

PARTNERPLAN

David & Rebecca Morton - Malawi April 2017

c/o Nkhoma Hospital
PO Box 48
Nkhoma
Malawi

<http://davidrebeccamorton.wordpress.com/>

Dear Family and Friends,

I started trying to write this letter a month ago, but could not get it finished due to two weeks of a very severe gastroenteritis. I thought after 20 plus years of African living I was immune to such things. After a slow recovery I have been trying to catch up.

One of the blessings as well as challenges of living and working here is the wide range of work, opportunities, and responsibilities we both have here, so I want to share a brief report on a number of them.



First, an update on the service level agreement (SLA), we have with the ministry of health, that left the government owing us over 40 million kwacha (£43,000) from February 2015 through November 2016. Finally in March we were paid 29 million kwacha (over £31,000) to clear the debts from June 2015 through November 2016, leaving Mk11 million (£12,000) still owed from February through May 2015. This took a tremendous amount of work and advocacy by a number of us on hospital management as well as the Christian Hospital Association of Malawi (CHAM). We have also invoiced for services provided from December through March, over 16 million kwacha (£17,000), and hope to get some of this before the end of April. We are so thankful to have received these funds, and to be able to continue providing this maternity care at no charge to the patients. Our challenges remain to 1) get the last amount owed from prior to June 2015, 2) get more timely payments for current invoices, and 3) get the ceiling amount per month raised to a realistic level, so that we are not having to contribute such a high amount of the cost of this service. Currently the ceiling for our services in Lilongwe district is Mk 3.2 kwacha per month, but our average monthly invoice is Mk 3.6 million. Because of this ceiling we have been unable to restart SLA services to cover under five children, so those families have to find resources to cover the cost of treatment. Please pray that we will be able sort these remaining issues out, and that the government would increase the ceiling to an amount to enable us to restart the service for children.

Second, the Nkhoma Eye program, which is the leading eye program in the country, has gone through difficulties due to poor financial record keeping, leading to donor concern, and freezing the grant until changes were made. The project had been semi-autonomous from the hospital, but management stepped in last year August because of these

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difficulties, and my role was to oversee and restructure the financial record keeping, reporting and putting in new policies to provide the necessary accountability. This has been much work going over financial records for a year, and monitoring all of the changes, and also involved firing the administrator and finance person in the eye department. Just this week we finally had interviews to select the new people for these positions. Despite the difficulties, the future for the project is very bright after a number of meetings with key people from CBM, the main donor, including both country and Africa regional managers. Please pray that the new staff selected will be faithful and competent in their responsibilities, and that the eye department will be able to continue its country leading eye care provision for Malawi.

Third, the hospital chaplain, Rev Kachumba, who has been at Nkhoma for over 7 years, accepted a call from a parish as he felt led back into parish ministry. So after a very fruitful ministry at Nkhoma and building up a good team with four chaplaincy assistants, he left Nkhoma in February. Because of my involvement in the development of the chaplaincy program here, I spent more time with the chaplaincy assistants to help during this transition time. Through the Nkhoma Synod process, a new chaplain has been selected, with input from the hospital. I was involved in the interview process so the hospital concerns were very much considered in looking for a new chaplain. Rev. Kalebe has been appointed. He has done hospital chaplaincy training and will be arriving at Nkhoma next week to take up duties here. Remember Rev. Kalebe as he takes up his new role in this very critical and multi-faceted work that includes spiritual care and counselling for patients, guardians and staff as well as leading the chaplaincy team, serving on management, chairing the hospital disciplinary committee and being the link between the church and the hospital.

Finally, on the clinical side, we are very thankful for a number of very skilled and dedicated short term doctors from Scotland, Ireland and South Africa who have made it possible for me to dedicate most of my time on these administrative and financial issues. Also we have been amazed at the significant reduction in numbers of malaria cases this year. In 2016 from January to March we had over 1,700 admissions of children under five with malaria and 43 deaths. This year we have had only 706 admissions and 25 deaths. This is despite not being able to start our malaria prevention program until late March, and having limited resources for spraying until the beginning of April.

Continue to keep us in your prayers, and thank you all for your continued concern and support.

One more request for prayer from Rebecca – our friend and co-worker, Nicole, who is caring for 15 children now, is encountering a difficult situation with a placement of one of her sets of twins. Please pray for the right decisions to be made.

David and Rebecca
Nkhoma Hospital

