

HOLY FAMILY MISSION HOSPITAL NEWSLETTER

“News from the Bottom of Mulanje Mountain”



“Continuing the Healing Ministry of Jesus Christ Through Provision of High Quality Health Services”

FROM THE EDITOR'S DESK

By Saul Chanza – Editor in Chief

Once again greetings to you from the bottom of Mulanje Mountain. It has taken sometime since we published the last newsletter.

Our aim is to share the manuscript of this letter with you so as to keep us on track during periods when other clinical service delivery pressures seem to slow our progress of healing ministry.

This newsletter incorporates issues of education, development, entertainment, religion and health.

Welcome aboard our readers to January – June 2012 Newsletter.

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FROM THE ADMINISTRATOR

By Paul Amos Machado – Hospital Administrator

Greetings to you all from Holy Family Mission Hospital in Phalombe District – Malawi, the warm heart of Africa. This hospital is a CHAM Institution owned by the Archdiocese of Blantyre. Holy Family is in a Service Level Agreement with the Ministry of Health through the District Health Office of Phalombe. The agreement was signed in October 2006 and was supposed to be renewed every 15 months. The current one in force, its renewal was supposed to be on 30th June 2010 but is yet to be signed.

On a good note, the Hospital is still receiving support from its friends in Switzerland the Pro

Phalombe Association where they are sponsoring so many projects like professional trainings, construction and purchase of pharmaceuticals.

All the departments of the Hospital are being sponsored for training and upgrading courses i.e. Medical, Nursing, and Administration. The Hospital is very much thankful for the assistance the Pro Phalombe friends are providing us.

We also thank Cordaid for the construction of the guardian shelter.

Recently we also made new friends, “Con Vista Sul Mondo ONLUS” from Italy. They donated hospital equipments like Scanning Machine, Feotal Doppler and Diathermy Machine. In addition they will be sending specialist doctors to assist us in managing patients.

May the Almighty God bless them all abundantly. We appeal to other local organisations to emulate this gesture.

SERVICE LEVEL AGREEMENT BETWEEN HOLY FAMILY MISSION HOSPITAL & PHALOMBE DISTRICT HEALTH OFFICE

By Paul Amos Machado

Service Level Agreement is an agreement between the Ministry of Health and Archdiocese of Blantyre represented by Phalombe District Health Office and Holy Family Mission Hospital respectively. The Hospital offers health services to patients referred by the DHO, thereafter the Ministry of Health through DHO pays Holy Family Mission Hospital monthly for the services rendered.

Phalombe District has no Government Hospital. Holy Family Mission Hospital is the only referral centre in the district. Before SLA many people had no access to health services because of the user fee policy. This arrangement has improved the access of health services and is in line with the Health Delivery Area Concept. For each visit to Holy Family Mission Hospital a Referral Letter from the referring health centre is a requirement.

Although patients access health services, the hospital faces a lot of challenges for example, when billing, the hospital is required to quote Central Medical Stores (CMS) prices which are on the lower side despite it

purchasing drugs from private pharmaceutical suppliers whose prices are on the higher side. This is so because most of the essential drugs at CMS are out of stock.

The SLA overlooked a number of areas such as overheads, housekeeping etcetera.

The SLA document did not give provision for revision of prices in circumstances of inflation and currency devaluation.

As of now our SLA expired in 2009 and no new document has been signed.

It is hoped that in the next SLA the above mentioned challenges will be taken into consideration for the hospital sustainability.

BRINGING SHELTER FOR GURDIANS AT HOLY FAMILY HOSPITAL

By Ethel Chimaliro

If you happen to visit Holy Family you will notice a new beautiful structure mushrooming beside the Hospital, some think it is a Lodge, others a Staff Hostel but the truth is, it is a Guardian Shelter constructed with funding from Cordaid.

Cordaid is an organisation from the Netherlands and has been assisting the hospital for so many years. This organisation financed the construction of staff houses at the Institution. With this partnership, a Tripartite Agreement was established between Holy Family Hospital, Albert Schweitzer Hospital and Cordaid. It is through this agreement that they decided to construct a guardian shelter at the hospital which is very modern and bringing comfort to our friends who take care of their loved ones at the hospital.

Holy Family Hospital had no guardian shelter and as a result guardians were facing several problems like; they had no proper cooking area, they had nowhere to keep their belongings and as result their items i.e. foodstuffs were kept in the wards thereby attracting cockroaches which was also a challenge for the hospital in terms of infection prevention. They had to cross to the other side of the road to cook food for their patients, thereby risking their lives to road accidents in addition they were charged a user fee.

Lack of a guardian shelter was not a problem to guardians only, but also a major challenge to the hospital as a whole that compromised cleanliness. Guardians belongings like firewood, clothes and pots

were found everywhere. During rainy season guardians were seeking shelter in the wards and corridors hindering health service delivery effectively.

The new guardian shelter has separate blocks for men, women and children each with bathrooms and storerooms, big cooking and laundry areas. Indeed it is modern!

Many thanks to Cordaid and Albert Schweitzer God Bless You All!! (Hartelyk bedankt!!!)



The newly constructed guardian shelter

HOLY FAMILY MISSION HOSPITAL PARTNERS WITH CON VISTA SUL MONDO ONLUS

By Ethel Chimaliro

Con Vista Sul Mondo ONLUS is a Non-Governmental organisation based in Italy. It is an organisation which is assisting some countries in Africa like Burundi. This organisation found it necessary to assist Malawi as well, more especially Holy Family Mission Hospital.

Con Vista Sul Mondo ONLUS and Holy Family Mission Hospital through the Archdiocese of Blantyre signed a Memorandum of Understanding (MOU) on 28th February 2012. And in their

agreement Con Vista Sul Mondo ONLUS will be assisting Holy Family Hospital in various activities such as donating modern medical equipment. This organisation will be sending specialist medical doctors at the hospital.

As a manifestation of their commitment towards Holy Family Mission Hospital when they came for the MOU signing, a group of four doctors brought with them a modern Scanning Machine, Foetal Doppler, Diathermy and drugs.

The agreement is for three (3) years and we hope that it will be renewed after the stated period expire.

This group came on 26th February 2012 and left on 3rd March 2012. They were led by Danielle Benedin. A second visit will be in October 2012.

This agreement will bring a significant change in quality of health service delivery.

May the Almighty God guide this Partnership.



One of the visiting Doctors scanning a patient at the same time training Medical Staff

THE NEED TO CONSTRUCT A FENCE AROUND THE HOSPITAL

Holy Family Mission Hospital has no fence around it. Because of this, security at the institution is a challenge. Hospital property such as linen and equipment is stolen. The absence of the fence also hinders the control of traffic in the wards as a result the infection prevention standards are compromised. The fence will also bring sanity to the hospital.

We hope that well wishers will assist us to construct the fence for the hospital which is a pre-requisite.

PRO PHALOMBE ASSOCIATION PROMOTES CAREER DEVELOPMENT

By Ethel Chimaliro

Learning is a process of acquiring skills, knowledge and attitudes in all aspects of life. A learning organisation is the one that emphasises and promotes the continuous learning for its employees. For an organisation to achieve its goals and objectives it needs to have skilled personnel.

Pro Phalombe Association is a Swiss Association formed with the aim of assisting Holy Family Mission Hospital in various projects and it is indeed fulfilling its objectives.

After funding several projects i.e. building new structures and procurement of drugs, it has now diversified to transform the institution into a learning organisation. Pro Phalombe Association has achieved this by sponsoring a three (3) year training programme called “Adopt-A-Career” which is being coordinated by Dr. Dalitso Lewis Zeka in Malawi and Dr. Christopher Knoblauch in Switzerland.

This programme has covered each and every cadre at the institution. This has motivated employees to work hard as well as retain them. By the end of the project, trained employees will bring development at the institution with the acquired skills and knowledge from their various trainings thereby making Holy Family Hospital achieve its mission statement of offering high quality health services following the healing ministry of Jesus Christ.

Bravo Pro Phalombe Association and God Bless you All!!



Jenipher Kapichi from a Nurse Midwife to Nurse Anaesthetist.

PRO PHALOMBE ASSOCIATION SPONSORS ADOPT-A-TREATMENT PROJECT

By Ethel Chimaliro

Holy Family Mission Hospital is a non-profit making organisation which offers its services to the rural masses. The hospital faces many challenges, one of which is shortage of drugs. Our user fee is lower than the cost of sells.

Central Medical Stores being the main supplier in the country whose prices are on the lower side, the drugs are usually out of stock thereby making the hospital to have no choice but get the drugs from private pharmaceuticals whose prices are high as a result the hospital does not cover the cost of sells.

For the Hospital to continue offering its services, Pro Phalombe Association was approached for assistance in procuring drugs. The Association called this assistance "Adopt-A-Treatment" This projects has indeed rescued the hospital and relieved it from the pressures.



The Pharmacy

Pro Phalombe Association is indeed a life saver, we now believe in the saying a friend in need is a friend indeed. We will always salute you.

THANK YOU FOR SAVING MALAWIAN LIVES!

GUEST SPOT

Recently Holy Family Mission Hospital managed to retain a Doctor by renewing the Contract for another 3 years. Dr. Dalitso Lewis Zeka is the Hospital's Chief Medical Superintendent. The following is the exclusive interview Maxwell Phwandaphwanda had with the Doctor.

(Dr. = Dr Zeka, MP. = Maxwell Phwandaphwanda)

MP – Doctor can you briefly tell us about your background.

Dr. I come from Mlonda Village, Traditional Authority Nsabwe in Thyolo District. I obtained my Bachelors Degree as a General Practitioner in 2005, thereafter I did my Masters Degree in Emergency & Essential Medicine at Parma University in Italy.

MP. Most Doctors do not like working at Holy Family Mission Hospital, they say it's a remote area. What made you to be interested with Holy Family and how do you feel to be here

Dr. I was never interested with Holy Family, just happened to be transferred by the Archdiocese of Blantyre from St. Joseph's Mission Hospital in Chiradzulo District. I stayed here because the place has a sense of calmness which is appealing to me and maybe because I am just tired of moving around. But if you had asked me this question 3 years ago, I would never have picked Holy Family or Phalombe District to practice medicine.

MP. Since you have renewed the Contract for the next three years what are your plans for the hospital

Dr. My plan is to win the trust that this hospital had with Donors in the past. I will try to improve the quality of health services this hospital provides by getting specialised staff in most departments through training, recruitment and having specialised equipment for the support services like the Laboratory. I will make sure that I set up collaborations with other hospitals and organisations so that we can have visiting specialists to the hospital and people can get on the job training. I will also promote transparency and accountability as well as assist in having a financially stable institution.

MP. You are the Chief Medical Superintendent for the hospital, and the only Doctor at the secondary Referral Centre, this is indeed a very busy office how do you manage your work in your day to day operations

Dr. I try to learn from experienced people like Mr. Basikolo, Mr. Zakeyu and the Matron. I also try to encourage delegation of tasks to juniors so that the burden is shared.

MP. Doctor you have worked with Holy Family for more than 3 years what is your recommendation for better health system.

Dr. The hospital should have the right people with good qualifications in the right positions. These people should be highly motivated to improve quality health services.



Staff busy delivering in the old theatre

PRO PHALOMBE ASSOCIATION BUILDS NEW OPERATING THEATRE

By Saul Chanza

Phalombe district has no Government referral Hospital. The government of Malawi accredited Holy Family Hospital as a secondary service delivery centre. There are 14 health centres in the district namely; Phalombe, Migowi, Kalinde, Nambazo, Gogo Nazombe, Nkhulambe, Nkhwayi, Chitekesa, Mpsa, Chiringa-Maternity, Mulungu Alinafe, Sukasanje, Mwanga and Chiringa CHAM.

Surgery is one of the important components in medicine. The old theatre which is still in operation has one door for both inlet and outlet of clean and septic patients, clean and soiled linen and staff.

The dressing room was just improvised which carts for male and female staff and is being demarcated by a curtain. It has no toilet and bathroom.

The hospital has been registering cases of post-operative complications probably due to location of the sterilization room which is behind the car park predisposing it to dust and the sterilized packs are also stored there.

The new operating theatre has modern equipment, two spacious operating rooms, nursing station, anaesthetic room, waiting and recovery rooms for patients, toilets and bathrooms.

The magnificent building is really a bailout for the hospital when we talk of surgical service delivery and infection prevention.



One of the new operating rooms.



New operating theatre

MALNUTRITION OUTREACH

By Maxwell Phwandaphwanda

At the time when Government and Donors face resource constraints, most programmes are unsustainable, however, the hospital reinforced Malnutrition Outreach Clinic with funding from Dr. Cheryl Kneale from Britain.



When she arrived at the Hospital she started working in Paediatric Department. In the fourth quarter of 2011 the Emergency Triage Assessment & Treatment (ETAT) report revealed high mortality rate on malnutrition cases about 33%. The analysis showed that there was no mismanagement of malnutrition cases.

Statistics showed that most cases came from Ndungunya and Phumduma villages. After investigation it was found that most people in these areas have food but the problem was preparation. The community was sensitized on preparation of nutritious diet to their families by conducting health talks, dramas and cooking demonstration.

The statistics also showed that 80% of the malnourished children were exposed to HIV therefore community Voluntary Counselling and Testing was incorporated.

As a Hospital with financial problems it was difficult to implement the programme but Dr Cheryl voluntarily funded the activities. Phumduma and Ndungunya were chosen as pilot villages because they reported high rate of malnutrition cases.

District wide, malnutrition contributes to about all childhood deaths as a result of natural disasters, poverty, parental neglect, illiteracy, restrictive diets, social and cultural factors.

Essential nutrients are helpful for both physical and cognitive development of our children. Children need food of appropriate quantity for optimal growth and development. If their nutritional intake is inadequate they will fail to gain weight and will subsequently fail to grow in height.

The project will continue with funds from different well wishers, and this will now target all areas in Phalombe District. Other organisations have already promised to assist i.e. Save the Children and World Vision International.



Picture of the community sensitization

CASE REPORT – RABIES

By F W Basikolo

Is a uniformly fatal infection and common in many parts of tropics caused by the rabies virus. Rarely related to lysavirus. Once clinical signs appear the patient dies.

However if the infection is caught soon after transmission and before the onset of clinical symptoms rabies can be prevented by post exposure vaccination.

Deaths have been reported of people dying of rabies after being bitten by a dog. For Malawi there were reports of 30 – 40 deaths to WHO in the period between 1992 to 1996. The number may have doubled due to unavailability or inaccessibility of the vaccine.

EPIDEMIOLOGY

Any blooded animal can be infected with rabies. In practice only mammals principally carnivores are thought to be important vectors. In 2000 there were reports of other animals dying of rabies about 30,000 Kudu antelopes in Namibia, wild dogs (200) in western Namibia, about 37% of the spotted hyenas in Serengeti game reserve had rabies. Most affected

males (humans) up to age 20 are the ones bitten by domestic dogs. The peak period for rabies is around the month of September when there is increased fighting amongst the matting dogs.

PATHOGENESIS

The virus enters the skin through a bite, multiplies in muscle fibres. Few days or weeks later the virus particles enter the nerve fibres by binding with acetylcholine receptors, and then carried in axoplasm to reach the spinal cord or brain. In the central nervous system there is multiplication and dispersion of the virus by inter – neuronal spread producing the encephalomyelitis which is the clinical disease known as rabies. The virus then disseminated centrifugally via neurones to a variety of tissues and organs, including the skeletal, heart muscles, skin, reaches the saliva and adlacrimation glands.

CLINICAL FEATURES

Incubation period for rabies normally is between 20 – 90 days. It is shorter with bites on the face (35 days) or longer if the bite is to the lower limbs (52 days or more).

Rabies presents in two types:

FUROUS RABIES; affect the brain, presents with hydrophobia, inspiratory muscles spasms, laryngeal spasms associated with terror, stimulated by attempts to drink or wash, later by any stimuli, Convulsion with cardio respiratory arrest. Hyperaesthesia, generalised arousal, hallucination involuntary movement, hypersalivation, racrymation, raised or reduced temperature and blood pressure.

PARALYTIC RABIES; affects the spine, Presents of Prodromal symptoms include itching, pain or paraesthesia on the site of bite, fever, chills malaise, weakness and neuropsychiatric symptoms, followed by flaccid paralysis that ascends symmetrically or asymmetrically from bitten area, There is pain, fasciculation, sensory disturbances, paraplegia, loss of sphincter control and paralysis respiratory muscles and swallowing.

COMPLICATIONS

Complications will include aspiration, Bronchopneumonia, primary rabies pneumonitis, myocorditis, pneumothorox after inspiratory spasms cardiac arrhythmias, haematemesis and rarely raised intracranial pressure.

DIAGNOSIS

History of dog or bat bite. Development of neurological symptoms, tetanus should also be suspected in animal bites with incubation period of less than 15 days.

PREVENTION

Vaccination of pet animals, persons at high risk those bitten by the animal and those who were in close contact (post exposure vaccination). Avoid human exposure in infected animals. Use of protective wear to guardians and health staff attending the patient.

MANAGEMENT

There is no effective treatment for persons showing signs and symptoms of rabies. Symptomatic approach with sufficient sedation and analgesia to reduce pain and tenor. Intensive Care Unit Care will only prolong life by preventing or controlling complications post exposure prophylaxis and vaccination within days of the exposure is 100% effective and it prevents further progression of infection to encephalitis.

MANAGEMENT OF WOUND CARE

Clean the wound with soap or detergent under running water for 5 minutes, apply 40-70% of alcohol. Iodine 1% (kills the rabies virus). Avoid wound closure (suturing) and give TTV. Provide Anti Rabies Vaccine (ARV), observe the health of the animal, if it remains healthy for 10 days stop treatment, but if the animal dies within 5 days continue treatment. Treatment may be stopped if the dogs brain proves negative for rabies by a competent veterinary officer.



HOLY FAMILY RECEIVES RECOGNITION FROM THE MINISTRY OF HEALTH

By Peter Gunda



Holy Family Mission started initiating Antiretroviral Therapy (ART) on 5th July 2005. The hospital was approved to register with less than 100 clients per month. At the moment it has registered 5391 clients cumulatively.

The following are the services that are provided at the ART Clinic;

- Group Counselling on balanced diet, safe sex practice, drug adherence and side effects.
- Consultation and supply of drugs.
- Provision of nutritious foods i.e. plumpynut and
- Follow-up of defaulters.

However, the Clinic has a lot of challenges; there is no separate ART Clinic, the Clinic is located at the Antenatal and there is a small storeroom with no wall partition. But despite all these challenges the Clinic has registered a lot of successes;

It has a lot of transfer-in clients due to good health service delivery

It receives a certificate of excellence in every quarter ever since the Clinic started

The hospital received electronic register which helps in;

- identifying defaulters easily
- identify good adherence clients
- diagnose malnourished patients
- easy data collection
- WHO staging

We believe with a new separate ART clinic we can do even much better.

RELIGION – DORCAS STORMS HOLY FAMILY HOSPITAL

By Saul Chanza



It was exactly 13 hours of the blessed 3rd June, 2012 when we noticed the pavilions of women putting on maroon skirts and white blouses. Ambulating patients were able to walk around to see for themselves whilst the bed ridden ones raised their necks to appreciate the dawn of gifts these God fearing and generous women from Seventh – Day Adventist church brought.

The group which cheered the sick comprised of women from Thyolo, Mulanje and Phalombe districts. The visit was spiced up by giving out assorted items such as cabbages, sugar, salt, soap and maize flour to the patients.

Have you ever asked yourself why is it possible that a parent donate one of his or her kidneys to save the life of his or her child? Why do mums and dads spend a small fortune to provide the best possible education for their children? Are these things done because the parents would feel guilty if they didn't? Do they think that they owe their children these things? Of course not. Love is the major motivating force. The chairperson of the group Mrs. Joshua narrated and said 'these patients are the handmade creatures of God therefore they need love that is why we are here to cheer them'.

When interviewed, one of the beneficiaries said; "I would like to thank the Dorcas for being so kind to us after noticing our needs such as the gospel and day to day things like soap, salt etc these people have given us today". She continued saying, I would like to appeal to other well wishers to come to our rescue since sometimes we take strong drugs on an empty stomach. So to Dorcas " God bless you and come again".

The Hospital Matron thanked the Dorcas group for their kind gesture and appealed to do the same to others.

ENTERTAINMENT

By Saul Chanza

I would like to inform you that the Nigerian Government recently announced to pay men with five children, a monthly one million Naira salary. A man heard the news and said to his wife Eunice. I have a child with my girlfriend, I am going to bring him so we add to our four kids to make five! when he came back home he only found one. He asked, "where are the others?" She replied, "you are not the only one who heard the news." Their fathers came for them.

IN AN ART LESSON

By Victor Namalawa

A teacher told her class pupils to draw a train moving on a rail. One pupil by the name of John drew the rail only. The teacher was very annoyed.

Teacher: John, why did you just draw the rail only without a train?

John: Madam, the train has already gone.

LIFE SONG

By Good Nthara

I was once lost, but now I'm found
I was once lost, but now I'm found
So far away, but I'm home now
I was once lost, but now I'm found
And now my life song sings

I once was blind, but now I see
I once was blind, but now I see
I don't know how, but when he touched
I was once blind, but now I see

And now my life song sings
And now my life song sings
And now my life song sings

I once was dead, but now I live
I once was dead, but now I live
Now my life to you I give
Now my life to you I give
Now my life to you I give

Hallelujah! Hallelujah
Let my life song sing to you
Hallelujah! Hallelujah
Let my life song sing to you
Hallelujah! Hallelujah

SPORTS CORNER

PHALOMBE HOLY QUEENS AT IT AGAIN

By Tapiwa Banda

Making success by hands creates a connection to history. We are offered a glimpse into lives of entertainment by Holy Family Queens who have taken netball to a greater height and seen themselves asserting on the map using the same skill and technique we continue to see in others who abuse it. The self contained Holy Queens used the same principle that states; 'the results we get is the product of our play'. I call them self contained because they have every ingredient you can imagine; conviction, tears of joy, energetic and gigantic prowess.

Holy Family Queens were ranked third in the district in 2011 Presidential Trophy season and have just qualified for the quarter-finals of the 2012 season which is still underway.

On the other hand, their beloved supporters lost hope and were left unsatisfied in the competitions but the Queens came in to repair and effect that lost glory in every twist and turn to become the hottest contenders of the district. The supporters have now acknowledged that the Holy Queens have one giant character of focused personality and is actually working their way. They have given hope to many and everybody feels like watching them.

Despite the successes, they had the following challenges; lack of sports shoes, inadequate netballs and transport.

Thanks to Holy Family Management and Staff for their support in this interesting tour of success and provided a starting point for the Queens. Our thanks should also go to Malawi Government for sponsoring the trophy as well as the organisers for the job well done.

Bravo super queens!

FOOTBALL

By Maxwell Phwandaphwanda

Malawi as a nation there is no way we can talk about entertainment without mentioning football. It is a game that most people in urban and rural areas entertain themselves by watching and playing.

Holy Family has a social football team. The team is comprised of staff from the hospital and Nursing College. The team trains during weekend.

The team started with sponsorship from the then medical officer Dr. Rutger Anten from the Netherlands in 2006. The team had full uniform and footballs. He could assist the team with transport whenever we had away games. The most popular key players are; Charles Malindi-Deputy Matron, Saul Chanza-Senior Clinician, Simon Bondo-Social Welfare Treasurer, Maxwell Phwandaphwanda-Nurse, just to mention a few. The chief supporter is Mr. B Mareka who keeps on cheering the players with his vocal support.

The last game, we played against Nursing College in which after 90 minutes it ended 2-1 in favour of nursing college. In August we plan to play again. Thanks to all soccer fans.

Sports is one of the components for entertainment, physical and mental fitness. As one of the soccer fun I appeal to all members of staff and well wishers to support the team.

Thanks to all soccer fans.