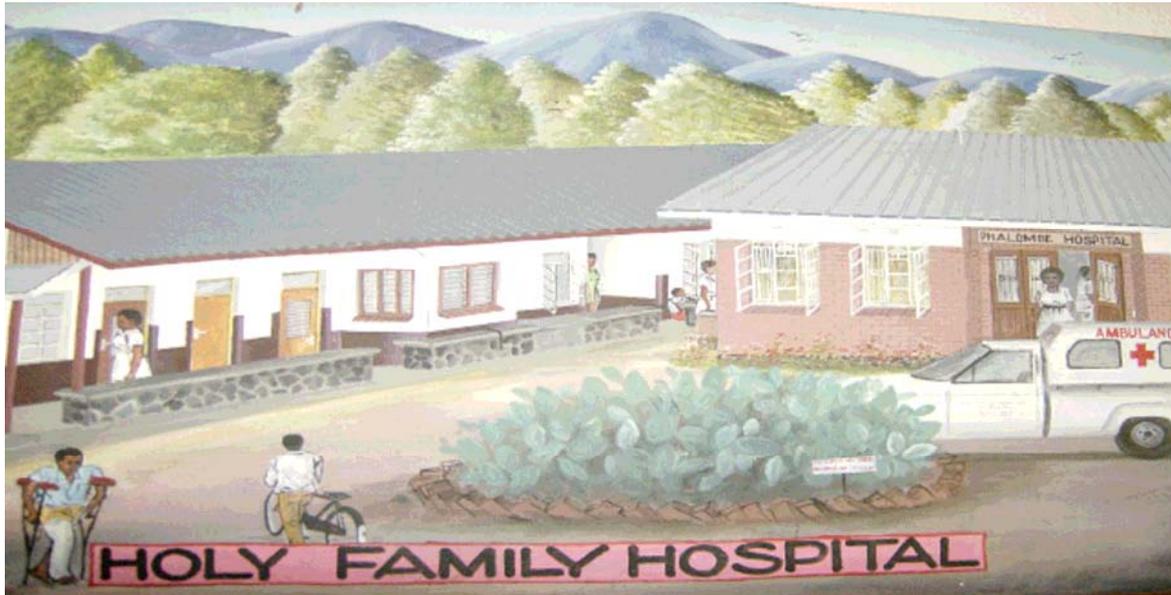


# Holy Family Mission Hospital

NEWSLETTER DECEMBER 2007

*News from under the mountain...*



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### **Editorial Comment**

Greetings from the foot of Mt. Mulanje. It is where Holy Family Mission hospital is located. One of the oldest Mission hospitals in one of the newest districts of Malawi. We are proud to present to you our first newsletter produced by a joint effort of our editorial team with additions of staff members.

We have chosen the month of December to bring out our first newsletter because it is the month of reflection. Reflection on things that have happened in the past year, and on the way forward.

All the work, which has been done in the last year, couldn't have been accomplished with out assistance of our donors. At Holy Family we re blessed with the continues support of Mr. Slager. A private person who cares about our institution. He has financially supported us in the past thirty years; an accomplishment on it's own. Few donors are willing to support the running costs of a hospital, but due to his kind donations, we were able to provide our institution with electricity, water and drugs for our patients.

Pro-Phalombe, a Swiss association founded by friends of Chris (Medical Doctor) and Silvia (Occupational therapist) who worked at Holy Family in the nineties. This association developed a long-term project on improving the constructions at

our hospital. In 2001 they financed the construction of a new paediatric ward. This year it was Male and Female ward that were renovated with their financial assistance. All ready a new project is in the pipeline: constructing a new theatre and laboratory.

Cordaid, former Memisa has also been assisting our hospital for many years. Initially by sending Dutch medical Doctors to Holy Family. In the last years it has put it's emphasis more on developing human capacity and strengthening organisational development. Currently we have entered together with Cortaid and Albert Schweitzer Hospital (Dordrecht, the Netherlands) in a tripartite agreement. The aim of this agreement is to improve the quality of medical care at Holy Family, by supplying medical equipment, improving capacity and organisational structure and constructing staff houses and a guardian shelter. Also the nursing school is to benefit from this agreement. Apart from these, other donors have been assisting us with their kind donations and we fully appreciate their support.

The struggle against the HIV/AIDS pandemic in Malawi has a major influence in our daily work. The majority of our patients are struggling against HIV related diseases, quite a number of our staff are infected with HIV, developing an HIV/AIDS policy for the hospital is still a major challenge. One of the spear points of the fight against HIV/AIDS is the countrywide program of providing eligible HIV (+) patients with HAART (Highly Active Anti Retroviral Therapy). At Holy Family we started an ART clinic in 2005 and are currently treating over 1200 patients with HAART. This newsletter will also give you information on developments with in our parish. The Comboni Missionaries have handed the parish over to Malawian priests from the Archdiocese of Blantyre. We interviewed a staff member on witchcraft. "Whichcraft is real, just

remember to rely on God in every thin you do". Further more you will find in our newsletter clinical reports on Burkitt's lymphoma and hydrocephalus. Medical conditions relatively often seen in our hospital.

For a person to enjoy life to the fullest, there should be time for poetry and laughter...

On behalf of all staff members at Holy, I wish all persons involved in the well being of our hospital a wonderful Christmas and a happy new year.

*Dr. Anten*

### **Renovation of Male and Female ward Pro-Phalombe, a kindred spirit**



*Ward rounds in the newly renovated female ward*

During the time I have been working at Holy Family, I had the privilege to meet with three members of the Pro-Phalombe Association (Marcus, Chris and Silvia). During the process of planning and implementing projects funded by the association, I had many an opportunity to exchange ideas, experiences and thoughts on Malawi and particularly Holy Family Hospital. What always struck me in our communication, was their sincere and deep felt relation with our Hospital. It was, as Chris once wrote in a Newsletter Of Pro-Phalombe, a feeling of finding a kindred spirit.

The relation between Pro-Phalombe and Holy Family Hospital has its source in the nineties, when Chris and Silvia were both working at Holy Family. To assist the hospital in the work they started, their friends in Switzerland started the Pro-Phalombe association. They initiated the development of a long-term

plan to improve the structures with in the hospital. Funding was sourced from the local community in Switzerland.

The first major project, which was taken on, was the building of a new paediatric ward. It was finished in 2001 and is now the pride of our hospital. The second project was renovating male and female ward. When I started working for the hospital in 2003 this project was still in its initial phase. Together with Marcus, management developed the definite plan of renovations. Previously the wards consisted of small and dark spaces. The goal of the project was to make better use of the existing space, and provide patients with a healthier environment. The construction works started in October 2006. In July 2007 we were able to move all the patients back in to new and specious wards. From that day it is a joy to do ward rounds in a well-lighted specious male and female ward.

A third project has been taken on. It deals with improving the water supply of the hospital. Already two boreholes have

been drilled, new pipes are being laid and the existing water tanks will be repaired.



*Two new boreholes are being drilled*

The fourth phase of the long term plan by Pro-Phalombe will be the construction of a new theatre and renovating of the laboratory. Our friends in Switzerland are eager to take on this new challenge together with Holy. Preliminary discussions on the new project were held with the architect and initial drawings were made. Writing this down, and contemplating what Pro-Phalombe has already done for the hospital, I am amazed by the commitment of members of the Pro-Phalombe association and feel such gratitude towards these kindred spirits in Switzerland.

Dr. Anten

### **Tripartite Agreement**

This agreement is between the Albert Schweitzer Hospital in Holland, Cordaid former Memisa and d Holy Family Mission Hospital. It had its official start in August 2006.

The collaboration is based on equality of all involved parties. It strives to improve the quality of medical care delivered by our Hospital using the resources and contacts of ASz and Cordaid.

The focus is on improvement of medical and teaching equipment, construction and human recourse development.

**Christmas came early this year...**



*Unloading the container*

It is more as a year ago that we received a delegation from the Albert Schweitzer Hospital and Cordaid. The reason for their visit was to formalize collaboration between them and Holy Family Hospital and Nursing School (tripartite agreement). We spent five days together, traveling through out phalombe district, meeting stake holders and dignitaries and most importantly, exchanging thoughts and ideas on our collaboration. Guiding principle in all discussions was equality of all involved parties. As one involved in the process of finalizing the tripartite agreement, I was pleasantly surprised by he attitude of our colleagues from ASz. Their enthusiasm, willingness to listen and never imposing their own believes, made us feel comfortable enough to share our thoughts and iedeas with them.

The deliberations ended with an official ceremony. The tripartite agreement was signed by representatives of the three

parties and ended with traditional Malawian dancing and singing. The focus in the first year was on providing the hospital with medical equipment and the school with books and computers. An inventory was made by HFMH on what equipment and goods were really needed. This information was used by ASz to source these from their own institution. Technicians from ASz tested the machines and computers on durability. Finally all equipment and goods were packed in a container and send to Phalombe. Now the long waiting started.....

In the beginning of this year we found that we were running into problems with our theatre light. One by one the bulbs were going out. Subsequently surgery was done in ever poorer light. A telephone call was made to ASz, explaining our dilemma. With in a few weeks bulbs arrived at the hospital and we were able to see again.

..... In the beginning of September we got the good news that the container had arrived in Blantyre. The only thing remaining was to clear the container with the MRA (Malawian Revenue Authority). Surprisingly this went with out any delay. The only little problem was that the truck, on which the container was loaded, broke down on its way to the hospital. On the ....of September the container was finally delivered. The unpacking of the container

was like a little calibration. Staff of the hospital were gathered around, and each item coming out, was welcomed with cheers of joy. As one nurse said: Christmas comes early this year.....  
..... Sitting behind one of the computers donated by ASz, typing this account of past happenings, I am convinced that the two coming years of our collaboration will be as fruitful as the first. Zikomo Kwambiri!!!!

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**Anti-Retroviral Therapy (ART) program at Holy Family Mission Hospital.**

Holy Family Mission hospital with the initiative of national aids commission (NAC) and not forgetting hard working doctors, clinicians and nurses started the ART clinic in July 2005. All medical staff underwent training on the treatment of HIV (+) patients. From the start of the ART program we have been facing multiple challenges;

The running of the clinic is in the hands of just a few clinicians and nurses. The work is done on voluntary bases with out any additional financial compensation. The ART staff is expected to continue their regular duties next to running the ART clinic. The clinic is situated in a pre-existing building, with small and poorly ventilated rooms. . From the community, stigma and discrimination are still major a challenge for the clients to attend ART Clinic. Especially the male population seems to have difficult with the stigma. They are the ones reluctant to be tested on HIV. If not tested, these clients are not able to excess the ART clinic services. Most of the clients on ART have to travel long distances to get their monthly supply of drugs.

Quite a few clients are unable to manage this either because of their poor physical condition, or they lack the financial resources to pay for their transport.

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Despite all these challenges, the program started and now we are proud to say that we have managed to register 1296 clients since the program started in 2005. OVERRAL REPORT

TOTAL NUMBER OF MALES 485[38%]

TOTAL NUMBER OF FEMALES 791[61%]

TOTAL NUMBER OF CHILDREN 64[5.1%]

Currently on average 35 new patients are registered on ART every month. The clinic is run every Tuesday and Thursday. The number of staff comprises of five nurses, four clinicians and two clerks. In spite of the shortage of human resource, we have managed to get a certificate of excellence in managing the clinic, handed out by the ministry of health for every quarter since the start of the clinic.

A new development is the opening of four ART clinics in health centers in the district. Hopefully this will lead to decongestion of our clinic at Holy Family. All in all, Holy Family is doing a good job in the HIV/AIDS program, despite that it has a big catchment area (population of 300.000). We also feel that there is a growing sense amongst to population of our district on the importance of finding out once HIV status and accessing the services provided by our hospital. Hope to meet you next quarter.

*Mr. M. Phwandaphwanda, NMT*

### **Impressions of Life at Holy Family Mission Hospital**

The first thing that impressed me when I first started here was the beauty of the place, let alone the friendliness of the people. Everyone is eager to help you settle in quickly as a new member of the family. Located at the bottom of Mulanje Mountain, we are exposed to the mountain breeze. There is a saying; melons are difficult to grow but sweet to eat.

Previously people had difficulties to travel to Holy Family due to a bumpy road from Chitakale, Mulanje. But very soon this will be a thing of the past. Since there is tremendous road construction in progress. To help people either sick or healthy, in pain or in sorrow, is our daily

assignment. This is so just because the health professionals are committed to assist people with love following the example of the greatest physician, Jesus Christ. Most people think that Holy Family is a hospital employs only catholic staff. This is not the case! All are welcome. There is a saying: All work and no play made Jack a dull boy. Holy Family is not just a hospital, as you probably been made to believe. There are several social activities offered, from sports to hospital excursions. The highlight being going to lake Malawi. Life I never dull at Holy Family and you will cherish the time spent.

*S. Chanza, Medical Assistant*

### **Reporting Religion After the Missionaries....**



*Holy Family Parish Church*

It has taken long before the Parishioners of Phalombe parish came to realize that they could stand firm on themselves. In the past years they have been depending on Missionaries. Now new developments are rooting in Phalombe parish. Phalombe parish (St Mary) was established in the early 1930's by the Montfort fathers. After their period of service the Montfort fathers handed over the Parish to the Archdiocese of

Blantyre. After which the Comboni Missionaries, whose founder is Daniel Comboni, came in to run the Parish for almost 30 years. After running the parish for 30 years, the Comboni Missionaries handed over the parish back to the Archdiocese of Blantyre. On the 10th of September this year, the Comboni Missionaries officially handed over the Parish to the Diocesan priests. This marks the beginning of self-reliance of the Phalombe Parishioners, who

depended much on the Missionaries, hence it has been a blessing in disguise. With the coming of the Diocesan priests at Phalombe parish, we have realized that we can produce something that can be credited. Under their guidance a lot of new developments have so far taken place. In the past we could celebrate mass once every three weeks at the parish.

Now we are able to celebrate mass every Sunday and weekdays. More to this, our fellow Catholic Christians at the out stations are also readily reached for the celebration of the Eucharist (mass) at least twice in a month. Still more, prayers have even overflowed to the hospital.

Priests are celebrating mass at the hospital every second Wednesday of each month, giving an opportunity to the Catholic patients and guardians to receive the Holy Communion. Other new developments; the Church is putting much emphasis on education and self-reliance. At the moment the Church is about to start building a secondary school, which has been dragging for the past three years. And Phalombe parishioners are being empowered on self-reliance so that they can stand firm to run the parish by themselves.

*Mr. L. Malipa, Mr. Namalawa, Mrs. Chiwambo*

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### **Of witches and wizards**

#### **An interview with a staff member on witchcraft**

"I have seen you here, who are you and what are you doing?"

>" I am Molly. I work at Holy Family as patient attendant. I have served the hospital for many years."

>"You look like a Christian. Are you?"

>"Yes, how can I live without Jesus on my side. I am a devoted member of the CCAP Church".

>"Being a devoted Christian, do you believe there is witchcraft in this world".

. >"My son, it shows you do not read the bible. The God's servant John, who wrote the book of revelation, wrote on chapter 21v4 "those who practise magic... their place is the lake burning with fire and sulphur".

>"In your life, do you remember any scenario that happened concerning witchcraft?"

>"Yes, in our neighbouring village, there was a woman. She was a wizard. She used to attend night (magic) parties with out any contribution. Her fellow wizards were contributing human meet. One occasion she was asked to host a party of such kind. I will tell you, she was

panicking, since she had no children but a grandson who was productive financially living in Blantyre

>"What Happened?"

>"She decided to board a magic night flight and cast spells on her grandson.

"Had she known, comes last". She did not know that his house was also magically well protected. In a twinkling of time she found herself landing onto the graveyard."

>"Was she okay?"

>"No, she had an unique appearance. She was naked. Her anatomy changed. She had long fingernails, protruding mouth, lips of a duck. Her abdomen was massively distended".

>"How did the people learn about this issue?"

>"When it comes to this, anyone can see the wizard, since the cat was let out of the bag"

>"What was the reaction of the people?"

>The matter was reported to Limbe Police, who referred the case to the police in Phalombe. When arriving at the police station she received a mockery heroes welcome. People from all walks of life gathered there ululating and shouting "Mfityo, Mfityo" meaning; wizard, see the wizard".

>"Is she still alive?"  
>"She died after a few days. But before her death one of the senior chiefs splashed her with some watery herbs and changed her outlook back to normal".

>"What is your last word?"  
>"Witchcraft is real, but just remember to rely on God in everything you do"

S. Chanza, Medical assistant

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## Case Reports

### Burkitt's lymphoma

Four-year-old child with a facial tumour  
Amuna Akadya Fote is a four-year-old male child from Msila village, Mozambique. He was referred from Nambazo Health centre in July of this year. He had a history of swelling of the right cheek for two months. It started in May, with a toothache on the same side. Since then the swelling has been growing progressively. On admission he was unable to see with his right eye and unable to eat solid food due to the extend of the facial swelling. No previous medical history. Received all vaccinations

On examination:

Swelling of the right cheek, hard non tender, irregular in nature, fixed to the maxilla Fit, a febrile, pink conjunctiva.

Body weight not taken. No lymphadenopathy. Clear lungs  
Per abdomen, no organomegaly.  
Extremities, nothing abnormal detected

Hb: 11.8 gr/dl

WBC: 4100/ mm<sup>3</sup>

Diff /

Neutr: 53%

Lymph: 46%

DD/ Burkitt's lymphoma

Patient was referred to Queens Central Hospital in Blantyre for further diagnoses (histology) and chemotherapy (com) Theory Burkitt's lymphoma (BL).

The commonest childhood cancer in tropical Africa. There is a peak incidence at 5-9 years, with a male predominance.

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It is endemic in tropical Africa. It occurs sporadically in the West. Endemicity can be correlated with frequent childhood exposure to an infection with Epstein-Barr virus (EBV) before the age of one year. BL also occurs as a complication of AIDS.

Clinical: often presents with tumours of the jaw and gastro-intestinal involvement. It grows rapidly to large size with in a few weeks. Histology shows a "starry sky" appearance (isolated histiocytes on a background of abnormal lymphocytes).  
Management: a single dose of cyclophosphomide, repeated for two doses beyond complete remission. If available, methotrexate and vincristin should be given along with cyclophosphamide (COM therapy). The rates of complete remission are 80-90%. The cure rate is over 50%.

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### Hydrocephalus

***Working as nurse in our paediatric ward I have seen quite a few patients with an enlarged head circumference, the medical term is hydrocephalus. Either the child was born with an enlarged head (congenital) or it developed after birth (secondary either to meningitis)***

During the quarter of July-September Holy Family Hospital has registered four cases of hydrocephalus of which three were caused by the child having had meningitis and one patient was born with this affliction (congenital). All these patients have been referred to Queen

Elizabeth central hospital in Blantye, where they were managed because it was beyond the therapeutic possibilities of this hospital.

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**Clinical manifestation of the referred cases**

1. Accelerated rate of head growth
2. Sunset eyes (downward deviation of the eyes)
3. Bulging anterior fontanel

**Investigations done**

1. Lumber puncture was done to analyse the cerebral spinal fluid. And those who had their cerebral spinal fluid analysis suggestive of meningitis were first treated and then referred to Queens

***Wanting to know more about hydrocephalus, I did some research:***

Hydrocephalus is the accumulation of the cerebral spinal fluid (CSF) in the brain meninges either caused by blockage of the ventricles, post meningitis or inability of the arachnoid villi to absorb the CSF

**Pathophysiology**

In the brain there are two ventricles, which are found in two hemispheres, and these are right and left lateral ventricles. The third ventricle passes through the foramen of Munro. At each ventricle there is a network of capillaries called choroid plexus. These capillaries receive blood from arterioles in the pia mater and secrete cerebral spinal fluid in the ventricles. Each cerebral hemisphere contains a lateral ventricle, which is connected to the third ventricle by foramen of Munro, and the third ventricle connected to the fourth by aqueducts of Sylvius. Once cerebral spinal fluid is produced in the choroid plexus it drains through the two lateral ventricles and passes through the foramen of Munro to reach the third ventricle and finally to the fourth ventricle

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which carries it to the subarachnoid space where it circulates and gets absorbed by arachnoid villi. Cerebral spinal fluid is produced at the rate of 20mls per hour and the whole of it is supposed to be absorbed.

**Causes of hydrocephalus**

1. Inability of the arachnoid villi to absorb the circulated cerebral spinal fluid
2. Blockage of the cerebral spinal fluid drainage in the subarachnoid space either in lateral ventricles or fourth ventricle
3. Post meningitis blockage by pus in the cerebral spinal fluid
4. Congenital; a child may be born with abnormality either in the absorption or structure of the ventricles

**Management of hydrocephalus**

1. CT scanning to detect any defect or blockage, malformation
2. Aspiration of fluid from the anterior fontanel to analyse for bacteria and casts
3. Ventriculoperitoneal shunting

*Mr. R. Chinzu, NMT*

**Poetry**  
**Love**

When it comes, will it come with out a warning?  
just as I am, picking my nose?  
Will it knock on my door in the morning?  
or tread in the bus on my toes?  
Will it come like a change in the weather?  
Will its greetings be courteous or rough?  
Will it alter my life altogether?  
Oh... am just, but afraid.  
Will you experienced good friends tell me?  
Will my entertainment not being stolen??  
But just tell me the truth about love

*Mr. S. Chanza*

**Time to laugh**  
**“Chisomo”**

A clinician tells three-year-old Chisomo that he has a running nose. Chisomo replies angrily:

“Where is it running to? My nose is just with me”. *Mr. S. Chanza, Medical assistant*

**Furious teacher**

A teacher was dictating notes to his class. At the end of a paragraph he dismissed the class for time was over. The next day the teacher asked his class where they had stopped. One pupil quickly stood up and answered the teacher “we stopped at full stop, Sir.” The teacher got angry and sent him out of the class.

*Mr. Namalawa, Senior Accounts Assistant*

**Hotel experience**

A certain man went to a hotel with his son. Upon arrival at the hotel they ordered rice and an egg each. While eating, the son noted that there was a chick in his egg and informed his father about it. The father replied: “just eat it quickly, if the waiter sees it, he will charge us extra”.

*Mr. Namalawa, Senior Accounts Assistant*

**Merry Christmas & Happy New Year!!**

