Mulanje Mission Hospital Newsletter

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Mulanje Mission Hospital

CCAP Blantyre Synod

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Malawi

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Editorial Comment

Sam Matandala

The wheels of development at MMH are constantly oiled and the winds of change keep blowing over our beautiful hospital. Coming back to MMH after three years of study absence, I can hardly find my way around the hospital. New faces, new buildings, new programmes, new protocols, We are happy for the new members of staff who have joined us because they come with fresh ideas, but also welcome those who had left but decided to come back to MMH. A number of new staff houses have been added to the compound—very beautiful! The maternity wing is getting a facelift with the addition of an antenatal ward, examination rooms and offices—awesome!

Everyone is talking about the solar power we are so privileged to have. Power outages this year have been the worst in the history of MMH. Solar power has been extended to all the key depts of the hospital, so we now don't stress if power is off for even 24 hours because the sick baby will continue to get his oxygen, this pregnant woman can have a caesarean section to save both herself and her precious baby, and nurses even in the dead of night can see comfortably to administer the drugs that the patient needs—wonderful development!

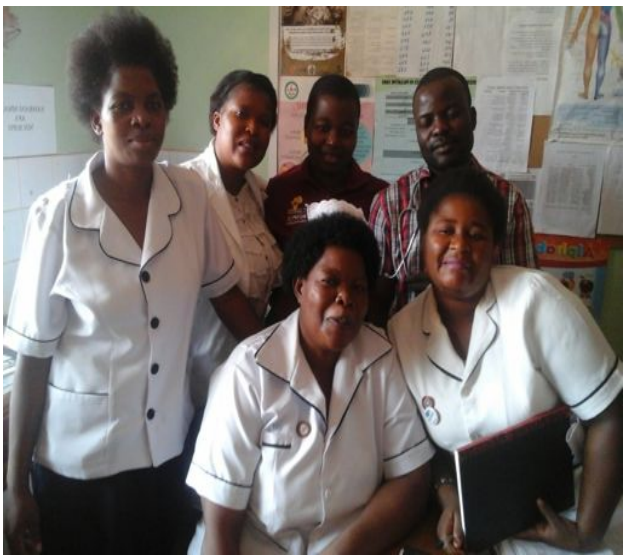
As the year is coming to a close and as we reflect on all the projects and programmes we embarked on in the year, we know that none of this was going to be possible without God our creator. God has been faithful by giving us wonderful partners from across the globe who have tirelessly helped us to achieve what we set out to do. Your generosity is greatly appreciated and we look forward to your visits and the smiles you share.

PALLIATIVE CARE

Annie Kaseka

2016 has been a year of success in palliative care services here at MMH. Following the completion and grand opening of the Palliative Care house on 5th July, 2016 which was sponsored by UKAID through EMMS, the hospital has managed to reach APCA Level 2 standard which mean it is operating at secondary level. Thereafter MMH was certified by MoH through the Palliative Care Association of Malawi as a clinical placement centre on 9th September, 2016.

Due to the availability of the hostel for accommodation, students have started to arrive for clinical placements. The first group arrived on 2nd October, 2016. Each group is expected to stay for two weeks. The first group of students comprised of two clinicians and two Nurses from Queen Elizabeth Central Hospital (QECH), Mlambe Mission Hospital and Mkomaula health centre which is under Mulanje District Health Office (DHO).



MMH Palliative care team

2015/2016 SAFE MOTHERHOOD HIGHLIGHTS

Mulanje Mission Hospital is committed to providing quality maternal and neonatal services to the community in the catchment area and beyond. Primary beneficiaries for services are people within the 74 villages that the hospital serves. However, the services also extend to people from outside the catchment area, some coming as far as from Mozambique. This article summarizes the performance of maternal and child health programs from July 2015 to June 2016.

Antenatal care

3,129 women attended antenatal services at the hospital, all of them were tested for HIV and 222 of them tested positive. All the 222 were initiated on ART treatment as stipulated by option B plus in the Malawi guideline for management of HIV and AIDS. 113 women who received care were already HIV positive and already on ART treatment.

Out of 319 babies born to HIV positive mothers, 267 tested negative for HIV, 8 tested positive and 44 are still waiting for results.

Malawi government recommends 4 targeted antenatal visits for pregnant women and 42% of women had the recommended 4 visits, 30% had 3 visits while 16% had 2 visits and the remaining 12 % had only 1 visit. All women having adequate antenatal visits had their haemoglobin checked twice.

The number of women attending antenatal services in the first trimester continues to be low and this is one area of focus in improving antenatal care for women in our catchment area.

MMH had 2,238 births attended to at the facility. 2,129 babies were born at the hospital while the remaining 109 were born before arrival at the hospital. The hospital intends to intensify education on use of waiting rooms for pregnant mothers so that the number of those delivering on the way should be reduced. Of these deliveries 79% were normal deliveries and 18% were caesarian sections. The remaining 3 % was for other modes of delivery. A total of 222 obstetric complications were treated. These included antepartum haemorrhage, postpartum hemorrhage, obstructed or prolonged labour, sepsis, pre eclampsia/ eclampsia, ruptured uterus and others.

The most common complication for newborns was asphyxia which accounted for 53% of all neonatal deaths.. This was followed by prematurity and low birth weight which accounted for 36% of all admissions to nursery. Although the year was successful, there are a number of challenges that need attention. The rise of number of babies with asphyxia is worrying and action was taken in the year 2015 /2016. to ensure that the number reduces.

There were 5 maternal deaths registered as compared to 3 in the previous year. All these deaths were audited and appropriate action was taken to improve care.

Among some of the positive developments in the year, MMH introduced the use of bubble CPAP for care of neonates with respiratory difficulties. Urine testing for protein and sugar has also been introduced as part of routine antenatal care.

The department will continue to try to improve standards of care in 2016-17.

MULANJE MISSION HOSPITAL PHARMACY NEWSLETTER

Dickson B.

The pharmacy department is currently stocked with a wide range of essential medicines and supplies. Although Malawi is passing through economic difficulties, MMH through the leadership of the medical director (Dr. Ruth Shakespeare) is trying hard to mobilize financial resources to support the procurement of drugs and supplies. The pharmacy spends about $8,000 every month for these purchases. About every 4 months, the medical director identifies special funds to purchase huge quantities of fast moving or expensive supplies to be used for a period of over 4 months. Some of the items include: intravenous fluids, antibiotics, examination gloves, surgical gloves, gauze rolls and others. These bulk orders enable the pharmacy to purchase supplies at slightly cheaper prices hence making $8,000 for routine purchase of other supplies adequate.

Dickson Chisale Pharmacy technician ▲

New developments

We have employed James Lipande as a new pharmacy technician and this has boosted the workforce of the pharmacy team. For the one month he has been with us, he has done well. Therefore, by working together we will continue to improve service delivery at the health facility through inventory management right from the suppliers, pharmacy bulk store, dispensary and the wards.

The pharmacy department is expressing its gratitude to management and maintenance department for installing solar lights. At first, the bulk store was too dark to work in when there was no ESCOM power, but now our work has been made easier following the installation of solar lights. Thanks to go to our donors for providing MMH with solar energy.

Challenges: As a department, we still have some problems, for example, erratic supplies of government funded or global donor funded supplies such as contraceptives and anti malarial drugs. For example, MMH had no depo provera injection from 30/08/16 to 20/09/2016. This is a result of either logistics problems from the government central warehouse to the health facilities or inadequate stock levels of supplies at the government warehouses. As Malawi's population growth rate is already high, the inconsistent availability of contraceptives poses a high risk of unwanted fertility among Malawian women. Although the pharmacy team is proud of having solar light, there is need to extend this by providing some solar power for our fridges in which we keep cold chain drugs and supplies and also for our computers for daily operations. Currently, we depend on a deep freezer which maintains lower temperatures in the fridge for a few hours. The current capacity of the solar panels cannot supply energy in all sockets at the hospital. Therefore, we ask for more investment in the solar energy system so that there should be enough energy for sockets in pharmacy and other departments at the hospital.

MMH Pharmacy store ▲

Conclusion: MMH pharmacy is working hard to ensure patients get medicines according to their health problems. We thank the medical director for her efforts to identify donors and mobilize financial and other material resources for the smoothing running of the hospital. Thanks to MMH donors for listening to our requests through the medical director and playing crucial roles in sustaining health delivery services to alleviate the suffering of the people in Mulanje district and beyond.

ON ESCOM CUTS AND SOLAR POWERED HOSPITALS

Ruth Shakespeare and Wilson Kachekuwa, *with sunny thanks to ERC Amsterdam, Karro, Church of Scotland and EMMS*

Hospitals consume a lot of energy, health care increasingly uses technology and MMH requires uninterrupted power 24/7 for the equipment used directly or indirectly to treat our patients. Many hospitals have considerable unused rooftop space, and Malawi has plenty of sunshine. When these factors are combined with the rising cost of grid electricity, frequent and unpredictable power outages, the high cost and sometimes scarcity of diesel, it is not difficult to make the case for implementing solar power.

So with the support of our partners, MMH has invested heavily in solar power over the last three years. We now have two independent systems up and running—the first provides immediate power to crucial and life saving equipment during power cuts—theatre, labour ward, nursery and paediatric intensive care. Solar power for critical equipment should always be used in conjunction with another source of power, and at MMH the control of Solar One is integrated with Escom and the generator to ensure patient safety and immediate change-over. Batteries are expensive and require intermittent replacement, but it is essential for us to be able to provide emergency backup overnight, so we have sufficient capacity to run thee critical areas for 10-12 hours if necessary. Recent power cuts have regularly exceeded 12 hours , so we are as frugal as possible with this essential system.

The second system, Solar Two, provides lights and power to other areas of the hospital - all inpatient wards, the laboratory, pharmacy, ultrasound, even the accounts department - and keeps the internet running. This system provides power directly from PV panels during the day, and uses power from batteries charged by the panels at night. The system, implemented in April 2016, will also provide savings on our monthly running costs by reducing electricity bills and the need for costly diesel.

All new staff houses built recently at MMH have solar geysers, and we are soon to add solar geysers for the nursery and childrens ward. The next solar project, if we can find a reasonably priced technical solution, is to convert the laundry. The only other areas we cannot easily run on solar now are the xray machine and theatre autoclaves. What a difference from a few years back when Escom cuts plunged the hospital into darkness, oxygen supplies were cut off and we had to continue operations in theatre by torchlight.

Wilson frequently shows around visitors from neighbouring hospitals who wish to see how the system is running - and we are pleased to be able to help patients referred from other hospitals when their power goes off - but we look forward to the day when they too have solar power to keep their services running!

So what are the advantages as we see them?

- We now have lights and power 24/7 in all critical areas, uninterrupted by Escom blackouts, brownouts, power surges, cuts, load shedding.....
- We have reduced electricity and diesel bills
- There are no moving parts, and general maintenance is relatively simple—cleaning the PV panels and keeping the batteries topped up
- Solar geysers are providing free hot water, keeping staff utility bills down
- The system can be expanded as necessary to cope with future needs
- And our power is renewable, green energy which will not cause further climate change

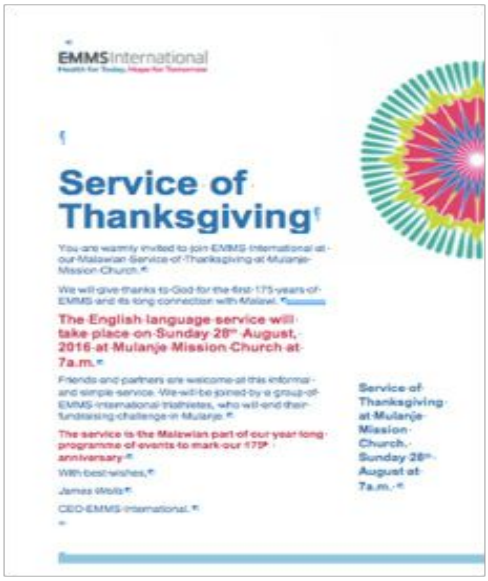
What's not to like?

175 YEARS OF EMMS INTERNATIONAL - ANNIVERSARY CELEBRATIONS at MMH

On 27th August a team of 16 triathletes visited MMH as part of their 10 day adventure in Malawi - the EMMSI Tri Malawi Challenge. The team and their leaders had covered 400km of the country by kayak, bike and on foot, culminating in climbing Mulanje mountain. They visited MMH to see the impact of their sponsorship through our partnership work with EMMS International. Then on Sunday the Malawi 175 Thanksgiving Service was held at Mulanje Mission Church. James Wells, CEO of EMMSI gave an address, and the service was followed by lunch at the manse hosted by Rev and Mrs Billy Gama before the visitors departed for their journey home.

EMMS International has launched an emergency appeal to help during the current food crisis and assist Mulanje Mission Hospital and others to help the most vulnerable people through this time

of hunger. www.emms.org/foodcrisis


EMMSInternational

Service of Thanksgiving

You are warmly invited to join EMMS International at our Malawian Service of Thanksgiving at Mulanje Mission Church.

We will give thanks to God for the first 175 years of EMMS and its long connection with Malawi.

The English language service will take place on Sunday 28th August, 2016 at Mulanje Mission Church at 7a.m.

Friends and partners are welcome at this informal and simple service. We will be joined by a group of EMMS international triathletes, who will end their fundraising challenge in Mulanje.

The service is the Malawian part of our year long programme of events to mark our 175th anniversary.

With best wishes,

James Wells

CEO EMMS International.

Service of Thanksgiving at Mulanje Mission Church, Sunday 28th August at 7a.m.

Representatives of Blantyre Synod present a poster to J ames Wells and members of the EMMSI party

DIABETES AND HYPERTENSION CLINIC Dr Isobel King

In the last edition of this newsletter, we read how MMH is prioritising the development of services for patients with non-communicable diseases (NCDs). This is healthcare jargon for diseases that aren't infectious, such as diabetes, high blood pressure & asthma, and you can read more about their importance in the last issue. Today, I wanted to share some success stories and encouragements going forward. As you've read, we are now seeing over 30 patients a week in our Diabetes and Hypertension Clinic, attracting patients from our catchment and far beyond. Many are already on treatment when we meet, so we ask why they are transferring to our clinic. They cite that we actually measure their blood pressure or sugar level before prescribing, rather than just repeating the dose; that they have learned what their condition means and have been taught how they can help themselves (diet, exercise, not smoking etc.). This education aspect must not be underestimated – helping people understand their disease, why they should control it and how they can help themselves is incredibly cost-effective and valuable.

For example, many patients come to us with very high blood pressure. The chronic nature of the disease means that their body has adapted slowly, so there haven't been warning signs, but they are at high risk of stroke. Once a stroke happens, there is nothing we can do except support their recovery. This recovery will be solely dependent on the family and village, since there is no social work, physiotherapy, mobility aides or care home to assist them in their sudden disability. That stroke is preventable, by people knowing they have high blood pressure, being educated on how to manage it and being offered reasonably priced drugs which they take daily. That is neither complicated or particularly expensive, but illustrates how important early intervention is.

We have also been using this Clinic to distribute free reading glasses. A classic example of the delight this causes is Mrs. T. Our consultations are normally peppered with charades given our language barrier but the day I gave her glasses, no translator was required. She started dancing and praising God, delighted that for the first time in years, she'd be able to read her Bible herself. We've also recently launched a Patient Association, a platform for patients to advocate for themselves and to become community educators.

We'd love you to pray for two new beginnings in our NCD programme. We are starting our first Asthma clinic this month in a bid to improve control of asthma and prevent life-threatening attacks. We have a great team committed to this new clinic and would love you to pray for us.

Secondly, we are thankful for a new partnership with several Rotary Clubs, led by Colchester UK, who are working with us to renovate our clinic and start offering services in the community, to try and reach the rest of the iceberg. We estimate that at present we see less than 2% of the patients in our catchment who'd benefit from NCD services and hope this upcoming programme will address the huge need and prevent unnecessary disability and death through simple, local programmes. We are grateful for this partnership and are excited to see where it might lead in the coming years.

The Diabetic clinicians▲

CREATING A CONDUCIVE NURSING ENVIRONMENT: a nurse's experience

Tabu Gonani

'*Today I am more stressed than any other day ....how would a nurse on duty experience 6 deaths in a row, in one night. The so called high dependency unit runs out of power, all children on oxygen therapy are deprived of their treatment and they are dying like chickens. Have you ever thought of how a tiny vein of a baby would be difficult to access. You access the vein with help from someone using a torch or a phone to provide light. Pathetic.'* This is a cry of a Malawian nurse working in one of the government district hospitals amidst a public outcry because of poor power supplies as the country`s sole power generation company is struggling to provide power.

For the past four years the power situation in the country has been very bad. It usually gets worse during summer and gets better during the rainy season as the water levels in Shire River improve. Year in year out Malawians face a lot of hardships when this season comes. People from all levels are greatly affected starting from big businessmen to even the small barber shop owner. For the locals who rely on farming only, it is difficult to have maize flour since maize mills also need power to function. In short, everyone is affected by the situation. While businesses and locals are suffering, hospitals are also facing numerous problems due to the situation. The first paragraph is just an example of the challenges we face. A few years ago, Mulanje Mission Hospital was facing the same situation. Nurses had to p ut up Intravenous infusions using torch light and use the same for administration of drugs for patients. The situation was very pathetic. The hospital through its donors gradually started to respond to the situation by installing solar power. It started with the most crucial wards, which were labour ward, children's ward and nursery. Over the years the project has been gradually increasing and currently all the wards have solar power.

This has not just helped improve the working environment for employees but has helped the hospital save a lot of lives. Babies and adults in need of oxygen have full access to the service. The hospital is able to do some operations using solar power and women in labour ward receive proper care due the availability of power. Operations of the hospital have greatly improved now and as a hospital we are very grateful to our partners who helped us achieve this milestone.

Solar switch boxes

COMMUNITY-BASED ORPHAN SUPPORT by Felix Mkwate

To be an orphan and a disabled person is very challenging in our society. Indeed this was true for Benadetta January from Ng'oma village, Traditional Authority Chikumbu. Benadetta is eleven years old and was disabled while she was very young due to polio so that she depends much on a wheel chair. Monitoring her health status when she was young, MMH noticed that she was also malnourished due to poverty so she was referred to the PHC department for further support. Benadetta was registered at Apatsa private primary school as an orphan after a thorough assessment was done. When she was supported in the MMH orphan care programme, Benedetta was performing well and was the only candidate from Apatsa selected to Mulanje secondary school . Everybody in the catchment area was inspired - being a disabled child is not the end of life, society can recognize you.

MMH supported children receive new school bags for the beginning of term

Although passing exams was good news for her guardians, the only problem was shortage of funding for a specialist secondary school placement since MMH through PWS&D only support children at primary school. Children at secondary school depend on the commitment of their guardians. But thanks to our generous partners, this problem has been solved and she has a place at a school in Phalombe that can cater for her needs. We thank our partners for supporting such children to be the leaders of tomorrow.

BLACKSBURG PRESBYTERY CONTINUES TO SUPPORT NURSING STUDENTS AT MULANJE MISSION COLLEGE OF NURSING AND MIDWIFERY

Robertson Bakuwo

Mulanje Mission College of Nursing and Midwifery (MMCNM) continues to enjoy a very cordial relationship with the Blacksburg Presbytery Church, in Virginia USA.

The church has supported over ten students in the past and is currently supporting four students: Rodgers George a third year student and Mtisunge Matimati, Roy Kalulu and Thomas Lipipa who are all first year students. The Church recently provided $1000 to the College to cater for school fees contribution, uniforms and other necessities for the students.

Through kind support from its members and other interested individuals, the church intends to support more students in future.

MMCNM students ▲