, but divided per meter it only translates to about 150 US Dollars / 100 Euro or 80 Pounds. In other words if we join hand as partners we can make a difference that will go a long way. A permanent accessible Mulanje Mission Hospital will contribute to the attainment of the Millennium Development Goals such as reduction of child mortality and improvement of maternal health.

A detailed 'road-project proposal' has been posted on our website www.mmh.mw.

Uganda palliative care trip

Two employees of Mulanje Mission Hospital had the privilege to travel to Kampala Uganda to attend the first international palliative care training course organised by Hospice Africa Uganda at Makindye in Kampala from 16th February to 13th March, 2009.

The two were myself, Davie Mpate, a clinician and Mercy Chilokoteni, a nurse both attached to palliative care unit. The trip was facilitated by the Medical Director, Dr Roland van de Ven, and funding was provided by Hospice Africa UK. We left the country on 15th February for Kampala through Nairobi and upon arrival at Entebbe airport we were warmly welcomed by Catherine Nawangiri from Hospice Africa Uganda.

The course drew fourteen participants from Nigeria, Cameroon, Ethiopia and Malawi. Among them were a medical doctor, a pharmacist and the rest were nurses. The course commenced on 16th February with a health professional's course up to 21st February, 2009. It comprised of introduction to Hospice and palliative care concepts, introduc-

tion to pain and symptom control, therapeutics of pain control, roles of nurses in pain assessment, law governing narcotics and morphine availability, psychological assessment in palliative care, sexuality issues in palliative care, breaking bad news, Hospice ethos, teamwork and palliative care for paediatrics among others.

From 23rd to 25th February it was training for trainers for health professionals and during that week participants were involved in practical work and we were requested to prepare a topic of our own choice and present to the audience while being captured on video. And finally from 26th February to 12th March, 2009 it was time for clinical placement for trained health professionals at Hospice Africa Uganda premises, Mbarara and Hoima. Participants from Ethiopia left during the third week because they came two weeks earlier.

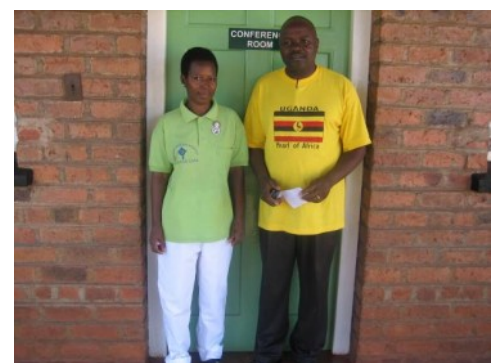
During the placement week the participants were trained on how to enrol new patients into palliative care program, have case presentations, attending day care sessions, com-

by Mr. Davie Mpate

community day care sessions and hospital visits.

From placements the participants had the opportunity to be addressed by officials from palliative care association of Uganda and Africa Palliative Care Association (APCA).

It has been a great opportunity and we will use our new knowledge to enhance our services at Mulanje Mission Hospital and the surrounding community.



Mercy and Davie expressing their happiness after returning from Uganda.

Success story of Youth Centre

by Wise Ndawa — Youth Centre Manager

I greet you all in the name of Jesus Christ as we are just emerging from Easter. It is now seven months since I was assigned to work as a youth centre manager and work has been quite challenging since I deal with young people who need much attention pertaining to their problems.

Mulanje Mission Hospital youth program was established in April 2003 as a response to the call by the National Youth Council of Malawi and Malawi government through Project Hope to stake holders in the health sector to embark on the provision of youth friendly health services. A move geared towards addressing health related problems young people are facing in the country. Thereafter consultation with management of Mulanje Mission Hospital was done to have the unit start its operation. From 2006 up to date the centre has conducted several trainings with funding from Christian Aid through CHAM.

Currently the centre has its own infrastructure with all the required offices and in full swing. Soon after the construction of the centre the hospital decided to recruit a youth centre manager and the youth coordinator to



The youths undergoing a training in their conference hall & below posing for a group photo.



run the centre and coordinate youth programmes. As of today the centre has a new set-up that forms a management team. So far they have been some tremendous achievements at the centre. Some of these achievements are as follows;

1. The numbers of youth clubs have now increased from eight to thirteen making a total number of registered youths to increase from 187 to 384.
2. The new structure has been formed to make up the management team representing all trained youths from different trainings that have been conducted e.g. Peer educators, Home based care providers, Advocates, Youth counsellors and leaders from youth clubs.
3. The centre has also managed to open up football teams in clubs.
4. The centre has opened an HIV counselling and testing room at the centre where youths have an opportunity of knowing their HIV status in a friendly way.
5. The centre has also opened an account for proper handling of finances that are being raised from income generating activities.

The other great achievement is that I was also privileged to go for further studies in HIV and AIDS management at Share World Open University as one way of improving some technical skills in leaders.

We have also on-going services that are being conducted within the week like HIV testing and counselling, recreational activities, Health education talks and film shows on issues concerning young people

Despite all these achievements they have been also some challenges encountered during my seven months in office especially that we are dealing with young people who need to be controlled all the time. The biggest challenge was to change the negative attitude the community had towards the Youth Centre. During a briefing on Youth friendly health services to village headmen it was discovered that a lot of them didn't know why we have the youth centre and to them they thought the buildings are just part of the hospital facility. The other challenge was on how to come up with the set-up on how to

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run the centre especially with the involvement of young people e.g. capturing of data, reporting systems and structure of the centre, also supervision of youth clubs within the catchment area.

Since the centre is in the process of growing, the way forward of the centre is to introduce sustainable developments in all youth clubs so that youth clubs should learn to depend on their own and continue to support themselves. The centre also wants to seek for more funds and train more peer educators within the catchment area and introduce a comprehensive youth friendly health service at the centre and the hospital as whole. Also introduce more sporting activities in youth clubs and empowerment of girl participation in youth clubs. The centre also plans to start entrepreneurship skills training at the centre so that youths should learn different skills and start up their own businesses.

Lastly, I would like to thank the Medical director and PHC coordinator for the technical support they render to us and all the encouragements, not forgetting the Youth coordinator who works hand in hand with me, the entire management and all youth leaders who are in the management team.

PHC staff trained in motor bike riding

Realizing that implementation of Primary Health Care activities are being hampered by transport problems, staff requested to undergo a bike riding training so that motor-bikes could be used to carry out some of the community activities like patient follow, home based care volunteer supervision, community garden supervision just to mention a few.

In October 2008 an instructor was hired to train 10 PHC staff in bike riding. There were 7 nurses, 1 environmental officer and 2 HIV/

AIDS counsellors. Six were female and 4 males. The training took place for 3 months and in December 2008 eight of the trainees took the bike-riding test and passed and now possess bike riding licenses.

The department has 3 motorbikes which are shared within the department. Community activities are now easier to conduct. The department has 12 members of staff that are licensed to ride motor bikes.

Some of the PHC staff during the training ->

by Lonnie Ncozana — PHC Coordinator

