



Facilitators and participants on first day of the training in Salima.

Laboratory staff get training in quality improvement

Hospital laboratory staff from Nsanje, Balaka, Lilongwe, and Mzuzu converged in Salima from 27 to 29 September 2021 where they refreshed their knowledge on blood quality improvement and also shared ideas through presentations on what was happening in their health facilities under the Bloodsafe Project.

The Blood Safe project aims 'to improve epidemiological surveillance of transfusion transmissible infections and hemovigilance analysis by analyzing routinely collected blood donation data in Malawi'.

In his introductory presentation on blood transfusion in Malawi Dr. Bridon M'mbaya Executive Director, Malawi Blood Transfusion, said there was need for proper coordination among those who take part in various processes of blood transfusion.

"Blood collectors and those who transfuse the blood should collaborate closely, unlike in some countries where everything is done by one body," he said.

According to M'mbaya in the country paediatric and maternity patients use most of the blood products from the MBTS.

Funded by NIH, the project is being implemented in Malawi by a consortium of UNC Project, (MBTS)

and Kamuzu University of Health Sciences (KUHES), Blood Safe has two specific aims. First one being to conduct spatial, epidemiological and hemovigilance analysis of existing MBTS and Ministry of Health (MOH) data from blood collections systems to identify optimal functioning districts, data quality improvement and inform implementation science trial design.

Second aim of the project is to conduct evaluation of facilitators and barriers to blood collection and repeat donations according to high and low performing districts/programs to refine our proposed implementation science strategy

The study has two phases. Its pre-implementation phase ends in June 2022 while its implementation phase is planned to start from July 2022 to 2026.

Dr. Bridon M'mbaya.



Dr. Emmanuel Singogo and Dr. Mitch Matoga making presentations during the training.



Haemovigilance

Haemovigilance is the 'systematic surveillance of adverse reactions and events related to transfusion' with the aim of improving transfusion safety. Transfusion reactions and adverse events should be investigated by the clinical team and hospital transfusion team and reviewed by the hospital transfusion committee. SHOT invites voluntary reporting of serious adverse transfusion reactions, errors and events as well as near-miss incidents. Under the Blood Safety and Quality Regulations 2005 (BSQR) there is a legal requirement

to report serious adverse reactions and events to the Medicines and Healthcare Products Regulatory Agency (MHRA). The MHRA also inspects blood establishments (transfusion centres) and hospital transfusion laboratories to ensure their processes and quality standards comply with the BSQR. SHOT and MHRA work closely together and have a joint reporting system through the SABRE IT system (<http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Blood/>).



2

'A lot of people have been helped by Friendship Bench'



2

UNC Project bids farewell to 18 retirees



4

UNC Project people: Joyce Mhone Chisale



The participants hoisting their certificates at the end of the training

'A lot of people have been helped by Friendship Bench'

A lot of people have been helped by the Friendship Bench and the concept may be extended to more districts across Malawi, Dr. Michael Udedi, who is assistant director for clinical services responsible for mental health in the ministry of health, said recently at UNC Project Tidziwe Lecture Hall during the closing ceremony of a five-day training for participants from Lilongwe and Karonga districts.

Friendship Bench, a mental health activity uses benches as a form of therapy for people who are struggling with mental health or emotional problems. The benches are located on the grounds of medical clinics, and each bench has a community member who counsels people suffering from depression.

Udedi said: "Most people who have been taken through the friendship bench' have backtracked from ideas of committing suicide," adding that it would be better if the concept was in hospitals and communities across Malawi.

One of the participants in the training,

Innocent Nyanjagha hailed the occasion as 'one step towards being a professional in mental health.'

"As a trainer, I will be able to make an impact on others in the community. I am confident now that I will do my best," he said.

Another participant Grace Chapula said she was hopeful that the knowledge she had gained would be handy in her service to others.

"From this training my circle of friendship has also enlarged," she said.

The training which took place from 6 to 10 September 2021 was facilitated by two officials from The Friendship Bench Zimbabwe, Georgina Chapterera and Bernice

Georgina and Bernice.



This is an in-house publication. Its mission is to promote a sense of community by communicating information relevant and vital to the operations and staff of UNC Project Malawi. In a drive to increase participation and bring variety to the publication, all UNC Project staff are free and encouraged to contribute articles in this publication. Write ups are welcome in the range 400 – 600 words for event stories and a maximum of 1000 words for other more technical issues worth sharing.

Forward your contributions to: csekeleza@unclilongwe.org

Graphic layout:



COMMUNICATIONS



UNC Project bids farewell to 18 retirees

In August, the social welfare team on behalf of the UNC Project visited 18 retirees who had served in various portfolios around Lilongwe. Most of the retirees were security guards, while others worked as nurses.

In this picture, the social welfare team is giving a gift

to retired guard Bill Mtambalika, who thanked the UNC Project for the gift, which he will use in various errands.

On behalf of UNC Project, Donnie Makonokaya thanked the retirees for the service they had provided through the institution.

PICTORIAL FOCUS

THIRD QUARTER IN PHOTOS



Delegates to the AMBITION study dissemination which was jointly carried out by UNC Project and Wellcome Trust on Friday 20 August 2021



Bernice Chawira and Georgina Chapoterera (in short hair) from Friendship Bench - Zimbabwe in a courtesy call to management.



Dramatists perform during a sexual reproductive health activity under the Mphamvu project at Kabudula in July.



Representatives of health facilities which performed well under the PEER cervical cancer project in quarter 2 of 2021 during a review meeting in Mangochi in September.



PEER cervical cancer team and Lilongwe DHO staff during handover of various items to health centres under the project in Lilongwe in August.



Medical staff during an endoscopy training at KCH held in conjunction with UNC Project in July.



JOYCE NKHATA CHISALE

CLINIC AIDE - ACTG STUDIES



Please tell us, who is Joyce?
I was born on 23 February 1968 in Nkhata Bay district. My parents moved to Blantyre in 1974. At age of 6 I started my primary school at Zingwangwa Primary School. When my parents changed locations from Zingwangwa to Ndirande, I joined Blantyre Girls Primary School where I did classes 6 up to 8. In 1984 I was selected to Stella Marris Secondary School. I left Stella Maris in 1989 and went for marriage. In 1990 I moved to Lilongwe where my first child was born. Currently I have five kids; two are female and three are male.

Having moved from Blantyre, how did you settle in Lilongwe?
At first I was just a housewife but in 1996 I joined teaching under MASTEP (Malawi Special Teacher Education Programme). I was posted to Linga Primary School in Nkhotakota. I did not move with my whole family. I taught for two years and quit in 1998.

After two years I joined UNC Project on 2 May 2001 as clinic aide. I started with the microbicides study and was moved across various studies. When BAN (Breastfeeding and Nutrition) study started in 2004 I was promoted as nutrition assistant. My role involved taking dietary records. I worked there from 2005 up to 2007. Between 2007-2008 I worked as data assistant for the same study.

In 2008 I worked under Lilongwe Medical Relief Fund Trust in a project that was distributing Water guard. I worked as research assistant, teaching women how to treat their drinking water to prevent waterborne diseases. Liquid water guard was used to treat water from taps while powdered water guard was used to treat water drawn from

In 1996 I joined teaching under MASTEP (Malawi Special Teacher Education Programme). I was posted to Linga Primary School in Nkhotakota.

wells and rivers. After this project I was posted to work under the ACTG studies. I am now in my 21st year of service in UNC Project.

Why did you quit teaching?
We were not receiving our monthly dues. It took quiet a long time for the teachers under this arrangement to start getting paid. I also missed my family and I couldn't be cross-transferred with someone who would take my place in Nkhotakota while I moved to Lilongwe. Thus I had to quit.

How did you adjust from a teaching environment to a hospital setup?
When I was young I initially wanted to work in a hospital. I had the desire to help people presenting themselves at the hospital with various health needs. When I had chance to work in this hospital environment I took it as an opportunity to learn various things which could even help me as a person.

Previously I had also attended some health-related training before I joined UNC Project. I was coached in HIV and Aids counselling around 1999 by a local non-governmental organisation called Masuna (Meaningful Action on HIV/AIDS Support Network Association) in conjunction with Macro (Malawi AIDS Counselling and Resource

Organization). At first I had some difficulties adjusting but through roles in various studies I have seen advantages of working for this organisation.

What are the advantages?
Apart from research, the care that is given to clients and even staff is amusing. This environment also enables one to be open about their health problems so that they can receive proper care. I have also been delighted seeing mothers and children who would have been lost to HIV and Aids being saved by getting life prolonging drugs. I have seen people get more awareness about HIV and Aids unlike in the days when there were lots of deaths coupled by stigma and discrimination. I am also indebted to the care that this facility has been giving me over the years. Socially UNC Project has helped me in various ways. I have also benefited though various trainings that I have been getting here like in infection prevention.

What do you like to do in your free time?
I like facilitating wedding receptions and bridal showers as director of ceremonies. I also like listening to gospel music. Besides, I also do small business; I buy usipa (small fish) from Mangochi and resell at wholesale in Lilongwe.

What are your future plans when you retire?
I would like to grow up the business I am doing. It has also been my desire to own a tailoring shop.

Last words?
I thank UNC Project for taking me aboard. I am always thankful.

