





Malamulo Hospital (Malawi)



275 Beds



Catchment Area: 500,000



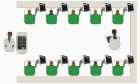
Secondary Referral
District Hospital

Malamulo Hospital is a private referral hospital located in the southern part of Malawi in the Thyolo District. The hospital started in 1915 as a small clinic and then in 1925 became a leprosy centre. Later, in 1953 it turned into a referral hospital. It also acts a site for training surgeons. As a private hospital Malamulo works alongside the government hospitals to strengthen the health network in Malawi.

GOAL 3 in Malamulo



13 IMPALA Monitors



4 Wards



50+ health workers trained



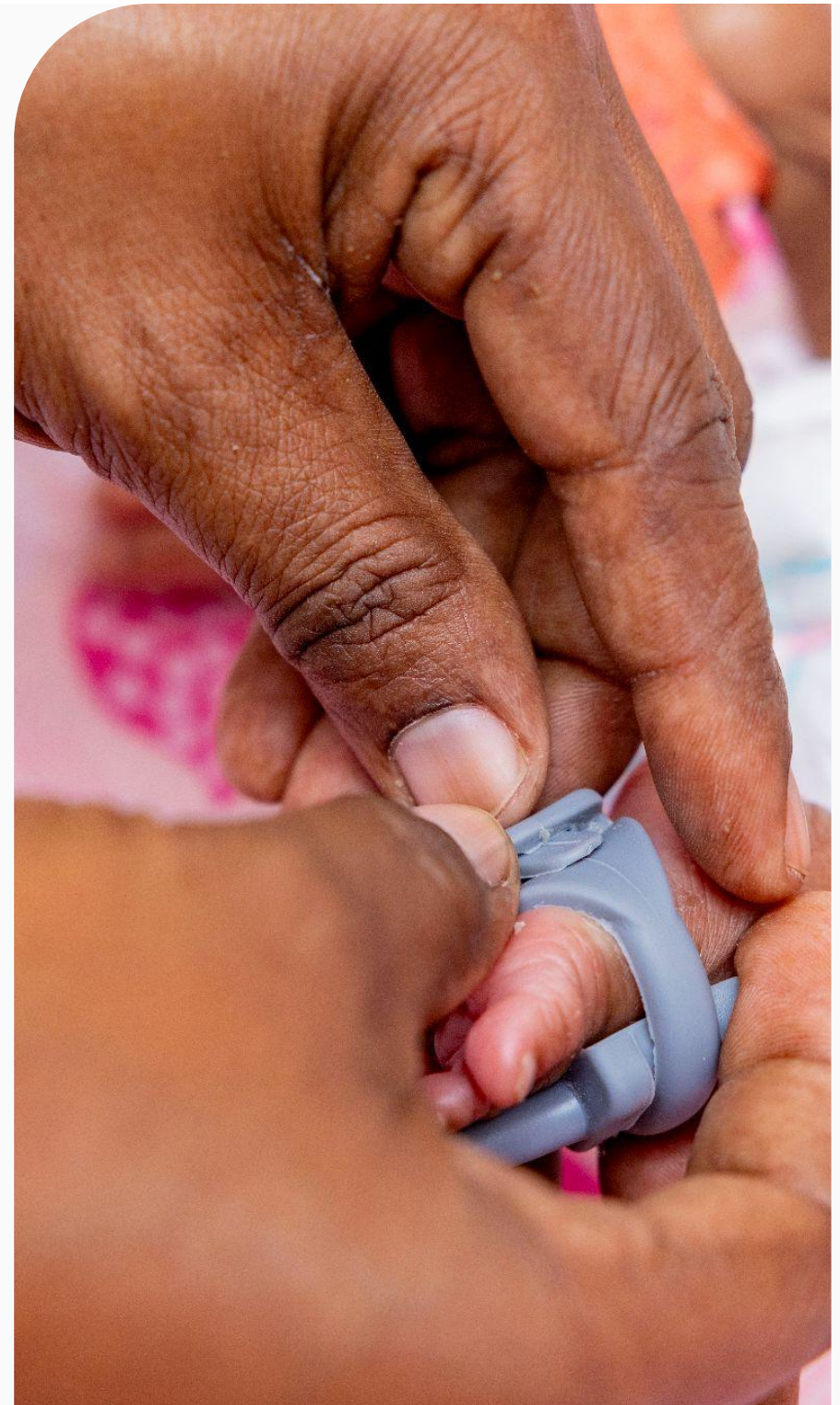
Project Start: November 2024



Current Status: Active

Our second ever hospital funded by the GOAL 3 Foundation was implemented in November 2024 in the south of Malawi. 13 IMPALA Monitors were installed with:

- 3 in the paediatric ward
- 2 in the nursery - neonates ward
- 3 in the maternal - neonatal ward
- 1 in the Isolation ward
- 4 in the Adult High-Dependency Unit





Picture from IMPALA in Malamulo 2024

Update August 2025

Interview with nurse*



**Not the person in the picture*

Q: How has IMPALA improved your delivery of care or clinical decision-making?

A: IMPALA has helped in several key ways:

1. **Continuous monitoring** of vital signs like blood pressure, temperature, pulse, and respiration helps detect early signs of deterioration. This reduces our reliance on manual checks and enables faster intervention.
2. **Early warning scores and automatic alerts** act like an early detection system, notifying nurses and doctors when a patient's condition is worsening. This ensures timely escalation and treatment.
3. **Vital sign trend data** is more helpful than just single readings—it gives a full picture of how the patient is doing over time, supporting more informed decisions.

Update August 2025

Q: Which specific features of IMPALA do you find most helpful?

A:

- **Real-time monitoring** removes the need for frequent manual measurements and allows early detection without waiting for rounds.
- **Alerts and early warning scores** send automatic warnings when a patient's condition worsens.
- **The centralized dashboard** lets us see all patients' vitals from the nursing station, saving time and improving our response.

Q: What impact has IMPALA had on patient care at your facility?

A:

- We detect clinical deterioration **early**, which leads to faster treatment and fewer complications.
- **Patient safety and care quality** have improved thanks to consistent and accurate monitoring.
- **Shorter hospital stays** are common, with patients stabilizing and recovering more quickly—reducing both bed time and healthcare costs.





Update August 2025

Q: What advice would you give to other hospitals considering IMPALA?

A:

1. **Assess your wards' needs first.** Start in high-risk areas or where patient turnover is high. A pilot program can help before scaling up.
2. **Involve staff early.** Doctors, nurses, and IT teams should be part of the rollout. Make sure to offer hands-on training so staff understand how to use the system, respond to alerts, and interpret the data.

Q: Can you share a specific case where IMPALA made a real difference?

A: Yes. We admitted a 3-year-old child with bronchiolitis who initially showed no signs of severe illness. A few hours after being connected to IMPALA, the central dashboard showed a rising respiratory and pulse rate. When we checked on the child, we found severe chest recessions and increased work of breathing. We quickly started CPAP treatment and continued close monitoring. Thanks to this early detection, the child was stabilized and discharged just three days later.



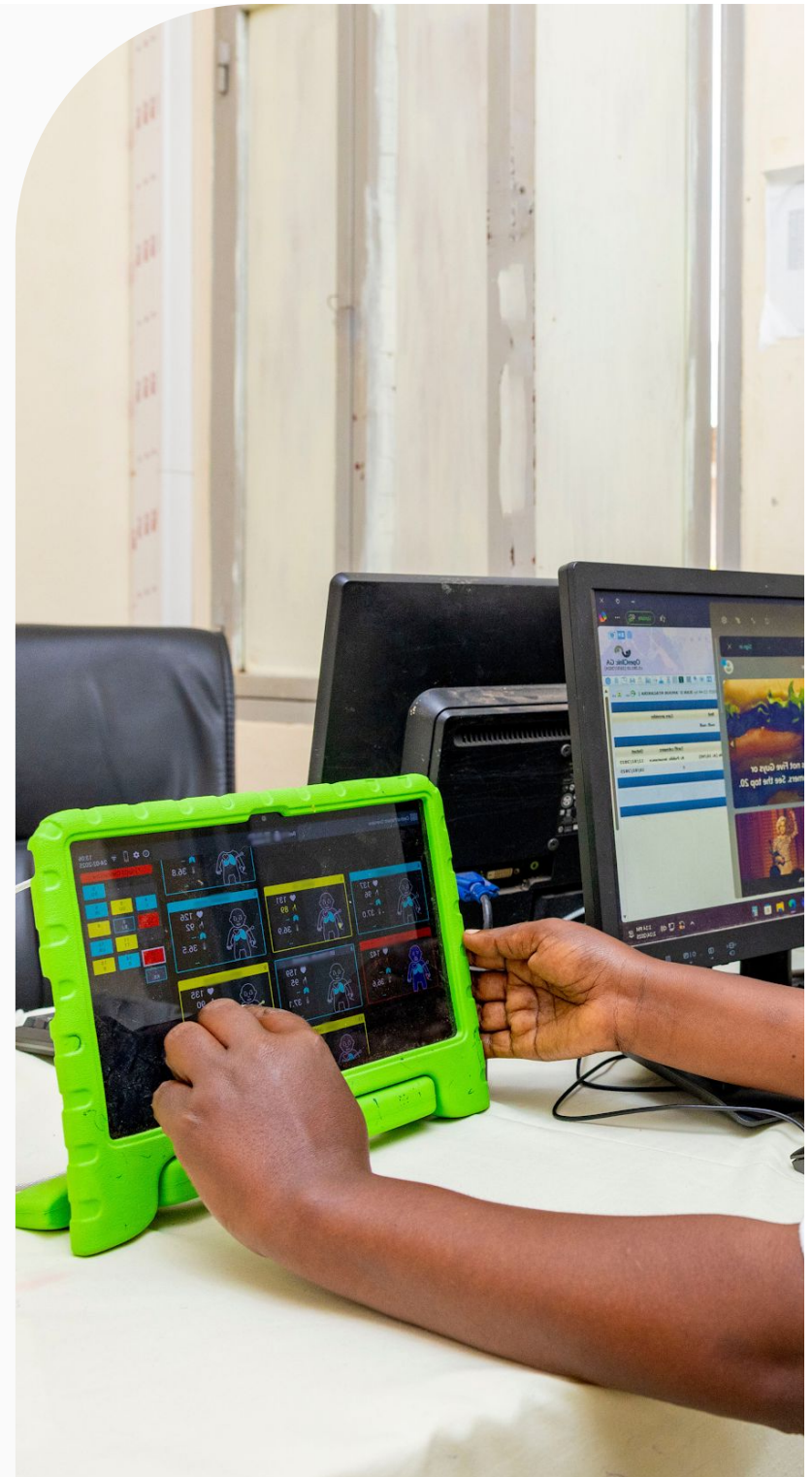
Update August 2025

Update from GOAL 3's
Service Coordinator
Alice Likumbo:

During recent visits to Malamulo Hospital in Q2 2025, I observed how the IMPALA monitoring system is being used across the paediatric and neonatal wards. The monitors are installed in the HDU, Paediatric Nursery and maternity wards and are primarily used for continuous monitoring. Staff continue to value the system, especially for its role in early detection and teaching during ward rounds, where medical students engage directly with real-time patient data.

At the bedside, monitors are generally powered on and used, with SPO2 as the most commonly applied sensor. While there are occasional issues with sensor placement or data entry, staff often take initiative to troubleshoot—such as securing loose probes with tape or checking alarm settings. Critical alarms continue to guide timely interventions: in one case, a drop in oxygen saturation triggered immediate suctioning and reapplication of oxygen, which stabilized the patient. Staff are also taking ownership of improvements; for instance, refresher trainings are being coordinated to strengthen consistency in monitor use and alarm management. Technical issues such as internet connectivity and ECG accuracy are being addressed through existing support channels.

Overall, IMPALA remains a valuable tool for clinical care and training at Malamulo. With continued coaching, reinforcement of best practices, and minor system adjustments, the hospital is well positioned to further strengthen its impact on patient outcomes.





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