

22 September 2017

Dear Friends in Holland:

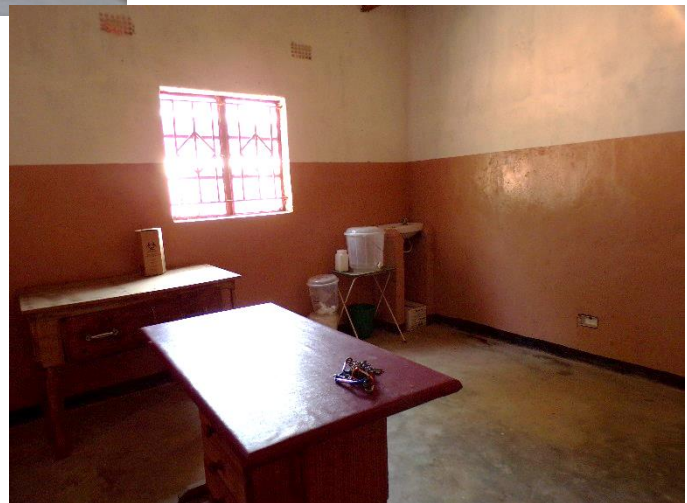
My apologies for being so late with this report. We had finished up and gone straight into a preachers' conference and I left for the USA immediately after the conference, so I failed to get this final report to you in a timely fashion. Again, I apologize. Another complication was that my camera was stolen, so I had no way to get pictures except by borrowing a camera.

We finished all the actual building with your funding and most of the plumbing and electrical. I bought patient and delivery beds on your funds as well, but the desks you see and other furnishings in these pictures came from the mission houses – I basically emptied my place of desks and tables in order to furnish maternity. It then sat for a couple of months while I was in America for lack of funds, but I am now using some funds from America (general mission, not designated funds) to wrap up all the loose ends and inspection is supposed to be sometime in October and the grand opening subsequent to that within the same month. I pray that truly happens – we have had so many goals that were not met. But this time it is coming from the government's side, so we will see.



This is the waiting area for antenatal clinic and HIV testing. It serves as an educational room as well for the expectant mothers and for group counseling for HIV testing. The wooden bench sitting there is supposed to move to the hallway next to the antenatal room door. The boards are to make a form for the lid for the water drain outside. We must yet build brick/cement benches for them to sit on facing the same way as the camera.

This, to the right and bottom, is the HIV testing and counseling room which is already in use and, I believe, they are already giving out ARVs.





This is post natal ward. As I said, I have bought beds with your budget but they are currently sitting in Blantyre where they were made waiting for transport. I did pay for their transport, also from your budget, but for some reason Bakili, the director of opening this clinic, has not yet transported them. I thought he had long ago but found they were not here when I came back from the USA, so I am following through on that now. There will be no divisions in this room, just as you see now with beds added. There is a sink in the far right corner as you can see.

This is the ante-natal room. The exam table we made from a metal cabinet my friend had. I will be using the foam on top of it to cover the boards and then use red mock vinyl on top to cover it for an exam table.

This room will double as GYN room, probably not on a regular, daily basis, but for advertised campaigns.



This is the staff toilet and shower, just outside the delivery room. All the professional staff will use this one, but the government asked us to build a pit toilet outside for the auxiliary staff such as the cleaning girl in this picture. They do not know how to use flushing toilets and cause endless problems! There is space in front of it, should the staff choose to put a desk there for receiving patients. On the other side, not pictured, is a room that can be used for storage, but I

have an ultrasound machine coming from America and I thought it would be the perfect place for the ultrasound since it is close to maternity but not right in labor ward – even male patients can access the room without feeling shame, yet it is close to where it will be used the most.



These two pictures are both of labor/delivery ward. Starting with the picture at the left, the doors to the far left are storage rooms. If you look at the picture below, you can see the two storage room doors as well, the second one is standing open which is the first one pictured in the picture to the left.

The table by that open storage door is where the staff will weigh the babies and keep them until the mothers have delivered the placentas and are ready to initiate breast feeding. I hope we can get an infant warmer and oxygen for the infants – it will save a lot of lives if we can. The next door going to the right is the door to the hallway where the ANC, post natal, and HTC rooms are. There is a metal shelf there for equipment and instruments, etc that must be readily available. The next door on the wall opposite is the sluice room with a nice big sink for cleaning instruments etc. The next door is the patient toilet and shower. They will only use this facility while in active labor. The rest of the time, they will use baths and pit toilets outside. The last door barely visible is a door opening to a small passage and another door on the other side opening to the outside where the ambulance bay is. It has double doors for privacy reasons but the passage can be used for some mops, brooms, etc if they are stored properly to not be in the way of stretchers or wheelchairs in the case of an emergency.



This picture to the right shows our adaptation of an outside toilet to a flushing one. Our patients do not know how to sit on a commode, so we have what they call “squat pans.” It is raised because our water table is so high, our septic tank is partially above ground and our showers and toilets are elevated in order to drain.





We built this septic tank and did the plumbing from your budget, but we ran out of money before finishing the leech field. The boys are busy with that now with money from America. However, the government did not want all the sinks draining into the septic which does make sense with the soap, so they wanted another tank made for the sinks. We had

to adapt their ideas a little bit to work with our high water table but the tank is made and Monday, God willing, the builder will begin to *skeem* (sp?) it so it will not seep into the ground. Most sinks can simply drain into the ground or into a French drain, but these sinks will be receiving blood and body fluids and need to be treated like a septic.



We are also busy with the pit toilet for the staff already mentioned, and a contained pit for the placentas. I wish I could create a flushing receptacle within maternity ward to receive all the placentas and get them into a septic tank, but the laws of Malawi require an outside pit, cemented inside to be waterproofed, with a lid on the top. The placentas go into a bucket and a staff member has to carry the bucket out and dump it into the tank and replace the lid – far more risk of contamination as well as breach of privacy, but this is the country we are in so we have to do it according to their laws!

Thank you again to all who have participated and given to see this work accomplished! Again, I welcome and encourage you to come visit sometime! My next goal is staff housing and a laboratory. We have already bought the land for it.

May God bless you!

Yours for the Yawo people,

Debbie Cawman